

2021

LAW ENFORCEMENT OFFICERS KILLED OR ASSAULTED

It is requested this report be completed and transmitted with monthly crime reports to: Federal Bureau of Investigation, Criminal Justice Information Services Division, Attention: Uniform Crime Reports/Module E-3, 1000 Custer Hollow Road, Clarksburg, WV 26306. This form should be used to report the number of your officers who were assaulted or killed in the line of duty during the month. Additional information concerning officers killed will be requested by a separate questionnaire.

Officers Killed	Number of your law enforcement officers killed in the line of duty this month.	By felonious act	<u>0</u>
		By accident or negligence	<u>0</u>

Officers Assaulted (Do not include officers killed) - See other side for instructions.

Type of Activity	Total Assaults by Weapon (A)	Type of Weapon				Type of Assignment							Police Assaults Cleared (M)
		Firearm (B)	Knife or Other Cutting Instrument (C)	Other Dangerous Weapon (D)	Hands, Fists, Feet, etc. (E)	Two-Officer Vehicle (F)	One-Officer Vehicle Alone (G)	One-Officer Vehicle Assisted (H)	Detective or Special Assign. Alone (I)	Detective or Special Assign. Assisted (J)	Other Alone (K)	Other Assisted (L)	
1. RESPONDING TO DISTURBANCE CALLS	2	0	0	1	1	0	1	1	0	0	0	0	2
2. BURGLARIES IN PROGRESS OR PURSUING BURGLARY SUSPECTS	0	0	0	0	0	0	0	0	0	0	0	0	0
3. ROBBERIES IN PROGRESS OR PURSUING ROBBERY SUSPECTS	0	0	0	0	0	0	0	0	0	0	0	0	0
4. ATTEMPTING OTHER ARRESTS	0	0	0	0	0	0	0	0	0	0	0	0	0
5. CIVIL DISORDER (RIOT, MASS DISOBEDIENCE)	0	0	0	0	0	0	0	0	0	0	0	0	0
6. HANDLING, TRANSPORTING, CUSTODY OF PRISONERS	2	0	0	1	1	1	1	0	0	0	0	0	2
7. INVESTIGATING SUSPICIOUS PERSONS OR CIRCUMSTANCES	0	0	0	0	0	0	0	0	0	0	0	0	0
8. AMBUSH - NO WARNING	0	0	0	0	0	0	0	0	0	0	0	0	0
9. MENTALLY DERANGED	0	0	0	0	0	0	0	0	0	0	0	0	0
10. TRAFFIC PURSUITS AND STOPS	0	0	0	0	0	0	0	0	0	0	0	0	0
11. ALL OTHER	3	0	0	1	2	0	2	0	0	0	0	1	3
12. TOTAL	7	0	0	3	4	1	4	1	0	0	0	1	7
13. Number with personal injury Number with personal injury	2	0	0	1	1								
14. Number without personal injury Number without personal injury	5	0	0	2	3								
15A. AM Time of assaults - - AM	1	0	0	0	0								
15P. Time of assaults PM Time of assaults - PM	1	1	0	1	2								

12:01 2:00 4:00 6:00 8:00 10:00 12:00

DO NOT USE THIS SPACE	
	INITIALS
Recorded	
Edited	
Punched	
Verified	
Adjusted	

Month and Year	CA0240600 Agency Identifier	EBER, LANCE Prepared by	Title
MERCED POLICE DEPARTMENT Agency	CA State	Chief, Sheriff, Commissioner, Superintendent	