

## INSTRUCTIONS FOR PREPARING THE LEOKA REPORT

This report should be submitted with the monthly crime reports each month in which a member(s) of your force is killed or assaulted. Additional information concerning officers killed will be requested by a separate questionnaire. **IF YOU HAVE NO LEOKA DATA TO REPORT** for the month, IBR agencies should check the appropriate box on the form and fill in the month, year, and agency name before submitting by email or postal mail. UCR agencies should check the appropriate box on page 5 of the Return A and not submit this report.

This form is designed for electronic or manual data entry. To complete the form, you may enter the data into the spreadsheet or print the form and manually enter the information. When completed, the form may be returned by email to [infonysucr@dcjs.ny.gov](mailto:infonysucr@dcjs.ny.gov), by fax at (518) 485-8039, or by mail to NYS DCJS, Crime Reporting Unit, Alfred E. Smith Office Building - 6th Floor, 80 South Swan Street, Albany, NY 12210. If you have any questions, please call the Crime Reporting Unit at 1-800-262-3257.

When an officer is assaulted in the line of duty, an entry should be made on the appropriate line for type of activity (lines 1–11), under type of weapon used (columns B–F), and under type of assignment (columns G–M). An entry should also be made in lines 13 (injury) and/or line 14 (no injury). Also count the assault by the time of day on line 15. Enter clearances in column N.

At the end of the month, add all lines under columns B through F and enter in column A. The total of columns G through M should equal the total in column A. Also, add all columns down and enter the total on line 12.

### Columns B-F:

If more than one type of weapon is used to commit a single assault, only one weapon is recorded. Enter it in the first column encountered moving from left to right (B to F) which shows one of the weapons used.

Do not score more than one weapon for one assault.

### Columns G-M:

Columns G (Two-Person Vehicle) and columns H and I (One-Person Vehicle) pertain to uniformed officers; columns J and K (Detective or Special Assignment) to non-uniformed officers; columns L and M (Other) to officers assaulted while in a capacity not represented by columns G-K such as foot patrol, off duty, etc.

### Column N

In column N, count the number of "assault on officer" offenses cleared. Do not count the number of persons arrested for such offenses. Include exceptional clearances, when some factor beyond law enforcement control prevents the filing of formal charges against the offender (e.g., suicide, death bed confession, or extradition denied. See page 81 of the *FBI Uniform Crime Reporting Handbook, 2004* for more examples).

### Lines 1-11:

Indicate the type of police activity the officer was engaged in at the time he or she was assaulted.

### Line 12:

Enter the totals of lines 1-11.

### Line 13:

Enter the number of assaults from line 12 which 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 police officers occurring within the appropriate two-hour intervals.

**NEW YORK STATE  
DIVISION OF CRIMINAL JUSTICE SERVICES  
LAW ENFORCEMENT OFFICERS KILLED OR ASSAULTED**

<b>OFFICERS KILLED</b>  Number of your law enforcement officers killed in the line of duty this month	By felonious act	01A
	By accident or negligence	02A

Officers Assaulted (Do not include officers killed) - see "Instructions" tab for details

Type of Activity	DE	Total Assaults by Weapon A	Type of Weapon					Type of Assignment						Police Assaults Cleared N	
			Hand-gun B	Other Firearm C	Knife or Other Cutting Device D	Other Dangerous Weapon E	Hands, Fists, Feet, etc. F	One- Man Vehicle		Detective or Special Assign		Other			
								Alone H	Assisted I	Alone J	Assisted K	Alone L	Assisted M		
1. Responding to "Disturbance" calls (family quarrels, man with gun, etc.)	03														
2. Burglaries in progress or pursuing burglary suspects	04														
3. Robberies in progress or pursuing robbery suspects	05														
4. Attempting other arrests	06														
5. Civil disorder (riot, mass disobedience)	07														
6. Handling, transporting, custody of prisoners	08														
7. Investigating suspicious persons or circumstances	09														
8. Ambush, no warning	10														
9. Mentally deranged	11														
10. Traffic pursuits and stops	12														
11. All other	13														
<b>12. Total (1-11)</b>	14														
13. Number with personal injury	15														
14. Number without personal injury	16														
15. Time of assaults	AM	17													
	PM	18													
		12 :01	2	4	6	8	10	12							

SUBMIT WITHIN 30 DAYS AFTER THE CLOSE OF THE MONTH TO:  
 NYS DIVISION OF CRIMINAL JUSTICE SERVICES  
 ALFRED E. SMITH OFFICE BUILDING - 6TH FLOOR  
 80 SOUTH SWAN STREET, ALBANY, NY 12210  
 EMAIL: infonysucr@dcjs.ny.gov  
 FAX NUMBER: 518 485-8039

**Nothing to Report (NTR)**

Prepared by \_\_\_\_\_ Agency Identifier \_\_\_\_\_ Agency \_\_\_\_\_ Month and Year of Report \_\_\_\_\_

Phone Number \_\_\_\_\_ Preparer's Email Address \_\_\_\_\_ Chief, Sheriff, Commissioner, Superintendent \_\_\_\_\_

This report should be submitted with the monthly crime reports each month in which a member(s) of your force is killed or assaulted during the month. Additional information concerning officers killed will be requested by a separate questionnaire. **IF YOU HAVE NO LEOKA DATA TO REPORT** for the month, IBR agencies should check the appropriate box above and fill in agency name and month and year before submitting by email or postal mail. UCR agencies should check the appropriate box on page 5 of the Return A, and not submit this report.