



# Crime & Incident Report Form

This form is for the reporting of any criminal offense or bias-motivated (hate) incidents to the UCSB Police Department for inclusion in the annual Clery report. It assists with the compilation of statistical data for offenses/incidents that occur on UCSB property. Completing this form will not result in an investigation.

To report a Clery Crime at UCSB:

- For emergencies & crimes in progress, call 9-1-1
- Fill out this Campus Security Authority Crime & Incident Report form
- Send form immediately to UCSB Police Department, Records Supervisor, Mail Code: 1010 or email to [records@police.ucsb.edu](mailto:records@police.ucsb.edu) or fax to 805-893-8569

Need Assistance?

- Suzanne Perkin, Dean of Students Office, 805-893-4364
- Lt. Dave Millard, UCPD, 805-893-2845
- Visit the Clery PowerPoint Presentation at [www.sa.ucsb.edu/Policies/Clery-Act](http://www.sa.ucsb.edu/Policies/Clery-Act) in the CSA Training Toolbox section of the website

Did this offense occur on property owned or operated by the University of California?

- Yes Location: \_\_\_\_\_
- No  Nothing was reported to me during the \_\_\_\_\_ calendar year

Has this offense been reported by the victim to anyone else at UCSB?  Yes  No

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Dean of Students          | <input type="checkbox"/> Police            | <input type="checkbox"/> Women's Center   |
| <input type="checkbox"/> Ombuds                    | <input type="checkbox"/> Housing/Res. Life | <input type="checkbox"/> Athletics        |
| <input type="checkbox"/> Labor Relations           | <input type="checkbox"/> EOP               | <input type="checkbox"/> Academic Advisor |
| <input type="checkbox"/> Sexual Harassment Officer | <input type="checkbox"/> Other: _____      |   |

Date/Time of Offense/Incident: \_\_\_\_\_

Type of Offense/Incident:

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> Simple Assault | <input type="checkbox"/> Murder       | <input type="checkbox"/> Aggravated Assault  |
| <input type="checkbox"/> Robbery        | <input type="checkbox"/> Manslaughter | <input type="checkbox"/> Burglary            |
| <input type="checkbox"/> Larceny/Theft  | <input type="checkbox"/> Arson        | <input type="checkbox"/> Motor Vehicle Theft |
| <input type="checkbox"/> Bias-Motivated | <input type="checkbox"/> Other: _____ |  |

Sex offenses:  Forcible  Non-forcible  Stalking  Non-forcible  Domestic Violence  Dating Violence

## INFORMATION ON THE OFFENSE/INCIDENT

Type of force used:

- |                                       |                                       |  |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> None         | <input type="checkbox"/> Intimidation | <input type="checkbox"/> Verbal        |
| <input type="checkbox"/> Fear         | <input type="checkbox"/> Physical     | <input type="checkbox"/> Weapon: _____ |
| <input type="checkbox"/> Other: _____ |                                       |  |

Was the victim either physically or emotionally injured in the incident?  Yes  No  Unknown

Was the offender physically injured in the incident?  Yes  No  Unknown

Please describe the incident (if additional space is needed, please attach to this report form): \_\_\_\_\_

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Was this incident motivated by bias toward the real or perceived status of the victim, or by bias toward a specific group of people?

Yes  No

Bias/hate based upon:

Race

Disability

Gender

Sexual Orientation

Religion

National Origin

Ethnicity

Immigration status

Gender Identity

Form of hate/bias:

Mail

Home

Verbal

Other: \_\_\_\_\_

Vandalism:

Telephone

Graffiti (describe): \_\_\_\_\_

E-mail

Vehicle

## INFORMATION ON OFFENDER(S)

Number of offenders (if multiple offenders, complete this section on additional forms for each offender and attach):

Gender:  Male  Female  Transgender

Age: \_\_\_\_\_

Name(s) (if known): \_\_\_\_\_

Affiliation to UCSB (if known):

Undergrad student

Non-affiliated

Staff

Faculty

Grad student

Other: \_\_\_\_\_

Residence (if known):

On-campus housing

Off-campus housing (UCSB)

Fraternity/Sorority

Off-campus (non-UCSB)

Race/Ethnicity (if known):

African American/Black

White

Bi-racial

Native American

East Indian

Multi-racial

Asian

Chicano/Latino

Other: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Build: \_\_\_\_\_ Complexion: \_\_\_\_\_

**Eye Color:**

- Brown
- Hazel

- Blue
- Other: \_\_\_\_\_

- Green

**Hair:**

- Bald
- Black
- Blond
- Brown
- Red
- Other: \_\_\_\_\_

- Straight
- Wavy/Curly
- Pony Tail
- Unkempt
- Other: \_\_\_\_\_

- Clean shaven
- Unshaven
- Mustache
- Beard
- Goatee
- Other: \_\_\_\_\_

**Marks, Scars, Tattoos, etc.:** \_\_\_\_\_

**Clothing:** \_\_\_\_\_

**Speech:** \_\_\_\_\_

**Offender's relationship to the victim/survivor:**

- Stranger
- Ex-spouse
- Co-worker
- Other: \_\_\_\_\_

- Spouse
- Friend
- Ex-partner/Lover

- Acquaintance
- Partner/Lover
- Faculty/T.A.

**Was the offender using alcohol and/or other drugs at the time?**

- Yes (Alcohol)
- Yes (Other Drug)
- No
- Unknown

**INFORMATION ON VICTIM/SURVIVOR**

**Name (if the individual does not want to remain anonymous):** \_\_\_\_\_

**Gender:**  Male  Female  Transgender

**Age:** \_\_\_\_\_

**Affiliation to UCSB (if known):**

- Undergrad student
- Non-affiliated

- Staff
- Faculty

- Grad student
- Other: \_\_\_\_\_

**Residence:**

- On-campus housing
- Off-campus housing (UCSB)
- Fraternity/Sorority
- Off-campus (non-UCSB)

**Race/Ethnicity (voluntary):**

- African American/Black
- White
- Bi-racial

- Native American
- East Indian
- Multi-racial

- Asian
- Chicano/Latino
- Other: \_\_\_\_\_

**Sexual orientation (voluntary):** \_\_\_\_\_

**Referrals made:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

