# SEXUAL ASSAULT CHECKLIST

## 1. INCIDENT DATE OR REPORT DATE
- [ ] INCIDENT/REPORT DATE
- [ ] Attempted
- [ ] Completed

## 2. AGENCY IDENTIFIER (ORI)
- [ ] (9 characters)

## 3. INCIDENT HOUR
- [ ] (24 hour format)

## 4. INCIDENT NUMBER
- [ ] (12 character limit)

### 5a. VICTIM

<table>
<thead>
<tr>
<th>Victim Seq. #:</th>
<th>AGE</th>
<th>SEX</th>
<th>RACE</th>
<th>ETHNICITY (Optional)</th>
<th>NUMBER OF VICTIMS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual/Min:</td>
<td>Male</td>
<td>White</td>
<td>Hispanic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Max (optional, if range):</td>
<td>Female</td>
<td>Black</td>
<td>Non Hispanic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>00=Unknown 99=Over 98 Years Old</td>
<td>Unknown</td>
<td>American Indian/Alaskan Native</td>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NN=Under 24 Hours NB=1-6 Days Old BB=7-364 Days Old</td>
<td>Unknown</td>
<td>Asian</td>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unknown</td>
<td>Native Hawaiian/Pacific Islander</td>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
<td></td>
</tr>
</tbody>
</table>

### 5b. OFFENDER

<table>
<thead>
<tr>
<th>Offender Seq. #:</th>
<th>AGE</th>
<th>SEX</th>
<th>RACE</th>
<th>ETHNICITY (Optional)</th>
<th>NUMBER OF OFFENDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual/Min:</td>
<td>Male</td>
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<td>Hispanic</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
<td></td>
</tr>
</tbody>
</table>

### 6. RELATIONSHIP (VICTIM TO OFFENDER)

<table>
<thead>
<tr>
<th>VICTIM WAS (MARK 1)</th>
<th>FAMILY VIOLENCE?</th>
<th>VICTIM WAS (MARK 1)</th>
<th>FAMILY VIOLENCE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>SE - Spouse</td>
<td>Yes</td>
<td>BG - Boyfriend/Girlfriend</td>
<td>Included In TX Dating Violence</td>
</tr>
<tr>
<td>CS - Common-Law Spouse</td>
<td>Yes</td>
<td>XS - Ex-Spouse</td>
<td>Included In TX Dating Violence</td>
</tr>
<tr>
<td>PA - Parent</td>
<td>Yes</td>
<td>XR - Ex-Relationship (Ex-Boyfriend/Ex-Girlfriend)</td>
<td>Included In TX Dating Violence</td>
</tr>
<tr>
<td>SB - Sibling</td>
<td>Yes</td>
<td>BE - Babysitter</td>
<td>N/A</td>
</tr>
<tr>
<td>CH - Child</td>
<td>Yes</td>
<td>FR - Friend</td>
<td>N/A</td>
</tr>
<tr>
<td>GP - Grandparent</td>
<td>Yes</td>
<td>CF - Child of Boyfriend/Girlfriend</td>
<td>N/A</td>
</tr>
<tr>
<td>GC - Grandchild</td>
<td>Yes</td>
<td>AQ - Acquaintance</td>
<td>N/A</td>
</tr>
<tr>
<td>IL - In-Law</td>
<td>Yes</td>
<td>NE - Neighbor</td>
<td>N/A</td>
</tr>
<tr>
<td>SP - Stepparent</td>
<td>Yes</td>
<td>ER - Employer</td>
<td>N/A</td>
</tr>
<tr>
<td>SC - Stepchild</td>
<td>Yes</td>
<td>EE - Employee</td>
<td>N/A</td>
</tr>
<tr>
<td>SS - Stepsibling</td>
<td>Yes</td>
<td>ST - Stranger</td>
<td>N/A</td>
</tr>
<tr>
<td>OF - Other Family Member</td>
<td>Yes</td>
<td>RU - Unknown</td>
<td>N/A</td>
</tr>
<tr>
<td>OK - Otherwise Known (can be familial or non familial)</td>
<td>Yes/No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*If one or more Victims have a familial relationship with one or more Offenders, see form UCR-10 Family Violence Checklist.*
7. WEAPONS (MARK UP TO 3)

- 11 - Firearm
- 11A - Automatic Firearm
- 12 - Handgun
- 12A - Automatic Handgun
- 13 - Rifle
- 13A - Automatic Rifle
- 14 - Shotgun
- 14A - Automatic Shotgun
- 15 - Other Firearm
- 15A - Automatic Other Firearm
- 20 - Knife/Cutting Instrument
- 30 - Blunt Object
- 35 - Motor Vehicle/Vessel
- 40 - Personal Weapons
- 50 - Poison
- 60 - Explosives
- 65 - Fire/Incendiary Device
- 70 - Drugs/Narcotics/Sleeping Pills
- 85 - Asphyxiation
- 90 - Other
- 95 - Unknown
- 99 - None (Mutually exclusive and only applicable in non-contact offenses.)

