



## HATE CRIME EVENT REPORT

**PLEASE RETURN COMPLETED FORM TO:**

California Department of Justice  
 Criminal Justice Statistics Center  
 P.O. Box 903427  
 Sacramento, CA 94203-4270  
 Or facsimile (916) 227-3561

**1. HATE CRIME EVENT INFORMATION**

Agency Name: _____	ORI: _____
Preparer's Name: _____	Phone Number: _____
Crime Case Number: _____	
Occurrence Date: _____	Time: _____ hrs.

**2. TYPE OF OFFENSIVE ACT** *(select one)*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Annoying Telephone Calls/Facsimiles | <input type="checkbox"/> Disturbing Public Assembly/Meeting | <input type="checkbox"/> Threatening Letters/Flyers/E-Mails |
| <input type="checkbox"/> Bombing                             | <input type="checkbox"/> Explosion                          | <input type="checkbox"/> Verbal Slurs                       |
| <input type="checkbox"/> Cross Burning                       | <input type="checkbox"/> Graffiti                           | <input type="checkbox"/> Other: Specify _____               |
| <input type="checkbox"/> Damage to Vehicle                   | <input type="checkbox"/> Hanging in Effigy                  | <input type="checkbox"/> Unknown                            |
| <input type="checkbox"/> Daubing of Swastika                 | <input type="checkbox"/> Rock Throwing                      |   |

**3. WEAPON TYPE** *(select one if a weapon was involved)*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Arson, Fire                                | <input type="checkbox"/> Other Gun (pellet, BB gun, stun gun, etc.)  | <input type="checkbox"/> Shotgun                     |
| <input type="checkbox"/> Blunt Object (bludgeon, club, etc.)        | <input type="checkbox"/> Personal Weapons (hands, feet, teeth, etc.) | <input type="checkbox"/> Vehicle                     |
| <input type="checkbox"/> Firearm (unknown type)                     | <input type="checkbox"/> Poison                                      | <input type="checkbox"/> Other (bottle, rocks, etc.) |
| <input type="checkbox"/> Handgun                                    | <input type="checkbox"/> Rifle                                       | <input type="checkbox"/> Unknown                     |
| <input type="checkbox"/> Knife or Other Cutting/Stabbing Instrument | <input type="checkbox"/> Ropes/Garrote Strangulation/Hanging         |  |

**4. LOCATION** *(select one)*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Abandoned/Condemned Structure         | <input type="checkbox"/> Department/Discount Store                    | <input type="checkbox"/> Parking Lot/Garage/Drop Lot     |
| <input type="checkbox"/> Air/Bus/Train Terminal                | <input type="checkbox"/> Dock/Wharf/Freight/Modal Terminal            | <input type="checkbox"/> Park/Playground                 |
| <input type="checkbox"/> Amusement Park                        | <input type="checkbox"/> Drug Store/Doctor's Office/Hospital          | <input type="checkbox"/> Rental Storage Facility         |
| <input type="checkbox"/> Arena/Stadium/Fairgrounds/Coliseum    | <input type="checkbox"/> Farm Facility                                | <input type="checkbox"/> Residence/Home/Driveway         |
| <input type="checkbox"/> ATM Separate from Bank                | <input type="checkbox"/> Field/Woods                                  | <input type="checkbox"/> Rest Area                       |
| <input type="checkbox"/> Auto Dealership New/Used              | <input type="checkbox"/> Gambling Facility/Casino/Race Track          | <input type="checkbox"/> Restaurant                      |
| <input type="checkbox"/> Bank/Savings Loan                     | <input type="checkbox"/> Government/Public Building                   | <input type="checkbox"/> School - College/University     |
| <input type="checkbox"/> Bar/Night Club                        | <input type="checkbox"/> Grocery/Supermarket                          | <input type="checkbox"/> School - Elementary/Secondary   |
| <input type="checkbox"/> Camp/Campground                       | <input type="checkbox"/> Highway/Road/Alley/Street/Sidewalk           | <input type="checkbox"/> Service/Gas Station             |
| <input type="checkbox"/> Church/Synagogue/Temple/Center/Mosque | <input type="checkbox"/> Hotel/Motel, etc.                            | <input type="checkbox"/> Shelter - Mission/Homeless      |
| <input type="checkbox"/> Commercial/Office Building/Theater    | <input type="checkbox"/> Industrial Site                              | <input type="checkbox"/> Shopping Mall                   |
| <input type="checkbox"/> Construction Site                     | <input type="checkbox"/> Jail/Prison/Penitentiary/Correction Facility | <input type="checkbox"/> Specialty Store (TV, fur, etc.) |
| <input type="checkbox"/> Convenience Store                     | <input type="checkbox"/> Lake/Waterway/Beach                          | <input type="checkbox"/> Tribal Lands                    |
| <input type="checkbox"/> Daycare Facility                      | <input type="checkbox"/> Liquor Store                                 | <input type="checkbox"/> Other/Unknown                   |
|  | <input type="checkbox"/> Military Installation                        |  |

