

HATE CRIME INCIDENT REPORT

Agency Name _____

ORI

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Incident No.

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Date of Incident ____ / ____ / ____
Month Day Year

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

Offense #1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> - # of victims <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					Offense #3 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> - # of victims <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					Offense #4 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> - # of victims <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					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 02 <input type="checkbox"/> Bank/Savings and Loan 03 <input type="checkbox"/> Bar/Night Club 04 <input type="checkbox"/> Church/Synagogue/Temple 05 <input type="checkbox"/> Commercial/Office Building 06 <input type="checkbox"/> Construction Site 07 <input type="checkbox"/> Convenience Store 08 <input type="checkbox"/> Department/Discount Store 09 <input type="checkbox"/> Drug Store/Dr.'s Office/Hospital 10 <input type="checkbox"/> Field/Woods 11 <input type="checkbox"/> Government/Public Building 12 <input type="checkbox"/> Grocery/Supermarket 13 <input type="checkbox"/> Highway/Road/Alley/Street 14 <input type="checkbox"/> Hotel/Motel/etc. 15 <input type="checkbox"/> Jail/Prison 16 <input type="checkbox"/> Lake/Waterway 17 <input type="checkbox"/> Liquor Store	18 <input type="checkbox"/> Parking Lot/Garage 19 <input type="checkbox"/> Rental Storage Facility 20 <input type="checkbox"/> Residence/Home 21 <input type="checkbox"/> Restaurant 22 <input type="checkbox"/> School/College 23 <input type="checkbox"/> Service/Gas Station 24 <input type="checkbox"/> Specialty Store (TV, Fur, etc.) 25 <input type="checkbox"/> Other/Unknown 37 <input type="checkbox"/> Abandoned/Condemned Structure 38 <input type="checkbox"/> Amusement Park 39 <input type="checkbox"/> Arena/Stadium/Fairgrounds/Coliseum 40 <input type="checkbox"/> ATM Separate from Bank 41 <input type="checkbox"/> Auto Dealership New/Used 42 <input type="checkbox"/> Camp/Campground 44 <input type="checkbox"/> Daycare Facility 45 <input type="checkbox"/> Dock/Wharf/Freight/Modal Terminal 46 <input type="checkbox"/> Farm Facility	47 <input type="checkbox"/> Gambling Facility/Casino 48 <input type="checkbox"/> Industrial Site 49 <input type="checkbox"/> Military Installation 50 <input type="checkbox"/> Park/Playground 51 <input type="checkbox"/> Rest Area 52 <input type="checkbox"/> School-College/University 53 <input type="checkbox"/> School-Elementary/Secondary 54 <input type="checkbox"/> Shelter-Mission/Homeless 55 <input type="checkbox"/> Shopping Mall 56 <input type="checkbox"/> Tribal Lands
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Enter a Location for each offense having a different location than Offense #1:

#2

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#3

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#4

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Bias Motivation (Check one for Offense #1.)

Race 11 <input type="checkbox"/> Anti-White 12 <input type="checkbox"/> Anti-Black or African American 13 <input type="checkbox"/> Anti-American Indian or Alaska Native 14 <input type="checkbox"/> Anti-Asian 15 <input type="checkbox"/> Anti-Multiple Races, Group 16 <input type="checkbox"/> Anti-Native Hawaiian or Other Pacific Islander	Religion 21 <input type="checkbox"/> Anti-Jewish 22 <input type="checkbox"/> Anti-Catholic 23 <input type="checkbox"/> Anti-Protestant 24 <input type="checkbox"/> Anti-Islamic (Muslim) 25 <input type="checkbox"/> Anti-Other Religion 26 <input type="checkbox"/> Anti-Multiple Religions, Group 27 <input type="checkbox"/> Anti-Atheism/Agnosticism	Disability 51 <input type="checkbox"/> Anti-Physical Disability 52 <input type="checkbox"/> Anti-Mental Disability
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Enter a Bias Motivation for each offense having a different bias motivation than offense #1:

#2

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#3

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#4

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Ethnicity 32 <input type="checkbox"/> Anti-Hispanic or Latino 33 <input type="checkbox"/> Anti-Not Hispanic or Latino	Sexual Orientation 41 <input type="checkbox"/> Anti-Male Homosexual (Gay) 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
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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"/>

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

Total # of Victims

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Number of Offenders

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 (Use "00" for Unknown Offender.)

Race/Ethnicity of Offender or Offender Group (Check one race and one ethnicity.)

Race 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black or African American 3 <input type="checkbox"/> American Indian or Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Group of Multiple Races 6 <input type="checkbox"/> Unknown 7 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	Ethnicity H <input type="checkbox"/> Hispanic or Latino N <input type="checkbox"/> Not Hispanic or Latino M <input type="checkbox"/> Group of Multiple Ethnicities U <input type="checkbox"/> Unknown
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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.

Provide the Agency Name, 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.

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/ETHNICITY OF OFFENDER OR OFFENDER GROUP: Provide the race/ethnicity of the offender or offender group. If the number of offenders is entered as Unknown Offender, then the offender's race/ethnicity must also be indicated as Unknown.