STATE OF NEW JERSEY • DEPARTMENT OF LAW & PUBLIC SAFETY

Supplementary Bias Incident Offense Report

1. Case Number ○ Original ○ Update

2. Municipality	3. Mun. Code	4. ORI Number NJ 00	5. State Police Station *(NJSP Use Only)*	6. Code

7. Date of Bias Incident

8. Incident Target *(Check One)*
○ Individual ○ Business ○ Financial Inst. ○ Government ○ Religious Org. ○ Unknown ○ Other *(Specify in Remarks)*

9. Organized Group *(Check One)* ○ Yes ○ No ○ Unk.

10. Gang *(Check One) If Yes, complete a Gang Form (S.P. 153)* ○ Yes ○ No ○ Unk.

11. Type of Incident *(Check One)* ○ Swastika ○ In-Person ○ Cross Burning ○ Property Damage ○ Personal Injury ○ Letters ○ Graffiti ○ Other *(Specify in Remarks)* ○ Telephone

VICTIM/OFFENDER INFORMATION: *COMPLETE ONE FORM FOR EACH VICTIM.*

12. Victim's Race *(Check One)*
○ W = White ○ A = Asian ○ B = Black/African American ○ I = American Indian/Alaska Native ○ P = Native Hawaiian/Other Pacific Islander ○ M = Group of Multiple Races ○ U = Unk.

13. Victim's Age

14. Victim's Sex *(Check One)* ○ M ○ F ○ Unk.

15. Offender's Race *(Check One)*
○ W = White ○ A = Asian ○ B = Black/African American ○ I = American Indian/Alaska Native ○ P = Native Hawaiian/Other Pacific Islander ○ M = Group of Multiple Races ○ U = Unknown

16. Offender's Age

17. Offender's Sex *(Check One)* ○ Male ○ Female ○ Unknown

18. Offender's Ethnicity *(Check One)* ○ Hispanic ○ Non-Hispanic ○ Unknown

BIAS MOTIVATION: *Select up to **Five** Bias Motivations per Offense.*

19. Race/Ethnicity/Ancestry *(Check One)* **ANTI-**
○ 11 = White ○ 13 = Amer. Indian/Alaska Native ○ 15 = Multiple Races, Group ○ 32 = Hispanic/Latino
○ 12 = Black/African American ○ 14 = Asian ○ 16 = Nat. Hawaiian/Other Pacific Isldr. ○ 31 = Arab ○ 33 = Other Race/Ethnicity/Ancestry

20. Religion *(Check One)* **ANTI-**
○ 21 = Jewish ○ 24 = Islamic (Muslim) ○ 27 = Atheism/Agnosticism ○ 82 = Other Christian
○ 22 = Catholic ○ 25 = Other Religion ○ 28 = Mormon ○ 83 = Buddhist
○ 23 = Protestant ○ 26 = Multiple Religions, Group ○ 29 = Jehovah's Witness ○ 84 = Hindu
○ 81 = Eastern Orthodox (Russian, Greek, Other) ○ 85 = Sikh

21. Gender Nonconforming *(Check One)* **ANTI-**
○ 71 = Transgender ○ 72 = Gender Nonconforming

22. Disability *(Check One)* **ANTI-**
○ 51 = Physical Disability ○ 52 = Mental Disability

23. Gender *(Check One)* **ANTI-**
○ 61 = Male ○ 62 = Female

24. Sexual Orientation *(Check One)* **ANTI-**
○ 41 = Gay (Male) ○ 42 = Lesbian ○ 43 = Lesbian, Gay, Bisexual, or Transgender *(Mixed Group)* ○ 44 = Heterosexual ○ 45 = Bisexual

INCIDENT DETAILS:

25. Type of Bias Crime Committed *(Check One)*
○ Murder ○ Manslaughter ○ Rape ○ Robbery
○ Aggravated Assault ○ Burglary ○ Larceny-Theft ○ Motor Vehicle Theft
○ Arson ○ Simple Assault ○ Intimidation ○ Destruction/Damage/Vandalism ○ Human Trafficking, Commercial Sex Acts
○ Human Trafficking, Involuntary Servitude ○ Fear of Bodily Violence ○ Weapon Offense, Illegal Activity ○ Sex Offense (Except Rape) ○ Terroristic Threats
○ Trespass ○ Disorderly Conduct ○ Harassment ○ Desecration of Venerated Objects ○ All Other Bias Incidents

26. Location of Occurrence *(Check One)*
○ 01 Air/Bus/Train Terminal ○ 02 Bank/Savings & Loan ○ 03 Bar/Nightclub ○ 04 Church/Synagogue/Temple ○ 05 Commercial/Office Bldg. ○ 06 Construction Site ○ 07 Convenience Store ○ 08 Department/Discount Store ○ 09 Drug Store/Dr's. Office/Hospital
○ 10 Field/Woods ○ 11 Government/Public Building ○ 12 Grocery/Supermarket ○ 13 Highway/Rd./Alley/Street ○ 14 Hotel/Motel ○ 15 Jail/Prison ○ 16 Lake/Waterway ○ 17 Liquor Store ○ 18 Parking Lot/Garage
○ 19 Rental Storage Facility ○ 20 Residence/Home ○ 21 Restaurant ○ 23 Service/Gas Station ○ 24 Specialty Store (TV, Fur, etc.) ○ 25 Other/Unknown ○ 37 Abandoned/Condemned Structure ○ 38 Amusement Park ○ 39 Arena/Stadium/Fairgrounds/Coliseum
○ 40 ATM Separate from Bank ○ 41 Auto Dealer New/Used ○ 42 Camp/Campground ○ 44 Daycare Facility ○ 45 Dock/Wharf/Freight/Modal Terminal ○ 46 Farm Facility ○ 47 Gambling Facility/Casino ○ 48 Industrial Site ○ 49 Military Installation ○ 50 Park/Playground
○ 51 Rest Area ○ 52 School - College/University ○ 53 School - Elementary/Secondary ○ 54 Shelter - Mission/Homeless ○ 55 Shopping Mall ○ 56 Tribal Lands ○ 57 Community Center ○ 58 Cyberspace ○ 25B Motor Vehicle ○ 25C Cemetery

27. Relationship of Victim to Offender
○ 1. Acquaintance ○ 2. Neighbor ○ 3. Employee ○ 4. Stranger ○ 5. Unknown

28. Total # Victims

29. Total # Offenders

30. Disposition **If Arrested or Exceptional Clearance is selected, you must enter information in Fields 15-18.*
☐ Adult ☐ Juvenile ○ Arrested* ○ Exceptional Clearance* ○ Unfounded

31. Est. Damaged Prop. Value

32. Remarks. *List additional offender(s).* **Brief Synopsis of Incident is Required**

33. Department Reporting

34. Telephone and Extension

35 Prepared by (Print Rank/Name)

Badge Number

36. Date Completed

37. Reviewed By

- **All information shall be entered into the UCR System within 24 HOURS of the Reporting Time.**
- **DO NOT: Email, Fax, or Mail a paper copy of this form to the New Jersey State Police, County Prosecutor, or New Jersey Division of Criminal Justice, unless otherwise directed by County Prosecutor.**

UCR-BI1 (Rev. 04/21)