

7. WEAPONS (MARK UP TO 3)	
<input type="checkbox"/> 11 - Firearm	<input type="checkbox"/> 30 - Blunt Object
<input type="checkbox"/> 11A - Automatic Firearm	<input type="checkbox"/> 35 - Motor Vehicle/Vessel
<input type="checkbox"/> 12 - Handgun	<input type="checkbox"/> 40 - Personal Weapons
<input type="checkbox"/> 12A - Automatic Handgun	<input type="checkbox"/> 50 - Poison
<input type="checkbox"/> 13 - Rifle	<input type="checkbox"/> 60 - Explosives
<input type="checkbox"/> 13A - Automatic Rifle	<input type="checkbox"/> 65 - Fire/Incendiary Device
<input type="checkbox"/> 14 - Shotgun	<input type="checkbox"/> 70 - Drugs/Narcotics/ Sleeping Pills
<input type="checkbox"/> 14A - Automatic Shotgun	<input type="checkbox"/> 85 - Asphyxiation
<input type="checkbox"/> 15 - Other Firearm	<input type="checkbox"/> 90 - Other
<input type="checkbox"/> 15A - Automatic Other Firearm	<input type="checkbox"/> 95 - Unknown
<input type="checkbox"/> 20 - Knife/Cutting Instrument	<input type="checkbox"/> 99 - None (<i>Mutually exclusive and only applicable in non- contact offenses.</i>)

8. PHYSICAL INJURY (MARK UP TO 5)	
<input type="checkbox"/> N - None (<i>Mutually Exclusive</i>)	<input type="checkbox"/> M - Apparent Minor Injury
<input type="checkbox"/> B - Apparent Broken Bones	<input type="checkbox"/> O - Other Major Injury
<input type="checkbox"/> I - Possible Internal Injury	<input type="checkbox"/> T - Loss of Teeth
<input type="checkbox"/> L - Severe Laceration	<input type="checkbox"/> U - Unconsciousness

9. OFFENSES (MARK ALL THAT APPLY)
<input type="checkbox"/> 01 - Section 21.02 Continuous Sexual Abuse of Young Child Or Children
<input type="checkbox"/> 02 - Section 21.11(a)(1) Indecency with a Child by Contact
<input type="checkbox"/> 03 - Section 21.11(a)(2) Indecency with a Child by Exposure
<input type="checkbox"/> 04 - Section 22.011 Sexual Assault
<input type="checkbox"/> 05 - Section 22.021 Aggravated Sexual Assault
<input type="checkbox"/> 06 - Section 43.25 Sexual Performance by a Child
<input type="checkbox"/> 07 - Section 22.012(b)(1) Indecent Assault - Group A (11D)
<input type="checkbox"/> 08 - Section 22.012(b)(2) Indecent Assault - Group B (90C)
<input type="checkbox"/> 09 - Section 22.011(f)(2) Sexual Assault Donor w/o Consent

10. LOCATION (MARK 1)	
<input type="checkbox"/> 01 - Air/Bus/Train Terminal	<input type="checkbox"/> 25 - Other/Unknown
<input type="checkbox"/> 02 - Bank/Savings and Loan	<input type="checkbox"/> 37 - Abandoned/Condemned Structure
<input type="checkbox"/> 03 - Bar/Nightclub	<input type="checkbox"/> 38 - Amusement Park
<input type="checkbox"/> 04 - Church/Synagogue/ Temple/Mosque	<input type="checkbox"/> 39 - Arena/Stadium/ Fairgrounds/Coliseum
<input type="checkbox"/> 05 - Commercial/Office Building	<input type="checkbox"/> 40 - ATM Separate from Bank
<input type="checkbox"/> 06 - Construction Site	<input type="checkbox"/> 41 - Auto Dealership New/ Used
<input type="checkbox"/> 07 - Convenience Store	<input type="checkbox"/> 42 - Camp/Campground
<input type="checkbox"/> 08 - Department/Discount Store	<input type="checkbox"/> 44 - Daycare Facility
<input type="checkbox"/> 09 - Drug Store/Dr Office/ Hospital	<input type="checkbox"/> 45 - Dock/Wharf/Freight/ Modal Terminal
<input type="checkbox"/> 10 - Field/Woods	<input type="checkbox"/> 46 - Farm Facility
<input type="checkbox"/> 11 - Government/Public Building	<input type="checkbox"/> 47 - Gambling Facility/Casino/ Racetrack
<input type="checkbox"/> 12 - Grocery/Supermarket	<input type="checkbox"/> 48 - Industrial Site
<input type="checkbox"/> 13 - Highway/Road/Alley/ Street/Sidewalk	<input type="checkbox"/> 49 - Military Installation
<input type="checkbox"/> 14 - Hotel/Motel/Etc.	<input type="checkbox"/> 50 - Park/Playground
<input type="checkbox"/> 15 - Jail/Prison/Penitentiary/ Corrections Facility	<input type="checkbox"/> 51 - Rest Area
<input type="checkbox"/> 16 - Lake/Waterway/Beach	<input type="checkbox"/> 52 - School-College/University
<input type="checkbox"/> 17 - Liquor Store	<input type="checkbox"/> 53 - School-Elementary/ Secondary
<input type="checkbox"/> 18 - Parking/Drop Lot/Garage	<input type="checkbox"/> 54 - Shelter/Mission/ Homeless
<input type="checkbox"/> 19 - Rental Storage Facility	<input type="checkbox"/> 55 - Shopping Mall
<input type="checkbox"/> 20 - Residence/Home	<input type="checkbox"/> 56 - Tribal Lands
<input type="checkbox"/> 21 - Restaurant	<input type="checkbox"/> 57 - Community Center
<input type="checkbox"/> 23 - Service/Gas Station	<input type="checkbox"/> 58 - Cyberspace
<input type="checkbox"/> 24 - Specialty Store	

11. OFFENDER SUSPECTED OF USING (MARK UP TO 2)	
<input type="checkbox"/> A - Alcohol	<input type="checkbox"/> D - Drugs/Narcotics
<input type="checkbox"/> C - Computer Equipment (<i>Handheld Devices</i>)	<input type="checkbox"/> N - Not Applicable (<i>Mutually Exclusive</i>)

12. WAS THIS CRIME BIAS MOTIVATED?
<input type="checkbox"/> Yes (<i>see form UCR-23 Hate Crime Checklist</i>)
<input type="checkbox"/> 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.
OR
- 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.