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.)*

	Offense	# of victims		Offense	# of victims
#1	☐☐	- ☐☐☐	**#3**	☐☐	- ☐☐☐
#2	☐☐	- ☐☐☐	**#4**	☐☐	- ☐☐☐

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 ☐ Air/Bus/Train Terminal
02 ☐ Bank/Savings and Loan
03 ☐ Bar/Night Club
04 ☐ Church/Synagogue/Temple
05 ☐ Commercial/Office Building
06 ☐ Construction Site
07 ☐ Convenience Store
08 ☐ Department/Discount Store
09 ☐ Drug Store/Dr.'s Office/Hospital
10 ☐ Field/Woods
11 ☐ Government/Public Building
12 ☐ Grocery/Supermarket
13 ☐ Highway/Road/Alley/Street
14 ☐ Hotel/Motel/etc.
15 ☐ Jail/Prison
16 ☐ Lake/Waterway
17 ☐ Liquor Store
18 ☐ Parking Lot/Garage
19 ☐ Rental Storage Facility
20 ☐ Residence/Home
21 ☐ Restaurant
22 ☐ School/College
23 ☐ Service/Gas Station
24 ☐ Specialty Store (TV, Fur, etc.)
25 ☐ Other/Unknown

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

#2 ☐☐
#3 ☐☐
#4 ☐☐

Bias Motivation *(Check one for Offense #1.)*

Race
11 ☐ Anti-White
12 ☐ Anti-Black
13 ☐ Anti-American Indian/Alaskan Native
14 ☐ Anti-Asian/Pacific Islander
15 ☐ Anti-Multiple Races, Group

Ethnicity/National Origin
32 ☐ Anti-Hispanic
33 ☐ Anti-Other Ethnicity/National Origin

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-Male Homosexual (Gay)
42 ☐ Anti-Female Homosexual (Lesbian)
43 ☐ Anti-Homosexual (Gay & Lesbian)
44 ☐ Anti-Heterosexual
45 ☐ Anti-Bisexual

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

Enter a Bias Motivation for each offense having a different bias motivation than Offense #1:

#2 ☐☐
#3 ☐☐
#4 ☐☐

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*	☐	☐	☐	☐	5 Religious Organization		☐	☐	☐	☐
2 Business	☐	☐	☐	☐	6 Society/Public		■	■	■	■
3 Financial Institution	☐	☐	☐	☐	7 Other		☐	☐	☐	☐
4 Government	☐	☐	☐	☐	8 Unknown		☐	☐	☐	☐

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 ☐ White
2 ☐ Black
3 ☐ American Indian/Alaskan Native
4 ☐ Asian/Pacific Islander
5 ☐ Multiple Races (group only)
6 ☐ 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.