

HATE CRIME INCIDENT FORM

Incident date: / /

Report date: / /

ORI:

Incident No.

UCR Offense:				Offense Code:	
UCR Code	# of Victims	UCR Code	# of Victims		
#1 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	#4 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	01 Murder	07 Motor Vehicle Theft
#2 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	#5 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	02 Forcible Rape	08 Arson
#3 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	#6 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	03 Robbery	09 Simple Assault
				04 Aggravated Assault	10 Intimidation
				05 Burglary	11 Destruction / Damage / Vandalism
				06 Larceny Theft	

Location (Check one for Offense #1)

<input type="checkbox"/> 01 Air/Bus/Train Terminal <input type="checkbox"/> 02 Bank/Savings and Loan <input type="checkbox"/> 03 Bar/Night Club <input type="checkbox"/> 04 Church/Synagogue/Temple <input type="checkbox"/> 05 Commercial/Office Building <input type="checkbox"/> 06 Construction Site <input type="checkbox"/> 07 Convenience Store <input type="checkbox"/> 08 Department Store/Discount Store <input type="checkbox"/> 09 Drug Store/Dr's Office/Hospital <input type="checkbox"/> 10 Field/Woods <input type="checkbox"/> 11 Government/Public Building <input type="checkbox"/> 12 Grocery/Supermarket <input type="checkbox"/> 13 Highway/Road/Alley/Street <input type="checkbox"/> 15 Jail/Prison <input type="checkbox"/> 16 Lake/Waterway <input type="checkbox"/> 17 Liquor Store <input type="checkbox"/> 18 Parking Lot/Garage	<input type="checkbox"/> 19 Rental Storage facility <input type="checkbox"/> 21 Restaurant <input type="checkbox"/> 23 Service/Gas station <input type="checkbox"/> 24 Specialty store(TV, fur, etc.) <input type="checkbox"/> 25 Other/Unknown <input type="checkbox"/> 37 Abandoned/Condemned Structure <input type="checkbox"/> 38 Amusement Park <input type="checkbox"/> 39 Arena/Stadium/Fairgrounds <input type="checkbox"/> 40 ATM separate from bank <input type="checkbox"/> 41 Auto Dealership New/Used <input type="checkbox"/> 42 Camp/Campground <input type="checkbox"/> 44 Daycare facility <input type="checkbox"/> 45 Dock/Wharf/Freight material <input type="checkbox"/> 46 Farm facility <input type="checkbox"/> 47 Gambling facility/Casino <input type="checkbox"/> 48 Industrial site <input type="checkbox"/> 49 Military Installation	<input type="checkbox"/> 50 Park/Playground <input type="checkbox"/> 51 Rest Area <input type="checkbox"/> 52 School/College/University <input type="checkbox"/> 53 School/Elementary/Secondary <input type="checkbox"/> 54 Shelter-Mission/Homeless <input type="checkbox"/> 55 Shopping mall <input type="checkbox"/> 56 Tribal Land <input type="checkbox"/> 57 Community Center <input type="checkbox"/> 91 Victim vehicle <input type="checkbox"/> 92 Offender vehicle <input type="checkbox"/> 93 Other vehicle <input type="checkbox"/> 94 Victim Temporary lodgings(hotel, motel etc.) <input type="checkbox"/> 95 Offender Temporary lodgings(hotel, motel etc.) <input type="checkbox"/> 96 Other Temporary lodgings(hotel, motel etc.) <input type="checkbox"/> 97 Victim Residence <input type="checkbox"/> 98 Offender Residence <input type="checkbox"/> 99 Other Residence
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Enter Location Code if Different from Offense #1

#2
 #3
 #4
 #5
 #6

Bias Motivation (Check one for Offense #1)

