



# UCR 1.7 Summary Workbook Use and Common Errors



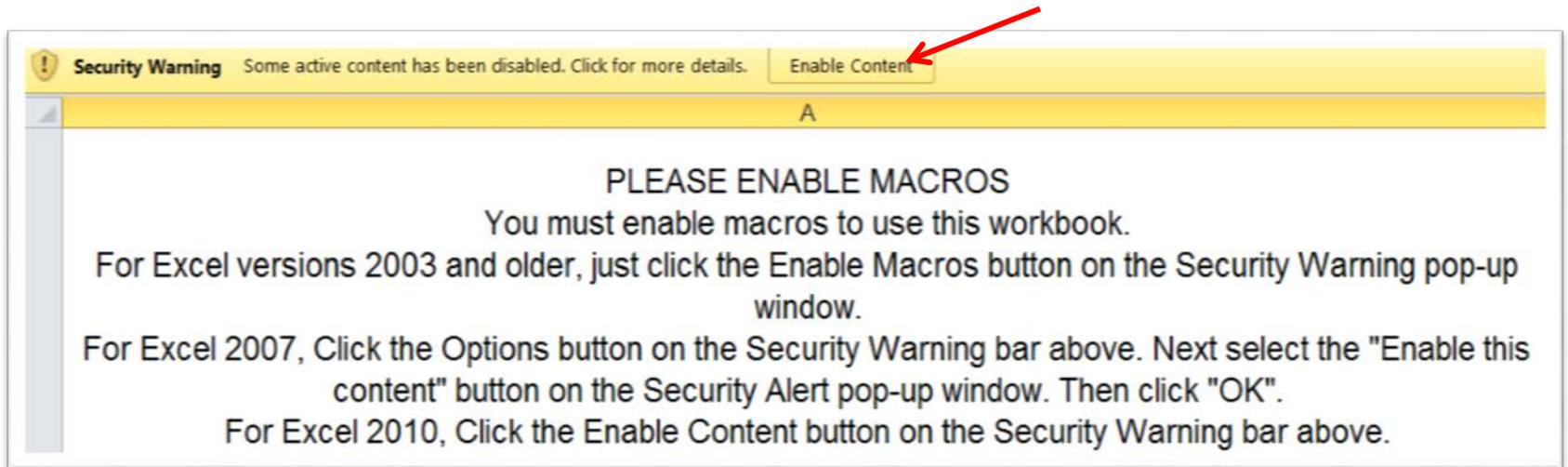
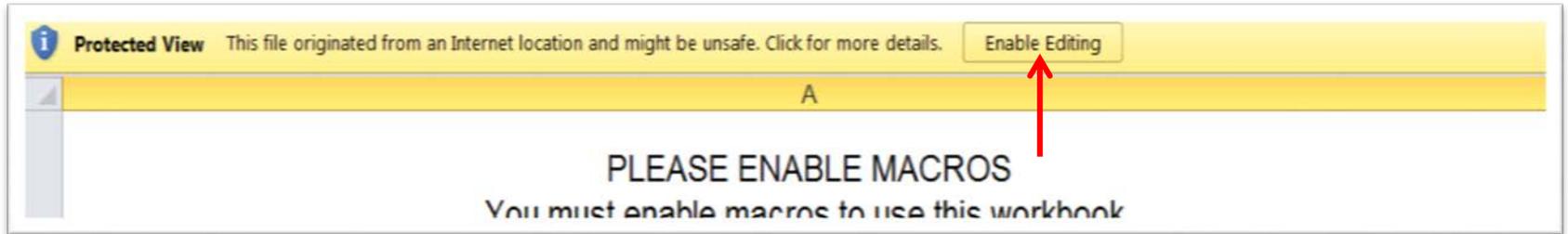
***Prepared by***

***Statistical Assistant - Joseph L. Maxwell  
and  
Statistical Assistant - Teresa Bigelow***

***of the***

***FBI 's Criminal Justice Information  
Services (CJIS ) Division***

***Crime Statistics Management Unit***



- Upon opening either workbook, (the one you received as an e-mail attachment or the one you saved on your computer), one or both of these protective view Enable buttons may appear in the gold bar at the top of the screen.
- Click on each button when it appears to gain access to the Agency Information Sheet.



**Required fields**

Agency Identifier (7 or 9 digit ORI) \_\_\_\_\_

Month of Report \_\_\_\_\_

Year of Report (YYYY) \_\_\_\_\_

**Optional Fields**

Agency \_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_

State \_\_\_\_\_

Population \_\_\_\_\_

Prepared By \* \_\_\_\_\_

Title of Preparer \_\_\_\_\_

Telephone Number \* \_\_\_\_\_

Email Address \* \_\_\_\_\_

Chief, Sheriff, Superintendent,  
Commanding Officer, or \_\_\_\_\_

Date Prepared \_\_\_\_\_

\*Note: Please provide your contact information

Application Version 1.7

**UCR Workbook Options**

Please select the type of submission for each form listed below.

Report	Original Report / Zero Report ?	Adjustment ?	No Change / No Report ?
Return A	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Return A Supplement	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
LEOKA	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
ASR	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arson	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
SHR	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Police Employees (Annual Report)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hate Crime	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Human Trafficking	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Cargo Theft	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Reporting older data initiatives (2012 data initiatives) ?

Settings   Generate Summary File(s)   Start New Workbook

Instructions   Agency Information   Return A   Return A Supplement   LEOKA   ASR - Juvenile   ASR - Adult   Arson   SHR - Murder, Non-negligent   SHR - Negligent Manslaughter   Police Employees   Hate Crime

- (1) These tabs show the names of the reports in the workbook. Click on the name to open the report.
- (2) This box indicates which reports are to be processed.
- (3) Click this button to open up a new workbook.
- (4) This text indicates the version of the workbook.

Required Fields	
Agency Identifier (7 or 9 digit ORI)	
Month of Report	
Year of Report (YYYY)	

Example ORIs:  
WV12345 or  
WV1234500

Optional Fields	
Agency	
City	
County	
State	
Population	
Prepared By *	
Title of Preparer	
Telephone Number *	
Email Address *	
Chief, Sheriff, Superintendent, Commanding Officer, or	
Date Prepared	

\*Note: Please provide your contact information

Application Version 1.7

### UCR Workbook Options

Please select the type of submission for each form listed below.

Report	Original Report / Zero Report ?	Adjustment ?	No Change / No Report ?
Return A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Return A Supplement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LEOKA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ASR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arson	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
SHR	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Police Employees (Annual Report)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hate Crime	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Human Trafficking	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Cargo Theft	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Reporting older data initiatives (2012 data initiatives) ?

Select the "Original Report/Zero Report" radio button if submitting the report for the first time or when a report has zero values. A report with zero values is not the same as a "No Report."

Clicking on ? will display the definition and the use for the column or for the related button.

Required Fields		Application Version 1.7																																												
Agency Identifier (7 or 9 digit ORI)	WV0123400	<div data-bbox="807 197 1483 963"> <p><b>UCR Workbook Options</b></p> <p>Please select the type of submission for each form listed below.</p> <table border="1"> <thead> <tr> <th>Report</th> <th>Original Report / Zero Report ?</th> <th>Adjustment ?</th> <th>No Change / No Report ?</th> </tr> </thead> <tbody> <tr><td>Return A</td><td><input checked="" type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Return A Supplement</td><td><input checked="" type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>LEOKA</td><td><input checked="" type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>ASR</td><td><input checked="" type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Arson</td><td><input checked="" type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>SHR</td><td><input checked="" type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Police Employees (Annual Report)</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input checked="" type="radio"/></td></tr> <tr><td>Hate Crime</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input checked="" type="radio"/></td></tr> <tr><td>Human Trafficking</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input checked="" type="radio"/></td></tr> <tr><td>Cargo Theft</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input checked="" type="radio"/></td></tr> </tbody> </table> <p><input type="checkbox"/> Reporting older data initiatives (2012 data initiatives) ?</p> <p>Settings    Generate Summary File(s)    Start New Workbook</p> </div>	Report	Original Report / Zero Report ?	Adjustment ?	No Change / No Report ?	Return A	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Return A Supplement	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	LEOKA	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	ASR	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Arson	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	SHR	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Police Employees (Annual Report)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Hate Crime	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Human Trafficking	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Cargo Theft	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Report	Original Report / Zero Report ?		Adjustment ?	No Change / No Report ?																																										
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SHR	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>																																											
Police Employees (Annual Report)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>																																											
Hate Crime	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>																																											
Human Trafficking	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>																																											
Cargo Theft	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>																																											
Month of Report	JANUARY																																													
Year of Report (YYYY)	2015																																													
Optional Fields																																														
Agency																																														
City																																														
County																																														
State																																														
Population																																														
Prepared By *																																														
Title of Preparer																																														
Telephone Number *																																														
Email Address *																																														
Chief, Sheriff, Superintendent, Commanding Officer, or																																														
Date Prepared																																														

\*Note: Please provide your contact information

Instructions    Agency Information    Return A    Return A Supplement    LEOKA    ASR - Juvenile    ASR - Adult    Arson    SHR - Murder, Non-neighbor    SHR - Neighbor Manslaughter    Police Employees    Hate Crime

### Common Errors:

- (1) Incorrect ORI was entered; 9-digit ORI must end in 00 – Must be the UCR assigned ORI.
- (2) All letters of the ORI are not capitalized.
- (3) Wrong month and year entered into the workbook.

Required Fields	
Agency Identifier (7 or 9 digit ORI)	
Month of Report	
Year of Report (YYYY)	
Optional Fields	
Agency	
City	
County	
State	
Population	
Prepared By *	
Title of Preparer	
Telephone Number *	
Email Address *	
Chief, Sheriff, Superintendent, Commanding Officer, or	
Date Prepared	

\*Note: Please provide your contact information

Application Version 1.7

**UCR Workbook Options**

Please select the type of submission for each form listed below.

Report	Original Report / Zero Report ?	Adjustment ?	No Change / No Report ?
Return A	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Return A Supplement	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
LEOKA	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
ASR	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arson	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
SHR	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Police Employees (Annual Report)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hate Crime	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Human Trafficking	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Cargo Theft	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Reporting older data initiatives (2012 data initiatives) ?

Settings    Generate Summary File(s)    Start New Workbook

**Common Errors:**

(4) Incorrect radio buttons selected in the UCR Workbook Options box.

**Note:** We recommend you always use a clean workbook each time you prepare a monthly submission

**Remember:** A No Report is not a Zero Report

Instructions    Agency Information    Return A    Return A Supplement    LEOKA    ASR - Juvenile    ASR - Adult    Arson    SHR - Murder, Non-neolect    SHR - Neolect Manslaughter    Police Employees    Hate Crime

Required Fields		Application Version
Agency Identifier (7 or 9 digit ORI)	WV01700	1.7
Month of Report	January	<b>WV0170000 (HARRISON)</b> <b>UCR Workbook Options</b> Please select the type of submission for each form listed below.
Year of Report (YYYY)	2015	
Optional Fields		Report      Original Report / Zero Report       Adjustment       No Change / No Report
Agency		Return A <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>
City		Return A Supplement <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>
County		
State		
Population		
Prepared By *		
Title of Preparer		
Telephone Number *		
Email Address *		
Chief, Sheriff, Superintendent, Commanding Officer, or		
Date Prepared		
*Note: Please provide your contact information		<input type="checkbox"/> Reporting older data initiatives (2012 data initiatives) <input type="button" value="Settings"/> <input type="button" value="Generate Summary File(s)"/> <input type="button" value="Start New Workbook"/>

**Verify Form Submission Selections**

Please verify that you have selected which forms you wish to submit as an original report, adjustment, or a no report before exiting. Click cancel to make changes before exiting.

Do you wish to save the changes you made to 'UCR Summary Excel Workbook\_v1.7.xls'?

- You should always return to the Agency Information Sheet to save your work or to exit the program.
- This verification box will appear upon exiting. Click "Yes" to save, "No" to delete, or "Cancel" to return to make adjustments to your data.

Required Fields		Application Version	1.7
Agency Identifier (7 or 9 digit ORI)		<b>UCR Workbook Options</b> Please select the type of submission for each form listed below.	
Month of Report			
Year of Report (YYYY)			
Optional Fields		Report	Original Report / Zero Report <input type="radio"/> Adjustment <input type="radio"/> No Change / No Report <input type="radio"/>
Agency		Return A	<input type="radio"/> <input type="radio"/> <input type="radio"/>
City		plement	<input type="radio"/> <input type="radio"/> <input type="radio"/>
County			<input type="radio"/> <input type="radio"/> <input type="radio"/>
State			<input type="radio"/> <input type="radio"/> <input type="radio"/>
Population			<input type="radio"/> <input type="radio"/> <input type="radio"/>
Prepared By *			<input type="radio"/> <input type="radio"/> <input type="radio"/>
Title of Preparer			<input type="radio"/> <input type="radio"/> <input type="radio"/>
Telephone Number *			<input type="radio"/> <input type="radio"/> <input type="radio"/>
Email Address *		Employees	<input type="radio"/> <input type="radio"/> <input type="radio"/>
Chief, Sheriff, Superintendent, Commanding Officer, or		(Annual Report)	<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>
Date Prepared		Hate Crime	<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>
*Note: Please provide your contact information		Human Trafficking	<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>
		Cargo Theft	<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>
		<input type="checkbox"/> Reporting older data initiatives (2012 data initiatives) <input type="button" value="?"/>	
		<input type="button" value="Settings"/>	<input type="button" value="Generate Summary File(s)"/>
		<input type="button" value="Start New Workbook"/>	

**Required Fields**

Please enter valid values for the red highlighted fields.

If you have data in any of the reports and attempt to exit the workbook, this warning box will appear. To exit, either fill in the top three mandatory spaces under the Required Fields or clear the data from the reports.

Required Fields		Application Version
Agency Identifier (7 or 9 digit ORI)	WV0170000	1.7
Month of Report	January	<b>WV0170000 (HARRISON)</b>
Year of Report (YYYY)	2015	
Optional Fields		
Agency	HARRISON CO. S. O.	
City	NUTTER FORT	
County	HARRISON	
State	WV	
Population		
Prepared By *	JOSEPH MAXWELL	
Title of Preparer	STATISTICAL ASSISTANT	
Telephone Number *	304-625-2398	
Email Address *	<a href="mailto:joseph.maxwell@ic.fbi.gov">joseph.maxwell@ic.fbi.gov</a>	
Chief, Sheriff, Superintendent, Commanding Officer, or	CHIEF/SHERIFF NAME	
Date Prepared	02/01/2015	
*Note: Please provide your contact information		

UCR Workbook Options			
Please select the type of submission for each form listed below.			
Report	Original Report / Zero Report ?	Adjustment ?	No Change / No Report ?
Return A	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Return A Supplement	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
LEOKA	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
ASR	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arson	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
SHR	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Police Employees (Annual Report)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hate Crime	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Human Trafficking	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Cargo Theft	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="checkbox"/> Reporting older data initiatives (2012 data initiatives) ?			
Settings		Generate Summary File(s)	Start New Workbook

View of completed Agency Information Sheet

# Return A Report

**RETURN A - MONTHLY RETURN OF OFFENSES KNOWN TO THE POLICE**

This report is authorized by law Title 28, Section 334, U.S. Code. Your cooperation in completing this form will assist the FBI, in compiling timely, comprehensive, and accurate data. Please submit this form monthly, by the seventh day after the close of the month, and any questions to the FBI Criminal Justice Information Services Division, Attention: Uniform Crime Reports Module E-3, 1000 Custer Hollow Road, Clarksburg, West Virginia 6306; telephone 304-625-4830, facsimile 304-625-3566. Under the Paperwork Reduction Act, you are not required to complete this form unless it contains valid OMB control number. The form takes approximately 10 minutes to complete. Instructions for preparing the form appear on the reverse side.

