

<b>MISSOURI DEPARTMENT OF PUBLIC SAFETY MEDAL OF VALOR REVIEW BOARD P.O. BOX 749 JEFFERSON CITY, MO 65102</b>	<b>RED, WHITE and BLUE HEART NOMINATION</b>  <b>This nomination form should be used only for recognition of a serious injury or death that occurred during the period of January 1, 2024 through December 31, 2024.</b>
Please type or print clearly. Please complete all sections.	
NOMINEE'S NAME AND TITLE OR RANK:	NOMINEE'S AGENCY NAME:
NOMINEE'S HOME ADDRESS:	NOMINEE'S PHONE (INCLUDING AREA CODE): HOME/CELL: WORK:
	NOMINEE'S EMAIL:
NOMINATING OFFICIAL'S NAME AND TITLE	NOMINATOR'S AGENCY:
ADDRESS:	TELEPHONE (INCLUDE AREA CODE):
	NOMINATOR'S EMAIL ADDRESS:
<p>The Red, White and Blue Heart Award may be presented to any sworn Missouri peace officer, firefighter or emergency first responder who, under honorable conditions is seriously, critically or fatally wounded by the direct criminal actions of another or while attempting to save or protect human life. The injury or death must be sustained while the officer is on duty, or responding to an incident or situation involving considerable danger while off duty. The award is intended to honor and recognize extraordinary circumstances that result in permanent disfigurement, permanent impairment of health or death. The injury or condition must require long-term treatment by a medical professional and require considerable loss of time from duty. In a fatality incident the award will be presented to a family member.</p> <p>For purposes of this award, the term "peace officer" includes a person who is a state or local corrections or court officer.</p> <p>For a candidate to be eligible to receive the Red, White and Blue Heart Award, the completed nomination form must be sent to the Missouri Department of Public Safety, P.O. Box 749, Jefferson City, MO 65102 no later than February 28, 2025 for injuries or death sustained in 2024. Nominations must be signed by the Chief Executive or Director of the nominee's agency. To be considered, the nomination must include:</p> <ol style="list-style-type: none"> <li>1. A copy of this completed form.</li> <li>2. A full description of the injury and the circumstances that led to it, along with documentary evidence of the medical treatment required as a result of the injury and time lost from duty.</li> <li>3. An official report or documentation, from the nominee's agency. Please note that state law prohibits the Missouri Medal of Valor Review Board from disclosing any information submitted with a nomination which may compromise an ongoing law enforcement investigation or is otherwise required by law to be kept confidential.</li> <li>4. Statements by witnesses or individuals having personal knowledge of the facts surrounding a nominee's injury in performance of their official duties and/or other supporting documentation.</li> </ol> <p><i>A person nominated for the Red, White and Blue Heart Award may also be nominated for the Medal of Valor or Governor's Medal, if applicable.</i></p>	
As Chief Executive or Director of the nominee's agency, I certify that the nomination file has been completed in accordance with the above directions and hereby recommend the above named individual to receive the Red, White and Blue Award.	
CHIEF EXECUTIVE OR DIRECTOR'S SIGNATURE:	DATE:

PROVIDE A BRIEF SUMMARY OF THE INCIDENT FOR WHICH THE NOMINATION IS BEING OFFERED, INCLUDING DATE, TIME AND LOCATION OF THE ACT (ATTACH ADDITIONAL PAGES IF NECESSARY).

LIST THE NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF INDIVIDUALS WHO WITNESSED THE INCIDENT:

*Please check to be certain that all required information is enclosed.*