



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: [REDACTED]

Occurrence Date: 06/ [REDACTED] 2020

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 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"/> Other Gun (pellet, BB gun, stun gun, etc.) | <input type="checkbox"/> Shotgun |
| <input type="checkbox"/> Blunt Object (bludgeon, club, etc.) | <input checked="" 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 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 checked="" 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/Unknown |

5. TOTAL NUMBER OF VICTIMS (Person, 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 Assoc.	Victim Type	Victim/Suspect Relationship
#1	09	242 PC	32	1	0	I	Stranger
#2	04	664-245(a)(1) PC	32	1	0		
#3							
#4							
#5							

*Enter the Statute Code from the
crime report.

**Up to five total bias motivations, but
only one for each unique UCR code listed.

UCR CODES

01 Murder	05 Burglary	09 Simple Assault
02 Forcible Rape	06 Larceny - Theft	10 Intimidation
03 Robbery	07 Motor Vehicle Theft	11 Destruction/Damage/Vandalism
04 Aggravated Assault	08 Arson	

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
13 Anti-American Indian/Alaskan Native
14 Anti-Asian/Pacific Islander
15 Anti-Multiple Races, Group
31 Anti-Arab
32 Anti-Hispanic
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 Religious Groups
27 Anti-Atheism/Agnosticism/etc.
98 Anti-Sikh

Sexual Orientation

41 Anti-Male Homosexual (Gay)
42 Anti-Female Homosexual (Lesbian)
43 Anti-Homosexual (Gay & Lesbian)
44 Anti-Heterosexual
45 Anti-Bisexual

Gender

62 Anti-Male
63 Anti-Female
64 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: 1

	Race	Gender	DOB (MM/DD/YYYY)
#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	L - Laotian
B - Black	O - Other
C - Chinese	P - Pacific Islander
D - Cambodian	S - Samoan
F - Filipino	U - Hawaiian
G - Guamanian	V - Vietnamese
H - Hispanic	W - White
I - American Indian	Z - Asian Indian
J - Japanese	X - Unknown
K - Korean	

8. SUSPECT INFORMATION

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

<input type="checkbox"/> American Indian/Alaskan Native	<input checked="" type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> East Indian/Asian Indian	<input type="checkbox"/> Multiple Races Group	<input type="checkbox"/> Unknown

Total Number of Suspects: 2

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