



**NEW JERSEY STATE POLICE
UNIFORM CRIME REPORTING
BIAS INCIDENT REPORT – COMPLETION PROCEDURE**
Phone # 609-882-2000 Ext. 2917 Fax # 609-883-6913

THE RACE CODES FOR THE BIAS REPORT ARE UNIQUE CODES. THEY ARE DIFFERENT THAN THE CODES USED ON THE DOMESTIC VIOLENCE OFFENSE REPORT.

THE BIAS CODES FOR THE BIAS INCIDENT REPORT ARE AS FOLLOWS:

- 1.) ALASKAN NATIVE/AMERICAN INDIAN
- 2.) ASIAN / PACIFIC ISLANDER
- 3.) BLACK
- 4.) WHITE
- 5.) OTHER

MORE THAN ONE (1) VICTIM WILL REQUIRE THAT THE ADDITIONAL VICTIM INFORMATION (AGE, SEX, RACE) BE LISTED IN BLOCK # 18 OF THE REPORT.

MULTIPLE OFFENDERS REQUIRES THAT EACH ADDITIONAL OFFENDER INFORMATION (AGE, SEX, RACE) BE LISTED IN BLOCK # 21 OF THE REPORT.

IF AN OFFENDER IS LISTED, BLOCK #19 MUST BE COMPLETED WITH ONE OF THE THREE FOLLOWING CHOICES INDICATED:

- 1.) ARRESTED
- 2.) EXCEPTIONAL CLEARANCE
- 3.) UNFOUNDED

HARASSMENT IS A CRIME AGAINST A PERSON - A PERSON MUST BE LISTED AS THE VICTIM.

** HARASSMENT CANNOT BE INDICATED IF THE INCIDENT TARGET (BLOCK # 8) HAS PRIVATE OR PUBLIC PROPERTY INDICATED.*

TERRORISTIC THREATS IS ALSO A CRIME AGAINST A PERSON - A PERSON MUST BE LISTED AS THE VICTIM.

CRIMINAL MISCHIEF IS A CRIME AGAINST PROPERTY - A PERSON

CANNOT BE LISTED AS A VICTIM.

**BLOCK # 21 REQUIRES THAT A BRIEF SYNOPSIS OF THE INCIDENT
BE LISTED.**

Block #10

Type of Bias Incident
Select one only

Block #19 Disposition

Block #21 Brief Synopsis

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

(1) Case No. Original Duplicate

(2) Municipality: _____ (3) Jur. Code No.: _____ (4) CRJ Number: _____ (5) S.F. Statute: _____ (6) S.F. Code: _____

(7) Date of Bias Incident: _____ (8) Incident Target: Person Property Public Facility Other

(9) Type of Bias Incident: Religious Ethnic Sexual Other

(10) Type of Bias Incident: Racial Religious Ethnic Sexual Other

(11) Victim: _____ (12) Offender: _____ (13) Description of Incident: _____

(14) Type of Bias Incident: Swastika Letters Other In Person Code _____

(15) Place of Occurrence: _____ (16) Relationship of Victim to Offender: _____

(17) Total Number of: _____ (18) Disposition: _____

(19) Disposition: _____ (20) Total Number of: _____

(21) Brief Synopsis: _____

(22) Remarks: List additional offenders. 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 7088
 West Trenton, New Jersey 08622 0089
 (800) 882-2000, Ext. 2872

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

Reviewed By: _____ ROUTING OF COPIES

Original - N.J. State Police 200 - S.P. Security Copy 3rd - County Prosecutor Copy 4th - Comptroller's Copy

200 - S.P. 5087 Formed with Original to 100-A

U.S.P.S. No. 7 (Rev. 04-88)