

BIAS INCIDENT OFFENSE REPORT INSTRUCTIONS

A. PURPOSE OF THE REPORT:

1. The Bias Incident Report shall be used to report any of the below listed offenses which occur to a person, private property, or public property on the basis of race, color, creed, ethnicity, religion, sexual orientation, gender or handicap. An offense is bias based if the motive for the commission of the offense is racial, religious, ethnic, sexual orientation, gender* or handicap. The Bias Incident offenses are:

1. Murder	8. Motor Vehicle Theft	14. Human Trafficking,	19. Trespass
2. Manslaughter	9. Arson	Involuntary Servitude	20. Disorderly Conduct
3. Rape*	10. Simple Assault	15. Fear of Bodily Violence	21. Harassment
4. Robbery	11. Intimidation (Threat of	16. Weapons Offense	22. Desecration of
5. Aggravated Assault	Violence)	17. Sex Offense (Except Rape)*	Venerated Objects
6. Burglary	12. Destruction/Damage/Vandalism	18. Terroristic Threats	23. All Other Bias Incidents
7. Larceny-Theft	13. Human Trafficking,		
	Commercial Sex Acts		
2. A Bias Incident Offense Report must be submitted for **each victim** of a bias incident. In multiple victim situations, a separate Bias Incident Report must be submitted indicating the same case number in block number one (1). If the target checked in "Block 8" is private property or public property, then only one report per incident is required.

B. MECHANICS:

1. This report must be entered into the New Jersey State Police UCR Repository within 24 HOURS of the reporting time.
2. 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 the County Prosecutor.

C. INSTRUCTIONS FOR THE PREPARATION OF THE BIAS INCIDENT OFFENSE REPORT:

1. CASE NUMBER - enter investigation report number; if none, enter operations report number or other available identifying number. Check the appropriate block to indicate whether this report is an original or update report of a bias incident.
2. MUNICIPALITY - enter name of municipality where offense occurred.
3. MUNICIPALITY CODE NUMBER - enter four digit municipality identifier code.
4. O.R.I. NUMBER - enter nine digit police agency O.R.I. number.
5. S.P. STATION - enter State Police station reporting offense (**for State Police use only**).
6. S.P. CODE - enter State Police station code number (**for State Police use only**).
7. DATE OF BIAS INCIDENT - enter date of bias incident.
8. INCIDENT TARGET - Check only one. Check appropriate block to indicate whether the target of the bias incident was a person, private property, or public property.
9. ORGANIZED GROUP_ check appropriate block to indicate whether the bias incident was committed by an organized group, e.g. Ku-Klux-Klan, Aryan Nation, etc. Also, indicate what group in Remarks field.
10. GANG- Check appropriate block to indicate whether the bias incident was committed by a gang, defined as a group of people that form an ongoing, mutual allegiance in response to various social needs and engage in criminal activities and actions harmful to public health, safety, and morals, e.g., skin heads, etc. Also, indicate what gang in Remarks field.
11. TYPE OF INCIDENT- Check only one block. Check appropriate block to indicate type of incident.
12. VICTIMS RACE- Enter race of victim
13. VICTIMS AGE- Enter age of victim, Use codes for following circumstances- (NN) Under 24 hours, (NB) 1-6 days old, (BB) 7-364 days old, (00) unknown, (99) Over 98 years old
14. VICTIMS SEX- Enter sex of victim
15. OFFENDERS RACE- Enter race of offender
16. OFFENDERS AGE- Enter age of offender
17. OFFENDERS SEX- Enter sex of offender
18. OFFENDERS ETHNICITY- Enter ethnicity of offender
19. BIAS MOTIVATION: Select up to Five Bias Motivations per Offense, RACE/ETHNICITY/ANCESTRY
20. BIAS MOTIVATION: RELIGION
21. BIAS MOTIVATION: GENDER NONCONFORMING
22. BIAS MOTIVATION: DISABILITY
23. BIAS MOTIVATION: GENDER
24. BIAS MOTIVATION: SEXUAL ORIENTATION
25. TYPE OF BIAS CRIME COMMITTED: Check one based on most serious Crime
26. LOCATION OF INCIDENT: Check appropriate box
27. RELATIONSHIP TO THE OFFENDER: Check appropriate box
28. TOTAL # OF VICTIMS
29. TOTAL # OF OFFENDERS
30. DISPOSITION- If known, check appropriate blocks to indicate whether an adult or juvenile was involved as the offender, also check the disposition of the bias incident as either arrested, exceptionally cleared or unfounded and complete boxes 16-19.
31. EST. DAMAGED PROP. VALUE- Enter estimated value of property damaged.
32. REMARKS- A brief synopsis of the incident is required.

