



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 Matt McLeod #2770

Phone Number: (714) 245-8334

Crime Case Number:

Occurrence Date: February 2021 Time: 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 <u> </u> |
| <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 checked="" 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 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/
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.) 00001



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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	<u>11</u>	<u>594(a)(1) PC</u>	<u>32</u>	<u>1</u>	<u>0</u>	<u>B</u>	<u>Unknown</u>
#2	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
#3	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
#4	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
#5	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		

*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>0</u>	Total Number of Adult Victim(s): <u>0</u>	Total Number of Victim(s) Under 18: <u>0</u>																																									
<table><tr><th>Race</th><th>Gender</th><th>DOB (MM/DD/YYYY)</th></tr><tr><td>#1 <u> </u></td><td><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown</td><td><u> </u></td></tr><tr><td>#2 <u> </u></td><td><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown</td><td><u> </u></td></tr><tr><td>#3 <u> </u></td><td><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown</td><td><u> </u></td></tr><tr><td>#4 <u> </u></td><td><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown</td><td><u> </u></td></tr><tr><td>#5 <u> </u></td><td><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown</td><td><u> </u></td></tr></table>	Race	Gender	DOB (MM/DD/YYYY)	#1 <u> </u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>	#2 <u> </u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>	#3 <u> </u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>	#4 <u> </u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>	#5 <u> </u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>	<table><tr><th colspan="3">RACE CODES</th></tr><tr><td>A - Other Asian</td><td>I - American Indian</td><td>S - Samoan</td></tr><tr><td>B - Black</td><td>J - Japanese</td><td>U - Hawaiian</td></tr><tr><td>C - Chinese</td><td>K - Korean</td><td>V - Vietnamese</td></tr><tr><td>D - Cambodian</td><td>L - Laotian</td><td>W - White</td></tr><tr><td>F - Filipino</td><td>O - Other</td><td>Z - Asian Indian</td></tr><tr><td>G - Guamanian</td><td>P - Pacific Islander</td><td>X - Unknown</td></tr><tr><td>H - Hispanic</td><td></td><td></td></tr></table>	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		
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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
- ☐ M - Group of Multiple Ethnicities
- ☐ N - Not Hispanic or Latino
- ☒ U - Unknown

Total Number of Suspects: Unknown

Total Number of Adult Offenders: Unknown

Total Number of Offenders Under 18: Unknown

Race	Gender	DOB (MM/DD/YYYY)
#1 <u>Unknown</u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Unknown	<u> </u>
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