

This report should be submitted immediately upon completion, DO NOT wait for the end of the month to forward.

STATE OF NEW JERSEY • DEPARTMENT OF LAW & PUBLIC SAFETY Supplementary Bias Incident Offense Report

2. Municipality		3. Mun. Code	4. ORI Number NJ 00	1. Case Number <input type="radio"/> Original <input type="radio"/> Update	5. State Police Station (NJSP Use Only)	6. Code
7. Date of Bias Incident	8. Incident Target (Check One) <input type="radio"/> Individual <input type="radio"/> Business <input type="radio"/> Financial Inst.		<input type="radio"/> Government <input type="radio"/> Unknown <input type="radio"/> Religious Org. <input type="radio"/> Other (Specify in Remarks)		9. Organized Group (Check One) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk.	
10. Gang (Check One) If Yes, complete a Gang Form (S.P. 153) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk.		11. Type of Incident (Check One) <input type="radio"/> Swastika <input type="radio"/> In-Person		<input type="radio"/> Cross Burning <input type="radio"/> Personal Injury <input type="radio"/> Graffiti <input type="radio"/> Telephone <input type="radio"/> Property Damage <input type="radio"/> Letters <input type="radio"/> Other (Specify in Remarks)		

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

12. Victim's Race (Check One) <input type="radio"/> W = White <input type="radio"/> A = Asian <input type="radio"/> I = American Indian/Alaska Native		<input type="radio"/> B = Black/African American <input type="radio"/> P = Native Hawaiian/Other Pacific Islander		13. Victim's Age	14. Victim's Sex (Check One) <input type="radio"/> M <input type="radio"/> F <input type="radio"/> Unk.
15. Offender's Race (Check One) <input type="radio"/> W = White <input type="radio"/> A = Asian <input type="radio"/> I = American Indian/Alaska Native		<input type="radio"/> B = Black/African American <input type="radio"/> P = Native Hawaiian/Other Pacific Islander		<input type="radio"/> M = Group of Multiple Races <input type="radio"/> U = Unknown	
16. Offender's Age	17. Offender's Sex (Check One) <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown		18. Offender's Ethnicity (Check One) <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic <input type="radio"/> Unknown		

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

19. Race/Ethnicity/Ancestry (Check One) ANTI- <input type="radio"/> 11 = White <input type="radio"/> 12 = Black/African American <input type="radio"/> 13 = Amer. Indian/Alaska Native <input type="radio"/> 14 = Asian		<input type="radio"/> 15 = Multiple Races, Group <input type="radio"/> 16 = Nat. Hawaiian/Other Pacific Islldr. <input type="radio"/> 32 = Hispanic/Latino <input type="radio"/> 31 = Arab <input type="radio"/> 33 = Other Race/Ethnicity/Ancestry			
20. Religion (Check One) ANTI- <input type="radio"/> 21 = Jewish <input type="radio"/> 22 = Catholic <input type="radio"/> 23 = Protestant <input type="radio"/> 24 = Islamic (Muslim) <input type="radio"/> 25 = Other Religion <input type="radio"/> 26 = Multiple Religions, Group		<input type="radio"/> 27 = Athiesm/Agnosticism <input type="radio"/> 28 = Mormon <input type="radio"/> 29 = Jehovah's Witness <input type="radio"/> 81 = Eastern Orthodox (Russian, Greek, Other) <input type="radio"/> 82 = Other Christian <input type="radio"/> 83 = Buddhist <input type="radio"/> 84 = Hindu <input type="radio"/> 85 = Sikh			
21. Gender Nonconforming (Check One) ANTI- <input type="radio"/> 71 = Transgender <input type="radio"/> 72 = Gender Nonconforming		22. Disability (Check One) ANTI- <input type="radio"/> 51 = Physical Disability <input type="radio"/> 52 = Mental Disability		23. Gender (Check One) ANTI- <input type="radio"/> 61 = Male <input type="radio"/> 62 = Female	
24. Sexual Orientation (Check One) ANTI- <input type="radio"/> 41 = Gay (Male) <input type="radio"/> 42 = Lesbian <input type="radio"/> 43 = Lesbian, Gay, Bisexual, or Transgender (Mixed Group) <input type="radio"/> 44 = Heterosexual <input type="radio"/> 45 = Bisexual					