1-74 (Rev. 2-22-13)  
OMB No. 110-0001  
Expires 07-31-16

CLASSIFICATION OF OFFENSES	DATA ENTRY	2 OFFENSES REPORTED OR KNOWN TO POLICE (INCLUDE 'UNFOUNDED' AND ATTEMPTS)	3 UNFOUNDED, I. E., FALSE OR BASELESS COMPLAINTS	4 NUMBER OF ACTUAL OFFENSES (COLUMN 3 MINUS COLUMN 3) (INCLUDE ATTEMPTS)	5 TOTAL OFFENSES CLEARED BY ARREST OR EXCEPTIONAL MEANS (INCLUDES COL. 6)	6 NUMBER OF CLEARANCES INVOLVING ONLY PERSONS UNDER 18 YEARS OF AGE
<b>CRIMINAL HOMICIDE</b>						
a. MURDER AND NONNEGLIGENT HOMICIDE (Score attempts as aggravated assault) If homicide reported, submit Supplementary Homicide Report	11			0		
b. MANSLAUGHTER BY NEGLIGENCE	12			0		
<b>RAPE TOTAL</b>	20	0	0	0	0	0
a. Rape	21			0		
b. Attempts to commit Rape	22			0		
Historical Rape (See Instruction #15 below)						
<b>ROBBERY TOTAL</b>	30	0	0	0	0	0
a. Firearm	31			0		
b. Knife or Cutting Instrument	32			0		
c. Other Dangerous Weapon	33			0		
d. Strong-Arm (Hands, Fists, Feet, Etc.)	34			0		
<b>ASSAULT TOTAL</b>	40	0	0	0	0	0
a. Firearm	41			0		
b. Knife or Cutting Instrument	42			0		
c. Other Dangerous Weapon	43			0		
d. Hands, Fists, Feet, Etc. - Aggravated injury	44			0		
e. Other Assaults - Simple, Not Aggravated	45			0		
<b>BURGLARY TOTAL</b>	50	0	0	0	0	0
a. Forcible Entry	51			0		
b. Unlawful Entry - No Force	52			0		
c. Attempted Forcible Entry	53			0		
<b>LARCENY - THEFT TOTAL</b>	60			0		
(Except Motor Vehicle Theft)						
<b>MOTOR VEHICLE THEFT TOTAL</b>	70	0	0	0	0	0
a. Autos	71			0		
b. Trucks and Buses	72			0		
c. Other Vehicles	73			0		
<b>GRAND TOTAL</b>	77	0	0	0	0	0

HECKING ANY OF THE APPROPRIATE BLOCKS BELOW WILL ELIMINATE YOUR NEED TO SUBMIT REPORTS WHEN THE VALUES ARE ZERO. THIS WILL ALSO AID THE NATIONAL PROGRAM IN ITS QUALITY CONTROL EFFORTS.

<input checked="" type="checkbox"/> NO SUPPLEMENTARY HOMICIDE REPORT SUBMITTED SINCE NO MURDERS, JUSTIFIABLE HOMICIDES, OR MANSLAUGHTERS BY NEGLIGENCE OCCURRED IN THIS JURISDICTION DURING THE MONTH.	<input checked="" type="checkbox"/> NO AGE, SEX, AND RACE OF PERSONS ARRESTED UNDER 18 YEARS OF AGE REPORT SINCE NO ARRESTS OF PERSONS WITHIN THIS AGE GROUP.
<input checked="" type="checkbox"/> NO SUPPLEMENT TO RETURN A REPORT SINCE NO CRIME OFFENSES OR RECOVERY OF PROPERTY REPORTED DURING THE MONTH.	<input checked="" type="checkbox"/> NO AGE, SEX, AND RACE OF PERSONS ARRESTED 18 YEARS OF AGE AND OVER REPORT SINCE NO ARRESTS OF PERSONS WITHIN THIS AGE GROUP.
<input checked="" type="checkbox"/> NO LAW ENFORCEMENT OFFICERS KILLED OR ASSAULTED REPORT SINCE NONE OF THE OFFICERS WERE ASSAULTED OR KILLED DURING THE MONTH.	<input checked="" type="checkbox"/> NO MONTHLY RETURN OF ARREST OFFENSES KNOWN TO LAW ENFORCEMENT REPORT SINCE NO ARRESTS OCCURRED.

DO NOT USE THIS SPACE

INITIALS
RECORDED
EDITED
ENTERED
ADJUSTED
COPIES

The Return A displays the following:

- Part 1 Offenses Reported
- Part 1 Offenses Unfounded
- Part 1 Actual Offenses
- Total Offenses Cleared by Arrest or Exceptional Means for the month
- Number of Clearances Involving Only Persons Under 18 Years of Age.

(1) Displays if reporting rape offenses using the old legacy definition

(2) Number of juvenile only offenses being cleared for the month - must be included in the Total Offenses Cleared/Arrest or Exceptional Means

**RETURN A - MONTHLY RETURN OF OFFENSES KNOWN TO THE POLICE**

This report is authorized by law Title 28, Section 534, U.S. Code. Your cooperation in completing this form will assist the FBI, in compiling timely, comprehensive, and accurate data. Please submit this form monthly, by the seventh day after the close of the month, and any questions to the FBI National Justice Information Services Division, Attention: Uniform Crime Reports/Module E-3, 1000 Custer Hollow Road, Clarksburg, West Virginia 26306; telephone 304-625-4830, facsimile 304-625-3566. Under the Paperwork Reduction Act, you are not required to complete this form unless it contains valid OMB control number. The form takes approximately 10 minutes to complete. Instructions for preparing the form appear on the reverse side.

F720 (REV. 2-22-13)  
OMB No. 110-0001  
Expires 07-31-16

**Common Return A Errors:**

- (1) Incorrectly using the Historical Rape line for data using the old UCR Rape definition
- (2) Placing Burglary incident data in the Larceny-theft section
- (3) Column 6 Clearances greater than Column 5 Clearances

CLASSIFICATION OF OFFENSES	DATA ENTRY	2 OFFENSES REPORTED OR KNOWN TO POLICE (INCLUDE "UNFOUNDED" AND ATTEMPTS)	3 UNFOUNDED, I.E., FALSE OR BASELESS COMPLAINTS	4 NUMBER OF ACTUAL OFFENSES (COLUMN 2 MINUS COLUMN 3) (INCLUDE ATTEMPTS)	5 TOTAL OFFENSES CLEARED BY ARREST OR EXCEPTIONAL MEANS (INCLUDES COL. 6)	6 NUMBER OF CLEARANCES INVOLVING ONLY PERSONS UNDER 18 YEARS OF AGE
<b>CRIMINAL HOMICIDE</b>						
a. MURDER AND NONNEGLIGENT HOMICIDE (Score attempts as aggravated assault) If homicide reported, submit Supplementary Homicide Report	11			0		
b. MANSLAUGHTER BY NEGLIGENCE	12			0		
<b>RAPE TOTAL</b>	20	0	0	0	0	0
a. Rape	21			0	C	C
b. Attempts to commit Rape	22			0		
Historical Rape (See Instruction #15 below)					O	O
<b>ROBBERY TOTAL</b>	30	0	0	0	0	0
a. Firearm	31			0	L	L
b. Knife or Cutting Instrument	32			0		
c. Other Dangerous Weapon	33			0	U	U
d. Strong-Arm (Hands, Fists, Feet, Etc.)	34			0		
<b>ASSAULT TOTAL</b>	40	0	0	0	M	M
a. Firearm	41			0		
b. Knife or Cutting Instrument	42			0	N	N
c. Other Dangerous Weapon	43			0		
d. Hands, Fists, Feet, Etc. - Aggravated injury	44			0		
e. Other Assaults - Simple, Not Aggravated	45			0		
<b>BURGLARY TOTAL</b>	50		0	0	5	6
a. Forcible Entry	51			0		
b. Unlawful Entry - No Force	52			0		
c. Attempted Forcible Entry	53			0		
<b>LARCENY - THEFT TOTAL</b> (Except Motor Vehicle Theft)	60			0		
<b>MOTOR VEHICLE THEFT TOTAL</b>	70	0	0	0	0	0
a. Autos	71			0		
b. Trucks and Buses	72			0		
c. Other Vehicles	73			0		
<b>GRAND TOTAL</b>	77	0	0	0	0	0

CHECKING ANY OF THE APPROPRIATE BLOCKS BELOW WILL ELIMINATE YOUR NEED TO SUBMIT REPORTS WHEN THE VALUES ARE ZERO. THIS WILL ALSO AID THE NATIONAL PROGRAM IN ITS QUALITY CONTROL EFFORTS.

<input checked="" type="checkbox"/> NO SUPPLEMENTARY HOMICIDE REPORT SUBMITTED SINCE NO MURDERS, JUSTIFIABLE HOMICIDES, OR MANSLAUGHTERS BY NEGLIGENCE OCCURRED IN THIS JURISDICTION DURING THE MONTH.	<input checked="" type="checkbox"/> NO AGE, SEX, AND RACE OF PERSONS ARRESTED UNDER 18 YEARS OF AGE REPORT SINCE NO ARRESTS OF PERSONS WITHIN THIS AGE GROUP.
<input checked="" type="checkbox"/> NO SUPPLEMENT TO RETURN A REPORT SINCE NO CRIME OFFENSES OR RECOVERY OF PROPERTY REPORTED DURING THE MONTH.	<input checked="" type="checkbox"/> NO AGE, SEX, AND RACE OF PERSONS ARRESTED 18 YEARS OF AGE AND OVER REPORT SINCE NO ARREST OF PERSONS WITHIN THIS AGE GROUP.
<input checked="" type="checkbox"/> NO LAW ENFORCEMENT OFFICERS KILLED OR ASSAULTED REPORT SINCE NONE OF THE OFFICERS WERE ASSAULTED OR KILLED DURING THE MONTH.	<input checked="" type="checkbox"/> NO MONTHLY RETURN OF ARSON OFFENSES KNOWN TO LAW ENFORCEMENT REPORT SINCE NO ARSONS OCCURRED.

DO NOT USE THIS SPACE

	INITIALS
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*Remember that totals in Column 6 cannot be greater than totals in Column 5.*

FYI: You may disregard the "X" in the boxes at the bottom of the report. The UCR Workbook Options Box on the Agency Information sheet now serves this purpose.

**SECTION 2 - MONTHLY RETURN OF OFFENSES KNOWN TO THE POLICE**

This report is authorized by law Title 28, Section 534, U.S. Code. Your cooperation in completing this form will assist the FBI, in compiling timely, comprehensive, and accurate data. Please submit this form monthly, by the seventh day after the close of the month, and any questions to the FBI Criminal Justice Information Services Division, Attention: Uniform Crime Reports/Module E-3, 1000 Custer Hollow Road, Clarksburg, West Virginia 26306; telephone 304-625-4830, facsimile 304-625-3566. Under the Paperwork Reduction Act, you are not required to complete this form unless it contains valid OMB control number. The form takes approximately 10 minutes to complete. Instructions for preparing the form appear on the reverse side.

FD-203 (REV. 4-22-13)  
OMB No. 1110-0001  
Expires 07-31-15

CLASSIFICATION OF OFFENSES	DATE/ENTRY	2 OFFENSES REPORTED OR KNOWN TO POLICE (INCLUDE "UNFOUNDED" AND ATTEMPTS)	3 UNFOUNDED, I.E., FALSE OR BASELESS COMPLAINTS	4 NUMBER OF ACTUAL OFFENSES (COLUMN 2 MINUS COLUMN 3) (INCLUDE ATTEMPTS)	5 TOTAL OFFENSES CLEARED BY ARREST OR EXCEPTIONAL MEANS (INCLUDES COL. 6)	6 NUMBER OF CLEARANCES INVOLVING ONLY PERSONS UNDER 18 YEARS OF AGE
<b>CRIMINAL HOMICIDE</b>						
a. MURDER AND NEGLIGENT HOMICIDE (Score attempts as aggravated assault) If homicide reported, submit Supplementary Homicide Report	11			0		
b. MANSLAUGHTER BY NEGLIGENCE	12			0		
<b>RAPE TOTAL</b>	20	0	0	0	0	0
a. Rape	21			0		
b. Attempts to commit Rape	22			0		
Historical Rape (See Instruction #15 below)						
<b>ROBBERY TOTAL</b>	30	0	0	0	0	0
a. Firearm	31			0		
b. Knife or Cutting Instrument	32			0		
c. Other Dangerous Weapon	33			0		
d. Strong-Arm (Hands, Fists, Feet, Etc.)	34			0		
<b>ASSAULT TOTAL</b>	40	0	0	0	0	0
a. Firearm	41			0		
b. Knife or Cutting Instrument	42			0		
c. Other Dangerous Weapon	43			0		
d. Hands, Fists, Feet, Etc. - Aggravated injury	44			0		
e. Other Assaults - Simple, Not Aggravated	45			0		
<b>BURGLARY TOTAL</b>	50	0	0	0	0	0
a. Forcible Entry	51			0		
b. Unlawful Entry - No Force	52			0		
c. Attempted Forcible Entry	53			0		
<b>LARCENY - THEFT TOTAL</b> (Except Motor Vehicle Theft)	60			0		
<b>MOTOR VEHICLE THEFT TOTAL</b>	70	0	0	0	0	0
a. Autos	71			0		
b. Trucks and Buses	72			0		
c. Other Vehicles	73			0		
<b>GRAND TOTAL</b>	77	0	0	0	0	0

CHECKING ANY OF THE APPROPRIATE BLOCKS BELOW WILL ELIMINATE YOUR NEED TO SUBMIT REPORTS WHEN THE VALUES ARE ZERO. THIS WILL ALSO AID THE NATIONAL PROGRAM IN ITS QUALITY CONTROL EFFORTS.

<input checked="" type="checkbox"/> NO SUPPLEMENTARY HOMICIDE REPORT SUBMITTED SINCE NO MURDERS, JUSTIFIABLE HOMICIDES, OR MANSLAUGHTERS BY NEGLIGENCE OCCURRED IN THIS JURISDICTION DURING THE MONTH.	<input checked="" type="checkbox"/> NO AGE, SEX, AND RACE OF PERSONS ARRESTED UNDER 18 YEARS OF AGE REPORT SINCE NO ARRESTS OF PERSONS WITHIN THIS AGE GROUP.
<input checked="" type="checkbox"/> NO SUPPLEMENT TO RETURN A REPORT SINCE NO CRIME OFFENSES OR RECOVERY OF PROPERTY REPORTED DURING THE MONTH.	<input checked="" type="checkbox"/> NO AGE, SEX, AND RACE OF PERSONS ARRESTED 18 YEARS OF AGE AND OVER REPORT SINCE NO ARREST OF PERSONS WITHIN THIS AGE GROUP.
<input checked="" type="checkbox"/> NO LAW ENFORCEMENT OFFICERS KILLED OR ASSAULTED REPORT SINCE NONE OF THE OFFICERS WERE ASSAULTED OR KILLED DURING THE MONTH.	<input checked="" type="checkbox"/> NO MONTHLY RETURN OF ARSON OFFENSES KNOWN TO LAW ENFORCEMENT REPORT SINCE NO ARSONS OCCURRED.

