

OKLAHOMA

UNIFORM INCIDENT/OFFENSE REPORT

CASE NUMBER

ROUTING:

DET/INV.

MUNICIPAL CRT.

D.A.

FILE

OTHER

CASE NO.

ADMINISTRATIVE

VICTIM

OFFENSE

- CLEARED EXCEPTIONALLY
- DEATH OF OFFENDER
 - PROSECUTION DECLINED
 - EXTRADITION DENIED
 - VICTIM REFUSED TO COOPERATE
 - JUVENILE/NO CUSTODY
 - NOT CLEARED EXCEPTIONAL

EXCEPTIONAL CLEARANCE DATE

AGENCY NAME

ORI # **OKO**

PAGE _____ OF _____

- INITIAL RPT. () OFFICER SAFETY
- MODIFY RPT. () OFFICER ASSAULT
- DELETE RPT.

OCCURRED ON OR BETWEEN										REPORTED ON				
MONTH	DAY	YEAR	DOW	HOUR	MONTH	DAY	YEAR	DOW	HOUR	MONTH	DAY	YEAR	DOW	HOUR

- TYPE OF REPORT
- PERSONS
 - VEHICLE
 - JUVENILE
 - ARSON-LOSS \$
 - PROPERTY
 - ARREST
 - CHILD ABUSE
 - GANG RELATED
 - INFORMATION
 - PHONE REPORT
 - DOMESTIC VIOLENCE
 - OTHER

NO.	VICTIM (LAST, FIRST, MIDDLE)	RACE	ETHNICITY	SEX	DOB	AGE	HGT	WGT	HAIR	EYES
		W B I A	HISP NON							
ADDRESS	CITY/STATE/ZIP	RES. STATUS	R N	PHONE						
BUS. ADDRESS	CITY/STATE/ZIP	MARITAL STATUS		BUS. PHONE						
DR. LIC. #	SSN	TYPE OF VICTIM	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> FINANCIAL INSTITUTION	<input type="checkbox"/> RELIGIOUS ORG.	<input type="checkbox"/> OTHER				
			<input type="checkbox"/> BUSINESS	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> SOCIETY/PUBLIC	<input type="checkbox"/> UNKNOWN				

- TYPE OF INJURY
- APPLIES ONLY TO OFFENSES LISTED BELOW
- KIDNAPPING/ABDUCTION
 - ROBBERY
 - FORCIBLE RAPE
 - AGGRAVATED ASSAULT
 - FORCIBLE SODOMY
 - SIMPLE ASSAULT
 - SEXUAL ASSAULT, WITH AN OBJECT
 - EXTORTION/BLACKMAIL
 - FORCIBLE FONDLING
- CHECK UP TO 5 OF THE FOLLOWING
- N - NONE
 - M - APPARENT MINOR INJURY
 - B - APPARENT BROKEN BONES
 - O - OTHER MAJOR INJURY
 - I - POSSIBLE INTERNAL INJURIES
 - T - LOSS OF TEETH
 - L - SEVERE LACERATIONS
 - U - UNCONSCIOUSNESS
- LOCATION OF INJURY _____

RELATIONSHIP OF VICTIM TO OFFENDER(S)	OFFENDER # CODE #	OFFENDER # CODE #	OFFENDER # CODE #	VICTIM OF OFFENSE #	OSBI # FBI #

OFFENSE #	CLASSIFICATION	IBR CODE	ATTEMPT COMP	ADDRESS/LOCATION OF OFFENSE	GEO LOCATION
PREMISE TYPE NAME	IBR CODE	HATE / BIAS YES NO	CODE	APPLIES TO BREAKING & ENTERING ONLY	<input type="checkbox"/> FORCIBLE
				NUMBER OF PREMISES ENTERED _____	<input type="checkbox"/> NO FORCE
OFFENSE #	CLASSIFICATION	IBR CODE	ATTEMPT COMP	ADDRESS/LOCATION OF OFFENSE	GEO LOCATION
PREMISE TYPE NAME	IBR CODE	HATE / BIAS YES NO	CODE	APPLIES TO BREAKING & ENTERING ONLY	<input type="checkbox"/> FORCIBLE
				NUMBER OF PREMISES ENTERED _____	<input type="checkbox"/> NO FORCE

TYPE OF CRIMINAL ACTIVITY

APPLIES ONLY TO OFFENSES LISTED BELOW

- COUNTERFEITING/FORGERY
- STOLEN PROPERTY OFFENSES
- DRUGS/NARCOTICS VIOLATIONS
- DRUGS EQUIPMENT VIOLATIONS
- GAMBLING EQUIPMENT VIOLATIONS
- PORNOGRAPHY/OBSCENE MATERIAL
- WEAPON LAW VIOLATIONS

ENTER UP TO 3 FOR EACH OFFENSE

- B - BUYING/RECEIVING
- C - CULTIVATING/MANUFACTURING/PUBLISHING
- D - DISTRIBUTING/SELLING
- E - EXPLOITING CHILDREN
- O - OPERATING/PROMOTING/ASSISTING
- P - POSSESSING/CONCEALING
- T - TRANSPORTING/TRANSMITTING/IMPORTING
- U - USING/CONSUMING

INDICATE TYPE BY LETTER

OFFENSE # _____

OFFENSE # _____

TYPE WEAPON/FORCE INVOLVED

APPLIES ONLY TO OFFENSES LISTED BELOW

- MURDER & NONNEGLIGENT MANSLAUGHTER
- NEGLIGENT HOMICIDE
- KIDNAPPING/ABDUCTION
- FORCIBLE RAPE
- FORCIBLE SODOMY
- SEXUAL ASSAULT, WITH AN OBJECT
- FORCIBLE FONDLING
- ROBBERY
- AGGRAVATED ASSAULT
- SIMPLE ASSAULT
- EXTORTION/BLACKMAIL
- WEAPON LAW VIOLATIONS

