

OREGON SUPPLEMENTARY HOMICIDE REPORT

AGENCY: _____

FORWARD BY THE 10TH DAY AFTER
CLOSE OF REPORTING TO:

MO / YR OF REPORT _____ / _____

**OREGON UNIFORM CRIME REPORTING
LAW ENFORCEMENT DATA SYSTEM**
P.O. BOX 14360
SALEM, OR 97309-5074
 PH: 503-378-3055, EXT 55008
 FAX: 503-364-2661

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DO NOT WRITE IN THIS SPACE

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| CHECKED | ENTERED |
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REFER TO SECTION 5 OF YOUR OUCR
REPORTING MANUAL FOR ASSISTANCE.

CASE NUMBER: _____

WILLFUL HOMICIDE JUSTIFIABLE HOMICIDE NEGLIGENT HOMICIDE

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|----------------|--|--|--------------------------|--|--|--|--|
| COUNTY CODE | | | OCCURRED DATE (Required) | | | | |
| SITUATION CODE | | | OCCURRED TIME (If Known) | | | | |

| VICTIM | | | OFFENDER | | | | RELATIONSHIP OF VICTIM TO OFFENDER |
|--------|-----|------|----------|-----|------|--------------|---------------------------------------|
| AGE | SEX | RACE | AGE | SEX | RACE | WEAPON/CAUSE | |
| | | | | | | | |
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CIRCUMSTANCES:

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|--|-------------------------------|------------------------------|
| WAS THIS A "DOMESTIC VIOLENCE" HOMICIDE? | YES: <input type="checkbox"/> | NO: <input type="checkbox"/> |
|--|-------------------------------|------------------------------|

DATE PREPARED _____ BY _____