DO NOT USE THIS SPACE	
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Agency Information System    Bureau    Bureau    Component    ICDVA    ACD    Bureau    ACD    Adm    Agency    CJD    Module

INCIDENT		OFFENSE CLASSIFICATION			OFFENSES			TYPE OF OFFENSE														ARREST		POLICE/INTELLIGENCE		OFFENSE FIELD	
AGENCY CASE NUMBER	DATE	OFFENSE CLASSIFICATION	OFFENSE SUB CLASSIFICATION	LOCATION / TIME / NATURE	OFFENSES REPORTED	UNPAID OFFENSES	NUMBER OF ACTUAL OFFENSES (not annual total)	OFFENSES CLEARED OR ARRESTED OR EXCEPTIONAL HEARS (not annual total)	NUMBER OF PERSONS UNDER 18	Carney, New, Etc. STOLEN	Automated Payroll/ Motor STOLEN	Checkbook/ Funds STOLEN	Laptop/ Tablet/ PDA/ Mobile STOLEN	Office Equipment STOLEN	Television, Radio, Stereo, Etc. STOLEN	Furniture STOLEN	Household Goods STOLEN	Cosmetics/ Cash STOLEN	Unclear STOLEN	Miscellaneous STOLEN	TOTAL	Offense Where Suspect(s) Arrested/ Arrest Potential	Estimated Value of Property Seized	NUMBER OF ARRESTEES	AGE / SEX / RACE / ETHNICITY / JUVENILE DISPOSITION	REMARKS	
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# Tally Workbook Incident Report Sheet

INCIDENT		OFFENSE CLASSIFICATION			RETURN A (and AKSON)					SUPPLEMENT TO RETURN A PROP						
AGENCY CASE NUMBER	DATE	OFFENSE CLASSIFICATION	OFFENSE SUB CLASSIFICATION	LOCATION / TIME / NATURE	OFFENSES REPORTED	UNFOUNDED OFFENSES	NUMBER OF ACTUAL OFFENSES (col. F minus col. G)	OFFENSES CLEARED BY ARREST OR EXCEPTIONAL MEANS (includes col. J)	NUMBER CLEARED BY PERSONS UNDER 18 ONLY	Currency, Notes, Etc. STOLEN	Jewelry and Precious Metals STOLEN	Clothing & Furs STOLEN	Locally Stolen Motor Vehicles STOLEN	Office Equipment STOLEN	Televisions, Radios, Stereos, Etc. STOLEN	Fires STOLEN
							0									
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- Clicking on any of the purple Offense Classification boxes will produce a drop box to assist you in making your Offense selection
- You will automatically be forward to the Return A; Arson; or Age, Sex, Race, Ethnicity sections if your reported offense does not require a Sub-Classification or Location/Time/Nature data input





INCIDENT		OFFENSE	AGE, SEX, RACE, ETHNICITY			
AGENCY CASE NUMBER	DATE	OFFENSE CLASSIFICATION	NUMBER OF ARRESTEES			
		Assault				

Number of Arrestees

0

1

2

3

4

5

6

7

8

9

10

11

12

13

AGE, SEX, RACE, ETHNICITY						
AGENCY CASE NUMBER	ARRESTEE	AGE	SEX	RACE	ETHNICITY	JUVENILE DISPOSITION (Follow your State age definition for juveniles)
	1	17	M	W	N	

Juvenile Disposition

1. Handled within Department and released. (Warning, released to parents, etc.)

2. Referred to juvenile court or probation department.

3. Referred to welfare agency.

4. Referred to other police agency.

5. Referred to criminal or adult court.

- Dash for Adult

Save Changes and Return to Incident Report

Cancel without Saving Changes

- (1) Clicking in the Number of Arrestees column will produce the Number of Arrestees box. Select the number of persons arrested for that incident.
- (2) The Age, Sex, Race, Ethnicity box will appear with a row set up for each individual who was arrested for that incident. Complete the spaces for Age, Sex, Race and Ethnicity for each person arrested using the drop down boxes when they are provided.
- (3) The Juvenile Disposition box will appear when you click into this column. Select one disposition for the arrest.
- These boxes allow you to either (4) save the arrest(s) and exit or (5) delete the arrest(s) and exit.

AGE, SEX, RACE, ETHNICITY						
AGENCY CASE NUMBER	ARRESTEE	AGE	SEX	RACE	ETHNICITY	JUVENILE DISPOSITION (Follow your State age definition for juveniles)
	1	17				

Sex

M - Male

F - Female

U - Unknown

PROPERTY BY TYPE AND VALUE

Type of Property (1)	Data Entry	Monetary Value of Property Stolen in Your Jurisdiction	
		Stolen (2)	Recovered (3)
(A) Currency, Notes, Etc.	01		
(B) Jewelry and Precious Metals	02		
(C) Clothing and Furs	03		
(D) Locally Stolen Motor Vehicles	04		
(E) Office Equipment	05		
(F) Televisions, Radios, Stereos, Etc.	06		
(G) Firearms	07		
(H) Household Goods	08		
(I) Consumable Goods	09		
(J) Livestock	10		
(K) Miscellaneous	11		
<b>TOTAL</b>	<b>00</b>	<b>€0</b>	<b>€0</b>

# Return A Supplement Reports

CLASSIFICATION	DATA ENTRY	Number of Actual Offenses (Column 4 Return A)	Monetary Value of Property Stolen	Column A Actual Offenses (Column 5)
MURDER AND NONNEGLIGENT MANSLAUGHTER	12			0
RAPE	20			0
ROBBERY				
(a) HIGHWAY (streets, alleys, etc.)	31			
(b) COMMERCIAL HOUSE (except c, d, and f)	32			
(c) GAS OR SERVICE STATION	33			
(d) CONVENIENCE STORE	34			
(e) RESIDENCE (anywhere on premises)	35			
(f) BANK	36			
(g) MISCELLANEOUS	37			
<b>TOTAL ROBBERY</b>	<b>30</b>	<b>0</b>	<b>\$0</b>	<b>0</b>
BURGLARY - BREAKING OR ENTERING				
(a) RESIDENCE (dwelling)				
(1) NIGHT (6 p.m. - 6 a.m.)	51			
(2) DAY (6 a.m. - 6 p.m.)	52			
(3) UNKNOWN	53			
(b) NON-RESIDENCE (store, office, etc.)				
(1) NIGHT (6 p.m. - 6 a.m.)	54			
(2) DAY (6 a.m. - 6 p.m.)	55			
(3) UNKNOWN	56			
<b>TOTAL BURGLARY</b>	<b>50</b>	<b>0</b>	<b>\$0</b>	<b>0</b>
LARCENY - THEFT (Except Motor Vehicle Theft)				
(a) \$200 AND OVER	61			
(b) \$50 TO \$199	62			
(c) UNDER \$50	63			
<b>TOTAL LARCENY (Same as Item 6)</b>	<b>60</b>	<b>0</b>	<b>\$0</b>	<b>0</b>
MOTOR VEHICLE THEFT (Include Alleged Joy Ride)	70			0
<b>GRAND TOTAL - ALL ITEMS</b>	<b>77</b>		<b>\$0</b>	<b>0</b>
CORRELATION ANALYSIS OF LARCENY AND MOTOR VEHICLE THEFT				
c. NATURE OF LARCENIES UNDER ITEM 6				
(a) POCKET-PICKING	81			
(b) PURSE-SNATCHING	82			
(c) SHOPLIFTING	83			
(d) FROM MOTOR VEHICLES (except e)	84			
(a) MOTOR VEHICLE PARTS AND ACCESSORIES	85			
(f) BICYCLES	86			
(g) FROM BUILDING (except c and h)	87			
(h) FROM ANY COIN-OPERATED MACHINES (parking meters, etc.)	88			
(i) ALL OTHER	89			
<b>TOTAL LARCENIES (Same as Item 6)</b>	<b>80</b>	<b>0</b>	<b>\$0</b>	<b>0</b>
d. MOTOR VEHICLES RECOVERED				
(a) STOLEN LOCALLY AND RECOVERED LOCALLY	91			
(b) STOLEN LOCALLY AND RECOVERED BY OTHER JURISDICTIONS	92			
(c) TOTAL LOCALLY STOLEN MOTOR VEHICLES RECOVERED (a & b)	90	<b>0</b>		
(d) STOLEN BY OTHER JURISDICTIONS AND RECOVERED LOCALLY	93			

Two report sections to be completed

- Top report - Property by Type and Value
  - Report stolen property values
  - Report recovered property values
- Bottom report - Property Stolen by Classification
  - Further break down of reported offense(s) and their dollar values
  - Two breakdown sections for Larceny-theft: sections 6 and 6X
  - Reporting number of recovered stolen Motor Vehicles

## REMEMBER THERE IS ANOTHER REPORT TO BE COMPLETED BELOW THIS ONE

<b>PROPERTY BY TYPE AND VALUE</b>			
Type of Property (1)	Data Entry	Monetary Value of Property Stolen in Your Jurisdiction	
		Stolen (2)	Recovered (3)
(A) Currency, Notes, Etc.	01		
(B) Jewelry and Precious Metals	02		
(C) Clothing and Furs	03		
(D) Locally Stolen Motor Vehicles	04		
(E) Office Equipment	05		
(F) Televisions, Radios, Stereos, Etc.	06		
(G) Firearms	07		
(H) Household Goods	08		
(I) Consumable Goods	09		
(J) Livestock	10		
(K) Miscellaneous	11		
<b>TOTAL</b>	00	<b>\$0</b>	<b>\$0</b>

### Common Return A Supplement Errors:

- (1) Line 00 of the Stolen column on this report is not equal to line 77 of the Property Stolen by Classification report at the bottom of the sheet.
- (2) Recovered values higher than the reported Stolen values without accompanying explanation

PROPERTY STOLEN BY CLASSIFICATION

CLASSIFICATION	DATE/ENTRY	Number of Actual Offenses (Column 4 Return A)	Monetary Value of Property Stolen
MURDER AND NONNEGLIGENT MANSLAUGHTER	12		
RAPE	20		
<b>ROBBERY</b>			
(a) HIGHWAY (streets, alleys, etc.)	31		
(b) COMMERCIAL HOUSE (except c, d, and f)	32		
(c) GAS OR SERVICE STATION	33		
(d) CONVENIENCE STORE	34		
(e) RESIDENCE (anywhere on premises)	35		
(f) BANK	36		
(g) MISCELLANEOUS	37		
<b>TOTAL ROBBERY</b>	30	0	\$0
<b>BURGLARY - BREAKING OR ENTERING</b>			
(a) RESIDENCE (dwelling)			
(1) NIGHT (6 p.m. - 6 a.m.)	51		
(2) DAY (6 a.m. - 6 p.m.)	52		
(3) UNKNOWN	53		
(b) NON-RESIDENCE (store, office, etc.)			
(1) NIGHT (6 p.m. - 6 a.m.)	54		
(2) DAY (6 a.m. - 6 p.m.)	55		
(3) UNKNOWN	56		
<b>TOTAL BURGLARY</b>	50	0	\$0
<b>LARCENY - THEFT (Except Motor Vehicle Theft)</b>			
(a) \$200 AND OVER	61		
(b) \$50 TO \$199	62		
(c) UNDER \$50	63		
<b>TOTAL LARCENY (Same as Item 6x)</b>	60	0	\$0
<b>MOTOR VEHICLE THEFT (Include Alleged Joy Ride)</b>	70	3	
<b>GRAND TOTAL - ALL ITEMS</b>	77		\$0
<b>ADDITIONAL ANALYSIS OF LARCENY AND MOTOR VEHICLE THEFT</b>			
<b>c. NATURE OF LARCENIES UNDER ITEM 6</b>			
(a) POCKET-PICKING	81		
(b) PURSE-SNATCHING	82		
(c) SHOPLIFTING	83		
(d) FROM MOTOR VEHICLES (except e)	84		
(e) MOTOR VEHICLE PARTS AND ACCESSORIES	85		
(f) BICYCLES	86		
(g) FROM BUILDING (except c and h)	87		
(h) FROM ANY COIN-OPERATED MACHINES (parking meters, etc.)	88		
(i) ALL OTHER	89		
<b>TOTAL LARCENIES (Same as Item 6)</b>	80	0	\$0
<b>c. MOTOR VEHICLES RECOVERED</b>			
(a) STOLEN LOCALLY AND RECOVERED LOCALLY	91		
(b) STOLEN LOCALLY AND RECOVERED BY OTHER JURISDICTIONS	92		
(c) TOTAL LOCALLY STOLEN MOTOR VEHICLES RECOVERED (a & b)	90	0	
(d) STOLEN IN OTHER JURISDICTIONS AND RECOVERED LOCALLY	93		

Return A Actual Offenses (Column 4)
0
0

1
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1
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2	\$0
---	-----

3	
Matched - Total Value of Property Stolen by Type and Value (See data entry line 00 above)	

2	\$0
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Remember to complete the top report

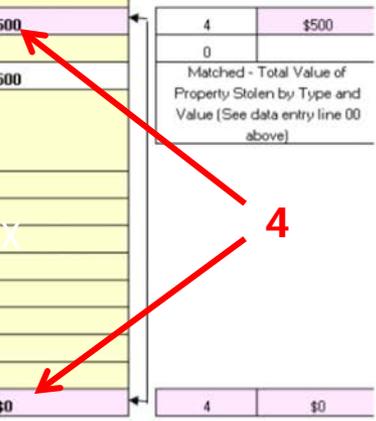
- Common Return A Supplement Errors:
- (3) Not correcting the errors when the white spaces in the report and the boxes in the right hand margin turn pink.

PROPERTY STOLEN BY CLASSIFICATION

CLASSIFICATION	ENTRANCE	Number of Actual Offenses (Column 4 Return A)	Monetary Value of Property Stolen	Return A Actual Offenses (Column 4)
1. MURDER AND NONNEGLIGENT MANSLAUGHTER	12			0
2. RAPE	20			0
3. ROBBERY				
(a) HIGHWAY (streets, alleys, etc.)	31			
(b) COMMERCIAL HOUSE (except c, d, and f)	32			
(c) GAS OR SERVICE STATION	33			
(d) CONVENIENCE STORE	34			
(e) RESIDENCE (anywhere on premises)	35			
(f) BANK	36			
(g) MISCELLANEOUS	37			
<b>TOTAL ROBBERY</b>	30	<b>0</b>	<b>\$0</b>	0
5. BURGLARY - BREAKING OR ENTERING				
(a) RESIDENCE (dwelling)				
(1) NIGHT (6 p.m. - 6 a.m.)	51			
(2) DAY (6 a.m. - 6 p.m.)	52			
(3) UNKNOWN	53			
(b) NON-RESIDENCE (store, office, etc.)				
(1) NIGHT (6 p.m. - 6 a.m.)	54			
(2) DAY (6 a.m. - 6 p.m.)	55			
(3) UNKNOWN	56			
<b>TOTAL BURGLARY</b>	50	<b>0</b>	<b>\$0</b>	0
6. LARCENY - THEFT (Except Motor Vehicle Theft)				
(a) \$200 AND OVER	61	4	\$500	
(b) \$50 TO \$199	62			
(c) UNDER \$50	63			
<b>TOTAL LARCENY (Same as Item 6x)</b>	60	<b>4</b>	<b>\$500</b>	4   \$500
7. MOTOR VEHICLE THEFT (Include Alleged Joy Ride)	70			0
<b>GRAND TOTAL - ALL ITEMS</b>	77		<b>\$500</b>	Matched - Total Value of Property Stolen by Type and Value (See data entry line 00 above)
ADDITIONAL ANALYSIS OF LARCENY AND MOTOR VEHICLE THEFT				
6x. NATURE OF LARCENIES UNDER ITEM 6				
(a) POCKET-PICKING	81			
(b) PURSE-SNATCHING	82			
(c) SHOPLIFTING	83			
(d) FROM MOTOR VEHICLES (except e)	84			
(e) MOTOR VEHICLE PARTS AND ACCESSORIES	85			
(f) BICYCLES	86			
(g) FROM BUILDING (except c and h)	87			
(h) FROM ANY COIN-OPERATED MACHINES (parking meters, etc.)	88			
(i) ALL OTHER	89			
<b>TOTAL LARCENIES (Same as Item 6)</b>	80	<b>0</b>	<b>\$0</b>	4   \$0
7x. MOTOR VEHICLES RECOVERED				
(a) STOLEN LOCALLY AND RECOVERED LOCALLY	91			
(b) STOLEN LOCALLY AND RECOVERED BY OTHER JURISDICTIONS	92			
(c) TOTAL LOCALLY STOLEN MOTOR VEHICLES RECOVERED (a & b)	90	<b>0</b>		

