



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: 7142458436

Occurrence Date: May 9, 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 checked="" type="checkbox"/> Verbal Slurs
<input type="checkbox"/> Cross Burning	<input 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 checked="" 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 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	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	PC 211	41	1	0	I	NONE
#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	H	<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: 3

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 checked="" 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 type="checkbox"/> U - Unknown |

Ethnicity of Offender or Offender Group (select one):

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

	Race	Gender
#1	H	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
#2	H	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
#3	H	<input checked="" 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