

QUARTERLY HATE CRIME REPORT

Offenses Known to Law Enforcement

_____ City	_____ County	_____ State
_____ Name of Agency	_____ Originating Agency Identifier (ORI)	
_____ Name and Title of Preparer	_____ Area Code & Telephone Number of Preparer	
Quarter and Year of Report:		
January - March <input type="checkbox"/>	April - June <input type="checkbox"/>	
July - September <input type="checkbox"/>	October - December <input type="checkbox"/>	
Year _____		
Total number of hate crime incidents reported in this quarter _____ (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.)		
If there were no hate crime incidents in this quarter, check this box. <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

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Date of the Incident

____ / ____ / ____
 Month Day Year

____ / ____ / ____
 Month Day Year

____ / ____ / ____
 Month Day Year

____ / ____ / ____
 Month Day Year

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.