

Massachusetts Hate Crime Reporting Form - Summary UCR Reporters ONLY!

Agency Name:					ORI:	Case #				
Date most recent incident:					Time (military format)					
Location of incident (use codes on back): _____										
Target of the hate crime	Individual (I)	Business (B)	Financial Institution (F)	Government (G)	Religious Org (R)	Society/Public (S)	Police Officer (L)	Other (O)	Unknown (U)	
Weapon(s) used?	Firearm (11)	Knife/cutting (20)	Blunt Obj (30)	Motor Veh (35).	Hands/feet/fist (40)	Poison (50)	Explosives (60)	Fire/incendiary (65)	Other (90)	

Specific Bias Type -- CRIME WAS ANTI-___: [Circle all that apply]

Race/Ethnicity	Religious		Sexual Orientation	Handicap	Gender Identity
11 Anti-Black	21 Anti-Semitic	27 Anti-Atheist/Agnostic	41 Anti-Gay(male)	51 Anti-Mental	71 Anti-Transgender
12 Anti-White	22 Anti-Catholic	28 Anti-Mormon	42 Anti-Lesbian	52 Anti-Physical	72 Anti-Gender Non-conforming
13 Anti-Asian	23 Anti-Protestant	35 Anti-Jehovah's Witness	44 Anti-Heterosexual	53 Anti-AIDS	Gender
14 Anti-Hispanic	24 Anti-Islamic	83 Anti-Buddhist	45 Anti-Bisexual	59 Other	61 Anti-Male
15 Anti-Arab	25 Anti-Sikh	81 Anti-Eastern Orthodox	49 Other		62 Anti-Female
16 Anti-Hawaiian	26 Anti-Hindu	82 Anti-Other Christian			
17 Anti-American Indian	29 Anti-Other Religion _____	34 Anti-Mult. Religious Groups			
19 Other					

Information about the Victim(s) and Offender(s)

Victim	Age	Race	Sex	Inj	Perp	Age	Race	Sex	Arrest made
#1			M/F		#1			M/F	Y/N
#2			M/F		#2			M/F	Y/N
#3			M/F		#3			M/F	Y/N
If other victims, TOTAL number: _____					If other preps, TOTAL number _____				

Criminal Offenses that occurred during the Hate Crime (circle all that apply)

Murder 09A	Rape 11A	Robbery 120	Agg. Assault 13A	Burglary 220	Larceny 23
MV Theft 240	Simple Assault 13B	Intimidation 13C	Other Sexual Offenses 11X	Property Damage/Vandalism 290	Arson 200
Disorderly Person 90C	General Civil Rights 90Z	Other, explain:			

Narrative: (attach additional sheets as necessary)

If Nothing To Report (ZERO REPORT), for the Month of: _____, 20__

Filled out by: _____ Chief/designee signature: _____

NOTE: This form is to be used ONLY for agencies submitting Summary UCR Data
Instructions and Definitions

Hate crimes are any crime principally motivated by hatred of another because of race, religion, ethnicity, sexual orientation, handicap status, or gender. *All hate crimes would still be crimes even if the bias motivation were absent.* They have the added element of choosing a victim because of bias against the victim. Any criminal action motivated by bias should be recorded on the Hate Crime Reporting Form.

Situation

- Agency:** The name of the organization submitting the form.
Agency Case #: The case number assigned by the reporting agency.
Date most recent inc: The date the incident occurred (to closest day) or the most recent incident if one of a series.
Time: Time of the event (to nearest hour or minute) using a 24 hour notation.

Location

01 = Air/Bus/Train Terminal	16 = Lake/Waterway/Beach	42 = Camp/Campground
02 = Bank/Savings and Loan	17 = Liquor Store	44 = Daycare Facility
03 = Bar/Nightclub	18 = Parking lot/Garage	45 = Dock/Wharf/Freight/ Terminal
04 = Church/Synagogue/ Temple/Mosque	19 = Rental Storage Facility	46 = Farm Facility
05 = Commercial/Office Building	20 = Residence/Home	47 = Gambling Facility/Casino/Race Track
06 = Construction Site	21 = Restaurant	48 = Industrial Site
07 = Convenience Store	22 = School/College	49 = Military Installation
08 = Department/Discount Store	23 = Service/Gas Station	50 = Park/Playground
09 = Drug Store/Doctor's Office/Hospital	24 = Specialty Store	51 = Rest Area
10 = Field/Woods	25 = Other/Unknown	52 = School – College/University
11 = Government/Public Building	37 = Abandoned/Condemned Structure	53 = School – Elementary/Secondary
12 = Grocery/Supermarket	38 = Amusement Park	54 = Shelter – Mission/Homeless
13 = Hyway/Road/Alley/Street/Sidewalk	39 = Arena/Stadium/Fairgrounds	55 = Shopping Mall
14 = Hotel/Motel/Etc.	40 = ATM Separate from Bank	56 = Tribal Lands
15 = Jail/Prison/Corrections Facility	41 = Auto Dealer New/Used	57 = Community Center

- Target of incident:** Check principal target.
Weapon(s) Used: Check all that apply.
Crime Motivation: Check apparent motivation(s), that is, was crime motivated by racial, religious, or other bias. Check all that apply.

Victim(s) and Offender(s)

- Age:** Code to nearest year or use best estimate.
Race/Ethnicity: Use the following codes W (white), B (black), H (Hispanic, Latin American, or Spanish Surname), A (Asian: including Chinese, Japanese, Korean, Vietnamese, Cambodian, Other Southeast Asian, or Pacific Islander), O (Other: any other not classifiable) U (unknown).
Sex: Circle code letter: M (male) F (female)
Physical Injury: Code the most serious category. Use the following codes:
 1. Apparent broken bones 2. Possible internal injuries 3. Severe lacerations
 4. Other major injuries 5. Other minor injuries 6. None visible

Arrest/Summons: Check if arrest made or summons sought.

Other crimes committed: Check all that apply.

Narrative: Use this to provide clarifying details or explanations. Attach additional sheets as necessary

Zero Reporting: If your agency had NO Hate Crimes in this month, indicate the month and year which had zero hate crimes; sign, date, and submit form

Signature and date: Agency head or designee should SIGN the report, and the date of the report filled out

This Hate Crime reporting form should be submitted every month to:

Crime Reporting Unit
 Commonwealth Fusion Center
 124 Acton St
 Maynard, MA 01754