

# SEXUAL ASSAULT REPORT

<b>1 INCIDENT DATE</b> MM / DD / YY	<b>2 AGENCY IDENTIFIER</b>	<b>3 INCIDENT HOUR</b>	<b>4 INCIDENT #</b>
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<b>5 VICTIM</b>	<b>AGE</b>	<b>SEX</b> 1 <input type="checkbox"/> MALE 2 <input type="checkbox"/> FEMALE	<b>RACE</b> 1 <input type="checkbox"/> WHITE 2 <input type="checkbox"/> BLACK 3 <input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE 4 <input type="checkbox"/> ASIAN 5 <input type="checkbox"/> NATIVE HAWAIIAN / PACIFIC ISLANDER	<b>ETHNIC ORIGIN</b> 1 <input type="checkbox"/> HISPANIC 2 <input type="checkbox"/> NON HISPANIC	<b>NUMBER OF VICTIM(S)</b> _____ (If more than 1, use additional forms)
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<b>OFFENDER</b>	<b>AGE</b>	<b>SEX</b> 1 <input type="checkbox"/> MALE 2 <input type="checkbox"/> FEMALE	<b>RACE</b> 1 <input type="checkbox"/> WHITE 2 <input type="checkbox"/> BLACK 3 <input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE 4 <input type="checkbox"/> ASIAN 5 <input type="checkbox"/> NATIVE HAWAIIAN / PACIFIC ISLANDER	<b>ETHNIC ORIGIN</b> 1 <input type="checkbox"/> HISPANIC 2 <input type="checkbox"/> NON HISPANIC	<b>NUMBER OF OFFENDER(S)</b> _____ (If more than 1, use additional forms)
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<b>6 RELATIONSHIP (VICTIM TO OFFENDER) VICTIM WAS (MARK 1)</b>	(✓)	DATA ENTRY
Spouse		1
Common-Law Spouse		2
Parent		3
Sibling (brother or sister)		4
Child		5
Grandparent		6
Grandchild		7
In-Law		8
Stepparent		9
Stepchild		10
Stepsibling		11
Other Family Member		12
Friend		13
Acquaintance		14
Neighbor		15
Babysittee		16
Boyfriend/Girlfriend		17
Homosexual Relationship		18
Ex-spouse		19
Employer		20
Employee		21
Otherwise Known		22
Stranger		23
Unknown		24

<b>9 OFFENSES (SELECT ALL THAT APPLY)</b>	(✓)	DATA ENTRY
Section 21.02 (Continuous Sexual Abuse of Young Child or Children)		1
Section 21.11(a)(1) (Indecency with a Child by Contact)		2
Section 21.11(a)(2) (Indecency with a Child by Exposure)		3
Section 22.011 (Sexual Assault)		4
Section 22.021 (Aggravated Sexual Assault)		5
Section 43.25 (Sexual Performance by a Child)		6

<b>10 LOCATION (MARK 1)</b>	(✓)	DATA ENTRY
Bar/Night Club		1
Church/Synagogue/Temple		2
Commercial/Office Building		3
Construction Site		4
Convenience Store		5
Drug Store/Dr.'s Office/Hospital		6
Field/Woods		7
Government/Public Building		8
Highway/Road/Alley		9
Hotel/Motel		10
Jail/Prison		11
Lake/Waterway		12
Parking Lot/Garage		13
Residence/Home		14
School/College		15
Other/Unknown		16

<b>7 WEAPONS (MARK UP TO 3)</b>	(✓)	DATA ENTRY
Firearm		1
Knife/Cutting Instrument		2
Blunt Object (club, baseball bat, pan, etc.)		3
Personal Weapons (hands, feet, fist, teeth, etc.)		4
Drugs/Narcotics/Sleeping Pills		5
Asphyxiation (strangulation, suffocation, etc.)		6
Other Specify		7

<b>11 OFFENDER UNDER THE INFLUENCE OF (MARK UP TO 2)</b>	(✓)	DATA ENTRY
None		1
Alcohol		2
Drugs		3

<b>8 PHYSICAL INJURY (MARK 1)</b>	(✓)	DATA ENTRY
None		1
Apparent Minor		2
Apparent Major		3

AGENCY \_\_\_\_\_

PREPARED BY \_\_\_\_\_  
INITIALS

RETURN TO: TEXAS DEPARTMENT OF PUBLIC SAFETY  
UNIFORM CRIME REPORTING  
P.O. BOX 4143  
AUSTIN, TEXAS 78765-4143

# INSTRUCTIONS FOR PREPARING REPORT

Passed during the 80th Legislative Session, HB-76 states law enforcement agencies shall report all incidents of certain sex offenses to the Department of Public Safety/Uniform Crime Reporting Section. This information is to be reported according to Penal Code classifications in accordance with section 411.042(b) of the Texas Government Code.

For the purpose of this report, the following Penal Code classifications will be collected:

PC Section 21.02 – Continuous sexual abuse of young child or children.

PC Section 21.11(a)(1) – Indecency with a child by contact.

PC Section 21.11(a)(2) – Indecency with a child by exposure.

PC Section 22.011 – Sexual assault.

PC Section 22.021 – Aggravated sexual assault.

PC Section 43.25 – Sexual performance by a child.

## Instructions:

1. Incident Date – Enter the month, day and year of incident, if known, or the date the incident was reported to you.
2. Agency Identifier – This is your Agency ORI or TX number.
3. Incident Hour – Use military 24 hour time to report the hour the incident occurred, not when it was reported. If time is unknown, leave blank.
4. Incident Number – Agency incident or case number assigned by your agency. If you have several victims and/or offenders per incident, use the same incident number but prepare a separate form for each victim/offender.
5. Victim/Offender Information
  - Age – Enter two characters (01-99). Unknown age, use 00.
  - Sex – Mark one.
  - Race – Mark one.
  - Ethnic Origin – Mark one.
  - Number of Victims/Offenders – enter the number of victims/offenders involved in the incident – use one sheet for each victim/offender.
6. Relationship – Victim to Offender – mark one.
7. Weapons – The type of weapon or force used – mark up to three.
8. Physical Injury – Type of physical injury sustained by victims – mark one.
9. Offenses – Mark all offenses that apply to each incident.
10. Location – Mark one.
11. Offender Under the Influence of – Mark up to two.