



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 2022 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 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



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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)** <small>(5 total, 1 per UCR Code)</small>	No. of Victims	No. of Victims by Association	Victim Type	Victim/Suspect Relationship
#1	11	594(a)(1) PC	82	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

- | | | |
|-----------------------|------------------------|---|
| 01 Murder | 06 Larceny - Theft | 10 Intimidation |
| 02 Rape | 07 Motor Vehicle Theft | 11 Destruction/Damage/Vandalism |
| 03 Robbery | 08 Arson | 12 Human Trafficking: Commercial Sex Acts |
| 04 Aggravated Assault | 09 Simple Assault | 13 Human Trafficking: Involuntary Servitude |
| 05 Burglary | | |

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 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 |
|------------|-----------------|---------------|

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