

HB 11 TRANSNATIONAL INCIDENT REPORT

1. INCIDENT DATE MM DD YYYY	2. INCIDENT TIME	3. CASE NUMBER	4. AGENCY IDENTIFIER – ORI
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5. INCIDENT ADDRESS: _____

6. INCIDENT REPORTED: Autopsy Home Invasion/Burglary of Habitation Impersonation of LEO Kidnapping

7. LOCATION TYPE (specify):

<input type="checkbox"/> Bar/Nightclub	<input type="checkbox"/> Field/Woods	<input type="checkbox"/> Parking Lot/Garage
<input type="checkbox"/> Church/Synagogue/Temple	<input type="checkbox"/> Government/Public Building	<input type="checkbox"/> Residence/Home/Apt
<input type="checkbox"/> Commercial/Office Building	<input type="checkbox"/> Highway/Road/Alley	<input type="checkbox"/> School/College/University
<input type="checkbox"/> Construction Site	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Unknown
<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Jail/Prison	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Drugstore/DRs Office/Hospital	<input type="checkbox"/> Lake/Waterway	

8. VICTIM <input type="checkbox"/> Resident <input type="checkbox"/> UA/IA <input type="checkbox"/> Visa <input type="checkbox"/> US Citizen	AGE: <small>(if unknown, estimate)</small>	SEX <input type="checkbox"/> Female <input type="checkbox"/> Male	RACE <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian /Pacific	ETHNICITY <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	HEIGHT[ft/in] WEIGHT [lbs]	Hair Color: Eye Color: SMT:
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OFFENDER <input type="checkbox"/> Resident <input type="checkbox"/> UA/IA <input type="checkbox"/> Visa <input type="checkbox"/> US Citizen	AGE: <small>(if unknown, estimate)</small>	SEX <input type="checkbox"/> Female <input type="checkbox"/> Male	RACE <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian /Pacific	ETHNICITY <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	HEIGHT[ft/in] WEIGHT [lbs]	Hair Color: Eye Color: SMT:
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NUMBER OF VICTIM(S): _____ ★ (If more than 1 victim, on #9-12 below mark for all victims)	NUMBER OF OFFENDER(S): _____ ★ (If more than 1 offender, on #9-12 mark for all offenders)
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Was victim an active/prior member of a gang/TCO? _____ If yes, gang/TCO name: _____	Was offender an active/prior member of a gang/TCO? _____ If yes, gang/TCO name: _____
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Was victim an active/prior LEO, FED, MIL, INTEL? _____ If yes, country and branch: _____	Was offender an active/prior LEO, FED, MIL, INTEL? _____ If yes, country and branch: _____
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9. Relationship Victim to Offender – Mark all that apply

<input type="checkbox"/> Spouse	<input type="checkbox"/> Step-child	<input type="checkbox"/> Acquaintance
<input type="checkbox"/> Common-law	<input type="checkbox"/> Step-sibling	<input type="checkbox"/> Ex-spouse
<input type="checkbox"/> Parent	<input type="checkbox"/> Other Family Member	<input type="checkbox"/> Employer
<input type="checkbox"/> Sibling	<input type="checkbox"/> Business Associate	<input type="checkbox"/> Employee
<input type="checkbox"/> Child	<input type="checkbox"/> Member of same gang	<input type="checkbox"/> Neighbor
<input type="checkbox"/> Grandparent	<input type="checkbox"/> Member of same TCO	<input type="checkbox"/> Friend
<input type="checkbox"/> Grandchild	<input type="checkbox"/> Boyfriend/Girlfriend	<input type="checkbox"/> Babysitter
<input type="checkbox"/> In-law	<input type="checkbox"/> Homosexual Relationship	<input type="checkbox"/> Stranger
<input type="checkbox"/> Step-parent	<input type="checkbox"/> Otherwise Known	<input type="checkbox"/> Unknown

