

UNIFORM CRIME REPORTS OFFENSE FORM

AGENCY NAME _____

AGENCY ORI _____

REPORTING PERIOD _____

	CLASSIFICATION OF OFFENSES	TOTAL NUMBER OF OFFENSES	TOTAL CLEARANCES				TOTAL VALUE PROPERTY STOLEN	WEAPON				Offenses	RELATIONSHIP OF VICTIM TO OFFENDER							Arrests
			Arrest	Exception	Adult	Juvenile		Firearm	Knife/ Cutting Inst.	Other Dangerous	Hands, Fists, Feet		Spouse	Parent	Child	Sibling	Other Family	Cohabit.	Other	
MURDER	Criminal Homicide																			
	<i>Manslaughter</i>																			
SEX	Forcible Rape, Committed																			
	Forcible Rape, Attempted																			
	Forcible Sodomy																			
	Forcible Fondling																			
ROBBERY	Highway																			
	Commercial Other																			
	Gas/Service Station																			
	Convenience																			
	Residence																			
	Bank																			
	Miscellaneous																			
ASSAULT	Aggravated																			
	Aggravated Stalking																			
	TOTAL VIOLENT <i>(Excluding Manslaughter)</i>																			
SIMPLE	Simple																			
	Threat/Intimidation																			
	Simple Stalking																			
						TOTAL DOMESTIC VIOLENCE														

DOMESTIC VIOLENCE

Prepared By _____

Telephone _____

Date _____

FOR FDLE USE ONLY

UNIFORM CRIME REPORTS OFFENSE FORM

CLASSIFICATION OF OFFENSES	TOTAL NUMBER OF OFFENSES	TOTAL CLEARANCES				TOTAL VALUE PROPERTY STOLEN	ARSON									
		Arrests	Exception	Adult	Juvenile		LOCATION	TOTAL INHABITED	TOTAL ABANDONED	ATTEMPTED	TOTAL DOLLAR LOSS	CLEARANCES				
												Adult	Juv			
BURGLARY	Forcible Entry						Single Occup. Residence									
	Unlawful Entry						Other Residence									
	Attempted						Storage									
	Residence						Industrial/Manufacturing									
	Night						Commercial									
	Day						Community/Public									
	Unknown						All Other Structures									
	Non-Residence						Motor Vehicles									
	Night						Other Mobile									
	Day						Other									
	Unknown						TOTAL									
	LARCENY	Pocket Picking						PROPERTY INFORMATION/VALUES			Vehicle Recovery					
Purse Snatching							TYPE PROPERTY	STOLEN VALUE	RECOVERED VALUE							
Shoplifting							Currency, Note, Etc.									
From Motor Vehicle							Jewelry, Precious Metals									
Motor Vehicle Parts							Clothing & Furs									
Bicycles							Motor Vehicles								Number	
From Building							Auto			Stolen Locally and Recovered Locally						
From Coin Oper. Dev.							Trucks & Buses									
All Other							Motorcycles									
\$200 & Over							Other Vehicles									
\$50 - \$200							Office Equipment			Stolen Locally and Recovered by Other Jurisdiction						
Under \$50							TV's, Radios, Stereos									
Auto							Firearms									
Trucks & Buses							Household Goods									
Motorcycles						Consumable Goods			Stolen in Other Jurisdiction and Recovered Locally							
Other Vehicles						Livestock										
TOTAL NON-VIOLENT						Miscellaneous										
TOTAL OFFENSES						TOTAL PROPERTY										

UNIFORM CRIME REPORTS ARREST FORM

OFFENSE	TOTAL ARRESTED	JUVENILES			ADULTS			RACE			
		TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	WHITE	BLACK	INDIAN	ORIENTAL
=====	=====										
HOMICIDE											
MURDER											
MANSLAUGHTER											
FORC. SEX OFFENSE											
FORC. RAPE											
FORC. SODOMY											
FORC. FONDLING											
ROBBERY											
AGGRAVATED ASSAULT											
AGGRAVATED STALKING											
BURGLARY											
LARCENY/THEFT											
POCKET PICKING											
PURSE SNATCHING											
SHOPLIFTING											
FROM MOTOR VEH.											
THEFT OF MV PARTS/AC											
THEFT OF BICYCLE											
FROM BLDG.											
FROM COIN MACHINE											
ALL OTHER											
MOTOR VEHICLE THEFT											
KIDNAP/ABDUCTION											
ARSON											
SIMPLE ASSAULT											
SIMPLE STALKING											
DRUGS/NARC OFF.											
DRUG/NARC.											
DRUG/EQUIP											

AGENCY NAME _____ AGENCY ORI _____ REPORTING PERIOD _____

UNIFORM CRIME REPORTS ARREST FORM

OFFENSE =====	TOTAL ARRESTED =====	JUVENILES			ADULTS			RACE			
		TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	WHITE	BLACK	INDIAN	ORIENTAL
BRIBERY											
EMBEZZLEMENT											
FRAUD											
FALSE PRET/SWIND											
CREDIT CARD/ATM											
IMPERSONATION											
WELFARE											
WIRE											
COUNTERFEIT/FORGERY											
EXTORTION/BLACKMAIL											
INTIMIDATION											
PROSTITUTION											
NON-FORC. SEX OFF.											
SEX OFFENSE											
OBSCENITY											
STOLEN PROPERTY											
DUI											
DESTRUCT/DAMAGE											
GAMBLING											
WEAPONS VIOLATIONS											
LIQUOR LAW VIOLATIONS											
MISCELLANEOUS											
TOTAL											

AGENCY NAME _____ AGENCY ORI _____ REPORTING PERIOD _____

Law Enforcement Officer Supplemental Death Report

INCIDENT	AGENCY ORI _____		AGENCY NAME _____		
	DATE OF DEATH (MM DD YYYY) _____		TIME OF DEATH (MILITARY) _____		CASE NUMBER (IF APPLICABLE) _____
	CAUSE OF DEATH CRIMINAL <input type="checkbox"/> ACCIDENTAL <input type="checkbox"/> NATURAL <input type="checkbox"/> OTHER <input type="checkbox"/>				
OFFICER	NAME (LAST, FIRST, MIDDLE) _____		RACE _____	SEX _____	AGE _____
	TITLE / RANK _____		YEARS EXPERIENCE _____		YEARS WITH AGENCY _____
	CURRENT ASSIGNED UNIT _____		PREVIOUSLY ASSIGNED UNITS _____		
	SURVIVED BY (OPTIONAL) - PLEASE ATTACH PHOTO IF AVAILABLE _____				
EVENT SYNOPSIS	OFFICER ON DUTY? <input type="checkbox"/> YES <input type="checkbox"/> NO		WAS OFFICER ANSWERING CALL? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	SYNOPSIS OF CIRCUMSTANCES SURROUNDING OFFICER'S DEATH (ATTACH ADDITIONAL PAGES IF NEEDED)				
ASSAILANT	NAME (LAST, FIRST, MIDDLE) _____		FBI# _____	FDLE# _____	NUMBER ACCOMPLICES _____
	ASSAILANT ARRESTED _____		DATE _____	TIME _____	OBTS NUMBER _____
	<input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES		_____
	ASSAILANT KILLED? _____		DATE _____	TIME _____	_____
<input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES		_____	
ACCOMPLICES	NAME OF ACCOMPLICE(S) _____		FBI# _____	FDLE# _____	ARRESTED KILLED
	_____		_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
	_____		_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
	_____		_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
	_____		_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDITIONAL COMMENTS					