

Appendix D: Selected Items From the 2009 National Crime Victimization Survey Crime Incident Report (NCVS-2)

NOTICE - We are conducting this survey under the authority of Title 13, United States Code, Section 8. Section 9 of this law requires us to keep all information about you and your household strictly confidential. We may use this information only for statistical purposes. Also, Title 42, Section 3732, United States Code, authorizes the Bureau of Justice Statistics, Department of Justice, to collect information using this survey. Title 42, Sections 3789g and 3735, United States Code, also requires us to keep all information about you and your household strictly confidential. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB number.

<p>FORM NCVS-2 (03-22-2005)</p> <p>U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU ACTING AS COLLECTING AGENT FOR THE BUREAU OF JUSTICE STATISTICS U.S. DEPARTMENT OF JUSTICE</p> <p>CRIME INCIDENT REPORT NATIONAL CRIME VICTIMIZATION SURVEY</p>	<p>Control number</p> <table border="1"> <tr> <td>PSU</td> <td>Segment/Suffix</td> <td>Sample designation/Suffix</td> <td>Serial/Suffix</td> <td>HH No.</td> <td>Spinoff Indicator</td> </tr> </table> <p>Notes</p>	PSU	Segment/Suffix	Sample designation/Suffix	Serial/Suffix	HH No.	Spinoff Indicator
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<p>10a. LOCATION_GENERAL</p> <p>Did this incident happen ...</p> <p>Read each category until respondent says "yes", then enter appropriate precode.</p>	<p>616</p> <p>1 <input type="checkbox"/> In your home or lodging? - SKIP to 10b</p> <p>2 <input type="checkbox"/> Near your home? - SKIP to 10c</p> <p>3 <input type="checkbox"/> At, in or near a friend's/relative's/neighbor's home? - Skip to 10d</p> <p>4 <input type="checkbox"/> At a commercial place? - SKIP to 10e</p> <p>5 <input type="checkbox"/> In a parking lot or garage? - SKIP to 10f</p> <p>6 <input type="checkbox"/> At school? - SKIP to 10g</p> <p>7 <input type="checkbox"/> In open areas, on the street, or on public transportation? - SKIP to - 10h</p> <p>8 <input type="checkbox"/> Some where else? - SKIP to 10i</p>
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<p>135a. DOINGATINCIDENTTIME</p> <p>Ask or verify: What were you doing when this incident (happened/started)?</p>	<p>832</p> <p>1 <input type="checkbox"/> Working or on duty - SKIP to 138a</p> <p>2 <input type="checkbox"/> On the way to or from work - SKIP to 142b</p> <p>3 <input type="checkbox"/> On the way to or from school</p> <p>4 <input type="checkbox"/> On the way to or from other place</p> <p>5 <input type="checkbox"/> Shopping, errands</p> <p>6 <input type="checkbox"/> Attending school</p> <p>7 <input type="checkbox"/> Leisure activity away from home</p> <p>8 <input type="checkbox"/> Sleeping</p> <p>9 <input type="checkbox"/> Other activities at home</p> <p>10 <input type="checkbox"/> Other - Specify - ASK 135b</p> <p>11 <input type="checkbox"/> Don't know - SKIP to 136</p> <p>} SKIP to 136</p>
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