

REPORT OF TERRORIST ACTS PURSUANT TO §52-8.5 OF CODE OF VIRGINIA

Jurisdiction No. _____

Date of Report: _____ Dates of Prior Reports: _____, _____, _____

Name of Reporting Agency: _____

P.O. Box or Street Number: _____

City and Zip Code: _____

Name/Title Investigating Officer: _____

Classification of Incident: (See Code) _____ Date: _____ Time: _____

VICTIM

Name: _____ DOB: _____ Race: _____ CCRE: _____

Address: _____ Religion: _____ National Origin: _____

(If multiple victims, use additional forms and attach)

Aliases: _____ FBI No.: _____

SUSPECT/ACCUSED

Name: _____ DOB: _____ Race: _____ CCRE: _____

Address: _____ Religion: _____ National Origin: _____

(If multiple victims, use additional forms and attach)

Aliases: _____ FBI No.: _____

Name(s) of group(s) associated with suspects/accused (use additional sheets if _____

Name(s) of other member(s) of group(s): _____

Aliases: _____

Known activities of group(s): _____

Summary of incident (include weapons, injuries, value of property damage, and basis for belief related to race, religion or origin):

Charges:	Arrest Date(s):	Disposition:	Fugitive
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Cross reference other reports - Agency ORI Nos. _____

Additional Comments: _____

Classification Codes

- | | | | |
|--------------------------------|-----------------|-------------------|--------------------------|
| 01 Verbal Threat | 04 Vandalism | 07 Felony Assault | 10 Abduction |
| 02 Mail Threat | 05 Crossburning | 08 Arson | 11 Murder |
| 03 Harassment (specify): _____ | 06 Assault | 09 Bombing | 12 Other (specify) _____ |

When filing adjustment reports, it is not necessary to provide information previously given if Incident No. is given.

Please forward by 7th day after end of each month to: VIRGINIA DEPT. OF STATE POLICE
BUREAU OF CRIMINAL INVESTIGATION
P. O. BOX 27472
RICHMOND, VIRGINIA 23261-7472

Initial

Adjustment

ORI

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Date of Incident

Month	Day	Year

Incident No.

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Page _____ of _____ of Same Incident

UCR Offense

UCR Code	# of victims	UCR Code	# of victims
#1		#4	
#2		#5	
#3		#6	

Offense Code

- 01 Murder
- 02 Forcible Rape
- 03 Robbery
- 04 Aggravated Assault
- 05 Burglary
- 06 Larceny-Theft
- 07 Motor Vehicle Theft
- 08 Arson
- 09 Simple Assault
- 10 Intimidation
- 11 Destruction/Damage/Vandalism

Location (Check one for Offense #1)

- | | |
|--|---|
| 01 <input type="checkbox"/> Air/Bus/Train Terminal | 14 <input type="checkbox"/> Hotel/Motel/etc. |
| 02 <input type="checkbox"/> Bank/Savings and Loan | 15 <input type="checkbox"/> Jail/Prison |
| 03 <input type="checkbox"/> Bar/Night Club | 16 <input type="checkbox"/> Lake/Waterway |
| 04 <input type="checkbox"/> Church/Synagogue/Temple | 17 <input type="checkbox"/> Liquor Store |
| 05 <input type="checkbox"/> Commercial/Office Building | 18 <input type="checkbox"/> Parking Lot/Garage |
| 06 <input type="checkbox"/> Construction Site | 19 <input type="checkbox"/> Rental Storage Facility |
| 07 <input type="checkbox"/> Convenience Store | 20 <input type="checkbox"/> Residence/Home |
| 08 <input type="checkbox"/> Department/Discount Store | 21 <input type="checkbox"/> Restaurant |
| 09 <input type="checkbox"/> Drug Store/Dr.'s Office/Hospital | 22 <input type="checkbox"/> School/College |
| 10 <input type="checkbox"/> Field/Woods | 23 <input type="checkbox"/> Service/Gas Station |
| 11 <input type="checkbox"/> Government/Public Building | 24 <input type="checkbox"/> Specialty Store (TV, Fur, etc.) |
| 12 <input type="checkbox"/> Grocery/Supermarket | 25 <input type="checkbox"/> Other/Unknown |
| 13 <input type="checkbox"/> Highway/Road/Alley/Street | |

Enter location Code if Different from Offense #1

#2		
#3		
#4		
#5		
#6		

Bias Motivation (Check one for Offense #1)

- | | |
|--|---|
| Racial | Religious |
| 11 <input type="checkbox"/> Anti-White | 21 <input type="checkbox"/> Anti-Jewish |
| 12 <input type="checkbox"/> Anti-Black | 22 <input type="checkbox"/> Anti-Catholic |
| 13 <input type="checkbox"/> Anti-American Indian/Alaskan Native | 23 <input type="checkbox"/> Anti-Protestant |
| 14 <input type="checkbox"/> Anti-Asian/Pacific Islander | 24 <input type="checkbox"/> Anti-Islamic (Moslem) |
| 15 <input type="checkbox"/> Anti-Multi-Racial Group | 25 <input type="checkbox"/> Anti-Other Religion |
| | 26 <input type="checkbox"/> Anti-Multi-Religious Group |
| Ethnicity/National Origin | 27 <input type="checkbox"/> Anti-Atheism/Agnosticism/etc. |
| 31 <input type="checkbox"/> Anti-Arab | Sexual |
| 32 <input type="checkbox"/> Anti-Hispanic | 41 <input type="checkbox"/> Anti-Male Homosexual (Gay) |
| 33 <input type="checkbox"/> Anti-Other Ethnicity/National Origin | 42 <input type="checkbox"/> Anti-Female Homosexual (Lesbian) |
| | 43 <input type="checkbox"/> Anti-Homosexual (Gay and Lesbian) |
| Disability Bias | 44 <input type="checkbox"/> Anti-Heterosexual |
| 51 <input type="checkbox"/> Anti-Physical Disability | 45 <input type="checkbox"/> Anti-Bisexual |
| 52 <input type="checkbox"/> Anti-Mental Disability | |

Enter Bias Motivation Code if Different from Offense #1

#2		
#3		
#4		
#5		
#6		

Victim Type: For each offense code listed above, check all applicable victim types.

Victim Type:	Off. Code #1	Off. Code #2	Off. Code #3	Off. Code #4	Off. Code #5	Off. Code #6	Off. Code #1	Off. Code #2	Off. Code #3	Off. Code #4	Off. Code #5	Off. Code #6
1 Individual*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Religious Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Society/Public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Financial Institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Indicate the total number of individual victims involved in the

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 (Total # of Victims)

Number of Offenders

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(Use "00" for "Unknown")

Suspected Offenders' Race as a Group (Check one)

- | | | |
|----------------------------------|---|---|
| 1 <input type="checkbox"/> White | 3 <input type="checkbox"/> American Indian/Alaskan Native | 5 <input type="checkbox"/> Multi-Racial Group |
| 2 <input type="checkbox"/> Black | 4 <input type="checkbox"/> Asian/Pacific Islander | 6 <input type="checkbox"/> Unknown |

Delete this incident