

LAW ENFORCEMENT OFFICERS KILLED OR ASSAULTED

This report should be completed and transmitted with monthly crime reports to: Uniform Crime Reporting, Texas Department of Public Safety, P.O. Box 4143, MSC 0233, Austin, TX 78765-4143. This form should be used to report the number of officers from your agency who were killed or assaulted in the line of duty during the month. Additional information on officers who were killed **OR** 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	Type of weapon				Type of assignment						Officer assaults cleared	
		Firearm	Knife or other cutting instrument	Other dangerous weapon	Hands, fists, feet, etc.	Two-officer vehicle	One-officer vehicle		Detective or special assign.		Other		
							Alone	Assisted	Alone	Assisted	Alone		Assisted
A	B	C	D	E	F	G	H	I	J	K	L	M	
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. Mentally deranged													
10. Traffic pursuits and stops													
11. All other													
12. TOTAL (1-11)													
13. Number with personal injury*						DO NOT WRITE HERE						Initials	
14. Number without personal injury												Recorded	
						Edited							
						Punched							
						Verified							
						Adjusted							

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

Month and Year	Agency Identifier	Prepared By	Title
Agency	State	Chief, Sheriff, Commissioner, Superintendent	

*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 (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.

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 or exceptional means.

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, bike patrol, 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.)
