



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: March 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 <input type="checkbox"/> Blunt Object (bludgeon, club, etc.) <input type="checkbox"/> Firearm (unknown type) <input type="checkbox"/> Handgun <input type="checkbox"/> Knife or Other Cutting/Stabbing Instruments	<input type="checkbox"/> Other Gun (pellet, BB gun, stun gun, etc.) <input type="checkbox"/> Personal Weapons (hands, feet, teeth, etc.) <input type="checkbox"/> Poison <input type="checkbox"/> Rifle <input type="checkbox"/> Ropes/Garrote Strangulation/Hanging	<input type="checkbox"/> Shotgun <input type="checkbox"/> Vehicle <input type="checkbox"/> Other (bottle, rocks, etc.) <input type="checkbox"/> Unknown
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4. LOCATION *(select one)*

<input type="checkbox"/> Abandoned/Condemned Structure <input type="checkbox"/> Air/Bus/Train Terminal <input type="checkbox"/> Amusement Park <input type="checkbox"/> Arena/Stadium/Fairgrounds/Coliseum <input type="checkbox"/> ATM Separate from Bank <input type="checkbox"/> Auto Dealership New/Used <input type="checkbox"/> Bank/Saving Loan <input type="checkbox"/> Bar/Night Club <input type="checkbox"/> Camp/Campground <input type="checkbox"/> Church/Synagogue/Temple/Center/Mosque <input type="checkbox"/> Commercial/Office Building/Theater <input type="checkbox"/> Community Center <input type="checkbox"/> Construction Site <input type="checkbox"/> Convenience Store	<input type="checkbox"/> Daycare Facility <input type="checkbox"/> Department/Discount Store <input type="checkbox"/> Dock/Wharf/Freight/Modal Terminal <input type="checkbox"/> Drug Store/Doctor's Office/ Hospital <input type="checkbox"/> Farm Facility <input type="checkbox"/> Field Woods <input type="checkbox"/> Gambling Facility/Casino/Race Track <input type="checkbox"/> Government/Public Building <input type="checkbox"/> Grocery/Supermarket <input type="checkbox"/> Highway/Road/Alley/Street/Sidewalk <input type="checkbox"/> Hotel/Motel, etc. <input type="checkbox"/> Industrial Site <input type="checkbox"/> Jail/Prison/Penitentiary/Correction Facility <input type="checkbox"/> Lake/Waterway/Beach <input type="checkbox"/> Liquor Store	<input type="checkbox"/> Military Installation <input type="checkbox"/> Parking Lot/Garage/Drop Lot <input type="checkbox"/> Park/Playground <input type="checkbox"/> Rental Storage Facility <input type="checkbox"/> Residence/Home/Driveway <input type="checkbox"/> Rest Area <input type="checkbox"/> Restaurant <input type="checkbox"/> School – College/University <input checked="" type="checkbox"/> School – Elementary/Secondary <input type="checkbox"/> Service/Gas Station <input type="checkbox"/> Shelter – Mission/Homeless <input type="checkbox"/> Shopping Mall <input type="checkbox"/> Specialty Store (TV, fur, etc.) <input type="checkbox"/> Tribal Lands <input type="checkbox"/> Other/Unknown
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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	Statue 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	11411 (c) PC	21	1	0	I	Unknown
#2							
#3							
#4							
#5							

* Enter the Statue 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 | 06 Larceny | 10 Intimidation |
| 02 Rape | 07 Motor Vehicle Theft | 11 Destruction/Damage/Vandalism |
| 03 Robbery | 08 Arson | 12 Human Trafficking: Commercial Sex Acts |
| 04 Aggravated Assault | 09 Simple Assault | 13 Human Trafficking: Involuntary Servitude |
| 05 Burglary | | |

VICTIM/OFFENDED PARTY TYPE CODES

- | | |
|---------------------------|---------------------------|
| B - Business | I - Person |
| F - Financial Institution | R - Religion Organization |
| G - Government | 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 |
|------------|-----------------|---------------|

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	