8. PHYSICAL INJURY (MARK UP TO 5)

- N - None (Mutually Exclusive)
- M - Apparent Minor Injury
- B - Apparent Broken Bones
- O - Other Major Injury
- I - Possible Internal Injury
- L - Severe Laceration
- T - Loss of Teeth
- U - Unconsciousness

9. OFFENSES (MARK ALL THAT APPLY)

- 01 - Section 21.02 Continuous Sexual Abuse of Young Child Or Children
- 02 - Section 21.11(a)(1) Indecency with a Child by Contact
- 03 - Section 21.11(a)(2) Indecency with a Child by Exposure
- 04 - Section 22.011 Sexual Assault
- 05 - Section 22.021 Aggravated Sexual Assault
- 06 - Section 43.25 Sexual Performance by a Child
- 07 - Section 22.012(b)(1) Indecent Assault - Group A (11D)
- 08 - Section 22.012(b)(2) Indecent Assault - Group B (90C)
- 09 - Section 22.011(f)(2) Sexual Assault Donor w/o Consent
- 10 - Indecent Assault - Group A (11D)
- 11 - Government/Public Building
- 12 - Grocery/Supermarket
- 13 - Highway/Road/Alley/Street/Sidewalk
- 14 - Hotel/Motel/Etc.
- 15 - Jail/Prison/Penitentiary/Corrections Facility
- 16 - Lake/Waterway/Beach
- 17 - Liquor Store
- 18 - Parking/Drop Lot/Garage
- 19 - Rental Storage Facility
- 20 - Residence/Home
- 21 - Restaurant
- 22 - Service/Gas Station
- 23 - Specialty Store
- 24 - Specialty Store
- 25 - Other/Unknown
- 37 - Abandoned/Condemned Structure
- 38 - Amusement Park
- 39 - Arena/Stadium/Fairgrounds/Coliseum
- 40 - ATM Separate from Bank
- 41 - Auto Dealership New/Used
- 42 - Camp/Campground
- 44 - Daycare Facility
- 45 - Dock/Wharf/Freight/Modal Terminal
- 46 - Farm Facility
- 47 - Gambling Facility/Casino/Racetrack
- 48 - Industrial Site
- 49 - Military Installation
- 50 - Park/Playground
- 51 - Rest Area
- 52 - School-College/University
- 53 - School-Elementary/Secondary
- 54 - Shelter/Mission/Homeless
- 55 - Shopping Mall
- 56 - Tribal Lands
- 57 - Community Center
- 58 - Cyberspace

11. OFFENDER SUSPECTED OF USING (MARK UP TO 2)

- A - Alcohol
- D - Drugs/Narcotics
- C - Computer Equipment (Handheld Devices)
- N - Not Applicable (Mutually Exclusive)

12. WAS THIS CRIME BIAS MOTIVATED?

- Yes (see form UCR-23 Hate Crime Checklist)
- No
TEXAS MANDATED REPORTING

Local agencies are mandated to report Sexual Assault information under GC 411.042. This checklist is to be used as a guide to understand what incident details are collected for the mandatory reports. This information is collected one of two ways:

- Electronically included with NIBRS submissions to the Uniform Crime Reporting (UCR) Program.
- By logging into the UCR repository and manually entering the incident data.

Contact the Department at (512) 424-2091 or email NIBRS@dps.texas.gov to setup your agency and user access.

More information on reporting guidelines can be found at: https://www.dps.texas.gov/section/crime-records/nibrs-technical-documentation

INSTRUCTIONS

1. INCIDENT DATE OR REPORT DATE -
   a. Incident date - Enter the month, day and year of incident, if known.
   b. Report date - When police are made aware of something that happened in the past.
   c. Attempted/Completed - Mark if the offense was attempted or completed.

2. AGENCY IDENTIFIER - This is your agency ORI or TX number.

3. INCIDENT HOUR - Use military 24 hour time (rounded to the hour) to report the hour the incident occurred, not when it was reported. If time is unknown, write “Unknown” in space.

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 to offender pairing.

5. VICTIM/OFFENDER INFORMATION -
   Victim/Offender Sequence Number - Identify each unique victim and offender with a sequence number (1-XX).
   Age - Enter two characters.
   a. Actual/Min Age is mandatory and can be 00 = Unknown.
   b. Max age is only used if reporting an age range (e.g., Min Age = 20, Max Age = 30).
   c. Min age range is 5 years - Max age range is 10 years.
   Sex - Mark one.
   Race - Mark one.
   Ethnicity/Ethnic Origin - Mark one.
   Number of Victims/Offenders - Enter the number of victims/offenders involved in the incident.
   a. Use one sheet for each victim to offender pairing.

6. RELATIONSHIP (VICTIM TO OFFENDER) VICTIM WAS - Mark one.
   a. Relationship OK = “Otherwise Known” can be familial or non familial. This relationship requires a YES or NO indicator for Family Violence.
   b. If one or more Victims have a familial relationship with one or more Offenders, see form UCR-10 Family Violence Checklist.

7. WEAPONS - The type of weapon or force used, mark up to three.
   a. 40 = “Personal Weapons” indicates hands, feet, fists or body part.

8. PHYSICAL INJURY - Type(s) of physical injury sustained by victim, mark up to five.

9. OFFENSES - Mark all offenses that apply to each incident.

10. LOCATION - Mark one.

11. OFFENDER SUSPECTED OF USING - Mark up to two.

12. WAS THIS CRIME BIAS MOTIVATED? - Mark yes or no.
   a. If yes, see form UCR-23 Hate Crime Checklist.