



TRIANGLE FOUNDATION, INC.

HATE CRIME INCIDENT REPORT FORM

REPORT INFORMATION

Code: _____ Organization: _____
 City: _____ State: _____ Recorder's Name/Initials: _____
 Date Recorded ___ / ___ / ___ Time recorded: ___ : ___ am / pm (Circle AM or PM)
 Source of report: a) _____ Telephone b) _____ Office/walk-in c) _____ Mail d) _____ Media e) other: _____

VICTIM INFORMATION

Note: for the categories in this section, write in the number of victims.

Number of Victims: a) # 1 Persons b) # _____ Institutions c) # _____ Unknown
 Age of Victims: a) # _____ < 18 yrs. b) # _____ 18-29 yrs. c) # _____ 30-44 yrs. d) # _____ 45-64 yrs.
 e) # _____ 65 + yrs. f) # _____ unknown
 Gender of Victims: a) # _____ Males b) # 1 Females c) # _____ Unknown
 Gender ID (if appl): a) # _____ Transvestite b) # _____ Transsexual
 Sexual Orientation: a) # 1 Gay/Lesbian b) # _____ Heterosexual c) # _____ Bisexual d) # _____ Unknown
 Race / Ethnicity: a) # _____ African-American b) # _____ Asian/Pacific Islander c) # _____ Latine/o
 d) # _____ Native American e) # _____ White/European f) # _____ Other: _____
 h) # _____ Unknown
 Injury to Victims: a) # _____ NO injuries b) # _____ Minor injuries c) # _____ Medical treatment/outpatient
 d) # _____ Hospitalization/ER e) # _____ Death f) # _____ Unknown

OFFENSE / INCIDENT INFORMATION

Date 4, 19, 93 Approximate time: 11:30 am / pm (Circle AM or PM)
 Location of Incident: a) City: Detroit b) State: MI
 c) Street Address: East Warren + Radner
 d) Type of location: Public Billiard
 Motivation(s): a) _____ AIDS/HIV related (check all that apply) b) _____ Sexual Orientation
 c) _____ Gender d) _____ Race/ethnicity specify: _____
 e) _____ Religion specify: _____ f) _____ Domestic violence
 g) _____ no apparent bias h) _____ motive unknown
 i) _____ Other specify: _____

Type of offense: (Check all that apply; see definitions for an explanation of terms)

- | | | |
|--|---|---|
| a) <input checked="" type="checkbox"/> Abduction/kidnaping [AB] | g) <input checked="" type="checkbox"/> Extortion/blackmail [EX] | m) <input checked="" type="checkbox"/> Sexual Assault [SA] |
| b) <input type="checkbox"/> Arson [AR] | h) <input checked="" type="checkbox"/> Harassment [HA] | n) <input checked="" type="checkbox"/> Threats of violence [TH] |
| c) <input checked="" type="checkbox"/> Assault w/out a weapon [AS] | i) <input type="checkbox"/> Homicide [Bias Motivated] [BH] | o) <input type="checkbox"/> Vendettam [VA] |
| d) <input type="checkbox"/> Assault w/ a weapon [AW] | j) <input type="checkbox"/> Homicide other [HO] | p) <input type="checkbox"/> Other: _____ |
| e) <input type="checkbox"/> Bomb Threats [BT] | k) <input type="checkbox"/> Larceny/theft [LT] | q) <input type="checkbox"/> Other: _____ |
| f) <input type="checkbox"/> Burglary [BU] | l) <input type="checkbox"/> Robbery [RO] | |

Value of stolen/damaged property: \$ _____ (Give details of theft/damage in narrative.)

Serial incident? Y N U If yes, how many other incidents have occurred? _____

SERVICES PROVIDED

(Check all that apply) a) Court Accompaniment b) Court monitor
c) Crime victims' compensation d) Emergency Funds e) Follow-up
f) Hospital accompaniment g) Hotline crisis intervention h) Housing advocacy
i) Legal advocacy j) Media advocacy k) Peer counseling l) Police accompaniment
m) Police advocacy n) Professional counseling o) Support Group
p) Other: _____
Referrals Provided: _____

CONTACT APPROVAL

Does Caller/contact permit this report to be published as an anonymous case history Y N U
Is Caller/contact able to receive phone calls? Y N U Receive mail? Y N U

INCIDENT NARRATIVE

3 men harassed victim while she
played pool. When she left pool hall, they
grabbed her + took her across street
& beat her up (no rape). She has
two broken ribs.

Does not want to file police report
for fear of disclosure.