SECTION - 6

SECTION - 6X



Remember to complete the top report

Common Return A Supplement Errors:

- (4) Incident(s) and dollar totals of Sections 6 (line 60) and 6X (line 80), of Larceny-theft, not being equal

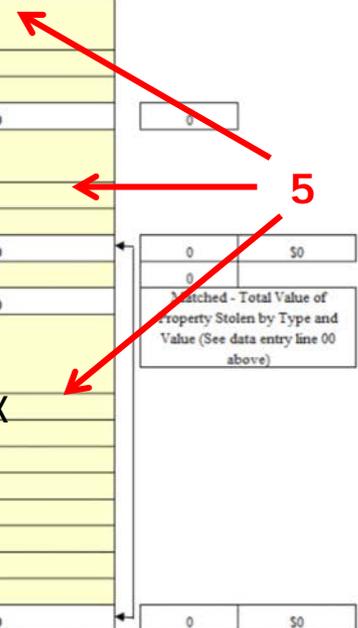
PROPERTY STOLEN BY CLASSIFICATION

CLASSIFICATION	DATA ENTRY	Number of Actual Offenses (Column 4 Return A)	Monetary Value of Property Stolen	Return A Actual Offenses (Column 4)
MURDER AND NONNEGLIGENT MANSLAUGHTER	12			0
RAPE	20			0
ROBBERY				
(a) HIGHWAY (streets, alleys, etc.)	31			
(b) COMMERCIAL HOUSE (except c, d, and f)	32			
(c) GAS OR SERVICE STATION	33			
(d) CONVENIENCE STORE	34			
(e) RESIDENCE (anywhere on premises)	35			
(f) BANK	36			
(g) MISCELLANEOUS	37			
TOTAL ROBBERY	30	0	\$0	0
BURGLARY - BREAKING OR ENTERING				
(a) RESIDENCE (dwelling)				
(1) NIGHT (6 p.m. - 6 a.m.)	51			
(2) DAY (6 a.m. - 6 p.m.)	52			
(3) UNKNOWN	53			
(b) NON-RESIDENCE (store, office, etc.)				
(1) NIGHT (6 p.m. - 6 a.m.)	54			
(2) DAY (6 a.m. - 6 p.m.)	55			
(3) UNKNOWN	56			
TOTAL BURGLARY	50	0	\$0	0
LARCENY - THEFT (Except Motor Vehicle Theft)				
(a) \$200 AND OVER	61			
(b) \$50 TO \$199	62			
(c) UNDER \$50	63			
TOTAL LARCENY (Same as Item 6x)	60	0	\$0	0
MOTOR VEHICLE THEFT (Include Alleged Joy Ride)	70			
GRAND TOTAL - ALL ITEMS	77		\$0	
CONDITIONAL ANALYSIS OF LARCENY AND MOTOR VEHICLE THEFT				
x. NATURE OF LARCENIES UNDER ITEM 6				
(a) POCKET-PICKING	81			
(b) PURSE-SNATCHING	82			
(c) SHOPLIFTING	83			
(d) FROM MOTOR VEHICLES (except e)	84			
(e) MOTOR VEHICLE PARTS AND ACCESSORIES	85			
(f) BICYCLES	86			
(g) FROM BUILDING (except c and h)	87			
(h) FROM ANY COIN-OPERATED MACHINES (parking meters, etc.)	88			
(i) ALL OTHER	89			
TOTAL LARCENIES (Same as Item 6)	80	0	\$0	0
x. MOTOR VEHICLES RECOVERED				
(a) STOLEN LOCALLY AND RECOVERED LOCALLY	91			
(b) STOLEN LOCALLY AND RECOVERED BY OTHER JURISDICTIONS	92			
(c) TOTAL LOCALLY STOLEN MOTOR VEHICLES RECOVERED (a & b)	90	0		
(d) STOLEN IN OTHER JURISDICTIONS AND RECOVERED LOCALLY	93			

Remember to complete the top report

Common Return A Supplement Errors:

- (5) Like on the Return A, Burglary [section 5] incidents and dollar amounts were incorrectly entered in the Larceny-theft Sections of 6 and 6x



PROPERTY STOLEN BY CLASSIFICATION

CLASSIFICATION	DATA ENTRY	Number of Actual Offenses (Column 4 Return A)	Monetary Value of Property Stolen	Return A Actual Offenses (Column 4)
MURDER AND NONNEGLIGENT MANSLAUGHTER	12	7		0
RAPE	20	7		0
<b>ROBBERY</b>				
(a) HIGHWAY (streets, alleys, etc.)	31			
(b) COMMERCIAL HOUSE (except c, d, and f)	32			
(c) GAS OR SERVICE STATION	33			
(d) CONVENIENCE STORE	34			
(e) RESIDENCE (anywhere on premises)	35			
(f) BANK	36			
(g) MISCELLANEOUS	37			
<b>TOTAL ROBBERY</b>	30	0 7	\$0	0
<b>BURGLARY - BREAKING OR ENTERING</b>				
(a) RESIDENCE (dwelling)				
(1) NIGHT (6 p.m. - 6 a.m.)	51			
(2) DAY (6 a.m. - 6 p.m.)	52			
(3) UNKNOWN	53			
(b) NON-RESIDENCE (store, office, etc.)				
(1) NIGHT (6 p.m. - 6 a.m.)	54			
(2) DAY (6 a.m. - 6 p.m.)	55			
(3) UNKNOWN	56			
<b>TOTAL BURGLARY</b>	50	0 7	\$0	0
<b>LARCENY - THEFT (Except Motor Vehicle Theft)</b>				
(a) \$200 AND OVER	61			
(b) \$50 TO \$199	62			
(c) UNDER \$50	63			
<b>TOTAL LARCENY (Same as Item 6x)</b>	60	0 7	\$0	0 \$0
<b>MOTOR VEHICLE THEFT (Include Alleged Joy Ride)</b>	70	7		0
<b>GRAND TOTAL - ALL ITEMS</b>	77		\$0	Matched - Total Value of Property Stolen by Type and Value (See data entry line 00 above)
ADDITIONAL ANALYSIS OF LARCENY AND MOTOR VEHICLE THEFT				
<b>x. NATURE OF LARCENIES UNDER ITEM 6</b>				
(a) POCKET-PICKING	81			
(b) PURSE-SNATCHING	82			
(c) SHOPLIFTING	83			
(d) FROM MOTOR VEHICLES (except e)	84			
(e) MOTOR VEHICLE PARTS AND ACCESSORIES	85			
(f) BICYCLES	86			
(g) FROM BUILDING (except c and h)	87			
(h) FROM ANY COIN-OPERATED MACHINES (parking meters, etc.)	88			
(i) ALL OTHER	89			
<b>TOTAL LARCENIES (Same as Item 6)</b>	80	0	\$0	0 \$0
<b>x. MOTOR VEHICLES RECOVERED</b>				
(a) STOLEN LOCALLY AND RECOVERED LOCALLY	91			
(b) STOLEN LOCALLY AND RECOVERED BY OTHER JURISDICTIONS	92			
(c) TOTAL LOCALLY STOLEN MOTOR VEHICLES RECOVERED (a & b)	90	0		
(d) STOLEN IN OTHER JURISDICTIONS AND RECOVERED LOCALLY	93			

Remember to complete the top report

Common Return A Supplement Errors:

- (6) Grand total lines 77 & 00 of the two reports are not equal.
- (7) Offense total(s) do not match the total(s) on the Return A.

FYI: A single incident value of \$1 million or more must be verified. Please forward a comment with the submission on what was involved.

6

INCIDENT		MOTOR VEHICLES RECOVERED				PROPERTY RECOVERED BY TYPE AND VALUE											OPTIONAL FIELD	
AGENCY CASE NUMBER	DATE	STOLEN LOCALLY RECOVERED LOCALLY	LOCALLY RECOVERED BY OTHER JURISDICTIONS	STOLEN MOTOR VEHICLES RECOVERED (a & b)	STOLEN IN OTHER JURISDICTIONS AND RECOVERED LOCALLY	Currency, Notes, Etc. RECOVERED	Jewelry & Precious Metals RECOVERED	Clothing & Furs RECOVERED	Locally Stolen Motor Vehicles RECOVERED	Office Equipment RECOVERED	Televisions, Radios, Stereos, Etc. RECOVERED	Firearms RECOVERED	Household Goods RECOVERED	Consumable Goods RECOVERED	Livestock RECOVERED	Miscellaneous RECOVERED	TOTAL	NARRATIVE
				0													\$0	
				0													\$0	
				0													\$0	
				0													\$0	
				0													\$0	
				0													\$0	
				0													\$0	
				0													\$0	
				0													\$0	
				0													\$0	
				0													\$0	
				0													\$0	
COVERED TOTALS		0	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	

### The Tally Workbook Property Recovered Report:

- Reports any recovered motor vehicles or property dollar values
- Mark in the Motor Vehicle Recovered (orange) Section the number of vehicles recovered by placing the counts in the correct column
- Place the dollar value of recovered property in the Property Recovered by Type and Value (green) Section.
- **Remember that the recovered value for an item cannot be greater than the initial reported amount**
- The narrative section can be used in the Tally Workbook to explain large recovered values.
- This report data will populate Column 3 of Property by Type and Value and Section 7x of Property Stolen by Classification.

**LAW ENFORCEMENT OFFICERS KILLED OR ASSAULTED**

This report is authorized by law Title 28, Section 534, U.S. Code. Even though you are not required to respond, your cooperation in using this form to report the number of your officers who were killed or assaulted in the line of duty during the month will assist the FBI in compiling timely, comprehensive, and accurate data. Please submit this report, by the seventh day after the close of the month, and any questions to the FBI, Criminal Justice Information Services Division, Attention: Uniform Crime Reports Module E-3, 1000 Custer Hollow Road, Clarksburg, West Virginia 26306; telephone 304-625-4830; facsimile 304-625-3566. Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 7 minutes to complete. Instructions for preparing the form are on the reverse side. Additional information on officers who were assaulted and injured with a firearm or a knife or other cutting instrument will be requested on a separate questionnaire, *Analysis of Law Enforcement Officers Killed and Assaulted*.

**OFFICERS KILLED**

Number of your law enforcement officers killed in the line of duty this month.	By felonious act	<input type="text"/>
	By accident or negligence	<input type="text"/>

**OFFICERS ASSAULTED** (Do not include officers killed) - See other side for instructions.

Type of activity	Total assaults by weapon A	Type of weapon				Two-officer vehicle F	Type of assignment						Officer assaults cleared M	
		Firearm B	Knife or other cutting instrument C	Other dangerous weapon D	Hands, fists, feet, etc. E		One-officer vehicle		Detective or special assign.		Other			
							Alone G	Assisted H	Alone I	Assisted J	Alone K	Assisted L		
1. Responding to disturbance calls (family quarrels, person with firearm, etc.)	0													
2. Burglaries in progress or pursuing burglary suspects	0													
3. Robberies in progress or pursuing robbery suspects	0													
4. Attempting other arrests	0													
5. Civil disorder (riot, mass disobedience, etc.)	0													
6. Handling, transporting, custody of prisoners	0													
7. Investigating suspicious persons or circumstances	0													
8. Ambush - no warning	0													
9. Handling persons with mental illness	0													
10. Traffic pursuits and stops	0													
11. All other	0													
<b>12. TOTAL (1-11)</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Number with personal injury*	0													
14. Number without personal injury	0													
<b>DO NOT WRITE HERE</b>														
Initials														
Recorded														
Edited														
Entered														
Verified														
Adjusted														
12:01 2:00 4:00 6:00 8:00 10:00 12:00														
15. Time of assaults	AM													
	PM													

# Law Enforcement Officers Killed or Assaulted (LEOKA) Report

## Filling out the LEOKA Report

- Report felonious or accidental killings and assaults of officers in-line-of-duty for a given month.
- Report type of activity of the assaults
- Report type of weapon used in the assaults
- Report Type of Assignment of the officers in the assaults
- Report assault incidents that were cleared by arrest.
- Indicate whether or not the officers received injuries.
- Report the time period of the day when the assault occurred.

**LAW ENFORCEMENT OFFICERS KILLED OR ASSAULTED**

This report is authorized by law Title 28, Section 534, U.S. Code. Even though you are not required to respond, your cooperation in using this form to report the number of your officers who were killed or assaulted in the line of duty during the month will assist the FBI in compiling timely, comprehensive, and accurate data. Please submit this report, by the seventh day after the close of the month, and any questions to the FBI, Criminal Justice Information Services Division, Attention: Uniform Crime Reports/Module E-3, 1000 Custer Hollow Road, Clarksburg, West Virginia 26306, telephone 304-625-4830; facsimile 304-625-3566. Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 7 minutes to complete. Instructions for preparing the form are on the reverse side. Additional information on officers who were assaulted and injured with a firearm or a knife or other cutting instrument will be requested on a separate questionnaire, *Analysis of Law Enforcement Officers Killed and Assaulted*.

<b>OFFICERS KILLED</b>	
Number of your law enforcement officers killed in the line of duty this month.	By felonious act <input type="text"/>
	By accident or negligence <input type="text"/>

**OFFICERS ASSAULTED** (Do not include officers killed) - See other side for instructions.

Type of activity	Total assaults by weapon A	Type of weapon					Type of assignment						Officer assaults cleared M		
		Firearm B	Knife or other cutting instrument C	Other dangerous weapon D	Hands, fists, feet, etc. E	Two-officer vehicle F	One-officer vehicle		Detective or special assign.		Other				
							Alone G	Assisted H	Alone I	Assisted J	Alone K	Assisted L			
1. Responding to disturbance calls (family quarrels, person with firearm, etc.)	0														
2. Burglaries in progress or pursuing burglary suspects	0														
3. Robberies in progress or pursuing robbery suspects	0														
4. Attempting other arrests	0														
5. Civil disorder (riot, mass disobedience, etc.)	0														
6. Handling, transporting, custody of prisoners	0														
7. Investigating suspicious persons or circumstances	0														
8. Ambush - no warning	0														
9. Handling persons with mental illness	0														
10. Traffic pursuits and stops	0														
11. All other	0														
12. TOTAL (1-11)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
13. Number with personal injury*	0	2													
14. Number without personal injury	0														
<b>DO NOT WRITE HERE</b>															
Initials															
Recorded															
Edited															
Entered															
Verified															
Adjusted															
15. Time of assaults		12:01	2:00	4:00	6:00	8:00	10:00	12:00							
		AM													
		PM													

**Common Errors:**

- (1) Not marking the Type of Assignment for each reported officer assault
- (2) Not marking in Lines 13 and 14 if officer was injured or not.
- (3) Not marking the space for Time of Day
- (4) Using military or exact time when marking the time of the assault, instead of number of incidents in that time frame.
- Not placing the LEOKA Radio Report Button in the first column of the UCR Workbook Option box of the Agency Information Sheet to report zero incidents for the month.

**YOUR AGENCY'S INCIDENT OR CASE NUMBER(S)**

(Complete this block only if the assaulted officer was injured with a firearm or a knife or other cutting instrument.)


To assist the LEOKA program, when doing their incident follow-up on officers assaulted and injured with either a gun or knife or other cutting instrument, please place your Agency Incident Number in one of these spaces, provided at the bottom of the LEOKA report.

*Remember this is for anytime an officer is assaulted and injured with either a gun or knife or other cutting instrument.*

List below for each category specific information for each murder and nonnegligent homicide and/or justifiable homicide shown in item 1a of the monthly Return A. In addition, for justifiable homicide list all justifiable killings of felons by a citizen or by a peace officer in the line of duty. A brief explanation in the circumstances column regarding unfounded homicide offenses will aid the national Uniform Crime Reporting Program in editing the reports.

