1-699 (Rev. 07-07-11)

HATE CRIME INCIDENT REPORT

OMB No. 1110-0015

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.)*

Offense   # of victims   Offense   # of victims

#1 ☐☐ - ☐☐☐   **#4** ☐☐ - ☐☐☐

#2 ☐☐ - ☐☐☐   **#5** ☐☐ - ☐☐☐

#3 ☐☐ - ☐☐☐

01 Murder   05 Burglary   09 Simple Assault
02 Forcible Rape   06 Larceny-Theft   10 Intimidation
03 Robbery   07 Motor Vehicle Theft   11 Destruction/Damage/
04 Aggravated Assault   08 Arson   Vandalism

Location *(Check one for Offense #1.)*

37 ☐ Abandoned/Condemned Structure	09 ☐ Drug Store/Dr.'s Office/Hospital	21 ☐ Restaurant
01 ☐ Air/Bus/Train Terminal	46 ☐ Farm Facility	52 ☐ School-College/University
38 ☐ Amusement Park	10 ☐ Field/Woods	53 ☐ School-Elementary/Secondary
39 ☐ Arena/Stadium/Fairgrounds/ Coliseum	47 ☐ Gambling Facility/Casino/Race Track	23 ☐ Service/Gas Station
	11 ☐ Government/Public Building	54 ☐ Shelter-Mission/Homeless
40 ☐ ATM Separate from Bank	12 ☐ Grocery/Supermarket	55 ☐ Shopping Mall
41 ☐ Auto Dealership New/Used	13 ☐ Highway/Road/Alley/Street	24 ☐ Specialty Store (TV, Fur, etc.)
02 ☐ Bank/Savings and Loan	14 ☐ Hotel/Motel/etc.	56 ☐ Tribal Lands
03 ☐ Bar/Night Club	48 ☐ Industrial Site	25 ☐ Other/Unknown
42 ☐ Camp/Campground	15 ☐ Jail/Prison	
04 ☐ Church/Synagogue/Temple/Mosque	16 ☐ Lake/Waterway	
05 ☐ Commercial/Office Building	17 ☐ Liquor Store	

Enter a Location for each offense having a different location than Offense #1:

57 ☐ Community Center
06 ☐ Construction Site
07 ☐ Convenience Store
44 ☐ Daycare Facility
08 ☐ Department/Discount Store
45 ☐ Dock/Wharf/Freight/Modal Terminal

49 ☐ Military Installation
18 ☐ Parking Lot/Garage
50 ☐ Park/Playground
19 ☐ Rental Storage Facility
20 ☐ Residence/Home
51 ☐ Rest Area

#2 ☐☐
#3 ☐☐
#4 ☐☐
#5 ☐☐

Bias Motivation *(Check up to five for Offense #1.)*

Race
11 ☐ Anti-White
12 ☐ Anti-Black or African American
13 ☐ Anti-American Indian or Alaska Native
14 ☐ Anti-Asian
15 ☐ Anti-Multiple Races, Group
16 ☐ Anti-Native Hawaiian or Other Pacific Islander

Ethnicity
32 ☐ Anti-Hispanic or Latino
33 ☐ Anti-Not Hispanic or Latino

Disability
51 ☐ Anti-Physical Disability
52 ☐ Anti-Mental Disability

Religion
21 ☐ Anti-Jewish
22 ☐ Anti-Catholic
23 ☐ Anti-Protestant
24 ☐ Anti-Islamic (Muslim)
25 ☐ Anti-Other Religion
26 ☐ Anti-Multiple Religions, Group
27 ☐ Anti-Atheism/Agnosticism

Sexual Orientation
41 ☐ Anti-Gay (Male)
42 ☐ Anti-Lesbian
43 ☐ Anti-Lesbian, Gay, Bisexual, or Transgender (Mixed Group)
44 ☐ Anti-Heterosexual
45 ☐ Anti-Bisexual

Gender
61 ☐ Anti-Male
62 ☐ Anti-Female

Gender Identity
71 ☐ Anti-Transgender
72 ☐ Anti-Gender Non-Conforming

Enter up to five Bias Motivations for each offense having a different bias motivation than Offense #1:

#2 ☐☐ ☐☐ ☐☐ ☐☐ ☐☐
#3 ☐☐ ☐☐ ☐☐ ☐☐ ☐☐
#4 ☐☐ ☐☐ ☐☐ ☐☐ ☐☐
#5 ☐☐ ☐☐ ☐☐ ☐☐ ☐☐

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

	Offense #1	Offense #2	Offense #3	Offense #4	Offense #5		Offense #1	Offense #2	Offense #3	Offense #4	Offense #5
1 Individual*	☐	☐	☐	☐	☐	5 Religious Organization	☐	☐	☐	☐	☐
2 Business	☐	☐	☐	☐	☐	7 Other	☐	☐	☐	☐	☐
3 Financial Institution	☐	☐	☐	☐	☐	8 Unknown	☐	☐	☐	☐	☐
4 Government	☐	☐	☐	☐	☐						

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

Total # of victims ☐☐☐   Total # of victims 18 and over ☐☐☐   Total # of victims under 18 ☐☐☐

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

Total # of offenders 18 and over ☐☐☐   Total # of offenders under 18 ☐☐☐

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

Race
1 ☐ White
2 ☐ Black or African American
3 ☐ American Indian or Alaska Native
4 ☐ Asian
5 ☐ Group of Multiple Races
6 ☐ Unknown
7 ☐ Native Hawaiian or Other Pacific Islander

Ethnicity
H ☐ Hispanic or Latino
N ☐ Not Hispanic or Latino
M ☐ Group of Multiple Ethnicities
U ☐ Unknown

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* 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 five 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, the total number of victims 18 and over, and the total number of juvenile victims, which are persons under the age of 18. Society/Public is applicable only in the National Incident-Based Reporting System.

TOTAL NUMBER OF OFFENDERS: Provide the number of offenders, the total number of offenders 18 and over, and the total number of juvenile offenders, which are persons under the age of 18. 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: Provide the race and ethnicity of the offender, if known. If there was more than one offender, provide the race and ethnicity of the group as a whole. If the number of offenders is entered as Unknown Offender, then the offender's race and ethnicity must also be indicated as Unknown.