

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 _____ 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				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.)													
2. Burglaries in progress or pursuing burglary suspects													
3. Robberies in progress or pursuing robbery suspects													
4. Attempting other arrests													
5. Civil disorder (riot, mass disobedience, etc.)													
6. Handling, transporting, custody of prisoners													
7. Investigating suspicious persons or circumstances													
8. Ambush - no warning													
9. Handling persons with mental illness													
10. Traffic pursuits and stops													
11. All other													
12. TOTAL (1-11)													
13. Number with personal injury*						DO NOT WRITE HERE							
14. Number without personal injury												Initials	

		12:01	2:00	4:00	6:00	8:00	10:00	12:00
15. Time of assaults	AM							
	PM							

DO NOT WRITE HERE	
	Initials
Recorded	
Edited	
Entered	
Verified	
Adjusted	

Month and Year	Agency Identifier	Prepared by / E-mail address	Title
Agency	State	Chief, Sheriff, Superintendent, Commanding Officer	

*If the officer was injured with a firearm (13B) or a knife or other cutting instrument (13C), please complete the block on the reverse side and include your agency's incident or case number(s). This information is only for your agency's use to assist in referencing the incident once the above-mentioned questionnaire is forwarded to you for completion.

INSTRUCTIONS FOR PREPARING REPORT

When an officer is assaulted in the line of duty, the reporting agency should enter the type of weapon (columns B through E) and type of assignment (columns F through L) next to the appropriate type of assignment (lines 1 through 11). The reporting agency should also indicate injury (line 13) or no injury (line 14) and total number of assaults by the time of day on line 15. Reporting agencies are reminded that the Hierarchy Rule applies to those incidents involving aggravated assaults on law enforcement officers while responding to or taking necessary action at the scene of a crime. For example, if an officer is assaulted at the scene of a robbery, only the robbery is scored on the Return A, but the assault is recorded on this form. However, if the officer is assaulted during a burglary incident, only the assault is scored both on the Return A and on this form.

The reporting agency should use column M next to the appropriate activity to indicate that an assault on a law enforcement officer was cleared by arrest.

At the end of the month, the reporting agency should add across each line, B through E, and enter total in column A. (The total F through L should equal the total of B through E as entered in A.) Finally, the reporting agency should enter a total for each column (B through M) on line 12.

Columns B - E:

Columns B through E pertain to type of weapon. The reporting agency should enter one weapon for each assault. If more than one type of weapon is used to commit a single assault, the weapon which is first encountered in moving from column B to column E should be the weapon selected.

Columns F - L:

Column F (Two-officer vehicle) and columns G and H (One-officer vehicle) pertain to uniformed officers, columns I and J (Detective or special assignment) to non-uniformed officers. Columns K and L (Other) pertain to officers assaulted functioning in a capacity not represented by columns F through J such as foot patrol, off duty, etc.

Column M:

Enter the number of officer assaults cleared. Column M should not be used to count the number of persons arrested for such offenses. Include exceptional clearances in this column.

Lines 1 - 11:

Enter the type of law enforcement activity in which the officer was engaged at the time of assault.

Line 12:

Enter the total of lines 1 through 11.

Line 13:

Enter the number of assaults from line 12 that resulted in personal injury to the officer.

Line 14:

Enter the number of assaults from line 12 in which there was no injury to the officer.

Line 15:

Enter the total number of assaults on officers occurring within the appropriate two-hour intervals.

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.)