Add New Incident

Incident	Situation*	Victim**				Offender**			Data Code	Do Not Write In These Spaces	Weapon Used (Handgun, Rifle, Shotgun, Club, Poison, etc.)	Relationship of Victim to Offender (Husband, Wife, Son, Father, Acquaintance, Neighbor, Stranger, etc.)	Circumstances (Victim shot by robber, robbery victim shot robber, killed by patron during barroom brawl, etc.)
		Age	Sex	Race	Ethnicity	Age	Sex	Race					

1a Report

1b Report

Do not list traffic fatalities, accidental deaths, or death due to the negligence of the victim. List below all other negligent manslaughters, regardless of prosecutive action taken.

Add New Incident

Incident	Situation*	Victim**				Offender**			Data Code	Do Not Write In These Spaces	Weapon Used (Handgun, Rifle, Shotgun, Knife, etc.)	Relationship of Victim to Offender (Husband, Wife, Son, Father, Acquaintance, Neighbor, Stranger, etc.)	Circumstances (Victim shot in hunting accident, gun-cleaning, children playing with gun, etc.)
		Age	Sex	Race	Ethnicity	Age	Sex	Race					

# Supplemental Homicide Report (SHR)

Complete one of two different reports

- 1a: Murder and Nonnegligent Manslaughter
- 1b: Manslaughter by Negligence
- Victims are listed by incident.
- Offender data must always be reported, even when the offender is unknown.
- Report the Type of Weapon used
- Show the Relationship of what the Victim is to the Offender.
- Report what initiated the incident.



1a. Murder and Nonnegligent Manslaughter

List below for each category specific information for each murder and nonnegligent homicide and/or justifiable homicide shown in item 1a of the monthly Return A. In addition, for justifiable homicide list all justifiable killings of felons by a citizen or by a peace officer in the line of duty. A brief explanation in the circumstances column regarding unfounded homicide offenses will aid the national Uniform Crime Reporting Program in editing the reports.

Add New Incident

Incident	Situation*	Victim**				Offender**				Data Code	Weapon Used (Handgun, Rifle, Shotgun, Club, Poison, etc.)	Relationship of Victim to Offender (Husband, Wife, Son, Father, Acquaintance, Neighbor, Stranger, etc.)	Circumstances (Victim shot by robber, robbery victim shot robber, killed by patron during barroom brawl, etc.)
		Age	Sex	Race	Ethnicity	Age	Sex	Race	Ethnicity				
1	A												



2 3

Add SHR Incident (Step 1 of 4)

How may victims do you wish to add for the incident?

How may offenders do you wish to add for the incident?

The Situation will be:

**A - Single Victim/Single Offender**

Cancel    Next >



- (2) The program will automatically insert the correct incident number.
- (3) Once you have placed the number of known victims and offenders for the incident, the program will insert the correct Situation Code.
- (4) You will then click "Next" to proceed to the next box

1a. Murder and Nonnegligent Manslaughter

List below for each category specific information for each murder and nonnegligent homicide and/or justifiable homicide shown in item 1a of the monthly Return A. In addition, for justifiable homicide list all justifiable killings of felons by a citizen or by a peace officer in the line of duty. A brief explanation in the circumstances column regarding unfounded homicide offenses will aid the national Uniform Crime Reporting Program in editing the reports.

Add New Incident

Incident	Situation*	Victim**				Offender**				Data Code	Weapon Used (Handgun, Rifle, Shotgun, Club, Poison, etc.)	Relationship of Victim to Offender (Husband, Wife, Son, Father, Acquaintance, Neighbor, Stranger, etc.)	Circumstances (Victim shot by robber, robbery victim shot robber, killed by patron during barroom brawl, etc.)
		Age	Sex	Race	Ethnicity	Age	Sex	Race	Ethnicity				
1	B									Do Not Write In These Spaces			

Add SHR Incident (Step 1 of 4)

How may victims do you wish to add for the incident?

How may offenders do you wish to add for the incident?

The Situation will be:

Cancel    Next >

5 →

- (5) When the Offender information is unknown, you must either use the supplied dropdown box to select "Unknown" or type "U" in the space

## SUPPLEMENTARY HOMICIDE REPORT (Continued)

- <sup>†</sup> - Situations
- |   |  |
|---|--|
| A - Single Victim/Single Offender               | D - Multiple Victims/Single Offender               |
| B - Single Victim/Unknown Offender or Offenders | E - Multiple Victims/Multiple Offenders            |
| C - Single Victim/Multiple Offenders            | F - Multiple Victims/Unknown Offender or Offenders |

Use only one victim/offender situation code per set of information. The utilization of a new code will signify the beginning of a new murder situation.

- <sup>\*\*</sup> - Age - 01 to 99. If 100 or older use 99. New born up to one week old use NB. If over one week, but less than one year old use BB. Use two characters only in age column.
- Sex - M for Male and F for Female. Use one character only.
- Race - White - W, Black - B, American Indian or Alaskan Native - I, Asian - A, Pacific Islander - P, Unknown - U. Use only these as race designations.
- Ethnicity - Hispanic Origin - H, Not of Hispanic Origin - N, Unknown - U.

**The age codes for newborn and infant victims are located at the bottom of both report sheets.**

1a. Murder and Nonnegligent Manslaughter

List below for each category specific information for each murder and nonnegligent homicide and/or justifiable homicide shown in item 1a of the monthly Return A. In addition, for justifiable homicide list all justifiable killings of felons by a citizen or by a peace officer in the line of duty. A brief explanation in the circumstances column regarding unfounded homicide offenses will aid the national Uniform Crime Reporting Program in editing the reports.

Add New Incident

Incident	Situation*	Victim**				Offender**				Data Code	Weapon Used (Handgun, Rifle, Shotgun, Club, Poison, etc.)	Relationship of Victim to Offender (Husband, Wife, Son, Father, Acquaintance, Neighbor, Stranger, etc.)	Circumstances (Victim shot by robber, robbery victim shot robber, killed by patron during barroom brawl, etc.)
		Age	Sex	Race	Ethnicity	Age	Sex	Race	Ethnicity				
1	A	22	F	W	N					Do Not Write In These Spaces			

Add SHR Incident (Step 2 of 4)

Enter victim information:

#	Age	Sex	Race	Ethnicity
1	22	F - Female	W - White	N - Not of Hispanic Orig

< Back      Cancel      Next >

1\* - See reverse side for explanation

- (6) When you click "Next" the Victim Information box will appear. Place the victim data in the boxes for Age, Sex, Race and Ethnicity by using the dropdown boxes where provided to select the codes. Once the data is entered, the information will appear in the report.
- (7) Then click "Next".

1a. Murder and Nonnegligent Manslaughter

List below for each category specific information for each murder and nonnegligent homicide and/or justifiable homicide shown in item 1a of the monthly Return A. In addition, for justifiable homicide list all justifiable killings of felons by a citizen or by a peace officer in the line of duty. A brief explanation in the circumstances column regarding unfounded homicide offenses will aid the national Uniform Crime Reporting Program in editing the reports.

Add New Incident

Incident	Situation*	Victim**				Offender**				Data Code	Weapon Used (Handgun, Rifle, Shotgun, Club, Poison, etc.)	Relationship of Victim to Offender (Husband, Wife, Son, Father, Acquaintance, Neighbor, Stranger, etc.)	Circumstances (Victim shot by robber, robbery victim shot robber, killed by patron during barroom brawl, etc.)
		Age	Sex	Race	Ethnicity	Age	Sex	Race	Ethnicity				
1	A	22	F	W	N	34	M	W	N				

8

Add SHR Incident (Step 3 of 4)

Enter offender information:

#	Age	Sex	Race	Ethnicity
1	34	M - Male	W - White	N - Not of Hispanic Orig

< Back      Cancel      Next >

9

\* - See reverse side for explanation

- (8) The Offender Information box will appear. Complete it the same way as for the Victim Information box.
- (9) Then click "Next".

1a. MURDER AND NONNEGLIGENT MANSLAUGHTER

List below for each category specific information for each murder and nonnegligent homicide and/or justifiable homicide shown in item 1a of the monthly Return A. In addition, for justifiable homicide list all justifiable killings of felons by a citizen or by a peace officer in the line of duty. A brief explanation in the circumstances column regarding unfounded homicide offenses will aid the national Uniform Crime Reporting Program in editing the reports.

Add New Incident

Incident	Situation*	Victim**				Offender**				Data Code			Weapon Used (Handgun, Rifle, Shotgun, Club, Poison, etc.)	Relationship of Victim to Offender (Husband, Wife, Son, Father, Acquaintance, Neighbor, Stranger, etc.)	Circumstances (Victim shot by robber, robbery victim shot robber, killed by patron during barroom brawl, etc.)
		Age	Sex	Race	Ethnicity	Age	Sex	Race	Ethnicity	Do Not Write In These Spaces					
1	A	22	F	W	N	34	M	W	N	80	GF	45	Strangulation-include hanging	Girlfriend	Other Arguments

Add SHR Incident (Step 4 of 4)

Enter situation information for each victim and offender:

#	Victim	#	Offender	Weapon Used	Relationship of Victim to Offender	Circumstances
(1)	22 F W N	(1)	34 M W N	80 - Strangulation-include hang	GF - Girlfriend	45 - Other Arguments

10

11

< Back      Cancel      Finish

\* - See reverse side for explanation

- (10) The Situation information for the Incident Being Reported box appears next. Use the provided dropdown boxes to select the codes for Weapon, Relationship and Circumstance.
- (11) Then click on "Finish" to complete the process for the first incident.

The relationship is always *what the victim is to the offender*, not what the offender is to the victim.

a. Murder and Nonnegligent Manslaughter

List below for each category specific information for each murder and nonnegligent homicide and/or justifiable homicide shown in item 1a of the monthly Return A. In addition, for justifiable homicide list all justifiable killings of felons by a citizen or by a peace officer in the line of duty. A brief explanation in the circumstances column regarding unfounded homicide offenses will aid the national Uniform Crime Reporting Program in editing the reports.

Add New Incident

Incident	Situation*	Victim**				Offender**				Data Code		Weapon Used (Handgun, Rifle, Shotgun, Club, Poison, etc.)	Relationship of Victim to Offender (Husband, Wife, Son, Father, Acquaintance, Neighbor, Stranger, etc.)	Circumstances (Victim shot by robber, robbery victim shot robber, killed by patron during barroom brawl, etc.)	
		Age	Sex	Race	Ethnicity	Age	Sex	Race	Ethnicity	Do Not Write In These Spaces					
1	A	22	F	W	N	24	M	W	N	80	GF	45	Strangulation-include hanging	Girlfriend	Other Arguments

Edit Incident

Delete Incident



← 12

- (12) The above box will appear. If you need to do another homicide incident, click "Yes"; the Number of Victims & Offenders Box will appear to start the process over.
- Otherwise click "No". Clicking "No" will allow you to edit a incident, delete a incident or go on to the next report.

a. Murder and Nonnegligent Manslaughter

List below for each category specific information for each murder and nonnegligent homicide and/or justifiable homicide shown in item 1a of the monthly Return A. In addition, for justifiable homicide list all justifiable killings of felons by a citizen or by a peace officer in the line of duty. A brief explanation in the circumstances column regarding unfounded homicide offenses will aid the national Uniform Crime Reporting Program in editing the reports.

Add New Incident

Incident	Situation*	Victim**				Offender**				Data Code			Weapon Used (Handgun, Rifle, Shotgun, Club, Poison, etc.)	Relationship of Victim to Offender (Husband, Wife, Son, Father, Acquaintance, Neighbor, Stranger, etc.)	Circumstances (Victim shot by robber, robbery victim shot robber, killed by patron during barroom brawl, etc.)
		Age	Sex	Race	Ethnicity	Age	Sex	Race	Ethnicity	Do Not Write In These Spaces					
1	A	22	F	W	N	24	M	W	N	80	GF	45	Strangulation-include hanging	Girlfriend	Other Arguments

Edit Incident      Delete Incident

↑                      ↑

13                    14

- (13) To return to the Victim Information box and change the information entered for the incident listed, click on "Edit Incident" button.
- (14) *To change the number of victims or offenders, you must click "Delete Incident" and start over.*
- Each incident listed in the SHR report will display its own set of "Edit Incident" and "Delete Incident" buttons





**POLICE DISPOSITION OF JUVENILES-NOT TO INCLUDE NEGLECT OR TRAFFIC CASES**

(Follow your State age definition for juveniles)

**Total**

1. Handled within Department and released.  
(Warning, released to parents, etc.)
2. Referred to juvenile court or probation department.
3. Referred to welfare agency.
4. Referred to other police agency.
- 5 Referred to criminal or adult court.

0

There are two sections to the Under 18 Juvenile report: the Disposition (above) and the arrest for Part 1 & 2 offenses (below).

**AGE, SEX, RACE, AND ETHNICITY OF PERSONS ARRESTED, UNDER 18 YEARS OF AGE**  
(Include those released without having been formally charged)

CLASSIFICATION OF OFFENSES	SEX	AGE						Total Under 18	RACE					ETHNICITY			TOTALS		
		Under 10	10-12	13-14	15	16	17		White	Black	American Indian or Alaskan Native	Asian	Native Hawaiian or Other Pacific Islander	Hispanic or Latino	Not Hispanic or Latino	Race	Ethnicity		
Murder and Nonnegligent Manslaughter	01a	Male						0										0	0
		Female						0										0	0
Manslaughter by Negligence	01b	Male						0										0	0
		Female						0										0	0
Rape	02	Male						0										0	0
		Female						0										0	0
Robbery	03	Male						0										0	0
		Female						0										0	0
Aggravated Assault (Return A - 4a-d)	04	Male						0										0	0
		Female						0										0	0
Burglary - Breaking or Entering	05	Male						0										0	0
		Female						0										0	0
Larceny - Theft (Except Motor Vehicle Theft)	06	Male						0										0	0
		Female						0										0	0
Motor Vehicle Theft	07	Male						0										0	0
		Female						0										0	0
Other Assaults (Return A - 4e)	08	Male						0										0	0
		Female						0										0	0
Arson	09	Male						0										0	0
		Female						0										0	0
Forgery and Counterfeiting	10	Male						0										0	0
		Female						0										0	0
Fraud	11	Male						0										0	0
		Female						0										0	0
Embezzlement	12	Male						0										0	0
		Female						0										0	0
Stolen Property; Buying, Receiving, Possessing	13	Male						0										0	0
		Female						0										0	0
Vandalism	14	Male						0										0	0
		Female						0										0	0
Weapons; Carrying, Possessing, etc.	15	Male						0										0	0
		Female						0										0	0
Prostitution and Commercialized Vice	Total 16	Male	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		Female	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Prostitution	a	Male						0										0	0
		Female						0										0	0
Assisting or Promoting Prostitution	b	Male						0										0	0
		Female						0										0	0

## POLICE DISPOSITION OF JUVENILES-NOT TO INCLUDE NEGLECT OR TRAFFIC CASES

(Follow your State age definition for juveniles)

**Total**

1. Handled within Department and released.  
(Warning, released to parents, etc.)
2. Referred to juvenile court or probation department.
3. Referred to welfare agency.
4. Referred to other police agency.
5. Referred to criminal or adult court.

