

ADMINISTRATIVE	CLEARED EXCEPTIONALLY <input type="checkbox"/> DEATH OF OFFENDER <input type="checkbox"/> PROSECUTION DECLINED <input type="checkbox"/> EXTRADITION DENIED <input type="checkbox"/> VICTIM REFUSED TO COOPERATE <input type="checkbox"/> JUVENILE/NO CUSTODY <input type="checkbox"/> NOT CLEARED EXCEPTIONAL										OKLAHOMA										CASE NUMBER																												
	UNIFORM INCIDENT/OFFENSE REPORT										PAGE _____ OF _____ <input type="checkbox"/> INITIAL RPT. () OFFICER SAFETY <input type="checkbox"/> MODIFY RPT. () OFFICER ASSAULT <input type="checkbox"/> DELETE RPT.																																						
	EXCEPTIONAL CLEARANCE DATE										AGENCY NAME										ORI # OKO																												
	OCCURRED ON OR BETWEEN										REPORTED ON																																						
	MONTH	DAY	YEAR	DOW	HOUR	MONTH	DAY	YEAR	DOW	HOUR	MONTH	DAY	YEAR	DOW	HOUR																																		
TYPE OF REPORT										<input type="checkbox"/> PERSONS <input type="checkbox"/> PROPERTY <input type="checkbox"/> INFORMATION										<input type="checkbox"/> VEHICLE <input type="checkbox"/> ARREST <input type="checkbox"/> PHONE REPORT										<input type="checkbox"/> JUVENILE <input type="checkbox"/> CHILD ABUSE <input type="checkbox"/> DOMESTIC VIOLENCE										<input type="checkbox"/> ARSON-LOSS \$ <input type="checkbox"/> GANG RELATED <input type="checkbox"/> OTHER									
VICTIM	NO.	VICTIM (LAST, FIRST, MIDDLE)										RACE		ETHNICITY		SEX	DOB	AGE	HGT	WGT	HAIR	EYES																											
	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"/> BUSINESS		<input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> GOVERNMENT		<input type="checkbox"/> RELIGIOUS ORG. <input type="checkbox"/> SOCIETY/PUBLIC		<input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN																																				
	TYPE OF INJURY										CHECK UP TO 5 OF THE FOLLOWING										TYPE OF INJURY																												
	APPLIES ONLY TO OFFENSES LISTED BELOW										<input type="checkbox"/> N - NONE <input type="checkbox"/> B - APPARENT BROKEN BONES <input type="checkbox"/> I - POSSIBLE INTERNAL INJURIES <input type="checkbox"/> L - SEVERE LACERATIONS										<input type="checkbox"/> M - APPARENT MINOR INJURY <input type="checkbox"/> O - OTHER MAJOR INJURY <input type="checkbox"/> T - LOSS OF TEETH <input type="checkbox"/> U - UNCONSCIOUSNESS																												
	KIDNAPPING/ABDUCTION FORCIBLE RAPE FORCIBLE SODOMY SEXUAL ASSAULT, WITH AN OBJECT FORCIBLE FONDLING										ROBBERY AGGRAVATED ASSAULT SIMPLE ASSAULT EXTORTION/BLACKMAIL 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		ADDRESS/LOCATION OF OFFENSE		GEO LOCATION																																						
	PREMISE TYPE NAME		IBR CODE		HATE / BIAS		CODE		APPLIES TO BREAKING & ENTERING ONLY		<input type="checkbox"/> FORCIBLE <input type="checkbox"/> NO FORCE																																						
OFFENSE #		CLASSIFICATION		IBR CODE		ATTEMPT		ADDRESS/LOCATION OF OFFENSE		GEO LOCATION																																							
PREMISE TYPE NAME		IBR CODE		HATE / BIAS		CODE		APPLIES TO BREAKING & ENTERING ONLY		<input type="checkbox"/> FORCIBLE <input type="checkbox"/> NO FORCE																																							
OFFENSE	TYPE OF CRIMINAL ACTIVITY										ENTER UP TO 3 FOR EACH OFFENSE										INDICATE TYPE BY LETTER																												
	APPLIES ONLY TO OFFENSES LISTED BELOW										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										OFFENSE # _____																												
	COUNTERFEITING/FORGERY STOLEN PROPERTY OFFENSES DRUGS/NARCOTICS VIOLATIONS DRUGS EQUIPMENT VIOLATIONS GAMBLING EQUIPMENT VIOLATIONS PORNOGRAPHY/OBSCENE MATERIAL WEAPON LAW VIOLATIONS																				OFFENSE # _____																												
	TYPE WEAPON/FORCE INVOLVED										ENTER UP TO 3 FOR EACH OFFENSE										INDICATE WEAPON/FORCE BY NUMBER																												
	APPLIES ONLY TO OFFENSES LISTED BELOW										CIRCLE "A" IF AUTOMATIC										OFFENSE # _____																												
	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										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										A A A A A A A A A A 90 - OTHER 95 - UNKNOWN 99 - NONE																												
																					OFFENSE # _____																												
																					OFFENSE # _____																												
IT IS UNLAWFUL TO FALSELY REPORT A CRIME WILL YOU PROSECUTE: (Y/N) _____										REPORTING OFFICER										ID #																													
REPORTED BY:																				REVIEWED BY										ID #																			

ROUTING: ☐ DET/INV. ☐ MUNICIPAL CRT. ☐ D.A. ☐ FILE ☐ OTHER ☐ CASE NO.

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 R - RUNAWAY			S - SUSPECT M - MISSING			I - INSTITUTIONAL (MENTAL, DETOX)			X - OTHER																					
	NAME (LAST, FIRST, MIDDLE)					RACE W B I A		ETHNICITY HISP NON		SEX	DOB		AGE	HGT	WGT	HAIR	EYES																
	ALIAS NAME				IDENTIFIERS							MARITAL STATUS		RES. R STATUS 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 O S T	CHARGES			OSBI # FBI #																						
	ARREST DATE		LOCATION OF ARREST																														
	FINGERPRINT CARD #		CITED Y N	CITATION/WARRANT NO (S)			BAIL		LOCAL ID#		WEAPON CODE(S)		MULTI CLEARANCE 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 W B I A		ETHNICITY HISP NON		SEX	DOB		AGE	HGT	WGT	HAIR	EYES																
	ADDRESS/LOCATION					CITY/STATE/ZIP					PHONE																						
	EMPLOYER			ADDRESS			CITY/STATE/ZIP					PHONE																					
	DR. LIC.#			SSN		OSBI # FBI #			MARITAL STATUS		RES. R STATUS N																						
NARRATIVE																																	
REPORTING OFFICER					ID #		REVIEWED BY					ID #		DATE OF REPORT																			