

## QUARTERLY HATE CRIME REPORT

### Offenses Known to Law Enforcement

_____ <b>City</b>	_____ <b>County</b>	_____ <b>State</b>
_____ <b>Name of Agency</b>	_____ <b>Originating Agency Identifier (ORI)</b>	
_____ <b>Name and Title of Preparer</b>	_____ <b>Area Code &amp; Telephone Number of Preparer</b>	
_____ <b>E-mail Address of Preparer</b>		
<b>Quarter and Year of Report:</b>		
January - March	<input type="checkbox"/>	April - June
July - September	<input type="checkbox"/>	October - December
Year _____		
<b>Total number of hate crime incidents reported in this quarter</b> _____ (If your agency is reporting a bias motivated incident, please attach this report to the <i>Hate Crime Incident Report</i> . The number of hate crime incidents reported should agree with the actual number of <i>Hate Crime Incident Reports</i> submitted.)		
<b>If there were no hate crime incidents in this quarter, check this box.</b>		
<input type="checkbox"/>		

**Incidents to be Deleted:** This section should be used to delete a hate crime incident(s) previously reported, which further investigation has determined was not bias motivated. Please provide the Incident Number and Date of the Incident for each incident to be deleted.

**Incident Number**


**Date of the Incident**

_____ / _____ / _____ Month    Day    Year
_____ / _____ / _____ Month    Day    Year
_____ / _____ / _____ Month    Day    Year
_____ / _____ / _____ Month    Day    Year

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 traditional Summary Reporting System 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 and Training Manual* 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 Hate Crime 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.

### Instructions for preparing the Hate Crime Incident Report

#### Administrative Information

**Report Type: (Required.)** Indicate the type of report as Initial or Adjustment.

**Initial-**To report a hate crime incident.

**Adjustment-**To update a hate crime incident previously reported. (Note: This will delete the information already on file and insert the information provided in this report.)

**ORI Number: (Required.)** Enter the nine-character Originating Agency Identifier assigned to your agency.

**Date of Incident: (Required for Initial or Adjustment Reports.)** Provide the date of the hate crime incident in the format of MMDDYYYY.

**Incident Number: (Required for Initial or Adjustment Reports.)** Provide an identifying incident number, preferably your case or file number. The number can be up to 12 characters in length. Valid characters include: A through Z, 0 through 9, hyphens, and/or blanks.

**Page**  of  **of same incident:** If additional Incident Reports are used, make an appropriate entry into this portion.

### Offense Information

**Offense Code:** Enter the two-digit offense code for each bias motivated offense. The offense codes that are specific to hate crime are: 01 Murder, 02 Rape, 03 Robbery, 04 Aggravated Assault, 05 Burglary, 06 Larceny-theft, 07 Motor Vehicle Theft, 08 Arson, 09 Simple Assault, 10 Intimidation, and 11 Destruction/Damage/Vandalism.

**Number of Victims:** Enter the number of victims for each bias motivated offense. The field allows for up to a three-digit number to be entered. Number of victims are inclusive of Individual, Business, Financial Institution, Government, Religious Organization, Other, and Unknown.

### Location Information

**Offense #1 Location:** Check one location for Offense #1.

**Additional Offense Locations:** Enter a two-digit location code for each additional offense that has a different location than Offense #1.

### Bias Motivation Information

**Offense #1 Bias Motivation:** Check up to five bias motivations for Offense #1.

**Additional Offense Bias Motivations:** Enter up to five two-digit bias motivation codes for each additional offense that has a different bias motivation than Offense #1.

### Victim Information

**Victim Type:** Check all applicable victim types identified within the incident.

**Number of Victims:** When victim type is individual enter the total number of individuals (persons) who were victims in the incident. Enter the total number of individuals (persons) who were victims in the incident that are 18 and over. Enter the total number of individuals (persons) who were victims in the incident that are under the age of 18.

### Offender Information

**Number of Offenders:** Enter the total number of individuals (persons) who were offenders in the incident. If unknown, enter 00 in the two-digit field. Enter the total number of individuals (persons) who were offenders in the incident that were 18 and over. If unknown, enter 00 in the two-digit field. Enter the total number of individuals (persons) who were offenders in the incident that were under the age of 18. If unknown, enter 00 in the two-digit field. 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 and Ethnicity of Offender or Offender Group**

**Race:** Check one race for the offender. 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.

**Ethnicity:** Check one ethnicity for the offender. If there was more than one offender, provide the ethnicity of the group as a whole. If the number of offenders is entered as Unknown Offender, then the offender's ethnicity must also be indicated as Unknown.