**5. TOTAL NUMBER OF VICTIMS** *(Person, Business, etc.)*

--	--



# HATE CRIME EVENT REPORT

Agency Name: \_\_\_\_\_ Crime Case # \_\_\_\_\_ ORI: \_\_\_\_\_

## 6. TYPE OF CRIME (enter most serious offense first)

UCR Code	Statute Code Section*	Bias Motivation(s)** (5 total, 1 per UCR Code)	No. of Victims	No. of Victims by Assoc.	Victim Type	Victim/Suspect Relationship
#1	_____	_____	_____	_____	_____	_____
#2	_____	_____	_____	_____	_____	_____
#3	_____	_____	_____	_____	_____	_____
#4	_____	_____	_____	_____	_____	_____
#5	_____	_____	_____	_____	_____	_____

\*Enter the Statute Code from the crime report.

\*\*Up to five total bias motivations, but only one for each unique UCR code listed.

### UCR CODES

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

### VICTIM TYPE CODES

B - Business	I - Person
F - Financial Institution	R - Religious Organization
G - Government	O - Other

### BIAS MOTIVATION

#### Race/Ethnicity/National Origin

11 Anti-White  
12 Anti-Black  
13 Anti-American Indian/Alaskan Native  
14 Anti-Asian/Pacific Islander  
15 Anti-Multiple Races, Group  
31 Anti-Arab  
32 Anti-Hispanic  
33 Anti-Other Ethnicity/National Origin  
99 Anti-Citizenship Status

#### Religious

21 Anti-Jewish  
22 Anti-Catholic  
23 Anti-Protestant  
24 Anti-Islamic (Muslim)  
25 Anti-Other Religion  
26 Anti-Multiple Religious Groups  
27 Anti-Atheism/Agnosticism/etc.

#### Sexual Orientation

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

#### Gender

62 Anti-Male  
63 Anti-Female  
64 Anti-Transgender

#### Disability

51 Anti-Physical Disability  
52 Anti-Mental Disability

### VICTIM/SUSPECT RELATIONSHIP

If Victim Type is I - Person, select from the following Victim/Suspect Relationship Codes:

Acquaintance	Friend	Is Employee	Stranger	School/Classmate
Boyfriend/Ex-Boyfriend	Girlfriend/Ex-Girlfriend	Is Employer	Neighbor	Wife/Ex-Wife
Child	Homosexual Relationship	Known to Victim	Parent	Unknown
Family Member	Husband/Ex-Husband	Knows Victim		

If Victim Type is B - Business, F - Financial, or G - Government, select from the following Victim/Suspect Relationship Codes:

Currently Employs	Has Customer	No Known Relationship To
Formerly Employed	Is Employer	Owned By

If Victim Type is O - Other or R - Religious Organization, select from the following Victim/Suspect Relationship Codes:

Associated	Has Gang Member	Does Not Know
------------	-----------------	---------------

## 7. PERSON VICTIM TYPE (complete this section only if the victim type is "I - Person")

Total Number of Person Victims: \_\_\_\_\_

	Race	Gender	DOB (MM/DD/YYYY)
#1	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	_____
#2	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	_____
#3	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	_____
#4	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	_____
#5	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	_____

### RACE CODES

A - Other Asian	L - Laotian
B - Black	O - Other
C - Chinese	P - Pacific Islander
D - Cambodian	S - Samoan
F - Filipino	U - Hawaiian
G - Guamanian	V - Vietnamese
H - Hispanic	W - White
I - American Indian	Z - Asian Indian
J - Japanese	X - Unknown
K - Korean	

## 8. SUSPECT INFORMATION

Suspect's Race as a Group (select one):

<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> East Indian/Asian Indian	<input type="checkbox"/> Multiple Races Group	<input type="checkbox"/> Unknown

Total Number of Suspects: \_\_\_\_\_

	Race	Gender	DOB (MM/DD/YYYY)
#1	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	_____
#2	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	_____
#3	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	_____
#4	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	_____
#5	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	_____