**STATE OF NEW JERSEY, DEPARTMENT OF LAW AND PUBLIC SAFETY**
**SUPPLEMENTARY BIAS INCIDENT OFFENSE REPORT**

(1) Case No. (✓) ☐ Original ☐ Update

(2) Municipality | (3) Mun. Code No. | (4) ORI Number NJ 00 | (5) S.P. Station | (6) S.P. Code

(7) Date of Bias Incident

(8) Incident Target (✓)
1. Person ☐
2. Private Property ☐
3. Public Property ☐

(9A) Organized Group (✓) Yes No Unk

(9B) Gang (✓) Yes No Unk

(10) Type of Bias Incident: Anti-

| Code | Racial ✓ | Religious ✓ | Ethnic ✓ | Sexual ✓ | Other* ✓ |
|---|---|---|---|---|---|
| 1 | Alaskan Native/ American Indian | Catholic | Arab | Bisexual | Gender |
| | | Hindu | Asian Indian | Heterosexual (F) | Disability |
| 2 | Asian/Pacific Islander | Islamic | Hispanic | Heterosexual (M) | Physical |
| | | Jewish | Asian | Homosexual (F) | Mental |
| 3 | Black | Protestant | Nat. Origin | Homosexual (M) | Gender ID |
| 4 | White | Other | Other | Homosexual Female & Male | |
| 5 | Other | | | | |

(11) Victim: Age, Sex, Race, Code ( )

(12) Offender: Age, Sex, Race, Code ( )

(13) Description of Incident (✓)
Swastika ☐ Letters ☐
Cross Burning ☐ Telephone ☐
Graffiti ☐ Other ☐
In Person ☐

(14) Type of Bias Incident Offense. Only check one offense. Check the first offense by going down the list from 1 to 20.

1. Murder
2. Manslaughter
3. Rape*
4. Robbery
5. Aggravated Assault
6. Burglary
7. Larceny - Theft
8. Simple Assault
9. Fear of Bodily Violence
10. Arson
11. Criminal Mischief
12. Damage to Property; Threat of Violence
13. Weapons Offenses; Illegal Activities
14. Sex Offenses (Except Rape)*
15. Terroristic Threats
16. Trespass
17. Disorderly Conduct
18. Harassment
19. Desecration of Venerated Objects
20. All Other Bias Incidents

(15) Place of Occurrence ✓
1. Residence
2. Religious Building
3. Government Bldg.
4. School Building
5. Business Type
6. Cemetery
7. Motor Vehicle
8. Highway
9. Parking Lot
10. Other (Explain)

(16) Relationship of Victim to Offender ✓
1. Acquaintance
2. Neighbor
3. Employee
4. Stranger
5. Unknown
6. Other

(17) Total Number of:
1. Victims _____
2. Offenders _____

(18)

(19) Disposition:
Adult ☐ Juvenile ☐
Arrested ☐ Exceptional Clearance ☐ Unfounded ☐

(20) Estimated Value of Prop. Damaged $ _____.00

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

* See instruction C-10 on back of report

Forward by 7th day after close of the reporting period to:
State of New Jersey - Department of Law and Public Safety
Division of State Police, Uniform Crime Reporting Unit
Box 7068
West Trenton, New Jersey 08628-0068
(609) 882-2000, Ext. 2872

Department Reporting | Phone Number & Ext. | Report for the month of | Year

Prepared By

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UCR-BI No.1 (Rev. 04/08)

Block #10
Type of Bias Incident
Select one only

Block #19 Disposition

Block #21 Brief Synopsis