

ILLINOIS UNIFORM CRIME REPORTING PROGRAM HATE CRIME INCIDENT FORM

	Initial
	Adjustment

Agency Name: _____ NCIC ORI: IL

Incident Case #: _____ Date of Incident: _____

OFFENSE INFORMATION	TO REPORT 'NO INCIDENTS'																																			
<p>Enter an offense code and the number of victims for each bias motivated offense.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 15%;">Offense Code</th> <th style="width: 15%;"># of Victims</th> <th style="width: 30%;"></th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td>Offense #1</td> <td><input style="width: 40px; height: 20px;" type="text"/></td> <td><input style="width: 40px; height: 20px;" type="text"/></td> <td>01 Homicide</td> <td>07 Motor Vehicle Theft</td> </tr> <tr> <td>Offense #2</td> <td><input style="width: 40px; height: 20px;" type="text"/></td> <td><input style="width: 40px; height: 20px;" type="text"/></td> <td>02 Rape</td> <td>08 Arson</td> </tr> <tr> <td>Offense #3</td> <td><input style="width: 40px; height: 20px;" type="text"/></td> <td><input style="width: 40px; height: 20px;" type="text"/></td> <td>03 Armed Robbery/Robbery</td> <td>09 Battery</td> </tr> <tr> <td>Offense #4</td> <td><input style="width: 40px; height: 20px;" type="text"/></td> <td><input style="width: 40px; height: 20px;" type="text"/></td> <td>04 Agg. Battery/Agg. Assault</td> <td>10 Assault</td> </tr> <tr> <td>Offense #5</td> <td><input style="width: 40px; height: 20px;" type="text"/></td> <td><input style="width: 40px; height: 20px;" type="text"/></td> <td>05 Burglary</td> <td>11 Criminal Damage to Property</td> </tr> <tr> <td></td> <td></td> <td></td> <td>06 Theft</td> <td></td> </tr> </tbody> </table>		Offense Code	# of Victims			Offense #1	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	01 Homicide	07 Motor Vehicle Theft	Offense #2	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	02 Rape	08 Arson	Offense #3	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	03 Armed Robbery/Robbery	09 Battery	Offense #4	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	04 Agg. Battery/Agg. Assault	10 Assault	Offense #5	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	05 Burglary	11 Criminal Damage to Property				06 Theft		<p style="text-align: center;">Please check box below and include reporting month and year.</p> <div style="text-align: center; margin-bottom: 10px;"> <input style="width: 60px; height: 25px;" type="checkbox"/> </div> <p style="text-align: center;">/ (MM/YY)</p>
	Offense Code	# of Victims																																		
Offense #1	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	01 Homicide	07 Motor Vehicle Theft																																
Offense #2	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	02 Rape	08 Arson																																
Offense #3	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	03 Armed Robbery/Robbery	09 Battery																																
Offense #4	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	04 Agg. Battery/Agg. Assault	10 Assault																																
Offense #5	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	05 Burglary	11 Criminal Damage to Property																																
			06 Theft																																	

VICTIM INFORMATION

Check all applicable victim types for each offense listed above.

	Offense #1	Offense #2	Offense #3	Offense #4	Offense #5	
1 Individual	<input style="width: 40px; height: 25px;" type="checkbox"/>	<p>Indicate the number of Individuals (persons) who were victims in the incident.</p> <p>Total number of victims <input style="width: 40px; height: 25px;" type="text"/></p> <p>Total number of victims 18 & over <input style="width: 40px; height: 25px;" type="text"/></p> <p>Total number of victims under 18 <input style="width: 40px; height: 25px;" type="text"/></p>				
2 Business	<input style="width: 40px; height: 25px;" type="checkbox"/>					
3 Financial Institution	<input style="width: 40px; height: 25px;" type="checkbox"/>					
4 Government	<input style="width: 40px; height: 25px;" type="checkbox"/>					
5 Religious Organization	<input style="width: 40px; height: 25px;" type="checkbox"/>					
7 Other	<input style="width: 40px; height: 25px;" type="checkbox"/>					
8 Unknown	<input style="width: 40px; height: 25px;" type="checkbox"/>					

LOCATION

Check one location for Offense #1.

