



### 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: March [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 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 checked="" 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 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>1</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:

- |                        |                          |                 |          |                  |
|------------------------|--------------------------|-----------------|----------|------------------|
| 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>2</u>	Total Number of Adult Victim(s):	<u>2</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>[REDACTED]</u>	<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: <u>B</u>	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	DOB (MM/DD/YYYY): <u>[REDACTED]</u>		
#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
- I - American Indian or Alaska Native
- B - Black or African-American
- P - Native Hawaiian or Other Pacific Islander
- W - White
- M - Group of Multiple Ethnicities
- U - Unknown

Ethnicity of Offender or Offender Group (select one):

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