	0 ← 1

### Common Under 18 ASRE Errors:

- Disposition information not being tracked or reported
- (1) The total line not being equal to the total at the bottom of Under 18 ASRE (next slide)
- Marking more than one disposition per arrest

AGE, SEX, RACE, AND ETHNICITY OF PERSONS ARRESTED, UNDER 18 years of age

(Include those released without having been formally charged)

1

CLASSIFICATION OF OFFENSES	SEX	AGE							Total Under 18	RACE					ETHNICITY		TOTALS	
		Under 10	10-12	13-14	15	16	17	White		Black	American Indian or Alaskan Native	Asian	Native Hawaiian or Other Pacific Islander	Hispanic or Latino	Not Hispanic or Latino	Race	Ethnicity	
Murder and Nonnegligent Manslaughter	01a Male							0									0	0
	Female							0									0	0
Manslaughter by Negligence	01b Male							0		3							0	0
	Female							0									0	0
Rape	02 Male							0									0	0
	Female							0									0	0
Robbery	03 Male							0									0	0
	Female							0									0	0
Aggravated Assault (Return A - 4a-d)	04 Male							0									0	0
	Female							0									0	0
Burglary - Breaking or Entering	05 Male							0									0	0
	Female							0									0	0
Larceny - Theft (Except Motor Vehicle Theft)	06 Male							0									0	0
	Female							0									0	0
Motor Vehicle Theft	07 Male							0									0	0
	Female							0									0	0
Other Assaults (Return A - 4e)	08 Male							0									0	0
	Female							0									0	0
Arson	09 Male							0									0	0
	Female							0									0	0
Vagrancy	25 Male							0									0	0
	Female							0									0	0
All Other Offenses (Except Traffic)	26 Male							0									0	0
	Female							0									0	0
Suspicion	27 Male							0									0	0
	Female							0									0	0
Curfew and Loitering Law Violations	28 Male							0									0	0
	Female							0									0	0
Runaways	29 Male							0									0	0
	Female							0									0	0
Human Trafficking/Commercial Sex Acts	30 Male							0									0	0
	Female							0									0	0
Human Trafficking/Involuntary Servitude	31 Male							0									0	0
	Female							0									0	0
<b>Total</b>		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Common Under 18 ASRE Errors Cont'd:

- (1) Using Ethnicity columns for marking race
- (2) Not verifying counts are equal at the bottom

FYI:

- (3) Clicking in the yellow section will cause the row and column to be highlighted.
- (4) Race and Ethnicity totals for each offense will be displayed in right-hand margin with grand totals displayed at the bottom.



# Arson Report

MURKIN RETURN OF ARSON OFFENSES KNOWN TO LAW ENFORCEMENT

This form is authorized by law Title 28, Section 534, U.S. Code, and the enactment of the fiscal year 1979, Department of Justice Authorization Bill S. 3151. Your cooperation in completing this form to report all monthly incidents of arson, will assist the FBI in compiling timely, comprehensive, and accurate data. Please submit this form and any questions to the FBI, Criminal Justice Information Services Division, Attention: Uniform Crime Reports/Module E-3, 1000 Custer Hollow Road, Clarksburg, West Virginia 26306, telephone 304-625-4830, facsimile 304-625-3566. Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. This form takes approximately 9 minutes to complete. Instructions appear on reverse side.

1-7-73 (REV. 06-08-11)  
OMB No. 1110-0008  
Expires 06-30-17

1	2	3	4	5	6	7	8
PROPERTY CLASSIFICATION	Offenses Reported or Known to Police (Include Unfounded)	Unfounded, i.e., False or Baseless Complaints	Number of Actual Offenses (Column 2 Minus Column 3) (Include Attempts)	Total Offenses Cleared by Arrest or Exceptional Means (Include Column 6)	Number of Clearances Involving Only Persons Under 18 Years of Age	Offenses Where Structures Uninhabited, Abandoned, or not Normally in Use	Estimated Value of Property Damage
<b>S</b> <b>T</b> <b>R</b> <b>U</b> <b>C</b> <b>T</b> <b>U</b> <b>R</b> <b>A</b> <b>L</b> A. Single Occupancy Residential Houses, Townhouses, Duplexes, etc.			0				2
B. Other Residential: Apartments, Tenements, Flats, Hotels, Motels, Inns, Dormitories, Boarding Houses, etc.			0				↓
C. Storage: Barns, Garages, Warehouses, etc.			0				
D. Industrial/Manufacturing			0				
E. Other Commercial: Stores, Restaurants, Offices, etc.			0				
F. Community/Public: Churches, Jails, Schools, Colleges, Hospitals, etc.			0				
G. All Other Structure: Out Buildings, Monuments, Buildings Under Construction, etc.			0				
TOTAL STRUCTURE	0	0	0	0	0	0	
<b>M</b> <b>O</b> <b>B</b> <b>I</b> <b>L</b> <b>E</b> H. Motor Vehicles: Automobiles, Trucks, Buses, Motorcycles, etc.: UCR Definition			0				↑ 1 ↓
I. Other Mobile Property: Trailers, Recreational Vehicles, Airplanes, Boats, etc.			0				
TOTAL MOBILE	0	0	0	0	0	0	
J. TOTAL OTHER: Crops, Timber, Fences, Signs, etc.			0				
<b>GRAND TOTAL</b>	0	0	0	0	0	0	

- Reports all Arson Incidents, no matter what offense they have occurred with.
- This report is filled out the same way as the Return A
- Incident cleared involving only those Under 18 will appear in column 6 and will be included in Column 5

**FYI:** Single incident values of \$1 million or more must be verified. You can forward your information about what was involved with the email that contains your submission.

## Common Arson Errors:

- (1) Including "Uninhabited/Abandoned" figures for Column 7 in Rows H, I, and J.
- (2) Not reporting a dollar amount for the reported Arson incident. **Reported amounts should be reasonable.**
- Not making sure the Arson radio report button is placed in the first column.

# Steps for Completing the Full-Time Law Enforcement Employee, Hate Crime, Cargo Theft, and Human Trafficking Reports

UNCLASSIFIED

# Full-Time Law Enforcement Employee Report

## NUMBER OF FULL-TIME LAW ENFORCEMENT EMPLOYEES AS OF OCTOBER 31

This report is authorized by law Title 28, Section 534, U.S. Code. Even though you are not required to respond, your cooperation in using this form to report all law enforcement employees on the payroll of your law enforcement agency as of October 31, will assist the FBI in compiling timely, comprehensive, and accurate data. Please submit this report and any questions to the FBI, Criminal Justice Information Services Division, Attention: Uniform Crime Reports/Module E-3, 1000 Custer Hollow Road, Clarksburg, West Virginia 26306; telephone 304-625-4830; facsimile 304-625-3566. Under the Paperwork Reduction Act, you are required to complete this form unless it contains a valid OMB control number. The form takes approximately 8 minutes to complete.

	Male	Female	Total
1. <b>Full-time law enforcement officers</b> - Include all full-time sworn law enforcement officers who were on your department's payroll as of October 31 and who worked a normal full-time workweek. Include the Chief, Sheriff, Commissioner, Superintendent, or other sworn department head. <b>Do not</b> count special officers, merchant police, or others who are not paid from law enforcement funds.	1	1	0
2. <b>Full-time civilian employees</b> - Include all full-time civilian employees who were on your department's payroll as of October 31 and who worked a normal full-time workweek. Include clerks, stenographers, mechanics, etc., who do not have police powers. <b>Do not</b> count school crossing guards. <b>Do not</b> count employees who are not paid from law enforcement funds.	1	1	0
3. <b>Total full-time law enforcement employees</b> - Enter the total number of full-time law enforcement officers and civilians on your department's payroll as of October 31. This should be the total of line 1 and line 2.	0	0	0

If the percent change in the total number of law enforcement employees between this year and last year is 10 percent or more, please explain briefly:

2

- Covers full-time uniformed and civilian personnel under the agency's budget as of October 31 of the reporting year
- (1) Place a zero into the yellow squares when there is no employee of that category.
- (2) Please give a short explanation, in the yellow space at the bottom, for any increase or decrease in employees from the previous year
- Make sure the radio report button has been placed in the first column of the UCR Workbook Option box on the Agency Information sheet.
- Submit the report with your October or November submission, prior to reporting deadline.



# Hate Crime

When you are finished with the form, please choose the one of the following options:

1-699 (Rev. 07-03-14) Expires 12-31-17 **HATE CRIME INCIDENT REPORT** OMB No. 110-0015

Initial  Adjustment  Delete  ORI  Date of Incident  /  /  Month Day Year

**Incident No.**  **Page** 1 **of** 1 **of Same Incident**

Click on the +/- boxes below on the left to expand/collapse these fields in order to view/hide the offense & bias definitions.

**+ Offense Definitions**

**- Bias Motivation Definitions**

Click the question marks to view the offense definitions. Click inside the open box to collapse the definition.

**If Race/Ethnicity/Ancestry bias motivation, then select from below:**

- 13 Anti-American Indian or Alaska Native
- 31 Anti-Arab
- 14 Anti-Asian
- 12 Anti-Black or African American
- 32 Anti-Hispanic or Latino
- 15 Anti-Multiple Races-Group
- 16 Anti-Native Hawaiian or Other Pacific Islander
- 33 Anti-Other Race/Ethnicity/Ancestry
- 11 Anti-White

**If Religion bias motivation, then select from below:**

- 83 Anti-Buddhist
- 22 Anti-Catholic
- 81 Anti-Eastern Orthodox (Russian, Greek, Other)
- 84 Anti-Hindu
- 24 Anti-Islamic (Muslim)
- 29 Anti-Jehovah's Witness
- 21 Anti-Jewish
- 28 Anti-Mormon
- 26 Anti-Multiple Religions-Group
- 82 Anti-Other Christian
- 25 Anti-Other Religion
- 23 Anti-Protestant
- 85 Anti-Sikh

**If Sexual Orientation bias motivation, then select from below:**

- 45 Anti-Bisexual
- 41 Anti-Gay (Male)
- 44 Anti-Heterosexual
- 42 Anti-Lesbian
- 43 Anti-Lesbian, Gay, Bisexual, or Transgender (Mixed Group)

**If Disability bias motivation, then select from below:**

- 52 Anti-Mental Disability
- 51 Anti-Physical Disability

**If Gender bias motivation, then select from below:**

- 62 Anti-Female
- 61 Anti-Male

**If Gender Identity bias motivation, then select from below:**

- 72 Anti-Gender Non-Conforming
- 71 Anti-Transgender

- (1) Click on **Initial, Adjustment, or Delete** for the type of report being submitted.
- (2) Enter the date when the incident occurred.
- (3) Use the same Incident Number as on the initial police report
- (4) Clicking on the expand (+) or collapse (-) buttons will open or close the list of Offenses or Biases. When one of the boxes is open, clicking on the ? will display the definition for the selected Offense or Bias
- (5) To exit or start another incident, click on the appropriate button at the top of the page.
- **The ORI will be filled in with the one displayed on the Agency Information sheet.**

# Hate Crime

Click the +/- box below on the left to expand/collapse the offense fields as necessary.

**- Offense #1**

Select one offense from the selectable field below.

Offense Code

Number of Victims

Select one location from the selectable field below.

Location Code

Select up to 5 bias motivations and all applicable victim types from the left-hand boxes below. All selected options will appear in the right-hand boxes. To deselect, click on the highlighted options within the left-hand boxes.

**Bias Motivation**

Race/Ethnicity/Ancestry:

- Anti-American Indian or Alaska Native (13)
- Anti-Arab (31)
- Anti-Asian (14)
- Anti-Black or African American (12)
- Anti-Hispanic or Latino (32)
- Anti-Multiple Races-Group (15)
- Anti-Native Hawaiian or Other Pacific Islander (16)
- Anti-Other Race/Ethnicity/Ancestry (33)
- Anti-White (11)

Religion:

- Anti-Buddhist (83)

**Victim Type**

- Individual\* (1)
- Business (2)
- Financial Institution (3)
- Government (4)
- Religious Organization (5)
- Other (7)
- Unknown (8)

**Selected bias motivations**

**Selected victim types**

**+ Offense #2**

**+ Offense #3**

**+ Offense #4**

**+ Offense #5**

- (1) Click on the expand (+) button by the offense number to view and fill in the boxes for *Offense Code, Number of Victims, Location Code, Bias Motivation, and Victim Type* by using the dropdown boxes.
- (2) To input an Offense Code, click on  for a drop down box to select the offense. This is the same process for selecting a Location Code.
- You may report up to five offenses per incident on the report sheet. For incidents with more offenses, start a new incident sheet using the same case number.
- (3) For Number of Victims, input the total number of victims for the offense selected
- (4) Make your selection of Biases & Victim Types listed in the yellow boxes. Selected Biases and Victim Types will then appear in the boxes to the right.
- You may select up to 5 biases. There are new Religion Biases to choose from.
- (5) Clicking the collapse (-) button will close the selected offense box.

- (1) Fill in the yellow boxes for Number of Victims and Number of Offenders
- (2) Click the expand (+) or collapse (-) boxes to view or hide the Race and Ethnicity definitions.
- (3) Click the ▼ to select the offender's Race and Ethnicity in the dropdown boxes.
- Return to the top of the page to exit when you are finish.

**Victim Information**

**Number of Victims**-When the victim type is an \*individual, enter the total number of **persons** who were victims in the incident.

Total number of victims 18 and over. If there are no adult victims, enter 0.

Total number of victims under 18. If there are no juvenile victims, enter 0.

Total number of victims.

---

**Offender Information**

**Number of Offenders**-Enter the total number of **persons** who were offenders in the incident.

Indicate an Unknown Offender when nothing is known about the offender including the offender's race.  
When the Race of Offender(s) has been identified, indicate at least one offender.

Total number of offenders 18 and over. If unknown, enter 00.

Total number of offenders under 18. If unknown, enter 00.

Total number of offenders. If unknown, the total should be 00.

---

**Race and Ethnicity of Offender or Offender Group**

Select one race/ethnicity for the offender from the selectable fields below.  
If there was more than one offender, provide the race and ethnicity of the group as a whole.  
If the number of offenders is entered as Unknown, then the offender's race and ethnicity must also be indicated as Unknown.

Click the +/- boxes below on the left to expand/collapse these fields in order to view/hide the race & ethnicity definitions.

**+ Race Definitions**

**Race**

**+ Ethnicity Definitions**

**Ethnicity**

**- Ethnicity Definitions**

Click the question marks to view definitions. Click inside the open box to collapse the definition.

H Hispanic or Latino ?

M Group of Multiple Ethnicities ?

N Not Hispanic or Latino ?

U Unknown ?

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to



# Cargo Theft

When you are finished with the form, please choose the one of the following options: **Save Changes & Close Report** **Save Changes & Add New Incident** **Discard Changes**

OMB 1110-0048  
(Rev. 02-08-2012)  
Expires 12-31-2015

## Cargo Theft Incident Report

Cargo Theft is the criminal taking of any cargo including, but not limited to, goods, chattels, money, or baggage that constitutes, in whole or in part, a commercial shipment of freight moving in commerce, from any pipeline system, railroad car, motor truck, or other vehicle, or from any tank or storage facility, station house, platform, or depot, or from any vessel or wharf, or from any aircraft, air terminal, airport, aircraft terminal or air navigation facility, or from any intermodal container, intermodal chassis, trailer, container freight station, warehouse, freight distribution facility, or freight consolidation facility. For purposes of this definition, cargo shall be deemed as moving in commerce at all points between the point of origin and the final destination, regardless of any temporary stop while awaiting transshipment or otherwise.

### Administrative Information

ORI: WV0170000  
Incident Number: **3**  
Incident Date: **2** (YYYYMMDD)  
Report Date Indicator:   
Incident Hour: **4** (Military Time)  
Cleared Exceptionally:

Report Type:  
 Initial  
 Adjustment  
 Delete  
 Zero (YYYYMM)

Offense(s)

Cargo Theft Zero Report

**i** In order to submit a zero report for Cargo Theft, select "Original Report/Zero Report" for Cargo Theft on the Agency Information worksheet and do not complete any incident reports. A zero report will automatically be generated for Cargo Theft.

OK

- Click on *Initial, Adjustment, or Delete* for type of report being submitted.
- (1) Clicking "Zero" will produce this message box.
- (2) Enter the date when the incident occurred on (e.g., 20150107).
- (3) Use the same Incident Number as on the initial police report.
- (4) Enter the time when the incident occurred, using military time with no minutes. (e.g., 01, 10, 23).
- (5) To exit or start another incident, click on the appropriate buttons located at the top of page.

