

**Appendix B**

**UNIVERSITY OF CALIFORNIA  
WASHINGTON CENTER  
CRIME INCIDENT REPORT FORM**

This form should be completed by those individuals identified as “center security authorities” who are required to report information they receive about specified crimes pursuant to the federal Clery Act. The information collected from these forms will be used to prepare a compilation of statistical crime information that will be included in the Center’s Annual Security Report.

It is the policy of the University of California to ensure that victims and witnesses to crime are aware of their right to report criminal acts to the police, and to report University policy violations to the appropriate University of California office. **However, if a reporting person requests anonymity, this request must be honored to the extent permitted by law. Accordingly, no information should be included on this form that would personally identify the victim without his/her consent.**

The Associate Director will use this form to determine the category of crime and location under which the crime should be reported according to the requirements of the Clery act. **Please forward this completed form to: Karen Akerson, Associate Director, UC Washington Center.**

Person Receiving Report: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

*Individuals Involved:	*Apartment #:
_____	_____
_____	_____
_____	_____
_____	_____

*\*Information may be omitted to preserve anonymity of victim or informant.*

Report Made by:

\_\_\_\_\_ Victim

\_\_\_\_\_ Third Party; Please identify relationship to victim: \_\_\_\_\_

Description of Incident or Crime: \_\_\_\_\_

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Staff or other Emergency Personnel Involved: \_\_\_\_\_

**Type of Incident/Crime**

**Sex Offenses**

*Examples of sex offenses are rape, sodomy, sexual assault with an object, fondling, incest and statutory rape.*

Was this crime a sexual offense? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, were the victim and the assailant acquainted? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, were either the victim or the assailant under the influence of alcohol or drugs?

Victim: \_\_\_\_\_ No Yes, alcohol \_\_\_\_\_ Yes, drugs \_\_\_\_\_

Assailant: \_\_\_\_\_ No Yes, alcohol \_\_\_\_\_ Yes, drugs \_\_\_\_\_

**Hate Crimes**

*Hate crime information is required to be reported for each of the following crimes (criminal homicide, sex offense, robbery, aggravated assault, burglary, motor vehicle theft, and arson) and for any other crime involving bodily injury.*

Did hate or bias motivate this incident? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, identify the category of prejudice:

\_\_\_\_\_ Race \_\_\_\_\_ Ethnicity \_\_\_\_\_ National Origin

\_\_\_\_\_ Religion \_\_\_\_\_ Disability \_\_\_\_\_ Sexual Orientation

If yes, provide a brief explanation of the determination: \_\_\_\_\_

**Alcohol, Drug and Weapons Law Violations**

*Check all that apply*

\_\_\_\_\_ Alcohol \_\_\_\_\_ Drugs \_\_\_\_\_ Weapons; describe \_\_\_\_\_

Number of individuals arrested or referred for UC disciplinary action: \_\_\_\_\_

Submitted by:

\_\_\_\_\_ Name

\_\_\_\_\_ Title