01 <input style="width: 20px; height: 15px;" type="checkbox"/> Air/Bus/Train Terminal	16 <input style="width: 20px; height: 15px;" type="checkbox"/> Lake/Waterway	44 <input style="width: 20px; height: 15px;" type="checkbox"/> Daycare Facility
02 <input style="width: 20px; height: 15px;" type="checkbox"/> Bank/Savings & Loan	17 <input style="width: 20px; height: 15px;" type="checkbox"/> Liquor Store	45 <input style="width: 20px; height: 15px;" type="checkbox"/> Dock/Wharf/Freight/Modal Terminal
03 <input style="width: 20px; height: 15px;" type="checkbox"/> Bar/Night Club	18 <input style="width: 20px; height: 15px;" type="checkbox"/> Parking Lot/Garage	46 <input style="width: 20px; height: 15px;" type="checkbox"/> Farm Facility
04 <input style="width: 20px; height: 15px;" type="checkbox"/> Church/Synagogue/Temple/Mosque	19 <input style="width: 20px; height: 15px;" type="checkbox"/> Rental Storage Facility	47 <input style="width: 20px; height: 15px;" type="checkbox"/> Gambling Facility/Casino
05 <input style="width: 20px; height: 15px;" type="checkbox"/> Commercial/Office Building	20 <input style="width: 20px; height: 15px;" type="checkbox"/> Residence/Home	48 <input style="width: 20px; height: 15px;" type="checkbox"/> Industrial Site
06 <input style="width: 20px; height: 15px;" type="checkbox"/> Construction Site	21 <input style="width: 20px; height: 15px;" type="checkbox"/> Restaurant	49 <input style="width: 20px; height: 15px;" type="checkbox"/> Military Installation
07 <input style="width: 20px; height: 15px;" type="checkbox"/> Convenience Store	23 <input style="width: 20px; height: 15px;" type="checkbox"/> Service/Gas Station	50 <input style="width: 20px; height: 15px;" type="checkbox"/> Park/Playground
08 <input style="width: 20px; height: 15px;" type="checkbox"/> Department/Discount Store	24 <input style="width: 20px; height: 15px;" type="checkbox"/> Specialty Store (TV,fur,etc)	51 <input style="width: 20px; height: 15px;" type="checkbox"/> Rest Area
09 <input style="width: 20px; height: 15px;" type="checkbox"/> Drug Store/Doctor's Office/Hospital	25 <input style="width: 20px; height: 15px;" type="checkbox"/> Other/Unknown	52 <input style="width: 20px; height: 15px;" type="checkbox"/> School-College/University
10 <input style="width: 20px; height: 15px;" type="checkbox"/> Field/Woods	37 <input style="width: 20px; height: 15px;" type="checkbox"/> Abandoned/Condemned Structure	53 <input style="width: 20px; height: 15px;" type="checkbox"/> School-Elementary/Secondary
11 <input style="width: 20px; height: 15px;" type="checkbox"/> Government/Public Building	38 <input style="width: 20px; height: 15px;" type="checkbox"/> Amusement Park	54 <input style="width: 20px; height: 15px;" type="checkbox"/> Shelter-Mission/Homeless
12 <input style="width: 20px; height: 15px;" type="checkbox"/> Grocery/Supermarket	39 <input style="width: 20px; height: 15px;" type="checkbox"/> Arena/Stadium/Fairgrounds/Coliseum	55 <input style="width: 20px; height: 15px;" type="checkbox"/> Shopping Mall
13 <input style="width: 20px; height: 15px;" type="checkbox"/> Highway/Road/Alley/Street	40 <input style="width: 20px; height: 15px;" type="checkbox"/> ATM Separate from Bank	56 <input style="width: 20px; height: 15px;" type="checkbox"/> Tribal Lands
14 <input style="width: 20px; height: 15px;" type="checkbox"/> Hotel/Motel/etc.	41 <input style="width: 20px; height: 15px;" type="checkbox"/> Auto Dealership New/Used	57 <input style="width: 20px; height: 15px;" type="checkbox"/> Community Center
15 <input style="width: 20px; height: 15px;" type="checkbox"/> Jail/Prison	42 <input style="width: 20px; height: 15px;" type="checkbox"/> Camp/Campground	

If more than one offense occurred, enter a location code for each additional offense having a different location than Offense #1

Offense #2	Offense #3	Offense #4	Offense #5
Location Code	Location Code	Location Code	Location Code
<input style="width: 100%; height: 20px;" type="text"/>			

BIAS MOTIVATION INFORMATION

Check up to five bias motivation for Offense #1.

Race

- 11 Anti-White
- 12 Anti-Black or African American
- 13 Anti-American Indian or Alaska Native
- 14 Anti-Asian
- 15 Anti-Multiple Races, Groups
- 16 Anti-Native Hawaiian or Other Pacific Islander

Sexuality

- 41 Anti-Gay (Male)
- 42 Anti-Lesbian
- 43 Anti-Lesbian, Gay, Bisexual, or Transgender (Mixed Group)
- 44 Anti-Heterosexual
- 45 Anti-Bisexual

Religion

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

Disability

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

Gender

- 61 Anti-Male
- 62 Anti-Female

Ethnicity

- 32 Anti-Hispanic or Latino
- 33 Anti-Not Hispanic or Latino

Gender Identify

- 71 Anti-Transgender
- 72 Anti-Gender Non-Conforming

If more than one offense occurred, enter up to five bias motivations for each additional offense having a different bias

	Bias #1	Bias #2	Bias #3	Bias #4	Bias #5
Offense #2	<input type="text"/>				
Offense #3	<input type="text"/>				
Offense #4	<input type="text"/>				
Offense #5	<input type="text"/>				

RACE AND ETHNICITY OF OFFENDER OR OFFENDER GROUP

Race

- 01 White
- 02 Black or African American
- 03 American Indian or Native American
- 04 Asian
- 05 Group of Multiple Races
- 06 Unknown
- 07 Native Hawaiian or Other Pacific Islander

Ethnicity

- H Hispanic or Latino
- N Not Hispanic or Latino
- M Group of Multiple Ethnicities
- U Unknown

Indicate the number of Individuals (persons) who were offenders in the incident.

