



# SANTA ANA POLICE DEPARTMENT HATE CRIME / INCIDENT EVENT REPORT

## 1. HATE CRIME / INCIDENT EVENT REPORT

Agency Name: Santa Ana Police Department  
 Preparer's Name: Detective R. Sandoval #3466 Phone Number: (714) 245-8436  
 Occurrence Date: April 2024  
 Hate Crime  Hate Incident

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

## 4. LOCATION *(select one)*

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

## 5. TOTAL NUMBER OF VICTIMS/OFFENDED PARTIES *(Person OR Business, etc.)* 1

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**6. TYPE OF CRIME / OFFENSIVE ACT** ( enter most serious offense first )

	UCR Code	Statute Code Section*	Bias Motivation(s)** (5 total, 1 per UCR Code)	No. of Victim/ Offended Party(s)	No. of Victim/Offended Party(s) by Association	Victim/Offended Party(s) Type	Victim-Offended Party /Offender Relationship
#1	10	594 (A) (1) PC	21	1	1	B	Unknown
#2							
#3							
#4							
#5							

\* Enter the Statute Code / Type of Offensive Act from the police report.

\*\* Multiple bias motivation codes can be entered, but only one for each unique UCR code listed

**UCR CODES**

01 Murder  
02 Rape  
03 Robbery  
04 Aggravated Assault  
05 Burglary

06 Larceny  
07 Motor Vehicle Theft  
08 Arson  
09 Simple Assault

10 Intimidation  
11 Destruction/Damage/Vandalism  
12 Human Trafficking: Commercial Sex Acts  
13 Human Trafficking: Involuntary Servitude

**VICTIM/OFFENDED PARTY TYPE CODES**

B - Business  
F - Financial Institution  
G - Government

I - Person  
R - Religion Organization  
O - Other

**BIAS MOTIVATION**

**Race/Ethnicity/National Origin**

11 Anti-White  
12 Anti-Black or African-American  
13 Anti-American Indian/Alaskan Native  
14 Anti-Asian  
15 Anti-Multiple Races (Groups)  
16 Anti-Native Hawaiian or Other Pacific Islander  
31 Anti-Arab  
32 Anti-Hispanic or Latino  
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 Religion (Group)  
27 Anti-Atheism/Agnosticism/etc.  
28 Anti-Mormon  
29 Anti-Jehovah's Witness  
81 Anti-Eastern Orthodox (Russian/Greek/Other)

**Religious (continued)**

82 Anti-Other Christian  
83 Anti-Buddhist  
84 Anti-Hindu  
85 Anti-Sikh

**Sexual Orientation**

41 Anti-Gay (Male)  
42 Anti-Lesbian (Female)  
43 Anti-Lesbian/Gay/Bisexual/Transgender  
44 Anti-Heterosexual  
45 Anti-Bisexual

**Gender**

61 Anti-Male  
62 Anti-Female

**Gender Nonconforming**

71 Anti-Transgender  
72 Anti-Gender Non-Conforming

**Disability**

51 Anti-Physical Disability  
52 Anti-Mental Disability

**VICTIM/OFFENDED PARTY / OFFENDER RELATIONSHIP**

If Victim/Offended Party Type is I - Person, select from the following Victim/Offended Party / Offender 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/Offended Party Type is B - Business, F-Financial, or G-Government, select from the following Victim/Offended Party / Offender Relationship Codes:

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

If Victim/Offended Party Type is O- Other, R-Religion Organization select from the following Victim/Offended Party / Offender Relationship Codes:

Associated	Has Gang Member	Does Not Know
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**7. PERSON VICTIM/OFFENDED PARTY TYPE** (complete this section only if the victim/offended party type is "I - Person")

Total Number of Person Victim/Offended Party(s): 1

	Race	Gender
#1	W <input checked="" 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	I - American Indian	S - Samoan
B - Black	J - Japanese	U - Hawaiian
C - Chinese	K - Korean	V - Vietnamese
D - Cambodian	L - Laotian	W - White
F - Filipino	O - Other	Z - Asian Indian
G - Guamanian	P - Pacific Islander	X - Unknown
H - Hispanic		

**8. OFFENDER INFORMATION**

Total Number of Offenders: Unknown

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

- |   |  |
|---|--|
| <input type="checkbox"/> A - Asian                            | <input type="checkbox"/> P - Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> I - American Indian or Alaska Native | <input type="checkbox"/> W - White                                     |
| <input type="checkbox"/> B - Black or African-American        | <input type="checkbox"/> M - Group of Multiple Ethnicities             |
| <input type="checkbox"/> H - Hispanic or Latino               | <input checked="" type="checkbox"/> U - Unknown                        |

Ethnicity of Offender or Offender Group (select one):

- |   |  |
|---|--|
| <input type="checkbox"/> H - Hispanic or Latino     | <input type="checkbox"/> M - Group of Multiple Ethnicities |
| <input type="checkbox"/> N - Not Hispanic or Latino | <input checked="" type="checkbox"/> U - Unknown            |

	Race	Gender
#1	<input type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" 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	