



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: January [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 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	12	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
- 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
- Formerly Employed
- Has Customer
- Is Employer
- No Known Relationship To
- 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):

- 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	X	<input type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Unknown	[REDACTED]
#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	



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 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 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 checked="" 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



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(b)(2)(a) PC</u>	<u>12</u>	<u>1</u>	<u>0</u>	<u>G</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

- 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
- Formerly Employed
- Has Customer
- Is Employer
- No Known Relationship To
- 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):

- 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>X</u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" 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	



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 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 (Person OR Business, etc.) 00001



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		BIAS MOTIVATION		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)	
Race/Ethnicity/National Origin		11 Anti-Jewish	82 Anti-Other Christian	Gender	
12 Anti-Black or African-American	21 Anti-Catholic	83 Anti-Buddhist	84 Anti-Hindu	61 Anti-Male	
13 Anti-American Indian/Alaskan Native	22 Anti-Protestant	85 Anti-Sikh	85 Anti-Sikh	62 Anti-Female	
14 Anti-Asian	23 Anti-Islamic (Muslim)	Sexual Orientation		Gender Nonconforming	
15 Anti-Multiple Races (Groups)	24 Anti-Other Religion	41 Anti-Gay (Male)	42 Anti-Lesbian (Female)	71 Anti-Transgender	
16 Anti-Native Hawaiian or Other Pacific Islander	25 Anti-Multiple Religions (Group)	43 Anti-Lesbian/Gay/Bisexual/Transgender	44 Anti-Heterosexual	72 Anti-Gender Non-Conforming	
31 Anti-Arab	26 Anti-Atheism/Agnosticism/etc.	45 Anti-Bisexual		Disability	
32 Anti-Hispanic or Latino	27 Anti-Mormon			51 Anti-Physical Disability	
33 Anti-Other Ethnicity/National Origin	28 Anti-Jehovah's Witness			52 Anti-Mental Disability	
99 Anti-Citizenship Status	81 Anti-Eastern Orthodox (Russian/Greek/Other)				
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>
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):			Ethnicity of Offender or Offender Group (select one):		
<input type="checkbox"/> A - Asian	<input type="checkbox"/> P - Native Hawaiian or Other Pacific Islander	<input checked="" type="checkbox"/> H - Hispanic or Latino	<input type="checkbox"/> M - Group of Multiple Ethnicities		
<input type="checkbox"/> I - American Indian or Alaska Native	<input type="checkbox"/> W - White	<input type="checkbox"/> N - Not Hispanic or Latino	<input type="checkbox"/> U - Unknown		
<input type="checkbox"/> B - Black or African-American	<input type="checkbox"/> M - Group of Multiple Ethnicities				
	<input checked="" type="checkbox"/> 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>
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	_____			



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: 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)(1) 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		62 Anti-Female	
11 Anti-White	22 Anti-Catholic	83 Anti-Buddhist	63 Anti-Transgender		72 Anti-Gender Non-Conforming		
12 Anti-Black or African-American	23 Anti-Protestant	84 Anti-Hindu	71 Anti-Transgender				
13 Anti-American Indian/Alaskan Native	24 Anti-Islamic (Muslim)	85 Anti-Sikh	72 Anti-Gender Non-Conforming				
14 Anti-Asian	25 Anti-Other Religion						
15 Anti-Multiple Races (Groups)	26 Anti-Multiple Religions (Group)						
16 Anti-Native Hawaiian or Other Pacific Islander	27 Anti-Atheism/Agnosticism/etc.						
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: 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	_____



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: 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>594.3(a) 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		BIAS MOTIVATION		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	23 Anti-Protestant		83 Anti-Buddhist		62 Anti-Female	
12 Anti-Black or African-American	24 Anti-Islamic (Muslim)	25 Anti-Other Religion		84 Anti-Hindu		Gender Nonconforming	
13 Anti-American Indian/Alaskan Native	26 Anti-Multiple Religions (Group)	27 Anti-Atheism/Agnosticism/etc.		85 Anti-Sikh		71 Anti-Transgender	
14 Anti-Asian	28 Anti-Mormon	29 Anti-Jehovah's Witness		Sexual Orientation		72 Anti-Gender Non-Conforming	
15 Anti-Multiple Races (Groups)	29 Anti-Jehovah's Witness	81 Anti-Eastern Orthodox (Russian/Greek/Other)		41 Anti-Gay (Male)		Disability	
16 Anti-Native Hawaiian or Other Pacific Islander				42 Anti-Lesbian (Female)		51 Anti-Physical Disability	
31 Anti-Arab				43 Anti-Lesbian/Gay/Bisexual/Transgender		52 Anti-Mental Disability	
32 Anti-Hispanic or Latino				44 Anti-Heterosexual			
33 Anti-Other Ethnicity/National Origin				45 Anti-Bisexual			
99 Anti-Citizenship Status							