Total number of offenders	<input type="text"/>
Total number of offenders 18 & over	<input type="text"/>
Total number of offenders under 18	<input type="text"/>

ILLINOIS STATE POLICE

ILLINOIS UNIFORM CRIME REPORTING (I-UCR) PROGRAM

Hate Crime Incident Reporting Guidelines

The reporting of hate crimes is mandated by the Illinois Compiled Statutes (ILCS), Chapter 20, 2605-390(a) and federal law. A hate crime is motivated by an offender's actual or perceived bias against race, color, creed, religion, ancestry, gender, sexual orientation, physical or mental disability, or national origin of another individual or group of individuals. The Hate Crime Statistics Act of 1990 mandates the reporting of the following hate crime offenses: criminal homicide, rape, robbery, aggravated battery/aggravated assault, burglary, theft, motor vehicle theft, arson, battery, assault, and criminal damage to property. Any offense could be determined to be a hate crime, as demonstrated in the 2010 through 2013 reporting years, when the additional offenses of criminal trespass, disorderly conduct, mob action, and harassment were also collected. The reporting of these four offenses has been eliminated to mirror the offenses reported as outlined in the Federal UCR Program reporting guidelines. The Hate Crime Incident Report form captures all mandated reporting elements, as well as providing a "No Incident" indicator. The form is also used to adjust information previously submitted. Reports are to be submitted on a monthly basis, even when there are no incidents to report. Reports must be entered into the I-UCR electronic reporting tool unless an agency has received approval from the I-UCR Program Manager to submit paper forms to the Program for entry.

An important qualifier must be present when reporting an offense as a hate crime. The mere fact that the offender is biased against the victim's race, religion, disability, sexual orientation, or ethnicity/national origin does not mean that a hate crime has occurred. The offender's criminal act must have been motivated by his bias. Before an offense can be reported as a hate crime, sufficient objective facts must be present to lead a reasonable and prudent person to conclude the offender's actions were motivated by bias. This oftentimes requires an admission by the offender that the motivation for the offense was a personal bias against the victim's bias group.

Random acts of vandalism (graffiti) with no direct intended victim or target should not be reported unless the offender is identified and confirms the motivation for the crime was based upon personal bias. Vandalism (graffiti) with a direct intended target is only reported when, at minimum, at least one member of the bias group identified in the graffiti has genuine concern for their safety or well-being as a result of the vandalism. A billboard across from a well-known gay bar may be spray painted with anti-gay derogatory statements. Though members of this bias group may be offended, insulted, annoyed, angered; the incident would not be reported. If a member of this bias group indicates they are now in fear of bodily harm through the threatening nature of the graffiti, the incident would be reported.

GENERAL INSTRUCTIONS

ALL FIELDS MUST BE COMPLETED UTILIZING THE GUIDELINES BELOW

- Submit one record for each incident meeting the hate crime criteria. If there were no hate crime incidents within a reporting month, submit a “No Incident” record.
- Record the two digit offense code.
 - Include attempts as if the offense occurred.
 - If multiple offenses occurred in the incident, report only those offenses determined to be hate crimes.
- Record the number of victims for each offense.
- Record a victim type for each offense.
 - Crimes against persons offenses MUST be reported with Individual as the victim type.
 - Crimes against property may require the reporting of more than one victim type. An incident where an Islamic owner’s restaurant is burglarized and vandalized with anti-Moslem slogans would be reported with the victim types of Individual and Business.
- Record the total number of victims involved in the incident. Identify how many of the victims were age 18 and over, and how many of the victims were under the age of 18.
- Record the location of the incident.
 - Only one location can be reported for each offense.
 - If more than one offense occurred and the location changed during the commission of a subsequent offense, a second location should be reported.
 - Additional location codes have been added.
- Record the bias motivation.
 - Up to five bias motivations can be entered for each offense.
 - Additional bias motivations have been added.
 - Anti-Lesbian, Gay, Bisexual, or Transgender (Mixed Group)
 - Anti-Transgender – Of or relating to a person who identifies as a different gender from their gender assigned at birth. The person may also identify him or herself as a “transsexual”. A transgender person may outwardly express his or her identity all, part, or none of the time. A transgender

person may decide to change his or her body to medically conform to his or her body gender.

- Anti-Gender Non-Conforming – Of or relating to a person who does not conform to the gender-based expectations of society, e.g., a woman dressed in traditionally male clothing or a man wearing makeup. A gender non-conforming person may or may not be a lesbian, gay, bisexual, or transgender person but are often perceived as such.
- Record the total number of offenders involved in the incident. Identify how many of the victims were age 18 and over, and how many of the victims were under the age of 18.
- Record the race of the offender or offender group. If “unknown” was reported for the total number of offenders involved in the incident, the race field will automatically populate with “unknown”.
- Record the ethnicity of the offender or offender group.
 - Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
 - If “unknown” was reported for the total number of offenders involved in the incident, the race field will automatically populate with “unknown”.