10. Weapons – Mark all that apply

<input type="checkbox"/> Firearm	<input type="checkbox"/> Motor Vehicle
<input type="checkbox"/> Handgun	<input type="checkbox"/> Poison
<input type="checkbox"/> Rifle	<input type="checkbox"/> Explosives
<input type="checkbox"/> Shotgun	<input type="checkbox"/> Fire/Incendiary Devices
<input type="checkbox"/> Knife/Cutting Instrument	<input type="checkbox"/> Drugs/Narcotics/ Sleeping Pills
<input type="checkbox"/> Personal Weapons	<input type="checkbox"/> Unknown
<input type="checkbox"/> Blunt Object	<input type="checkbox"/> Other(specify)

11. Injury – Mark all that apply

<input type="checkbox"/> None	<input type="checkbox"/> Apparent Minor Injury
<input type="checkbox"/> Apparent Broken Bones	<input type="checkbox"/> Other Major Injury
<input type="checkbox"/> Possible Internal Injury	<input type="checkbox"/> Unconsciousness
<input type="checkbox"/> Severe Laceration	<input type="checkbox"/> Fatal

12. Offenses – Mark all that apply

<input type="checkbox"/> Aggravated Assault	<input type="checkbox"/> Burglary of Habitation
<input type="checkbox"/> Simple Assault	<input type="checkbox"/> Forcible Entry
<input type="checkbox"/> Intimidation	<input type="checkbox"/> Impersonation of LEO
<input type="checkbox"/> Murder/Homicide/ Nonnegligent Manslaughter	<input type="checkbox"/> Sexual Assault
<input type="checkbox"/> Negligent Manslaughter	<input type="checkbox"/> Aggravated Sexual Assault
<input type="checkbox"/> Justifiable Homicide	<input type="checkbox"/> Robbery
<input type="checkbox"/> Kidnapping/Abduction	<input type="checkbox"/> Drugs/Narcotics
	<input type="checkbox"/> Other (specify)

13. Was the incident related to drug trafficking? ___ Yes ___ No

14. Was the incident related to human smuggling? ___ Yes ___ No

15. Were illegal drugs taken by the offender(s)? ___ Yes ___ No

16. Were illegal drugs found at location? ___ Yes ___ No

17. Was drug trafficking paraphernalia found? ___ Yes ___ No

18. If yes, what kind?

19. Was the suspect(s) wearing clothing/equipment similar to LE or military today? ___ Yes ___ No

20. If yes, describe?

21. Did the suspect(s) use tactics similar to military or police when conducting raids? ___ Yes ___ No

22. If yes, describe?

23. If the victim is deceased, respond to items 23 through 31. Otherwise, leave blank.

24. Was the victim's death the result of a crime? ___ Yes ___ No

25. If no, what was the cause of death?
___ Natural Causes ___ Accidental ___ Equivocal ___ Suicide ___ Unknown

a. If yes, what was the crime? ___ Murder ___ Non-negligent Manslaughter
___ Negligent Manslaughter ___ Justifiable Homicide

26. If the victim or offender was a gang/TCO member, was the murder related to:
Victim's gang activity? ___ Yes ___ No
Victim's TCO activity? ___ Yes ___ No
Offender's gang activity? ___ Yes ___ No
Offender's TCO activity? ___ Yes ___ No

27. If death resulted from a crime, does the originating agency (OCA) consider the crime to be related to Transnational crime? ___ Yes ___ No

a. If yes, provide synopsis indicating why? _____

28. Is there a DNA profile on file for Victim: ___ Yes ___ No

a. If yes, provide DNA testing or location/facility? _____

29. Medical Examiner/Coroner Agency Name: _____

30. Medical Examiner/Coroner Agency Case No.: _____

31. Medical Examiner/Coroner Agency Contact No.: _____

32. Investigating Officer:

Name of Officer: _____

Rank of Officer: _____

Contact No.: _____

Additional Notes:

Agency
Prepared by _____
Initials

Return to: TEXAS TRANSNATIONAL INTELLIGENCE CENTER
UNIFORM CRIME REPORTING
1501 W Pecan Blvd
McAllen, Texas 78501
(956) 213-7601

★ **Note:** “Transnational organized crime involves the planning and execution of illicit business ventures by groups or networks of individuals working in more than one country. Use of systematic violence and corruption by these criminal groups to achieve their goals. These crimes commonly include money laundering; human smuggling; cyber-crime; and trafficking of humans, drugs, weapons, endangered species, body parts, or nuclear material.” National Institutes of Justice (NIJ).