

OKLAHOMA

CASE NUMBER

OFFICER ASSAULT/HOMICIDE REPORT

Page _____ of _____

This form should be used to report additional information for an officer who was assaulted or killed in the line of duty.

AGENCY NUMBER

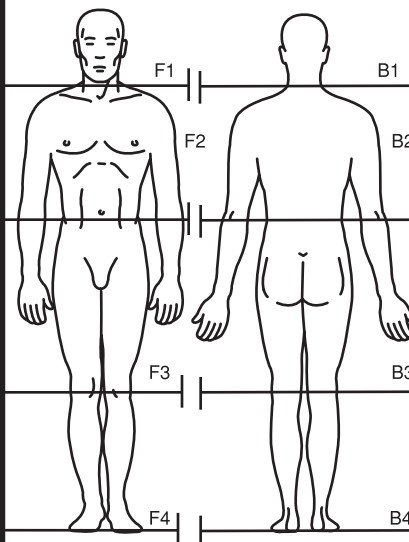
ORI NUMBER

VICTIM NUMBER

NAME (LAST, FIRST, MI)

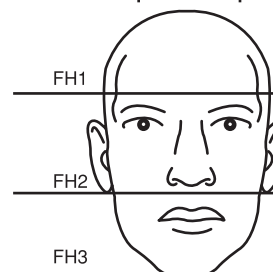
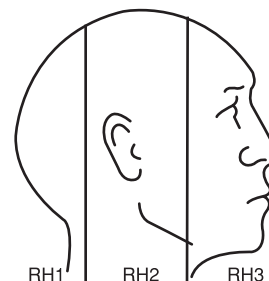
TYPE OF ACTIVITY

- 01 RESPONDING TO "DISTURBANCE" CALL (FAMILY QUARRELS, MAN WITH GUN, ETC.)
- 02 BURGLARIES IN PROGRESS OR PURSUING BURGLARY SUSPECTS
- 03 ROBBERIES IN PROGRESS OR PURSUING ROBBERY SUSPECTS
- 04 ATTEMPTING OTHER ARRESTS
- 05 CIVIL DISORDER (RIOT, MASS DISOBEDIENCE)
- 06 HANDLING, TRANSPORTING, CUSTODY OF PRISONERS
- 07 INVESTIGATING SUSPICIOUS PERSONS OR CIRCUMSTANCES
- 08 AMBUSH - NO WARNING
- 09 MENTALLY DERANGED
- 10 TRAFFIC PURSUITS AND STOPS
- 11 DRUG RELATED
- 12 ALL OTHER



TYPE OF ASSIGNMENT

- A TWO-MAN VEHICLE
- B ONE-MAN VEHICLE - ALONE
- C ONE-MAN VEHICLE - ASSISTED
- D DETECTIVE OR SPECIAL ASSIGN. - ALONE
- E DETECTIVE OR SPECIAL ASSIGN. - ASSISTED
- F OTHER - ALONE
- G OTHER - ASSISTED
- H OFF DUTY

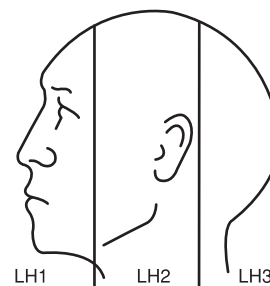


WEAPON OWNERSHIP

- PERSONAL
- OFFENDER

VEST WORN

- YES
- NO



INJURY LOCATION CODE

- NONE
- 1
- 2
- 3
- 4
- 5

REPORTING OFFICER

ID #

DATE OF REPORT

AGENCY	OKLAHOMA INFORMATION SUPPLEMENT	CASE NUMBER
		Page ____ of ____
TYPE OF REPORT	<input type="checkbox"/> SUSPECT <input type="checkbox"/> MURDER <input type="checkbox"/> AGGRAVATED ASSAULT <input type="checkbox"/> RUNAWAYS <input type="checkbox"/> MISSING PERSON <input type="checkbox"/> RAPE <input type="checkbox"/> UNIDENTIFIED PERSONS <input type="checkbox"/> OTHER OFFENDERS	DATE OF REPORT
NAME	ALIAS	
ADDRESS	CITY/STATE/ZIP	
OCCUPATION	EMPLOYER	
SSN	DR, LIC. #	
MARITAL STATUS	FINGERPRINT CLASS	
VEHICLE	VEH. LICENSE #	
LOCATION LAST SEEN	PROBABLE DESTINATION	
DATE OF DEATH	MISSING SINCE	
JUVENILE REPORT ONLY		
NATURAL FATHER	PLACE OF BIRTH	
NATURAL MOTHER (INCLUDE MAIDEN NAME)	IF IN OKLAHOMA INCLUDE COUNTY	
PHYSICAL DESCRIPTION		
DOB / APPROX. AGE	RACE	SEX
	ETHNICITY	BLOOD TYPE
HEIGHT	WEIGHT	COLOR OF HAIR
	LENGTH OF HAIR	COLOR OF EYES
		FACIAL HAIR (BEARD)
CHARACTERISTICS		
TATTOOS	SCARS (LOC./TYPE)	
AMPUTATIONS (LOC./TYPE)	ARTIFICIAL LIMBS (LOC./TYPE)	
MEDICAL PROBLEMS (DESCRIBE)	SURGERY (DESCRIBE)	
BROKEN BONES (DATE/DESCRIBE)		
LOCATION OF MEDICAL RECORDS	LOCATION OF DENTAL RECORDS	
CLOTHING DESCRIPTION (INCLUDE SIZE, COLOR, MATERIAL, AND BRAND IF KNOWN)		
SHIRT/DRESS/BLOUSE	PANTS	SOCKS/SHOES
SHOES/BOOTS	UNDER GARMENTS	COAT/JACKET
HAT/CAP	GLOVES	PURSE/WALLET (CONTENTS)
UNIFORM (DESCRIBE)	JEWELRY	GLASSES - PRESCRIPTION #
SIGNATURE OF PERSON REPORTING RELATIONSHIP OF PERSON REPORTING OTHER THAN VICTIM		
HOME ADDRESS		PHONE NUMBER
BUSINESS ADDRESS		PHONE NUMBER
REPORTING OFFICER	ID #	DATE OF REPORT
		REVIEWED BY
INFORMATION ENTERED NCIC YES ____ NO ____		
IT IS UNLAWFUL TO FALSELY REPORT A CRIME		DATE ENTERED

UCR NIBRS 5
9/93