



ANTI-REPRODUCTIVE-RIGHTS CRIMES (ARRC) DATA COLLECTION WORKSHEET

ADMINIS- TRATION	Preparer's Name				Telephone Number							
	Agency				NCIC Number			Date				
INCIDENT INFORMATION	Occurrence Date		Time	Crime Case Number			Total Number of Individual Victims			Total Number of Property Victims		
	ARRC Offenses(s)											
			Statute (Code Section)		Literal				Level (M/F)		Number of Victims/Property	
	1.											
	2.											
	3.											
	4.											
	5.											
	6.											
	7.											
8.												
9.												
10.												
Location Type (<i>check one</i>)												
<input type="checkbox"/> Public Health Facility			<input type="checkbox"/> Government/Public Building			<input type="checkbox"/> Religious Facility						
<input type="checkbox"/> Private Health Facility			<input type="checkbox"/> Parking Lot/Garage			<input type="checkbox"/> School/College						
<input type="checkbox"/> Commercial/Office Building			<input type="checkbox"/> Residence/Home/Driveway			<input type="checkbox"/> Other _____						
If Weapon Involved, Check Type (<i>up to 3</i>)												
<input type="checkbox"/> Firearm (type unknown)			<input type="checkbox"/> Blunt Object (club, hammer, etc.)			<input type="checkbox"/> Drugs/Narcotics						
<input type="checkbox"/> Handgun			<input type="checkbox"/> Motor Vehicle (when used as a weapon)			<input type="checkbox"/> Asphyxiation (by drowning, strangulation, suffocation, gas, etc.)						
<input type="checkbox"/> Rifle			<input type="checkbox"/> Personal Weapons (hands, fists, feet, etc.)			<input type="checkbox"/> Unknown						
<input type="checkbox"/> Shotgun			<input type="checkbox"/> Poison			<input type="checkbox"/> Other _____						
<input type="checkbox"/> Other Firearm (machine gun, bazooka, etc.)			<input type="checkbox"/> Explosives									
<input type="checkbox"/> Knife/Cutting Instrument (ax, ice pick, screwdriver, switchblade, etc.)			<input type="checkbox"/> Fire/Incendiary Device									
VICTIM INFORMATION	V1	Race	Sex <input type="checkbox"/> M <input type="checkbox"/> F		Date of Birth	Victim Type	Victim Of (<i>refer to statute list above</i>) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10					
	V2	Race	Sex <input type="checkbox"/> M <input type="checkbox"/> F		Date of Birth	Victim Type	Victim Of (<i>refer to statute list above</i>) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10					
	V3	Race	Sex <input type="checkbox"/> M <input type="checkbox"/> F		Date of Birth	Victim Type	Victim Of (<i>refer to statute list above</i>) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10					
	V4	Race	Sex <input type="checkbox"/> M <input type="checkbox"/> F		Date of Birth	Victim Type	Victim Of (<i>refer to statute list above</i>) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10					
	V5	Race	Sex <input type="checkbox"/> M <input type="checkbox"/> F		Date of Birth	Victim Type	Victim Of (<i>refer to statute list above</i>) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10					



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PROPERTY	Property Type	Type of Loss or Damage <input type="checkbox"/> None <input type="checkbox"/> Burned <input type="checkbox"/> Destroyed/Damaged/Vandalized <input type="checkbox"/> Stolen	Quantity	Value	
	Property Description or Property Category Code				
PROPERTY	Property Type	Type of Loss or Damage <input type="checkbox"/> None <input type="checkbox"/> Burned <input type="checkbox"/> Destroyed/Damaged/Vandalized <input type="checkbox"/> Stolen	Quantity	Value	
	Property Description or Property Category Code				
PROPERTY	Property Type	Type of Loss or Damage <input type="checkbox"/> None <input type="checkbox"/> Burned <input type="checkbox"/> Destroyed/Damaged/Vandalized <input type="checkbox"/> Stolen	Quantity	Value	
	Property Description or Property Category Code				
SUSPECT INFORMATION	S1	Race	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unknown	Date of Birth or Age	
	S2	Race	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unknown	Date of Birth or Age	
	S3	Race	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unknown	Date of Birth or Age	
	S4	Race	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unknown	Date of Birth or Age	
	S5	Race	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unknown	Date of Birth or Age	

LEGEND

<p>RACE/ETHNICITY CODES</p> <p>A - Other Asian L - Laotian B - Black O - Other C - Chinese P - Pacific Islander D - Cambodian S - Samoan F - Filipino U - Hawaiian G - Guamanian V - Vietnamese H - Hispanic W - White I - American Indian Z - Asian Indian J - Japanese X - Unknown K - Korean</p>	<p>VICTIM TYPE CODES</p> <p>IC - Individual Client IE - Individual Employee IO - Individual Other</p> <p>PROPERTY TYPE CODES</p> <p>B - Business G - Government H - Health Facility OE - Other Entity R - Religious Organization</p>	<p>PROPERTY CATEGORY CODES</p> <p>1 - Automobiles 9 - Radios/TVs/VCRs/DVRs 2 - Bicycles 10 - Structures - Single Occupancy Dwellings 3 - Buses 11 - Structures - Other Dwellings 4 - Clothes/Furs 12 - Structures - Other Commercial/Business 5 - Computer Hardware/Software 13 - Structures - Public/Community 6 - Office-type Equipment 14 - Structures - Other 7 - Other Motor Vehicles 15 - Other 8 - Personal Items Other Than Clothing (Purses/Handbags/Wallets)</p>
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