



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: CA0301900
 Preparer's Name: Detective Matthew McLeod #2770 Phone Number: (714) 245-8334
 Crime Case Number: 2021-23934
 Occurrence Date: November 6, 2021 Time: 1300 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/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)(2) PC</u>	<u>12</u>	<u>1</u>	<u>0</u>	<u>I</u>	<u>Unknown</u>
#2	_____	_____	_____	_____	_____	*Enter the Statute Code from the crime report.	
#3	_____	_____	_____	_____	_____		
#4	_____	_____	_____	_____	_____	**Multiple bias motivations codes can be entered, but only one for each unique UCR code listed.	
#5	_____	_____	_____	_____	_____		

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: <table style="width: 100%; border: none;"> <tr> <td>Acquaintance</td> <td>Friend</td> <td>Is Employee</td> <td>Stranger</td> <td>School/Classmate</td> </tr> <tr> <td>Boyfriend/Ex-Boyfriend</td> <td>Girlfriend/Ex-Girlfriend</td> <td>Is Employer</td> <td>Neighbor</td> <td>Wife/Ex-Wife</td> </tr> <tr> <td>Child</td> <td>Homosexual Relationship</td> <td>Known to Victim</td> <td>Parent</td> <td>Unknown</td> </tr> <tr> <td>Family Member</td> <td>Husband/Ex-Husband</td> <td>Knows Victim</td> <td></td> <td></td> </tr> </table> If Victim Type is B - Business, F - Financial, or G - Government, select from the following Victim/Suspect Relationship Codes: <table style="width: 100%; border: none;"> <tr> <td>Currently Employs</td> <td>Has Customer</td> <td>No Known Relationship To</td> </tr> <tr> <td>Formerly Employed</td> <td>Is Employer</td> <td>Owned By</td> </tr> </table> If Victim Type is O - Other or R - Religious Organization, select from the following Victim/Suspect Relationship Codes: <table style="width: 100%; border: none;"> <tr> <td>Associated</td> <td>Has Gang Member</td> <td>Does Not Know</td> </tr> </table>				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			Currently Employs	Has Customer	No Known Relationship To	Formerly Employed	Is Employer	Owned By	Associated	Has Gang Member	Does Not Know
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Associated	Has Gang Member	Does Not Know																														

7. PERSON VICTIM TYPE (complete this section only if the victim type is "I - Person")

Total Number of Person Victims: <u>1</u>	Total Number of Adult Victim(s): <u>1</u>	Total Number of Victim(s) Under 18: <u>0</u>																												
#1	Race: <u>B</u>	Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Unknown	DOB (MM/DD/YYYY): <u>09/23/1983</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">RACE CODES</th> </tr> </thead> <tbody> <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> </tbody> </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): <input type="checkbox"/> A - Asian <input type="checkbox"/> I - American Indian or Alaska Native <input type="checkbox"/> B - Black or African-American <input type="checkbox"/> P - Native Hawaiian or Other Pacific Islander <input type="checkbox"/> W - White <input type="checkbox"/> M - Group of Multiple Ethnicities <input checked="" type="checkbox"/> U - Unknown			Ethnicity of Offender or Offender Group (select one): <input type="checkbox"/> H - Hispanic or Latino <input type="checkbox"/> N - Not Hispanic or Latino <input type="checkbox"/> M - Group of Multiple Ethnicities <input checked="" type="checkbox"/> U - Unknown		
Total Number of Suspects: <u>Unknown</u>	Total Number of Adult Offenders: <u>Unknown</u>	Total Number of Offenders Under 18: <u>Unknown</u>			
#1	Race: <u>X</u>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Unknown	DOB (MM/DD/YYYY): <u>Unknown</u>		
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