# Cargo Theft

<b>Offense(s)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Location</b>	<input type="text"/>				
<b>Weapon/Force Involved</b> <b>3</b>	<b>Victim Type</b> <b>4</b>				
<i>Check up to three.</i>	<i>(Check all that apply.)</i>				
<input type="checkbox"/> 11 Firearm	<input type="checkbox"/> I Individual				
<input type="checkbox"/> 11A Automatic Firearm	<input type="checkbox"/> B Business				
<input type="checkbox"/> 12 Handgun	<input type="checkbox"/> F Financial Institution				
<input type="checkbox"/> 12A Automatic Handgun	<input type="checkbox"/> G Government				
<input type="checkbox"/> 13 Rifle	<input type="checkbox"/> R Religious Organization				
<input type="checkbox"/> 13A Automatic Rifle	<input type="checkbox"/> S Society/Public				
<input type="checkbox"/> 14 Shotgun	<input type="checkbox"/> L Law Enforcement Officer				
<input type="checkbox"/> 14A Automatic Shotgun	<input type="checkbox"/> O Other				
<input type="checkbox"/> 15 Other Firearm	<input type="checkbox"/> U Unknown				
<input type="checkbox"/> 15A Automatic Other					
<input type="checkbox"/> 20 Knife/Cutting Instrument					
<input type="checkbox"/> 30 Blunt Object					
<input type="checkbox"/> 35 Motor Vehicle					
<input type="checkbox"/> 40 Personal Weapons					
<input type="checkbox"/> 50 Poison					
<input type="checkbox"/> 60 Explosives					
<input type="checkbox"/> 65 Fire/Incendiary Device					
<input type="checkbox"/> 70 Drugs/Narcotics/Sleeping Pills					
<input type="checkbox"/> 85 Asphyxiation					
<input type="checkbox"/> 90 Other					
<input type="checkbox"/> 95 Unknown					
<input type="checkbox"/> 99 None					

- (1) Click ▼ to open dropdown boxes and select up to five Offenses.
- (2) Select a location the same was as you selected the Offense(s).
- (3) Select up to three weapon types used in the incident by clicking on the white boxes .
- (4) Select all Victim Types that apply to the incident by clicking the white boxes.

# Cargo Theft

When you are finished with the form, please choose the one of the following options:

**Property Information**

Stolen Property Description	Stolen Value	Property Recovered	Date Recovered	Recovered Value
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

**Offender Information**  ("00" if Unknown)

Age (01-99)	Sex			Race					Ethnicity		
	M	F	U	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Other Pacific Islander	Unknown	Hispanic or Latino	Not Hispanic or Latino
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**Arrestee Information**

Age (01-99)	Sex			Race					Ethnicity		
	M	F	U	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Other Pacific Islander	Unknown	Hispanic or Latino	Not Hispanic or Latino
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

- (1) Click  and use the drop down boxes to select the property type and then fill in the other property spaces.
- (2) Fill in any Offender Information section. You may click on  to select/unselect data in that column.
- (3) Check this box if the offender information is unknown
- (4) Complete the Arrestee Information section just as you did for the Offender Information section.
- Do not use Ethnicity as a Race.
- (5) Click the appropriate button at the top of the page to exit.

# Human Trafficking Report

**ADMINISTRATIVE INFORMATION**

WV0170000  
**ORI Number:** Enter the nine-character Originating Agency Identifier assigned to your agency.

January 2015  
**Month and Year:** Enter the month and year of data being submitted.

**Name of Agency:** Enter the name of your agency.

**Name and Title of Preparer:** Enter the preparer's name and job title.

**Telephone Number and E-mail address of Preparer:** Enter the preparer's telephone number and e-mail address.

If there were no human trafficking offenses to report for the month, check this box.

Note: A zero report is assumed if no values are entered below and the 'Original Report'/'Zero Report' or 'Adjustment' radio button on the Agency Information worksheet has been selected.

**HUMAN TRAFFICKING OFFENSES**

1	2	3	4	5	6
Human Trafficking Classification	Offenses Reported	Unfounded, i.e., False or Baseless Complaints	Number of Actual Offenses (Column 2 Minus Column 3) (Include Attempts)	Total Offenses Cleared by Arrest or Exceptional Means	Number of Clearances Involving Only Persons Under 18 Years of Age
A. Commercial Sex Acts			0		
B. Involuntary Servitude			0		
<b>GRAND TOTAL</b>	0	0	0	0	0

- To submit a Human Trafficking report or zero report, **place the radio report button in the first column of the UCR Workbook Option Box** on the Agency Information page. Zero Reports will leave this form blank.
- (1) These areas will be populated from the information entered on the Agency Information page.
- (2) Entering an incident will remove the "X" in the box.
- (3) Make sure to enter your data on the correct offense line.
- Instructions for completion start at the top of the page.
- Filling out this report is similar to filling out the Return A and Arson Reports.

# Editing and Error Check Review

# Return A

<b>i. KOBBLKY TOTAL</b>	30	0	0	0	0	0
a. Firearm	31			0		
b. Knife or Cutting Instrument	32			0		
c. Other Dangerous Weapon	33			0		
d. Strong-Arm (Hands, Fists, Feet, Etc.)	34			0		
<b>ii. ASSAULT TOTAL</b>	40	0	0	0	0	0
a. Firearm	41			0		
b. Knife or Cutting Instrument	42			0		
c. Other Dangerous Weapon	43			0		
d. Hands, Fists, Feet, Etc. - Aggravated injury	44			0		
e. Other Assaults - Simple, Not Aggravated	45			0		
<b>iii. BURGLARY TOTAL</b>	50	0	0	0	0	0
a. Forcible Entry	51			0		
b. Unlawful Entry - No Force	52			0		
c. Attempted Forcible Entry	53			0		
<b>iv. LARCENY - THEFT TOTAL (Except Motor Vehicle Theft)</b>	60	5		5	8	
<b>v. MOTOR VEHICLE THEFT TOTAL</b>	70	0	0	0	0	0
a. Autos	71			0		
b. Trucks and Buses	72			0		
c. Other Vehicles	73			0		
<b>GRAND TOTAL</b>	77	5	0	5		

CHECKING ANY OF THE APPROPRIATE BLOCKS BELOW WILL ELIMINATE YOUR NEED TO SUBMIT REPORTS WHEN THE VALUES ARE ZERO. THIS WILL ALSO AID THE NATIONAL PROGRAM IN ITS QUALITY CONTROL EFFORTS.

<input checked="" type="checkbox"/> NO SUPPLEMENTARY HOMICIDE REPORT SUBMITTED SINCE NO MURDERS, JUSTIFIABLE HOMICIDES, OR MANSLAUGHTERS BY NEGLIGENCE OCCURRED IN THIS JURISDICTION DURING THE MONTH.	<input checked="" type="checkbox"/> NO AGE, SEX, AND RACE OF PERSONS ARRESTED UNDER 18 YEARS OF AGE REPORT SINCE NO ARRESTS OF PERSONS WITHIN THIS AGE GROUP.
<input checked="" type="checkbox"/> NO SUPPLEMENT TO RETURN A REPORT SINCE NO CRIME OFFENSES OR RECOVERY OF PROPERTY REPORTED DURING THE MONTH.	<input checked="" type="checkbox"/> NO AGE, SEX, AND RACE OF PERSONS ARRESTED 18 YEARS OF AGE AND OVER REPORT SINCE NO ARREST OF PERSONS WITHIN THIS AGE GROUP.
<input checked="" type="checkbox"/> NO LAW ENFORCEMENT OFFICERS KILLED OR ASSAULTED REPORT SINCE NONE OF THE OFFICERS WERE ASSAULTED OR KILLED DURING THE MONTH.	<input checked="" type="checkbox"/> NO MONTHLY RETURN OF ARSON OFFENSES KNOWN TO LAW ENFORCEMENT REPORT SINCE NO ARSONS OCCURRED.

Offenses Cleared Greater than Actual Offenses

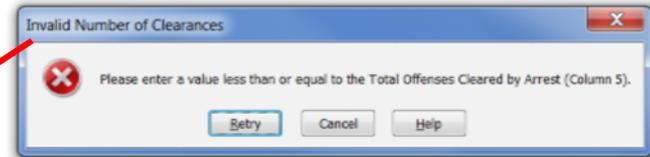
Warning: Offenses Cleared by Arrest is greater than the Actual Offenses

EDITED	
ENTERED	
ADJUSTED	
CORRES	

- This warning appears on the Return A when there are more Clearances reported than Offenses.
- Correct the amount or click "OK".

# Return A

CLASSIFICATION OF OFFENSES	DATA ENTRY	2 OFFENSES REPORTED OR KNOWN TO POLICE (INCLUDE "UNFOUNDED" AND ATTEMPTS)	3 UNFOUNDED, I.E., FALSE OR BASELESS COMPLAINTS	4 NUMBER OF ACTUAL OFFENSES (COLUMN 2 MINUS COLUMN 3) (INCLUDE ATTEMPTS)	5 TOTAL OFFENSES CLEARED BY ARREST OR EXCEPTIONAL MEANS (INCLUDES COL. 6)	6 NUMBER OF CLEARANCES INVOLVING ONLY PERSONS UNDER 18 YEARS OF AGE
<b>CRIMINAL HOMICIDE</b>						
a. MURDER AND NONNEGLIGENT HOMICIDE (Score attempts as aggravated assault) If homicide reported, submit Supplementary Homicide Report	11			0		
b. MANSLAUGHTER BY NEGLIGENCE	12			0		
<b>RAPE TOTAL</b>	20	1	0	1	1	0
a. Rape	21	1		1	1	
b. Attempts to commit Rape	22			0		
Historical Rape (See Instruction #15 below)						
<b>ROBBERY TOTAL</b>	30	4	0	4	2	1
a. Firearm	31	1		1		
b. Knife or Cutting Instrument	32			0		
c. Other Dangerous Weapon	33			0		
d. Strong-Arm (Hands, Fists, Feet, Etc.)	34	3		3	2	1
<b>ASSAULT TOTAL</b>	40	9	0	9	9	4
a. Firearm	41			0		
b. Knife or Cutting Instrument	42			0		
c. Other Dangerous Weapon	43			0		
d. Hands, Fists, Feet, Etc. - Aggravated injury	44			0		
e. Other Assaults - Simple, Not Aggravated	45	9		9	9	4
<b>BURGLARY TOTAL</b>	50	4	0	4	1	0
a. Forcible Entry	51	3		3	1	
b. Unlawful Entry - No Force	52	1		1		
c. Attempted Forcible Entry	53			0		
<b>LARCENY - THEFT TOTAL</b> (Except Motor Vehicle Theft)	60	10	1	9	3	4
<b>MOTOR VEHICLE THEFT TOTAL</b>	70	0	0	0	0	0
a. Autos	71			0		
b. Trucks and Buses	72			0		
c. Other Vehicles	73			0		
<b>GRAND TOTAL</b>	77	28	1	27	16	9



- This warning box will appear on the Return A if you attempt to input a Column 6 Juvenile Clearance higher than the Column 5 Total Offenses Cleared.

# Return A Supplement

## PROPERTY BY TYPE AND VALUE

Type of Property (1)	Data Entry	Monetary Value of Property Stolen in Your Jurisdiction	
		Stolen (2)	Recovered (3)
(A) Currency, Notes, Etc.	01		
(B) Jewelry and Precious Metals	02		
(C) Clothing and Furs	03		
(D) Locally Stolen Motor Vehicles	04		
(E) Office Equipment	05		
(F) Televisions, Radios, Stereos, Etc.	06		
(G) Firearms	07		
(H) Household Goods	08		
(I) Consumable Goods	09		
(J) Livestock	10		
(K) Miscellaneous	11		
<b>TOTAL</b>	<b>00</b>	<b>\$0</b>	<b>\$0</b>

Note: Form continues below

(Please scroll down)



Not Matched - Total Value of Property Stolen by Classification (See data entry line 77 below)

The total of this column should agree with the Grand Total (DATA ENTRY 77) shown on page 2.

Include in this column all property recovered even though stolen in prior months. The above is an accounting for only that property stolen in your jurisdiction. This will include property recovered for you by other jurisdictions, but not property you recover for them.

- These pink spaces will appear when items are not equal between these 2 sections of the Return A Supplement and/or the Return A.
- You must correct these discrepancies before you submit your workbook.

CLASSIFICATION	Number of Actual Offenses (Column 4 Return A)	Monetary Value of Property Stolen	Return A Actual Offenses (Column 4)
1. MURDER AND NONNEGLECTIVE MANSLAUGHTER	12		0
2. RAPE	20	1	1
3. ROBBERY			
(a) HIGHWAY (streets, alleys, etc.)	31		
(b) COMMERCIAL HOUSE (except c, d, and f)	32		
(c) GAS OR SERVICE STATION	33		
(d) CONVENIENCE STORE	34		
(e) RESIDENCE (anywhere on premises)	35		
(f) BANK	36		
(g) MISCELLANEOUS	37		
<b>TOTAL ROBBERY</b>	<b>30</b>	<b>0</b>	<b>4</b>
4. BURGLARY - BREAKING OR ENTERING			
(a) RESIDENCE (dwelling)			
(1) NIGHT (6 p.m. - 6 a.m.)	51		
(2) DAY (6 a.m. - 6 p.m.)	52		
(3) UNKNOWN	53		
(b) NON-RESIDENCE (store, office, etc.)			
(1) NIGHT (6 p.m. - 6 a.m.)	54		
(2) DAY (6 a.m. - 6 p.m.)	55		
(3) UNKNOWN	56		
<b>TOTAL BURGLARY</b>	<b>50</b>	<b>0</b>	<b>4</b>
5. LARCENY - THEFT (Except Motor Vehicle Theft)			
(a) \$200 AND OVER	61		
(b) \$50 TO \$199	62		
(c) UNDER \$50	63		
<b>TOTAL LARCENY (Same as Item 6)</b>	<b>60</b>	<b>0</b>	<b>9</b>
6. MOTOR VEHICLE THEFT (Include Alleged Joy Ride)	70		0
<b>GRAND TOTAL - ALL ITEMS</b>	<b>77</b>	<b>\$0</b>	<b>0</b>
OPTIONAL ANALYSIS OF LARCENY AND MOTOR VEHICLE THEFT			
7. NATURE OF LARCENIES UNDER ITEM 6			
(a) POCKET-PICKING	81		
(b) PURSE-SNATCHING	82		
(c) SHOPLIFTING	83		
(d) FROM MOTOR VEHICLES (except e)	84		
(e) MOTOR VEHICLE PARTS AND ACCESSORIES	85		
(f) BICYCLES	86		
(g) FROM BUILDING (except c and h)	87		
(h) FROM ANY COIN-OPERATED MACHINES (parking meters, etc.)	88		
(i) ALL OTHER	89		
<b>TOTAL LARCENIES (Same as Item 6)</b>	<b>80</b>	<b>0</b>	<b>9</b>
8. MOTOR VEHICLES RECOVERED			
(a) STOLEN LOCALLY AND RECOVERED LOCALLY	91		
(b) STOLEN LOCALLY AND RECOVERED BY OTHER JURISDICTIONS	92		
(c) TOTAL LOCALLY STOLEN MOTOR VEHICLES RECOVERED (a & b)	90	0	
(d) STOLEN IN OTHER JURISDICTIONS AND RECOVERED LOCALLY	93		

Matched - Total Value of Property Stolen by Type and Value (See data entry line 00 above)

# LEOKA Report

## OFFICERS KILLED

Number of your law enforcement officers killed in the line of duty this month.