ENTER UP TO 3 FOR EACH OFFENSE

- 11 - FIREARM
- 12 - HANDGUN
- 13 - RIFLE
- 14 - SHOTGUN
- 15 - OTHER FIREARM
- 20 - KNIFE/CUTTING INSTRUMENT
- 30 - BLUNT OBJECT
- 35 - MOTOR VEHICLE
- 40 - PERSONAL WEAPONS
- 50 - POISON
- 60 - EXPLOSIVES
- 65 - FIRE/INCENDIARY DEVICE
- 70 - DRUGS/NARCOTICS

CIRCLE "A" IF AUTOMATIC

- A
- A
- A
- A
- A
- A
- A
- A
- A
- A
- A
- A

INDICATE WEAPON/FORCE BY NUMBER

OFFENSE # _____

OFFENSE # _____

OFFENDER(S) SUSPECTED OF USING

AT TIME OF OFFENSE OR SHORTLY BEFORE OFFENSE OCCURRED

- C-COMPUTER
- D-DRUGS
- A-ALCOHOL

IT IS UNLAWFUL TO FALSELY REPORT A CRIME WILL YOU PROSECUTE: (Y/N) _____	REPORTING OFFICER ID #	REVIEWED BY ID #
REPORTED BY:		

AGENCY NAME		ORI #		CASE NUMBER										
AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCE (APPLIES TO UCR DEFINITION ONLY) FOR AGGRAVATED ASSAULT MURDER/NON NEGLIGENT MANSLAUGHTER CHOOSE UP TO 2 _____														
NEGLIGENT MANSLAUGHTER CHOOSE 1 _____ 30 CHILDPLAYING WITH GUN 31 GUN-CLEANING ACCIDENT 32 HUNTING ACCIDENT 33 OTHER NEGLIGENT WEAPON HANDLING 34 OTHER NEGLIGENT KILLINGS ADDITIONAL HOMICIDE CHOOSE 1 _____ 20 CRIMINAL KILLED BY PRIVATE CITIZEN 21 CRIMINAL KILLED BY POLICE OFFICER														
ADDITIONAL HOMICIDE CHOOSE 1 _____ A CRIMINAL ATTACKED PO/OFFICER KILLED CRIMINAL B CRIMINAL ATTACKED PO/OTHER OFFICER KILLED CRIMINAL C CRIMINAL ATTACKED A CIVILIAN D CRIMINAL ATTEMPTED FLIGHT FROM A CRIME E CRIMINAL KILLED IN COMMISSION OF CRIME F CRIMINAL RESISTED ARREST G UNABLE TO DETERMINE/NOT ENOUGH INFORMATION														
SUSPECT / ARRESTEE	NO.	CODES:		A - ARREST	S - SUSPECT	I - INSTITUTIONAL		X - OTHER						
					R - RUNAWAY	M - MISSING	(MENTAL, DETOX)							
	NAME (LAST, FIRST, MIDDLE)				RACE	ETHNICITY	SEX	DOB	AGE	HGT	WGT	HAIR	EYES	
					W	B	I	A	HISP	NON				
	ALIAS NAME			IDENTIFIERS				MARITAL STATUS		RES. STATUS		R	N	
	STREET ADDRESS				CITY/STATE/ZIP				PHONE					
	EMPLOYMENT/OCCUPATION/SCHOOL				BUSINESS PHONE		GANG/TRIBE/AFFIL.		SSN		DL #/STATE			
	BOOKED / WHERE		BOOKING #		UCR ARREST OFFENSE CODE		TYPE OF ARREST		CHARGES		OSBI #			
	ARREST DATE		LOCATION OF ARREST				O		S		T		FBI #	
	FINGERPRINT CARD #		CITED	CITATION/WARRANT NO (S)		BAIL		LOCAL ID#		WEAPON CODE(S)		MULTI CLEARANCE		
		Y	N							M		C	N	
JUV. PARENT/ GDN. NOTIFIED		Y	N	NAME/RELATIONSHIP OF PERSON NOTIFIED			DATE/TIME NOTIFIED		NOTIFIED BY		DISP JUV		H	R
VEHICLE	TYPE		1-VICTIMS		3-SUSPECT		5-RECOVERED		7-STOLEN		9-OTHER			
	VEHICLE		2-THEFT FROM		4-VANDALISM		6-SEIZED		8-IMPOUNDED					
	TYPE	TAG NO.	STATE	YEAR	V.I.N.			DISTINGUISHING MARKS						
	VEH. YR.	MAKE		MODEL		STYLE		COLOR		EST VALUE				
IMPOUNDED BY		DATE RECOVERED		RECOVERED VALUE		RECOVERING AGENCY ORI#		NCIC# VEH/DECAL#						
WITNESS/ RPT PERSON	CODE	NAME (LAST, FIRST, MIDDLE)				RACE	ETHNICITY	SEX	DOB	AGE	HGT	WGT	HAIR	EYES
					W	B	I	A	HISP	NON				
	ADDRESS/LOCATION				CITY/STATE/ZIP				PHONE					
	EMPLOYER		ADDRESS			CITY/STATE/ZIP			PHONE					
DR. LIC.#		SSN		OSBI #		FBI #		MARITAL STATUS		RES. STATUS		R	N	
NARRATIVE														