

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

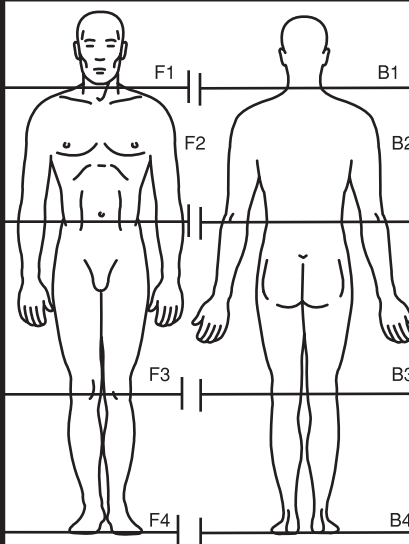
ORI NUMBER

VICTIM NUMBER

NAME (LAST, FIRST, MI)

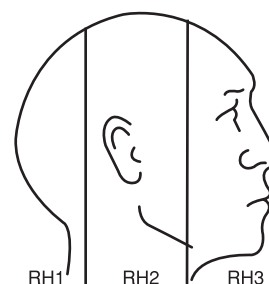
TYPE OF ACTIVITY

- 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

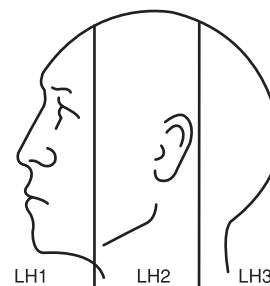


WEAPON OWNERSHIP

- 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			