By felonious act

By accident or negligence

## OFFICERS ASSAULTED (Do not include officers killed) - See other side for instructions.

Type of activity	Total assaults by weapon A	Type of weapon					Type of assignment						Officer assaults cleared M	
		Firearm B	Knife or other cutting instrument C	Other dangerous weapon D	Hands, fists, feet, etc. E	Two-officer vehicle F	One-officer vehicle		Detective or special assign.		Other			
							Alone G	Assisted H	Alone I	Assisted J	Alone K	Assisted L		
1. Responding to disturbance calls (family quarrels, person with firearm, etc.)	1	1						1						1
2. Burglaries in progress or pursuing burglary suspects	0													
3. Robberies in progress or pursuing robbery suspects	0													
4. Attempting other arrests	0													
5. Civil disorder (riot, mass disobedience, etc.)	0													
6. Handling, transporting, custody of prisoners	0					2		1						
7. Investigating suspicious persons or circumstances	0													
8. Ambush - no warning	0													
9. Handling persons with mental illness	0													
10. Traffic pursuits and stops	0													
11. All other	0													
12. TOTAL (1-11)	1	1	0	0	0	0	0	1	0	0	0	0	0	1
13. Number with personal injury*	0	1												
14. Number without personal injury	0													
<b>DO NOT WRITE HERE</b>														
													Initials	
													Recorded	
													Edited	
													Entered	
													Verified	
													Adinstad	
15. Time of assaults	AM	12:01	2:00	4:00	6:00	8:00	10:00	12:00						
	PM			1										

- (1) Areas of the LEOKA Report will turn pink when mandatory data is missing from the report.
- (2) Boxes will also turn pink when mandatory data is entered but Type of Weapon was omitted.



# Arson

## MONTHLY RETURN OF ARSON OFFENSES KNOWN TO LAW ENFORCEMENT

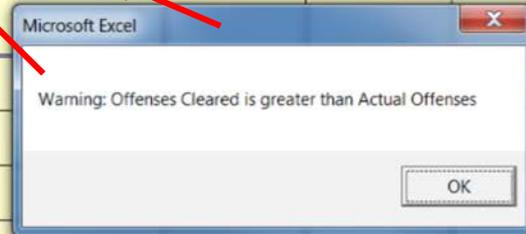
1-725 (Rev. 08-08-11)

This form is authorized by law Title 28, Section 534, U.S. Code, and the enactment of the fiscal year 1979, Department of Justice Authorization Bill S. 3151. Your cooperation in completing this form to report all monthly incidents of arson, will assist the FBI in compiling timely, comprehensive, and accurate data. Please submit this form and any questions to the FBI, Criminal Justice Information Services Division, Attention: Uniform Crime Reports/Module E-3, 1000 Custer Hollow Road, Clarksburg, West Virginia 26306; telephone 304-625-4830, facsimile 304-625-3566. Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. This form takes approximately 9 minutes to complete. Instructions appear on reverse side.

OMB No. 1110-0008

Expires 06-30-17

1	2	3	4	5	6	7	8
PROPERTY CLASSIFICATION	Offenses Reported or Known to Police (Include Unfounded)	Unfounded, i.e., False or Baseless Complaints	Number of Actual Offenses (Column 2 Minus Column 3) (Include Attempts)	Total Offenses Cleared by Arrest or Exceptional Means (Include Column 6)	Number of Clearances Involving Only Persons Under 18 Years of Age	Offenses Where Structures Uninhabited, Abandoned, or not Normally in Use	Estimated Value of Property Damage
S T R U C T U R E S	A. Single Occupancy Residential: Houses, Townhouses, Duplexes, etc.		0	5			
	B. Other Residential: Apartments, Tenements, Flats, Hotels, Motels, Inns, Dormitories, Boarding Houses, etc.		0				
	C. Storage: Barns, Garages, Warehouses, etc.		0				
	D. Industrial/Manufacturing		0				
	E. Other Commercial: Stores, Restaurants, Offices, etc.		0				
	F. Community/Public: Churches, Jails, Schools, Colleges, Hospitals, etc.		0				
	G. All Other Structure: Out Buildings, Monuments, Buildings Under Construction, etc.		0				
TOTAL STRUCTURE	0	0	0	5	0	0	
M O B I L E	H. Motor Vehicles: Automobiles, Trucks, Buses, Motorcycles, etc.: UCR Definition		0				
	I. Other Mobile Property: Trailers, Recreational Vehicles, Airplanes, Boats, etc.		0				
TOTAL MOBILE	0	0	0	0	0		
J. TOTAL OTHER Crops, Timber, Fences, Signs, etc.			0				
GRAND TOTAL	0	0	0	5	0	0	



- This warning will appear when Offenses Cleared is greater than Actual Offenses reported.
- Make corrections or click "OK".

# Hate Crime

When you are finished with the form, please choose the one of the following options:

1-699 (Rev. 07-03-14) Expires 12-31-17 **HATE CRIME INCIDENT REPORT** CIME No. 1110-0015

Initial  Adjustment  Delete  ORI  Date of Incident  /  /   
Month Day Year

**Incident No.**  **Page**  **of**  **of Same Incident**

Click on the +/- boxes below on the left to expand/collapse these fields in order to view/hide the offense & bias definitions.

**Offense Definitions**

**Bias Motivation Definitions**

Click the +/- box below on the left to expand/collapse the offense fields as necessary.

**Offense #1**

Select one offense from the selectable field below.

Offense Code

Number of Victims

Select one location from the selectable field below.

Location Code

Select up to 5 bias motivations and all applicable victim types from the left-hand boxes. The selected items will appear in the right-hand boxes. To deselect, click on the highlighted item.

**Bias Motivation**

- Anti-Hispanic or Latino (32)
- Anti-Multiple Races-Group (15)
- Anti-Native Hawaiian or Other Pacific Islander (16)
- Anti-Other Race/Ethnicity/Ancestry (33)
- Anti-White (11)
- Religion:
  - Anti-Buddhist (83)
  - Anti-Catholic (22)
  - Anti-Eastern Orthodox (Russian, Greek, Other) (81)
  - Anti-Hindu (84)
  - Anti-Islamic (Muslim) (24)
  - Anti-Jehovah's Witness (29)
  - Anti-Jewish (21)

**Selected**

Anti-Islamic

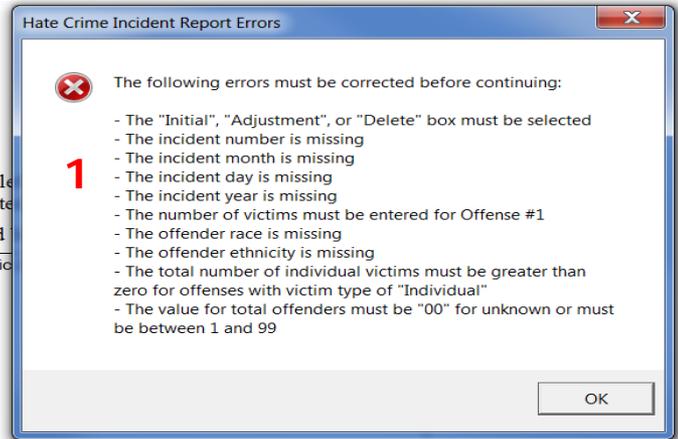
**Victim Type**

- Individual\* (1)
- Business (2)
- Financial Institution (3)
- Government (4)
- Religious Organization (5)
- Other (7)
- Unknown (8)

**Selected victim types**

Individual\* (1)

**Offense #2**



- (1) This error message will appear, with empty required fields being highlighted, when you try to exit before completing all fields.
- (2) To exit, either complete the report or click on Discard Changes button at the top of the page.

# Hate Crime

When you are finished with the form, please choose the one of the following options:

1-699 (Rev. 07-03-14) Expires 12-31-17 **HATE CRIME INCIDENT REPORT** OMB No. 110-0015

Initial  Adjustment  Delete  ORI  Date of Incident  /  /   
Month Day Year

**Incident No.**  **Page** 1 **of** 1 **of Same Incident**

Click on the +/- boxes below on the left to expand/collapse these fields in order to view/hide the offense & bias definitions.

**Offense Definitions**

**Bias Motivation Definitions**

Click the +/- box below on the left to expand/collapse the offense fields as necessary.

**Offense #1**

Select one offense from the selectable field below.

Offense Code

Number of Victims

Select one location from the selectable field below.

Location Code

Select up to 5 bias motivations and all applicable victim types from the left-hand boxes below. All selected options will appear in the right-hand boxes. To deselect, click on the highlighted options within the left-hand boxes.

**Bias Motivation**

- Anti-Hispanic or Latino (32)
- Anti-Multiple Races-Group (15)
- Anti-Native Hawaiian or Other Pacific Islander (16)
- Anti-Other Race/Ethnicity/Ancestry (33)
- Anti-White (11)
- Religion:
  - Anti-Buddhist (83)
  - Anti-Catholic (22)
  - Anti-Eastern Orthodox (Russian, Greek, Other) (81)
  - Anti-Hindu (84)
  - Anti-Islamic (Muslim) (24)**
  - Anti-Jehovah's Witness (29)
  - Anti-Jewish (21)

**Selected bias motivations**

- Anti-Islamic (Muslim) (24)

**Victim Type**

- Individual\* (1)**
- Business (2)
- Financial Institution (3)
- Government (4)
- Religious Organization (5)
- Other (7)
- Unknown (8)

**Selected victim types**

- Individual\* (1)

**Offense #2**

Discard All Changes?

Are you sure you wish to discard all changes on this Incident Report? The changes will not be saved.



- This warning box will appear to confirm that you wish to delete all data in the report. Click "Yes" to Discard or "No" to Save.

# Cargo Theft

When you are finished with the form, please choose the one of the following options:

OMB 1110-0048  
(Rev. 02-08-2012)  
Expires 12-31-2015

## Cargo Theft Incident Report

Cargo Theft is the criminal taking of any cargo including, but not limited to, goods, chattels, money, or baggage that constitutes, in whole or in part, a commercial shipment of freight moving in commerce, from any pipeline system, railroad car, motortruck, or other vehicle, or from any tank or storage facility, station house, platform, or depot, or from any vessel or wharf, or from any aircraft, air terminal, airport, aircraft terminal or air navigation facility, or from any intermodal container, intermodal chassis, trailer, container freight station, warehouse, freight distribution facility, or freight consolidation facility. For purposes of this definition, cargo shall be deemed as moving in commerce at all points between the point of origin and the final destination, regardless of any temporary stop while awaiting transshipment or otherwise.

### Administrative Information

**DRI:**  **Report Type:**  **Initial**  
 **Adjustment**  
 **Delete**  
 **Zero**

**Incident Number:**   
**Incident Date:**

**Report Date Indicator:**    
**Incident Hour:**  **Cleared Exceptionally:**

### Offense(s)

<input type="text"/>

### Location

<input type="text"/>
----------------------

### Weapon/Force Involved

*(Check up to three.)*

<input checked="" type="checkbox"/> 11 Firearm	<input type="checkbox"/> I Individual
<input type="checkbox"/> 11A Automatic Firearm	<input type="checkbox"/> B Business
<input type="checkbox"/> 12 Handgun	<input type="checkbox"/> F Financial Institution
<input type="checkbox"/> 12A Automatic Handgun	<input type="checkbox"/> G Government
<input type="checkbox"/> 13 Rifle	<input type="checkbox"/> R Religious Organization
<input type="checkbox"/> 13A Automatic Rifle	<input type="checkbox"/> S Society/Public
<input type="checkbox"/> 14 Shotgun	<input type="checkbox"/> L Law Enforcement Officer

### Victim Type

*(Check all that apply.)*

<input type="checkbox"/> I Individual
<input type="checkbox"/> B Business
<input type="checkbox"/> F Financial Institution
<input type="checkbox"/> G Government
<input type="checkbox"/> R Religious Organization
<input type="checkbox"/> S Society/Public
<input type="checkbox"/> L Law Enforcement Officer

#### Cargo Theft Incident Report Errors

The following errors must be corrected before continuing:

- The "Initial", "Adjustment", or "Delete" check box must be selected
- The incident number must be entered
- The incident date must be entered
- An Cargo Theft offense (Offense #1) must be selected
- A location must be entered
- Weapon/force involved can only be selected for offenses: 09A, 09B, 100, 11A, 11B, 11C, 11D, 120, 13A, 13B, 210, 520, 64A, 64B
- At least 1 victim type must be selected
- At least one stolen property description must be selected
- At least one offender age must be entered

OK

1

2

- (1) This error message will appear, with empty required fields being highlighted, when you try to exit before completing all fields.
- (2) To exit, either complete the report or click on Discard Changes button at the top of the page.

# Cargo Theft

When you are finished with the form, please choose the one of the following options:

OMB 1110-0048  
(Rev. 02-08-2012)  
Expires 12-31-2015

## Cargo Theft Incident Report

Cargo Theft is the criminal taking of any cargo including, but not limited to, goods, chattels, money, or baggage that constitutes, in whole or in part, a commercial shipment of freight moving in commerce, from any pipeline system, railroad car, motortruck, or other vehicle, or from any tank or storage facility, station house, platform, or depot, or from any vessel or wharf, or from any aircraft, air terminal, airport, aircraft terminal or air navigation facility, or from any intermodal container, intermodal chassis, trailer, container freight station, warehouse, freight distribution facility, or freight consolidation facility. For purposes of this definition, cargo shall be deemed as moving in commerce at all points between the point of origin and the final destination, regardless of any temporary stop while awaiting transshipment or otherwise.

### Administrative Information

**DRI:**  **Report Type:**  **Initial**  
 **Adjustment**  
 **Delete**  
 **Zero**  (YYYYMM)

**Incident Number:**   
**Incident Date:**  (YYYYMMDD)

**Report Date Indicator:**   
**Incident Hour:**  (Military Time) **Cleared Exceptionally:**

### Offense(s)

<input type="text" value=""/>

### Location

<input type="text" value=""/>
-------------------------------

Discard All Changes?

Are you sure you wish to discard all changes on this Incident Report? The changes will not be saved.

### Weapon/Force Involved

(Check up to three.)

<input checked="" type="checkbox"/> 11 Firearm	<input type="checkbox"/> I Individual
<input type="checkbox"/> 11A Automatic Firearm	<input type="checkbox"/> B Business
<input type="checkbox"/> 12 Handgun	<input type="checkbox"/> F Financial Institution
<input type="checkbox"/> 12A Automatic Handgun	<input type="checkbox"/> G Government
<input type="checkbox"/> 13 Rifle	<input type="checkbox"/> R Religious Organization
<input type="checkbox"/> 13A Automatic Rifle	<input type="checkbox"/> S Society/Public
<input type="checkbox"/> 14 Shotgun	<input type="checkbox"/> L Law Enforcement Officer

### Victim Type

(Check all that apply.)

File Edit Format View Help

ERROR: 2015-01-09 15:42:23 (Active Sheet: Incident Report) [Incident Report.CheckOffenseClassificationValue] Type mismatch

- Some error reports will be generated in this format. It will be placed in the same folder that the workbook was saved. If you have questions, you may e-mail a copy of this file to your UCR point of contact.

# CONTACT INFORMATION

Teresa Bigelow:

Email – [teresa.bigelow@ic.fbi.gov](mailto:teresa.bigelow@ic.fbi.gov)

Phone – 304-625-5118

Sharon Huffman:

Email – [sharon.huffman@ic.fbi.gov](mailto:sharon.huffman@ic.fbi.gov)

Phone – 304-625-3626

Joseph Maxwell:

Email – [joseph.maxwell@ic.fbi.gov](mailto:joseph.maxwell@ic.fbi.gov)

Phone – 304-625-2398

UCR Web address at [www.fbi.gov/about-us/cjis/ucr](http://www.fbi.gov/about-us/cjis/ucr)

UCR Electronic Submission at [ucrstat@leo.gov](mailto:ucrstat@leo.gov)

Data Issues and Information Request at [crimestatsinfo@ic.fbi.gov](mailto:crimestatsinfo@ic.fbi.gov)