



## 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:                       
Occurrence Date: March 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 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/Unkown                    |

5. TOTAL NUMBER OF VICTIMS (Person OR Business, etc.) 00001



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Crime Case Number: [REDACTED]

ORI: [REDACTED] 0301900

### 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	26	1	0	G	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  
02 Rape  
03 Robbery  
04 Aggravated Assault  
05 Burglary

06 Larceny - Theft  
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 TYPE CODES

B - Business  
F - Financial Institution  
G - Government

I - Person  
R - Religious 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 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:	0	Total Number of Adult Victim(s):	0	Total Number of Victim(s) Under 18:	0
Race	Gender	DOB (MM/DD/YYYY)			
#1	<input 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. SUSPECT INFORMATION

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

☐ A - Asian ☐ P - Native Hawaiian or Other Pacific Islander  
☐ I - American Indian or Alaska Native ☐ W - White  
☐ B - Black or African-American ☐ 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	<input 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		