

RETURN A - MONTHLY RETURN OF OFFENSES KNOWN TO THE POLICE

Please mail forms to: Missouri State Highway Patrol
 CRID/UCR Program Office
 P.O. Box 9500
 Jefferson City, MO 65102

Our Fax Number is: (573) 526-6290

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

CHECKING ANY OF THE APPROPRIATE BLOCKS BELOW WILL ELIMINATE YOUR NEED TO SUBMIT REPORTS WHEN THERE IS NO ACTIVITY TO REPORT ON SUCH FORM

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|---|---|
| <input type="checkbox"/> NO SUPPLEMENTARY HOMICIDE, OR DOMESTIC VIOLENCE SUICIDE REPORT | <input type="checkbox"/> NO AGE, SEX, AND RACE OF PERSONS ARRESTED UNDER 18 YEARS OF AGE REPORT |
| <input type="checkbox"/> NO SUPPLEMENT TO RETURN A REPORT | <input type="checkbox"/> NO, AGE, SEX, AND RACE OF PERSONS ARRESTED 18 YEARS OF AGE AND OVER REPORT |
| <input type="checkbox"/> NO LAW ENFORCEMENT OFFICERS KILLED OR ASSAULTED REPORT | <input type="checkbox"/> NO VOLUNTARY DOMESTIC VIOLENCE INCIDENT REPORT |
| <input type="checkbox"/> NO MONTHLY RETURN OF ARSON OFFENSE REPORT | <input type="checkbox"/> NO CLANDESTINE LAB SEIZURE REPORT |

AGENCY NAME

AGENCY ORI

POPULATION

MONTH AND YEAR OF REPORT

POINT OF CONTACT NAME

PHONE NO.