



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: <u>Santa Ana Police Department</u>	ORI: <u>0301900</u>
Preparer's Name: <u>Detective Matthew McLeod #2770</u>	Phone Number: <u>(714) 245-8334</u>
Crime Case Number: <u>[REDACTED]</u>	
Occurrence Date: <u>February [REDACTED] 2022</u>	Time: <u>[REDACTED]</u> 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 type="checkbox"/> Graffiti	<input checked="" type="checkbox"/> Other: Specify <u>Window Breaking</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 checked="" 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 <i>(Person OR Business, etc.)</i>	<u>00001</u>
---	--------------



HATE CRIME EVENT REPORT

Agency Name: Santa Ana Police Department Crime Case Number: ORI: 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	<u>11</u>	<u>594(a)(2) PC</u>	<u>23</u>	<u>1</u>	<u>0</u>	<u>R</u>	<u>Unknown</u>
#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			VICTIM TYPE CODES		
01 Murder	06 Larceny - Theft	10 Intimidation	B - Business	I - Person	
02 Rape	07 Motor Vehicle Theft	11 Destruction/Damage/Vandalism	F - Financial Institution	R - Religious Organization	
03 Robbery	08 Arson	12 Human Trafficking: Commercial Sex Acts	G - Government	O - Other	
04 Aggravated Assault	09 Simple Assault	13 Human Trafficking: Involuntary Servitude			
05 Burglary					

BIAS MOTIVATION		Religious		Religious (continued)		Gender	
Race/Ethnicity/National Origin		21 Anti-Jewish	82 Anti-Other Christian			61 Anti-Male	
11 Anti-White		22 Anti-Catholic	83 Anti-Buddhist			62 Anti-Female	
12 Anti-Black or African-American		23 Anti-Protestant	84 Anti-Hindu			Gender Nonconforming	
13 Anti-American Indian/Alaskan Native		24 Anti-Islamic (Muslim)	85 Anti-Sikh			71 Anti-Transgender	
14 Anti-Asian		25 Anti-Other Religion				72 Anti-Gender Non-Conforming	
15 Anti-Multiple Races (Groups)		26 Anti-Multiple Religions (Group)				Disability	
16 Anti-Native Hawaiian or Other Pacific Islander		27 Anti-Atheism/Agnosticism/etc.				51 Anti-Physical Disability	
31 Anti-Arab		28 Anti-Mormon				52 Anti-Mental Disability	
32 Anti-Hispanic or Latino		29 Anti-Jehovah's Witness					
33 Anti-Other Ethnicity/National Origin		81 Anti-Eastern Orthodox (Russian/Greek/Other)					
99 Anti-Citizenship Status							

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
------------	-----------------	---------------

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):

<input type="checkbox"/> A - Asian	<input type="checkbox"/> P - Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> I - American Indian or Alaska Native	<input type="checkbox"/> W - White
<input type="checkbox"/> B - Black or African-American	<input type="checkbox"/> M - Group of Multiple Ethnicities
	<input checked="" type="checkbox"/> U - Unknown

Ethnicity of Offender or Offender Group (select one):

<input checked="" type="checkbox"/> H - Hispanic or Latino	<input type="checkbox"/> M - Group of Multiple Ethnicities
<input type="checkbox"/> N - Not Hispanic or Latino	<input type="checkbox"/> U - Unknown

Total Number of Suspects: 1 Total Number of Adult Offenders: 1 Total Number of Offenders Under 18: 0

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