

HATE CRIME INCIDENT REPORT

Initial Adjustment ORI Date of Incident / /
Month Day Year

Incident No. Page of of Same Incident

Offense (Enter an offense code and number of victims for each bias-motivated offense.)

#1	Offense <input type="text"/> <input type="text"/> - # of victims <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	#3	Offense <input type="text"/> <input type="text"/> - # of victims <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	01 Murder	07 Motor Vehicle Theft
				02 Forcible Rape	08 Arson
				03 Robbery	09 Simple Assault
#2	Offense <input type="text"/> <input type="text"/> - # of victims <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	#4	Offense <input type="text"/> <input type="text"/> - # of victims <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	04 Aggravated Assault	10 Intimidation
				05 Burglary	11 Destruction/Damage/ Vandalism
				06 Larceny-Theft	

Location (Check one for Offense #1.)

01 <input type="checkbox"/> Air/Bus/Train Terminal	14 <input type="checkbox"/> Hotel/Motel/etc.	Enter a Location for each offense having a different location than Offense #1: #2 <input type="text"/> <input type="text"/> #3 <input type="text"/> <input type="text"/> #4 <input type="text"/> <input type="text"/>
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		

Bias Motivation (Check one for Offense #1.)

Race	Religion	Disability
11 <input type="checkbox"/> Anti-White	21 <input type="checkbox"/> Anti-Jewish	51 <input type="checkbox"/> Anti-Physical Disability
12 <input type="checkbox"/> Anti-Black	22 <input type="checkbox"/> Anti-Catholic	52 <input type="checkbox"/> Anti-Mental Disability
13 <input type="checkbox"/> Anti-American Indian/ Alaskan Native	23 <input type="checkbox"/> Anti-Protestant	Enter a Bias Motivation for each offense having a different bias motivation than Offense #1: #2 <input type="text"/> <input type="text"/> #3 <input type="text"/> <input type="text"/> #4 <input type="text"/> <input type="text"/>
14 <input type="checkbox"/> Anti-Asian/Pacific Islander	24 <input type="checkbox"/> Anti-Islamic (Muslim)	
15 <input type="checkbox"/> Anti-Multiple Races, Group	25 <input type="checkbox"/> Anti-Other Religion	
	26 <input type="checkbox"/> Anti-Multiple Religions, Group	
	27 <input type="checkbox"/> Anti-Atheism/Agnosticism	
Ethnicity/National Origin	Sexual Orientation	
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 & Lesbian)	
	44 <input type="checkbox"/> Anti-Heterosexual	
	45 <input type="checkbox"/> Anti-Bisexual	

Victim Type (Check all applicable victim types for each offense listed above.)

	Offense #1	Offense #2	Offense #3	Offense #4		Offense #1	Offense #2	Offense #3	Offense #4
1 Individual*	<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"/>
2 Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Society/Public	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3 Financial Institution	<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"/>
4 Government	<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"/>
						Total # of Victims			

*Indicate the total number of individuals (persons) who were victims in the incident.

Number of Offenders (Use "00" for Unknown Offender.)

Race of Offender(s) as an individual or group (Check one.)

1 <input type="checkbox"/> White	3 <input type="checkbox"/> American Indian/Alaskan Native	5 <input type="checkbox"/> Multiple Races (group only)
2 <input type="checkbox"/> Black	4 <input type="checkbox"/> Asian/Pacific Islander	6 <input type="checkbox"/> Unknown

INSTRUCTIONS FOR PREPARING *QUARTERLY HATE CRIME REPORT* AND *HATE CRIME INCIDENT REPORT*

This report is authorized by Title 28, Section 534, U.S. Code, and the Hate Crime Statistics Act of 1990. Even though you are not required to respond, your cooperation in using this form to report hate crimes known to law enforcement during the quarter will assist the FBI in compiling timely, comprehensive, and accurate data regarding the incidence and prevalence of hate crime throughout the Nation. Please submit this report quarterly, by the 15th day after the close of the quarter, and any questions to the FBI, Criminal Justice Information Services Division, Attention: Uniform Crime Reports/Module E-3, 1000 Custer Hollow Road, Clarksburg, West Virginia 26306; telephone 304-625-4830, facsimile 304-625-3566. Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 7 minutes to complete. Instructions for preparing the form appear below.

GENERAL

This report is separate from and in addition to the routine Summary UCR submission. In hate crime reporting, there is no Hierarchy Rule. Offense data (not just arrest data) for Intimidation and Destruction/Damage/Vandalism of Property should be reported. On this form, all reportable bias-motivated offenses should be included regardless of whether arrests have taken place. Please refer to the publication *Hate Crime Data Collection Guidelines* for additional information.

QUARTERLY HATE CRIME REPORT

At the end of each calendar quarter, each reporting agency should submit a single *Quarterly Hate Crime Report*, together with an individual *Incident Report* for each bias-motivated incident identified during the quarter (if any). If no hate crimes occurred during the quarter, the agency should submit only the *Quarterly Hate Crime Report*.

The *Quarterly Hate Crime Report* should be used to identify your agency, to state the number of bias-motivated incidents being reported for the calendar quarter, and to delete any incidents previously reported that have been determined during the reporting period not to have been motivated by bias.

HATE CRIME INCIDENT REPORT

The *Incident Report* should be used to report a bias-motivated incident or to adjust information in a previously reported incident. Include additional information on separate paper if you feel it will add clarity to the report.

Indicate the type of report as Initial or Adjustment. Provide the Originating Agency Identifier (ORI) and Date of Incident.

INCIDENT NUMBER: Provide an identifying incident number, preferably your case or file number.

UCR OFFENSE: Provide codes for all offenses within the incident determined to be bias motivated and the number of victims for each offense. In multiple offense incidents, report only those offenses determined to be bias motivated. Should more than four bias-motivated offenses be involved in one incident, use additional *Incident Reports* and make an appropriate entry in the Page of portion of each form.

LOCATION: Provide the most appropriate location of each bias-motivated offense.

BIAS MOTIVATION: Provide the nature of the bias motivation for each bias-motivated offense.

VICTIM TYPE: Provide the type of victim(s) identified within the incident. Where the type of victim is Individual, indicate the total number of individuals (persons) who were victims in the incident. Society/Public is applicable only in the National Incident-Based Reporting System (NIBRS).

NUMBER OF OFFENDERS: Provide the number of offenders. Incidents involving multiple offenders must not be coded as Unknown Offender. Indicate an Unknown Offender when nothing is known about the offender including the offender's race. When the Race of Offender(s) has been identified, indicate at least one offender.

RACE OF OFFENDER(S): Provide the race of the offender(s), if known. If there was more than one offender, provide the race of the group as a whole. If the number of offenders is entered as Unknown Offender, then the offender's race must also be indicated as Unknown.