CLEAR FORM

ORI Number	SP Station	Code

STATE OF NEW JERSEY DEPARTMENT OF LAW & PUBLIC SAFETY
CRIMINAL OFFENSES INVOLVING ASSAULT FIREARMS

Division of State Police, Uniform Crime Reporting Unit - Telephone Number: (609) 882-2000, Ext. 2872
(Attach to monthly UCR report.)

STATE POLICE: Station/Unit: Forward monthly through channels to Section Commanding Officer.
Section Commanding Officers: Forward a consolidated report, monthly, through channels to Division Headquarters, Identification and Information Technology Section, Criminal Justice Records Bureau, Uniform Crime Reporting Unit. *(Negative Reports not required.)*

Report only offenses where your agency is the original investigating agency, do not include co-op investigations.

ASSAULT FIREARM INFORMATION

(1) Municipal Code	(2) Date of Offense	(3) Case Number	(4) Offense					(4a)	(5) Offender			(6) Assault Firearm Type (Make, Model, Serial Number)
			Murder	Sex Asslt.	Robbery	Aggrvtd. Asslt.	Unlawful Poss.	Other Offense (Explain)	Age	Sex	Race Code	

INSTRUCTIONS

ORI NUMBER - Enter Police Agency O.R.I. Number.
STATE POLICE STATION - Enter State Police Station reporting offense *(State Police use only)*.
CODE - Enter State Police Unit identification code number *(State Police use only)*.

Complete One Line For Each Offender

(1) **Municipal Code** - Enter four digit identifier code of municipality where criminal offense occurred.
(2) **Date of Offense** - Enter date of offense.
(3) **Case Number** - Enter case number. List once if multiple offenders.
(4) **Offense** - Check appropriate block(s) for each charge (involving assault firearms) filed against the offender listed in column number 5.
(5) **Offender** - Age, Sex, Race Code - Enter offender's age, sex (Male or Female), and numerical race code as indicated: (**1** - White; **2** - Black; **3** - Asian or Pacific Islander; **4** - American Indian or Alaskan Native).
(6) **Assault Firearm Type** - Enter complete description of assault firearm (for definition of "Assault Firearm" refer to N.J.S.A. 2C:39-1 w., which includes amendments of L. 1990, c. 32 approved May 30, 1990).

Report for the Month/Year of: _____

Prepared by: _____ Date: _____

Department Reporting: _____ Telephone Number and Ext.: _____