Race	Religion	Disability	Enter Bias Motivation Code if Different from Offense #1
<input type="checkbox"/> 11 Anti-White <input type="checkbox"/> 12 Anti-Black/African American <input type="checkbox"/> 13 Anti-American Indian/Alaskan Native <input type="checkbox"/> 14 Anti-Asian <input type="checkbox"/> 15 Anti-Multi-Racial Group <input type="checkbox"/> 16 Anti-Native Hawaiian or Pacific	<input type="checkbox"/> 21 Anti-Jewish <input type="checkbox"/> 22 Anti-Catholic <input type="checkbox"/> 23 Anti-Protestant <input type="checkbox"/> 24 Anti-Islamic (Muslim) <input type="checkbox"/> 25 Anti-Other Religion <input type="checkbox"/> 26 Anti-Multi-Religious Group <input type="checkbox"/> 27 Anti-Atheist/Agnostic	<input type="checkbox"/> 51 Anti-Physical Disability <input type="checkbox"/> 52 Anti-Mental Disability	#2 <input type="text"/> <input type="text"/> #3 <input type="text"/> <input type="text"/> #4 <input type="text"/> <input type="text"/> #5 <input type="text"/> <input type="text"/> #6 <input type="text"/> <input type="text"/>
Ethnicity/National Origin	Sexual Orientation	Gender	Gender Identity
<input type="checkbox"/> 31 Anti-Arab <input type="checkbox"/> 32 Anti-Hispanic <input type="checkbox"/> 33 Anti-Other Ethnicity/National Origin (not Specify: _____)	<input type="checkbox"/> 41 Anti-Gay (Male) <input type="checkbox"/> 42 Anti-Lesbian (Female) <input type="checkbox"/> 43 Anti-Gay,Lesbian,Transgender,Mixed Group <input type="checkbox"/> 44 Anti-Heterosexual <input type="checkbox"/> 45 Anti-Bisexual	<input type="checkbox"/> 61 Anti-Male <input type="checkbox"/> 62 Anti-Female	<input type="checkbox"/> 71 Anti-Transgender <input type="checkbox"/> 72 Anti-Gender Non-Conforming

Victim Type: For each offense code listed above, check all applicable victim types.

Victim Type:	Offense Code #1	Offense Code #2	Offense Code #3	Offense Code #4	Offense Code #5	Offense Code #6	Offense Code #1	Offense Code #2	Offense Code #3	Offense Code #4	Offense Code #5	Offense Code #6	
1 Individual*	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Society/Public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Financial Institution	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Government	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Indicate the total number of individual victims involved in the incident.

Number of Offenders (Use "00" for Unknown Offender)

Suspected Offenders' Race as a Group (Check One)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> 1 White | <input type="checkbox"/> 3 American Indian/Alaskan Native | <input type="checkbox"/> 5 Multi-Racial Group | <input type="checkbox"/> 7 Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> 2 Black/African | <input type="checkbox"/> 4 Asian | <input type="checkbox"/> 6 Unknown | |

General

This report is a separate from, and in addition to, the routine Summary UCR submission. It should be noted that the Hierarchy Rule does not apply to the reporting of hate crimes. The offense of Intimidation and Destruction/Damage/Vandalism of Property are to be reported on this form when they have been determined to have occurred and are bias-motivated, regardless of whether arrests have taken place.

Hate Crime Incident Form

- 1 The Incident Form should be used to initially report a bias-motivated incident or to adjust information in a previously reported incident.
- 2 Provide an identifying incident number, preferably, your case or file number.
- 3 Provide codes for all offenses within the incident determined to be bias related and the number of victims for each such offense. In multiple offense incidents, report only those offenses determined to be bias-motivated.
- 4 Provide the most appropriate location for each bias-motivated offense.
- 5 Provide the nature of the hate/bias motivation for each bias-motivated offense.
- 6 Provide the victim type for each offense identified within the bias-motivated incident.
- 7 Where the victim type is an "individual," indicate the total number of individual victims (persons) involved in the incident regardless of the number of offenses in which they were involved.
- 8 Provide the relationship between the victim and the offender, if known.
- 9 Include on a separate paper any additional comments/information you feel will add clarity to the report (optional).

Month and Year

Prepared By & Title

Agency Name & Identifier (ORI)

Chief, Sheriff or Commanding Officer