



### 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: [REDACTED]

Occurrence Date: February [REDACTED] 2022 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 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 checked="" 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 (Person OR Business, etc.) 00001



### HATE CRIME EVENT REPORT

Agency Name: Santa Ana Police Department 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	23	1	0	R	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			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	
<b>Race/Ethnicity/National Origin</b>		21 Anti-Jewish	82 Anti-Other Christian	<b>Gender Nonconforming</b>		61 Anti-Male	
11 Anti-White	22 Anti-Catholic	83 Anti-Buddhist	84 Anti-Hindu	71 Anti-Transgender		62 Anti-Female	
12 Anti-Black or African-American	23 Anti-Protestant	85 Anti-Sikh	85 Anti-Sikh	72 Anti-Gender Non-Conforming			
13 Anti-American Indian/Alaskan Native	24 Anti-Islamic (Muslim)	<b>Sexual Orientation</b>		<b>Disability</b>		51 Anti-Physical Disability	
14 Anti-Asian	25 Anti-Other Religion	41 Anti-Gay (Male)	42 Anti-Lesbian (Female)	52 Anti-Mental Disability			
15 Anti-Multiple Races (Groups)	26 Anti-Multiple Religions (Group)	43 Anti-Lesbian/Gay/Bisexual/Transgender	44 Anti-Heterosexual				
16 Anti-Native Hawaiian or Other Pacific Islander	27 Anti-Atheism/Agnosticism/etc.	45 Anti-Bisexual					
31 Anti-Arab	28 Anti-Mormon						
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:	<u>0</u>	Total Number of Adult Victim(s):	<u>0</u>	Total Number of Victim(s) Under 18:	<u>0</u>
#1	Race: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	DOB (MM/DD/YYYY)	_____	<b>RACE CODES</b> 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	
#2	Race: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	DOB (MM/DD/YYYY)	_____		
#3	Race: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	DOB (MM/DD/YYYY)	_____		
#4	Race: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	DOB (MM/DD/YYYY)	_____		
#5	Race: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	DOB (MM/DD/YYYY)	_____		

**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:	<u>1</u>	Total Number of Adult Offenders:	<u>1</u>	Total Number of Offenders Under 18:	<u>0</u>
#1	Race: <u>H</u> Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	DOB (MM/DD/YYYY)	<u>[REDACTED]</u>		
#2	Race: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	DOB (MM/DD/YYYY)	_____		
#3	Race: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	DOB (MM/DD/YYYY)	_____		
#4	Race: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	DOB (MM/DD/YYYY)	_____		
#5	Race: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	DOB (MM/DD/YYYY)	_____		