

CASE NUMBER

OKLAHOMA

UNIFORM INCIDENT/OFFENSE REPORT

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

- PAGE _____ OF _____
- INITIAL RPT. () OFFICER SAFETY
- MODIFY RPT. () OFFICER ASSAULT
- DELETE RPT.

ADMINISTRATIVE

AGENCY NAME _____

EXCEPTIONAL CLEARANCE DATE _____

ORI # **OK0**

OCCURRED ON OR BETWEEN

REPORTED ON

MONTH	DAY	YEAR	DOW	HOUR	MONTH	DAY	YEAR	DOW	HOUR

TYPE OF REPORT

PERSONS INFORMATION

PROPERTY INFORMATION

VEHICLE ARREST

PHONE REPORT

JUVENILE CHILD ABUSE

DOMESTIC VIOLENCE

ARSON-LOSS \$

GANG RELATED

OTHER

NO. VICTIM (LAST, FIRST, MIDDLE)

CITY/STATE/ZIP

RACE ETHNICITY

SEX

DOB

AGE

HGT

WGT

HAIR

EYES

ADDRESS

CITY/STATE/ZIP

RES. STATUS

RES. N

PHONE

BUS. ADDRESS

CITY/STATE/ZIP

MARITAL STATUS

BUS. PHONE

DR. LIC. #

SSN

TYPE OF VICTIM

INDIVIDUAL BUSINESS GOVERNMENT

FINANCIAL INSTITUTION

RELIGIOUS ORG. SOCIETY/PUBLIC UNKNOWN

VICTIM

RELATIONSHIP OF VICTIM TO OTHERS

OFFENDER # _____ CODE # _____

OFFENDER # _____ CODE # _____

OFFENDER # _____ CODE # _____

TYPE OF INJURY

APPLIES ONLY TO OFFENSES LISTED BELOW

KIDNAPPING/ABDUCTION

FORCIBLE RAPE

FORCIBLE SODOMY

SEXUAL ASSAULT WITH AN OBJECT

FORCIBLE FONDLING

ROBBERY

AGGRAVATED ASSAULT

SIMPLE ASSAULT

EXTORTION/BLACKMAIL

CHECK UP TO 5 OF THE FOLLOWING

N - NONE

B - APPARENT BROKEN BONES

I - POSSIBLE INTERNAL INJURIES

L - SEVERE LACERATIONS

M - APPARENT MINOR INJURY

O - OTHER MAJOR INJURY

T - LOSS OF TEETH

U - UNCONSCIOUSNESS

PREMISE TYPE NAME

IBR CODE _____

HATE / BIAS YES NO

ATTEMPT COMP

ADDRESS/LOCATION OF OFFENSE

APPLIES TO BREAKING & ENTERING ONLY

NUMBER OF PREMISES ENTERED _____

ADDRESS/LOCATION OF OFFENSE

APPLIES TO BREAKING & ENTERING ONLY

NUMBER OF PREMISES ENTERED _____

ADDRESS/LOCATION OF OFFENSE

OFFENSE # _____ CLASSIFICATION _____

IBR CODE _____

HATE / BIAS YES NO

ATTEMPT COMP

ADDRESS/LOCATION OF OFFENSE

APPLIES TO BREAKING & ENTERING ONLY

NUMBER OF PREMISES ENTERED _____

ADDRESS/LOCATION OF OFFENSE

APPLIES TO BREAKING & ENTERING ONLY

NUMBER OF PREMISES ENTERED _____

ADDRESS/LOCATION OF OFFENSE

PREMISE TYPE NAME

IBR CODE _____

HATE / BIAS YES NO

ATTEMPT COMP

ADDRESS/LOCATION OF OFFENSE

APPLIES TO BREAKING & ENTERING ONLY

NUMBER OF PREMISES ENTERED _____

ADDRESS/LOCATION OF OFFENSE

APPLIES TO BREAKING & ENTERING ONLY

NUMBER OF PREMISES ENTERED _____

ADDRESS/LOCATION OF OFFENSE

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 # _____

OFFENSE # _____

OFFENSE

TYPE WEAPON/FORCE INVOLVED

APPLIES ONLY TO OFFENSES LISTED BELOW

ENTER UP TO 3 FOR EACH OFFENSE

CIRCLE "A" IF AUTOMATIC

INDICATE WEAPON/FORCE BY NUMBER

- 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

- 90 - OTHER
- 95 - UNKNOWN
- 99 - NONE

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) _____

REPORTED BY: _____

REPORTING OFFICER

ID #

REVIEWED BY

ID #

CASE NO. _____

OTHERS

FILE

D.A.

MUNICIPAL CRT.

DET/INV.

ROUTING: _____

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		ETHNICITY		SEX	DOB	AGE	HGT	WGT	HAIR	EYES	
	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 #		FBI #			
	ARREST DATE		LOCATION OF ARREST				O S T									
	FINGERPRINT CARD #		CITED	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-VICTIM		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
	ADDRESS/LOCATION				CITY/STATE/ZIP				PHONE							
	EMPLOYER		ADDRESS			CITY/STATE/ZIP			PHONE							
	DR. LIC.#		SSN		OSBI #		FBI #		MARITAL STATUS		RES. STATUS		R	N		
NARRATIVE																
REPORTING OFFICER				ID #		REVIEWED BY				ID #		DATE OF REPORT				