

Law Enforcement Agency
Bias Crime and Incident Supplemental Form

Law Enforcement Information

Date/Time Incident Reported:	Reporting Officer:
Date/Time Report Written:	Case/Incident/Call #:

Victim Information

<input type="checkbox"/> Individual <input type="checkbox"/> School <input type="checkbox"/> Business <input type="checkbox"/> Organization <input type="checkbox"/> Faith-based organization	Name: Primary point of contact: Address: Phone number: Email:
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Suspect Information

Legal Name:
Alias(es):
Description:
Known prior criminal history <input type="checkbox"/> yes <input type="checkbox"/> no Prior bias-motivated conduct <input type="checkbox"/> yes <input type="checkbox"/> no Affiliated/associated with hate group/ideology <input type="checkbox"/> yes <input type="checkbox"/> no Name/description:

Conduct Information/Nature of Crime (check all that apply)

<input type="checkbox"/> Person crime <input type="checkbox"/> Bodily injury <input type="checkbox"/> Threat of violence <input type="checkbox"/> Weapon used/displayed	<input type="checkbox"/> Public property crime <input type="checkbox"/> Private property crime <input type="checkbox"/> Property damage <input type="checkbox"/> Property trespass
Property damage estimated value:	

Relationship Between Suspect and Victim

<input type="checkbox"/> Known	<input type="checkbox"/> Stranger
Nature of relationship:	
Length/duration of relationship:	
Prior reported incidents with suspect:	
Prior unreported incidents with suspect:	

Victim Questions

Do you think suspect targeted you due to bias? <input type="checkbox"/> yes <input type="checkbox"/> no Did you see any indicators that suspect is affiliated with a hate group? <input type="checkbox"/> yes <input type="checkbox"/> no Did suspect threaten you? <input type="checkbox"/> yes <input type="checkbox"/> no Are you afraid for your safety? <input type="checkbox"/> yes <input type="checkbox"/> no
Oregon law requires law enforcement to provide resources to victims of bias incidents and bias crimes at the scene. Local resource referral provided:
Statewide bias hotline referral provided [1-844-924-BIAS(2427), 711 for Oregon Relay] <input type="checkbox"/> yes <input type="checkbox"/> no
Victim has a safety plan? <input type="checkbox"/> yes <input type="checkbox"/> no

Describe all checked boxes in precise detail narrative report.

Bias (check all that apply)

<input type="checkbox"/> Actual			
<input type="checkbox"/> Perceived (Reminder: victim does not have to be a member of the targeted class. They can be an ally, advocate, associate, simply nearby, altogether unrelated, or even mistakenly perceived to be a member of the protected class.)			
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Religion	<input type="checkbox"/> Gender identity
<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> Disability	<input type="checkbox"/> National origin	
<input type="checkbox"/> Something else:			

Bias indicators (check all that apply)

<input type="checkbox"/> Differences , whether actual or perceived by the suspect, in victim's race, color, ethnicity, gender, gender identity, national origin, religion, sexual orientation, disability status, or other cultural expression.
<input type="checkbox"/> Victim was engaged in activities promoting or advocating for a specific group or identity.
<input type="checkbox"/> Incident coincided with a holiday or date of particular significance to the victim's or suspect's group.
<input type="checkbox"/> Bias-related language, written statements, or gestures were made by the suspect.
<input type="checkbox"/> Bias-related drawings, markings, symbols, and graffiti on suspect's clothing, person, or property were left at the scene of the incident.
<input type="checkbox"/> Objects, words, or items that represent the work of organized hate groups were left (e.g.- white hoods, burning crosses, nooses, etc.).
<input type="checkbox"/> Previous bias crimes have been committed at the same location .
<input type="checkbox"/> Location represents a safe, special, gathering, or holy space for the group.
<input type="checkbox"/> Victim or witness(es) perceive that the incident was motivated by bias.
<input type="checkbox"/> Suspect was previously involved in a similar incident or is a member of/associates with organized hate group .
<input type="checkbox"/> Suspect engages in hate activity in person and/or online .
<input type="checkbox"/> Victim was previously harassed or verbally abused based on their affiliation with a targeted group.
<input type="checkbox"/> Lack of other motives for the incident.

Other Evidence

Witness(es) present? <input type="checkbox"/> yes <input type="checkbox"/> no			
Statement(s) taken? <input type="checkbox"/> yes <input type="checkbox"/> no			
Does witness think suspect targeted victim due to bias? <input type="checkbox"/> yes <input type="checkbox"/> no			
Photos taken? <input type="checkbox"/> yes, by victim	<input type="checkbox"/> yes, by witness	<input type="checkbox"/> yes, by LE	<input type="checkbox"/> no
Video taken? <input type="checkbox"/> yes, by victim	<input type="checkbox"/> yes, by witness	<input type="checkbox"/> yes, by LE	<input type="checkbox"/> no
Other physical evidence collected? <input type="checkbox"/> yes <input type="checkbox"/> no			

Describe all checked boxes in precise detail narrative report.