

# BIAS CRIME REPORT FORM

ORI: OR0

Case #: \_\_\_\_\_ Incident Date: \_\_\_\_\_

County: \_\_\_\_\_

Agency Name: \_\_\_\_\_

ENTER ONE OFFENSE CODE FROM LIST AT RIGHT

**OFFENSE CODE**

- |                       |                                     |
|-----------------------|-------------------------------------|
| 01 Murder             | 07 Motor Vehicle Theft              |
| 02 Forcible Rape      | 08 Arson                            |
| 03 Robbery            | 09 Simple Assault                   |
| 04 Aggravated Assault | 10 Intimidation                     |
| 05 Burglary           | 11 Distruction / Damage / Vandalism |
| 06 Larceny - Theft    | 12 Other                            |

**Location (Check one)**

- |  |   |
|--|---|
| 01 <input type="checkbox"/> Air / Bus / Train Terminal           | 14 <input type="checkbox"/> Hotel / Motel / etc.            |
| 02 <input type="checkbox"/> Bank / Savings and Loan              | 15 <input type="checkbox"/> Jail / Prison                   |
| 03 <input type="checkbox"/> Bar / Night Club                     | 16 <input type="checkbox"/> Lake Waterway                   |
| 04 <input type="checkbox"/> Church / Synagogue / Temple          | 17 <input type="checkbox"/> Liquor Store                    |
| 05 <input type="checkbox"/> Commercial / Office Building         | 18 <input type="checkbox"/> Parking Lot / Garage            |
| 06 <input type="checkbox"/> Construction Site                    | 19 <input type="checkbox"/> Rental Storage Facility         |
| 07 <input type="checkbox"/> Convenience Store                    | 20 <input type="checkbox"/> Residence / Home                |
| 08 <input type="checkbox"/> Department / Discount Store          | 21 <input type="checkbox"/> Restaurant                      |
| 09 <input type="checkbox"/> Drug Store / Dr.'s Office / Hospital | 22 <input type="checkbox"/> School / College                |
| 10 <input type="checkbox"/> Field / Woods                        | 23 <input type="checkbox"/> Service / Gas Station           |
| 11 <input type="checkbox"/> Government / Public Building         | 24 <input type="checkbox"/> Specialty Store (TV, Fur, etc.) |
| 12 <input type="checkbox"/> Grocery / Supermarket                | 25 <input type="checkbox"/> Park (city, state, etc.)        |
| 13 <input type="checkbox"/> Highway / Road / Alley / Street      | 26 <input type="checkbox"/> Other / Unknown                 |

**Bias Motivation (Check one)**

- |   |   |   |
|---|---|---|
| <b>Racial</b>   | <b>Religious</b>  | <b>Oregon Bias</b>                                |
| 11 <input type="checkbox"/> Anti - White                                | 21 <input type="checkbox"/> Anti - Jewish                       | 51 <input type="checkbox"/> Age                   |
| 12 <input type="checkbox"/> Anti - Black                                | 22 <input type="checkbox"/> Anti - Catholic                     | 52 <input type="checkbox"/> Citizenship           |
| 13 <input type="checkbox"/> Anti - American Indian/<br>Alaskan Native   | 23 <input type="checkbox"/> Anti - Protestant                   | 53 <input type="checkbox"/> Eco/Social Status     |
| 14 <input type="checkbox"/> Anti - Asian / Pacific<br>Islander          | 24 <input type="checkbox"/> Anti - Islamic (Moslem)             | 54 <input type="checkbox"/> Labor Union           |
| 15 <input type="checkbox"/> Anti - Multi - Racial<br>Group              | 25 <input type="checkbox"/> Anti - Other Religion               | 55 <input type="checkbox"/> Marital Status        |
|   | 26 <input type="checkbox"/> Anti - Multi Religious Group        | 56 <input type="checkbox"/> Physical Handicap     |
|   | 27 <input type="checkbox"/> Anti - Atheism /Agnosticism etc.    | 57 <input type="checkbox"/> Political Affiliation |
|   |   | 58 <input type="checkbox"/> Mental Handicap       |
| <b>Ethnicity / National Origin</b>                                      | <b>Sexual</b>   |   |
| 31 <input type="checkbox"/> Anti - Arab                                 | 41 <input type="checkbox"/> Anti - Male Homosexual (Gay)        |   |
| 32 <input type="checkbox"/> Anti - Hispanic                             | 42 <input type="checkbox"/> Anti - Female Homosexual (Lesbian)  |   |
| 33 <input type="checkbox"/> Anti - Other Ethnicity /<br>National Origin | 43 <input type="checkbox"/> Anti - Homosexual (Gay and Lesbian) |   |
|   | 44 <input type="checkbox"/> Anti - Heterosexual                 |   |
|   | 45 <input type="checkbox"/> Anti - Bisexual                     |   |

**Victim Type For Offense Code Listed Above (Check One)**

- |  |   |
|--|---|
| <b>Victim Type:</b>                              |   |
| 1 <input type="checkbox"/> Individual            | 5 <input type="checkbox"/> Religious Organization |
| 2 <input type="checkbox"/> Business              | 6 <input type="checkbox"/> Society / Public       |
| 3 <input type="checkbox"/> Financial Institution | 7 <input type="checkbox"/> Other                  |
| 4 <input type="checkbox"/> Government            | 8 <input type="checkbox"/> Unknown                |

**FOR LEDS USE ONLY.**

ENTERED BY OUCR: \_\_\_\_\_

SUBMITTED TO FBI: \_\_\_\_\_

Age Codes		Sex Code	Race Codes
1	0 - 10	M Male	B Black
2	11 - 17	F Female	W White
3	18 - 20	U Unknown	H Hispanic
4	21 - 29		A Asian
5	30 - 64		I American Indian / Alaskan Native
6	65 - over		O Other
7	Unknown		U Unknown

**Victim Information** ( Enter Age - Sex - Race from above codes )

	Age	Sex	Race		Age	Sex	Race
#1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Offender Information** ( Enter Age - Sex - Race from above codes )

	Age	Sex	Race		Age	Sex	Race
#1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Narrative of Offense** ( Briefly Describe what happened or attach copy of police report. )  
**Be sure to include enough detail to show motivation by bias!**


<p><b>Mail or fax completed report(s) as they occur to:</b></p>	<p><b>Oregon Uniform Crime Reporting  c/o Law Enforcement Data System  P.O. Box 14360  Salem, OR 97309-5074</b></p> <p><b>Fax: 503-364-2661</b></p>
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