

# Massachusetts Hate Crime Reporting Form

<b>Agency Name:</b> _____			<b>ORI:</b> _____		<b>Case #</b> _____			
<b>Date most recent incident:</b> _____			<b>Time (military format)</b> _____					
<b>Revision of previously submitted incident?</b> _____ <b>Y/N</b>			<b>If YES, original case #</b> _____					
<b>Location of incident (use codes on back):</b> _____								
<b>Target of the hate crime (circle all that apply)</b>	1 Person	2 Priv. Prop.	3 Public Prop.	4 Religious Facility		5 Other, describe		
<b>Bias Indicators (circle all that apply)</b>	1 Spray painted symbols/signs		2 Verbal harassment		3 Dam. to prop	4 Mail	5 Other, describe	
<b>Indicators of organized Hate Group? (describe in narrative)</b> _____			<b>Y/N</b> _____					
<b>Prior incidents to this victim/at this location? (describe in narrative)</b> _____			<b>Y/N</b> _____					
<b>Weapon(s) used? (circle all that apply)</b>		1 Gun	2 Knife	3 Stick /club	4 Rocks /bricks	5 Hands /feet	6 Other, describe	7 None

<b>Specific Bias Type -- CRIME WAS ANTI-____: [Circle all that apply]</b>					
<b>Race/Ethnicity</b>	<b>Religious</b>	<b>Sexual</b>	<b>Handicap</b>	<b>Gender</b>	
11 Anti-Black	21 Anti-Semitic	41 Anti-Gay(male)	51 Anti-Mental	61 Anti-Male	
12 Anti-White	22 Anti-Catholic	42 Anti-Lesbian	52 Anti-Physical	62 Anti-Female	
13 Anti-Asian	23 Anti-Protestant	49 Other_____	53 Anti-AIDS		
14 Anti-Hispanic	24 Anti-Islamic		59 Other_____		
15 Anti-Arab	29 Other:_____				
19 Other_____					

<b>Information about the Victim(s) and Offender(s)</b>											
Victim	Age	Race	Sex	Inj		Perp	Age	Race	Sex	Arrest made	Court order/injunction
#1			M/F			#1			M/F	Y/N	Y/N
#2			M/F			#2			M/F	Y/N	Y/N
#3			M/F			#3			M/F	Y/N	Y/N
If other victims, TOTAL number: _____					If other preps, TOTAL number _____						

<b>Criminal Offenses that occurred during the Hate Crime (check all that apply)</b>						
1 Vandalism	2 Damage Rel. Obj	3 Harassment	4 Disorderly Person	5 Trespass		
6 Threats	7 Property Damage	8 Weapons Offense	9 Sex. Offense	10 Arson		
11 Simple Assault	12 Larceny/theft	13 Burglary	14 Agg. Assault	15 Robbery		
16 Rape	17 Manslaughter	18 Murder	19 Gen. Civil Rights			

**Narrative:** (attach additional sheets as necessary)

**If Nothing To Report (ZERO REPORT), for the Month of: \_\_\_\_\_, 199\_\_**

Filled out by: _____		Chief's signature: _____		Revised 10/94	
----------------------	--	--------------------------	--	---------------	--

## 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.
- Revision of prev. report** If this is a revised report, indicate here, and note the original case number (if different)
- Location**
- |                                       |                       |                       |                             |
|---------------------------------------|-----------------------|-----------------------|-----------------------------|
| 1-air/bus/train term.                 | 2-bank/saving&loan    | 3-Bar/night club      | 4-church/synagogue/temple   |
| 5-commercial/office bldg              | 6-construction site   | 7-convenience store   | 8-department/discount store |
| 9-drug store/doctor's office/hospital |                       | 10-field/woods/park   | 11-government/public bldg   |
| 12-grocery/supermarket                | 13-highway/road/alley | 14-hotel/motel        | 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                    | 25-other/unknown      |                       |                             |
- Target of incident:** Check principal target.
- Bias Indicators:** Check all that apply.
- Organized Hate Group:** Check Yes if any of the following apply: printed literature, patches or uniforms used, or other indicators of an organized group present. Describe in narrative
- Prior incidents** If other bias crimes have occurred to this victim or at this location, indicate the total number.
- 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.
- Court Order:** Check if court or injunction sought or issued.
- 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 should SIGN the report, and the date of the report filled out

This Hate Crime reporting form should be submitted along with any other routine UCR submissions to:

: Crime Reporting Unit  
Massachusetts State Police  
470 Worcester Road  
Framingham, MA 01701