



## IDAHO LAW ENFORCEMENT OFFICERS KILLED OR ASSAULTED

Forward one report monthly to: Idaho State Police, Bureau of Criminal Identification, Uniform Crime Reporting unit, Box 700, Meridian, ID 83680-0700. This form should be used to report the number of your officers 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*.

<b>OFFICERS KILLED</b> 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 (b thru e = a)				Type of Assignment (f thru i = a)						Officer Assaults Cleared (m)		
		Firearm (b)	Knife or Other Cutting Device (c)	Other Lethal Weapon (d)	Hands, Fists, Feet, etc. (e)	One-Officer Vehicle		Detective or Special Assignment		Other				
						Two Officer Vehicle (f)	Alone (g)	Assisted (h)	Alone (i)	Assisted (j)	Alone (k)		Assisted (l)	
1. Responding to disturbance calls (family fights, etc.)														
2. Burglaries in progress														
3. Robberies in progress														
4. Attempting other arrests														
5. Civil disorder (riots, 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														
<b>12. Total (1-11)</b>														
13. Number - officers injury*														
14. Number without injury														
15. Time of assaults	AM													<div style="border: 1px solid black; padding: 2px; text-align: right; font-size: 8px;"> <b>DO NOT WRITE HERE</b>            _____            Initials            Recorded _____            Edited _____            Punched _____            Verified _____            Adjusted _____            DOJ/FBI         </div>
	PM													

Month/Year	Agency Identifier (ORI)	Prepared by/Title
Agency Name	State	Chief, Sheriff, Commissioner, Superintendent

**\*If the officer was injured with a firearm (column 13b) or a knife or other cutting instrument (column 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.

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 cleared by exception, (refer to exceptional guidelines on page 34 NIBRS handbook).

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 of 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 if the assaulted officer was injured with a firearm or a knife or other cutting instrument.)
