

Law Enforcement and Physical Security Activities Report

Period Covered:
Date Prepared:
Prepared By:

From:	To:
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I. Crimes Against Persons

Type of Offense	Number of Incidents	Location		Number of Subjects Identified						Involvement			
		On Base	Off Base	USAF	Other Service	DOD CIV	Military Depend	Others	No Cases Unidentified Subject	Drugs	Alcohol	Juveniles	
1. Murder		<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Rape		<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Robbery		<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Aggravated Assault		<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Assault Against On Duty Police Officer		<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Simple Assault		<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Manslaughter		<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Sex Offenses		<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Suicide		<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Domestic Disturbances		<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. Crimes Against Property

11. Arson		<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Burglary/ Housebreaking		<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Larceny Government		<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Larceny Non-Government		<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Auto Theft		<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Willful Property Destruction Gov't		<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Willful Property Destruction Non-Gov't		<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Other		<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. Miscellaneous Crimes												
		Location		Number of Subjects Identified						Involvement		
Type of Offense	Number of Incidents	On Base	Off Base	USAF	Other Service	DOD CIV	Military Depend	Others	No Cases Unidentified Subject	Drugs	Alcohol	Juveniles
19. Fraud		<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Smuggling		<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Black Marketing		<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Trespassing		<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Prowler		<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Identity Theft		<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Disturbance		<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Disorderly Conduct		<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Other		<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. Drug Offenses												
A. Use/Possession												
28. Narcotics		<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Dangerous Drugs		<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Cannabis Products		<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Sales/Trafficking												
31. Narcotics		<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Dangerous Drugs		<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Cannabis Products		<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. Other Security Response Activities												
34. Unsecured Buildings		<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. IDS / Duress Alarms		<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Animal Control		<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Other		<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VI. Traffic Law Enforcement												
		Location		Number of Subjects Identified						Involvement		
A. Alcohol Related Driving Offenses												
Type of Offense	Number of Incidents	On Base	Off Base	USAF	Other Service	DOD CIV	Military Depend	Others	No. Cases Unidentified Subject	Drugs	Alcohol	Juveniles
38. .10% BAC & Above		<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
39. .05% - .09% BAC		<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
40. .04% BAC & Below		<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
41. Refusals		<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
B. Traffic Statistics												
Category		Military on Base	Other Base Personnel	Others		Military on Base	Other Base Personnel	Others			Total	
42. Moving Violations	a. DD Form 1408					b. DD Form 1805						
43. Driving Privileges	a. Suspended					b. Revoked						
a. Number of Accidents		<input type="text"/>			b. Number of Persons		<input type="text"/>			c. Involvement		<input type="text"/>
C. Misc Data												
Motor Vehicle, Traffic Accidents		Property Damage		Killed		Injured		Fatal		Non-Fatal		
44. On Base												
45. Off Base												
				Base Pers	<input type="text"/>	Base Pers	<input type="text"/>	Drugs	<input type="text"/>	Drugs	<input type="text"/>	
				Other	<input type="text"/>	Other	<input type="text"/>	Alcohol	<input type="text"/>	Alcohol	<input type="text"/>	
VII. Physical Security/Crime Prevention Activities												
46. Child ID Program			Number of Dependent Children on Base						Number of Children Fingerprinted			
47. Physical Security Program			Number of Physical Security Surveys Required						Number of Physical Security Surveys Conducted			
48. Crime Prevention Program			Number of Crime Prevention Surveys Required						Number of Crime Prevention Surveys Conducted			
VIII. Population						IX. Personnel Strength						
49. Military						53.			57.			
50. Dependents Living In Base Housing						54.			58.			
51. Civilian Employees						55.			59.			
52. Total						56.			60.			