

Annex D

ODIHR Law Enforcement Officer Programme on Combating Hate Crime: Data-Collection Template

INCIDENT REPORT

HATE CRIME INCIDENT #.....	
ORIGINAL CASE # (FROM AGENCY).....	
DATE OF OCCURRENCE.....	TIME OF OCCURRENCE..... <input type="checkbox"/> Initial
ARREST (Y or N).....	OFFENDER KNOWN (Y or N)..... <input type="checkbox"/> Adjustment
DATE OF ARREST.....	TIME OF ARREST..... <input type="checkbox"/> Unfounded

OFFENCE

	No. of Victims	ATT / COMP
1. <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2. <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3. <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

LOCATION (check for offence # 1)

01 Residential	<input type="checkbox"/>
02 Business	<input type="checkbox"/>
03 Place of worship	<input type="checkbox"/>
04 Place where alcohol is sold	<input type="checkbox"/>
05 Government/public building	<input type="checkbox"/>
06 Other public area	
07 Other private area	

DISCRIMINATION TYPE (check for offence # 1)

01 Race/ethnicity/national origin	<input type="checkbox"/>
02 Religion	<input type="checkbox"/>
03 Sexual orientation	<input type="checkbox"/>
04 Disability (physical or mental)	<input type="checkbox"/>
05 Sex	<input type="checkbox"/>
06 Other.....	

OFFENCE CODES

- | | |
|-----------------------|------------------------------------|
| 1 Murder | 11 Destruction of property |
| 2 Rape | 12 Holocaust denial |
| 3 Robbery | 13 Incitement of hatred |
| 4 Aggravated assault | 14 Civil rights violations |
| 5 Simple assault | 15 Hate organization |
| 6 Threats | 16 Dissemination of hate material |
| 7 Burglary | 17 International crimes G, A, P, S |
| 8 Larceny/threat | 18 Quality-of-life crimes |
| 9 Motor vehicle theft | 19 Other |
| 10 Arson | |

Enter location code if different from offence # 1

2
3

Enter discrimination type if different from offence # 1

2
3

VICTIM

	AGE	SEX	CITIZENSHIP	REPEAT VICTIMIZATION			INJURY	VICTIM TYPE	VICTIM TYPES	OFFENCE		
				M	Y	N				1	2	3
01	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	D, S, M, N	<input type="checkbox"/> <input type="checkbox"/>	01-person 02-gov 03-Inst (other than gov) 04-place of worship 05-other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
02	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	D, S, M, N	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
03	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	D, S, M, N	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

OFFENDER

	AGE	SEX	CITIZENSHIP	REPEAT OFFENDER			MEMBER HATE GROUP			VICTIM	ARRESTED	
				M	Y	N	M	Y	N		1	2
01	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
02	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
03	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>