



## HATE CRIME EVENT REPORT

### PLEASE RETURN COMPLETED FORM TO:

California Department of Justice  
Criminal Justice Statistics Center  
P.O. Box 903427  
Sacramento, CA 94203-4270  
Or facsimile (916) 227-3561

### 1. HATE CRIME EVENT INFORMATION

Agency Name: Santa Ana Police Department

ORI: 0301900

Preparer's Name: Detective Matthew McLeod #2770

Phone Number: (714) 245-8334

Crime Case Number: [REDACTED]

Occurrence Date: August [REDACTED] 2021 Time: [REDACTED] hrs.

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

### 4. LOCATION (select one)

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

5. TOTAL NUMBER OF VICTIMS (Person OR Business, etc.) 00002



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### 6. TYPE OF CRIME (enter most serious offense first)

	UCR Code	Statute Code Section*	Bias Motivation(s)** (5 total, 1 per UCR Code)	No. of Victims	No. of Victims by Association	Victim Type	Victim/Suspect Relationship
#1	11	594(a)(1) PC	22	2	0	I	Unknown
#2							
#3							
#4							
#5							

\*Enter the Statute Code from the crime report.

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

#### UCR CODES

01 Murder	06 Larceny - Theft	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 TYPE CODES

B - Business	I - Person
F - Financial Institution	R - Religious 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 Religions (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/SUSPECT RELATIONSHIP

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

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

If Victim Type is O - Other or R - Religious Organization, select from the following Victim/Suspect Relationship Codes:

Associated	Has Gang Member	Does Not Know
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### 7. PERSON VICTIM TYPE (complete this section only if the victim type is "I - Person")

Total Number of Person Victims:	<u>2</u>	Total Number of Adult Victim(s):	<u>2</u>	Total Number of Victim(s) Under 18:	<u>0</u>
#1	Race: <u>H</u>	Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Unknown	DOB (MM/DD/YYYY): <u>                    </u>	<b>RACE CODES</b> 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	
#2	Race: <u>H</u>	Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Unknown	DOB (MM/DD/YYYY): <u>                    </u>		
#3	Race: <u>                    </u>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	DOB (MM/DD/YYYY): <u>                    </u>		
#4	Race: <u>                    </u>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	DOB (MM/DD/YYYY): <u>                    </u>		
#5	Race: <u>                    </u>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	DOB (MM/DD/YYYY): <u>                    </u>		

### 8. SUSPECT INFORMATION

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

- ☐ A - Asian
- ☐ I - American Indian or Alaska Native
- ☐ B - Black or African-American
- ☐ P - Native Hawaiian or Other Pacific Islander
- ☒ W - White
- ☐ M - Group of Multiple Ethnicities
- ☐ U - Unknown

Ethnicity of Offender or Offender Group (select one):

- ☐ H - Hispanic or Latino
- ☒ N - Not Hispanic or Latino
- ☐ M - Group of Multiple Ethnicities
- ☐ U - Unknown

Total Number of Suspects: 1

Total Number of Adult Offenders: 1

Total Number of Offenders Under 18: 0

#1	Race: <u>W</u>	Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Unknown	DOB (MM/DD/YYYY): <u>                    </u>
#2	Race: <u>                    </u>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	DOB (MM/DD/YYYY): <u>                    </u>
#3	Race: <u>                    </u>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	DOB (MM/DD/YYYY): <u>                    </u>
#4	Race: <u>                    </u>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	DOB (MM/DD/YYYY): <u>                    </u>
#5	Race: <u>                    </u>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	DOB (MM/DD/YYYY): <u>                    </u>