INCIDENT DETAILS:

25. Type of Bias Crime Committed (Check One) <input type="radio"/> Murder <input type="radio"/> Manslaughter <input type="radio"/> Rape <input type="radio"/> Robbery		<input type="radio"/> Aggravated Assault <input type="radio"/> Burglary <input type="radio"/> Larceny-Theft <input type="radio"/> Motor Vehicle Theft		<input type="radio"/> Arson <input type="radio"/> Simple Assault <input type="radio"/> Intimidation <input type="radio"/> Destruction/Damage/Vandalism <input type="radio"/> Human Trafficking, Commercial Sex Acts		<input type="radio"/> Human Trafficking, Involuntary Servitude <input type="radio"/> Fear of Bodily Violence <input type="radio"/> Weapon Offense, Illegal Activity <input type="radio"/> Sex Offense (Except Rape) <input type="radio"/> Terroristic Threats		<input type="radio"/> Trespass <input type="radio"/> Disorderly Conduct <input type="radio"/> Harassment <input type="radio"/> Desecration of Venerated Objects <input type="radio"/> All Other Bias Incidents																					
26. Location of Occurrence (Check One) <input type="radio"/> 01 Air/Bus/Train Terminal <input type="radio"/> 02 Bank/Savings & Loan <input type="radio"/> 03 Bar/Nightclub <input type="radio"/> 04 Church/Synagogue/Temple <input type="radio"/> 05 Commercial/Office Bldg. <input type="radio"/> 06 Construction Site <input type="radio"/> 07 Convenience Store <input type="radio"/> 08 Department/Discount Store <input type="radio"/> 09 Drug Store/Dr's. Office/Hospital						<input type="radio"/> 10 Field/Woods <input type="radio"/> 11 Government/Public Building <input type="radio"/> 12 Grocery/Supermarket <input type="radio"/> 13 Highway/Rd./Alley/Street <input type="radio"/> 14 Hotel/Motel <input type="radio"/> 15 Jail/Prison <input type="radio"/> 16 Lake/Waterway <input type="radio"/> 17 Liquor Store <input type="radio"/> 18 Parking Lot/Garage						<input type="radio"/> 19 Rental Storage Facility <input type="radio"/> 20 Residence/Home <input type="radio"/> 21 Restaurant <input type="radio"/> 23 Service/Gas Station <input type="radio"/> 24 Specialty Store (TV, Fur, etc.) <input type="radio"/> 25 Other/Unknown <input type="radio"/> 37 Abandoned/Condemned Structure <input type="radio"/> 38 Amusement Park <input type="radio"/> 39 Arena/Stadium/Fairgrounds/Coliseum						<input type="radio"/> 40 ATM Separate from Bank <input type="radio"/> 41 Auto Dealer New/Used <input type="radio"/> 42 Camp/Campground <input type="radio"/> 44 Daycare Facility <input type="radio"/> 45 Dock/Wharf/Freight/Modal Terminal <input type="radio"/> 46 Farm Facility <input type="radio"/> 47 Gambling Facility/Casino <input type="radio"/> 48 Industrial Site <input type="radio"/> 49 Military Installation <input type="radio"/> 50 Park/Playground						<input type="radio"/> 51 Rest Area <input type="radio"/> 52 School - College/University <input type="radio"/> 53 School - Elementary/Secondary <input type="radio"/> 54 Shelter - Mission/Homeless <input type="radio"/> 55 Shopping Mall <input type="radio"/> 56 Tribal Lands <input type="radio"/> 57 Community Center <input type="radio"/> 25B Motor Vehicle <input type="radio"/> 25C Cemetery					

27. Relationship of Victim to Offender <input type="radio"/> 1. Acquaintance <input type="radio"/> 2. Neighbor <input type="radio"/> 3. Employee <input type="radio"/> 4. Stranger <input type="radio"/> 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. <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="radio"/> Arrested* <input type="radio"/> Exceptional Clearance* <input type="radio"/> Unfounded			31. Est. Damaged Prop. Value

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