TRIANGLE FOUNDATION, INC.
HATE CRIME INCIDENT REPORT FORM

REPORT INFORMATION

Code:_____ Organization:_____

City: Det. State: MI Recorder's Name/initials: Henry

Date Recorded 9/5/93 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)# 1 Males b)#___ 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)# 1 African-American b)#___ Asian/Pacific Islander c)#___ Latina/o
d)#___ Native American e)#___ White/European f)#___ Other:_____
h)#___ Unknown

Injury to Victims: a)#___ NO injuries b)# 1 Minor injuries c)#___ Medical treatment/outpatient
d)#___ Hospitalization/ER e)#___ Death f)#___ Unknown

OFFENSE / INCIDENT INFORMATION

Date 9/3/93 Approximate time: __ __ : __ __ am / pm [Circle AM or PM]

Location of Incident: a) City: Det b) State:_____
c) Street Address 7
d) Type of location:_____

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

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? _____

PERPETRATOR INFORMATION

Note: For the categories in this section, write in the number of perpetrators. Number of

Perpetrators: #1 Were perpetrators arrested? (Y) N U

Age of perpetrators a) #___ < 18 yrs b) #___ 18-29 c) #___ 30-44 d) #___ 45-64 e) #___ 65 +

f) #___ Unknown

Gender: a) #1 Males b) #___ Females c) #___ Unknown

Sexual orientation: a) #1 Gay/Lesbian b) #___ Heterosexual c) #___ Bisexual d) #___ Unknown

Race/ethnicity: a) #1 African-American b) #___ Asian/Pacific Islander c) #___ Latina/o

d) #___ Native American e) #___ White/European

f) #___ Other:_____ g) #___ Unknown

Relationship of perpetrators to victim(s)? (Check all that apply):

a) 1 Lover/partner/roommate b) ___ Acquaintance/co-worker

c) ___ Stranger d) ___ Neighbor e) ___ Pick-up/date f) ___ Family Relative

g) ___ Unknown h) ___ Other:_____

Does/do perpetrator(s) belong to an organized hate group (e.g. KKK, neo-nazi, skinheads)? Y (N) U

If yes, specify group:_____

LAW ENFORCEMENT RESPONSE INFORMATION

Was the incident reported to police? (Circle one only) (Y) N Will report U

If incident was reported, did victim(s) inform police of the bias nature of the crime? Y N U (N/A)

Name of enforcement agency responding: 12th Pct. Det.

Give precinct number, report number, officer names and badge numbers, if known: 12th

Sgt. Reilly

Describe police/authorities' overall response: a) ___ Courteous & helpful b) ___ Indifferent

c) ___ Refusal to record/assist d) ✓ Hostile e) ___ Physically abusive

(Note: If police were negligent or abusive, please complete a separate Law Enforcement Harassment/Abuse Form.)

Comments about police response or status of case in the criminal justice system:_____

OPTIONAL CALLER/CONTACT INFORMATION

Name:_____ Address 1:_____

Address 2:_____ City:_____ State:_____

Zip:_____ Phone (H) _ _ _ - _ _ _ _ - _ _ _ _ _ Hours:_____

Phone (W) _ _ _ - _ _ _ _ - _ _ _ _ _ Hours:_____

Referral Source: a) ___ Self b) ___ Police c) ___ Friend/acquaintance d) ___ Court e) ___ Media

F) ___ Project publicity g) ___ Service provider specify:_____ h) ___ Other:_____

Caller/contact is : a) ___ Victim b) ___ Witness c) ___ Friend/lover/family d) ___ Service provider

specify:_____ e) ___ Other:_____