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>
Race	Gender	DOB (MM/DD/YYYY)		RACE CODES	
#1	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	_____		A - Other Asian I - American Indian S - Samoan	
#2	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	_____		B - Black J - Japanese U - Hawaiian	
#3	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	_____		C - Chinese K - Korean V - Vietnamese	
#4	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	_____		D - Cambodian L - Laotian W - White	
#5	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	_____		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):		Ethnicity of Offender or Offender Group (select one):	
<input type="checkbox"/> A - Asian	<input type="checkbox"/> P - Native Hawaiian or Other Pacific Islander	<input checked="" type="checkbox"/> H - Hispanic or Latino	<input type="checkbox"/> M - Group of Multiple Ethnicities
<input type="checkbox"/> I - American Indian or Alaska Native	<input type="checkbox"/> W - White	<input type="checkbox"/> N - Not Hispanic or Latino	<input type="checkbox"/> U - Unknown
<input type="checkbox"/> B - Black or African-American	<input type="checkbox"/> M - Group of Multiple Ethnicities		
	<input checked="" type="checkbox"/> 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>
Race	Gender	DOB (MM/DD/YYYY)			
#1	<input checked="" 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	_____			



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 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 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 checked="" 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



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	11	594(b)(2)(a) PC	12	1	0	G	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
- 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

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
- Formerly Employed
- Has Customer
- Is Employer
- No Known Relationship To
- 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):

- 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	X	<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	



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 checked="" 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 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 checked="" 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.) 00002



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	04	243(d) PC	41	2	0	I	None/Strangers
#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		I - Person	
11 Anti-White	22 Anti-Catholic	23 Anti-Protestant	83 Anti-Buddhist	62 Anti-Female		R - Religious Organization	
12 Anti-Black or African-American	24 Anti-Islamic (Muslim)	25 Anti-Other Religion	84 Anti-Hindu	71 Anti-Transgender		O - Other	
13 Anti-American Indian/Alaskan Native	26 Anti-Multiple Religions (Group)	27 Anti-Atheism/Agnosticism/etc.	85 Anti-Sikh	72 Anti-Gender Non-Conforming			
14 Anti-Asian	28 Anti-Mormon	29 Anti-Jehovah's Witness					
15 Anti-Multiple Races (Groups)	31 Anti-Arab	32 Anti-Hispanic or Latino					
16 Anti-Native Hawaiian or Other Pacific Islander	33 Anti-Other Ethnicity/National Origin	39 Anti-Citizenship Status					
17 Anti-Native Hawaiian or Other Pacific Islander							
18 Anti-Arab							
19 Anti-Hispanic or Latino							
20 Anti-Other Ethnicity/National Origin							
21 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: 2 Total Number of Adult Victim(s): 2 Total Number of Victim(s) Under 18: 0

#	Race	Gender	DOB (MM/DD/YYYY)
#1	H	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	[REDACTED]
#2	W	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	[REDACTED]
#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 checked="" type="checkbox"/> M - Group of Multiple Ethnicities
	<input type="checkbox"/> U - Unknown

Ethnicity of Offender or Offender Group (select one):

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

Total Number of Suspects: 5 Total Number of Adult Offenders: 5 Total Number of Offenders Under 18: 0

#	Race	Gender	DOB (MM/DD/YYYY)
#1	B	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	[REDACTED]
#2	B	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	[REDACTED]
#3	H	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	[REDACTED]
#4	H	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	[REDACTED]
#5	H	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	[REDACTED]



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 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 checked="" 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: 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	<u>08</u>	<u>594.3(a) PC</u>	<u>82</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

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

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>0</u>	Total Number of Adult Victim(s): <u>0</u>	Total Number of Victim(s) Under 18: <u>0</u>
--	---	--

#	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: <u>Unknown</u>	Total Number of Adult Offenders: <u>Unknown</u>	Total Number of Offenders Under 18: <u>Unknown</u>
--	---	--

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



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 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: 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		BIAS MOTIVATION		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					
Race/Ethnicity/National Origin		Religious		Gender	
11 Anti-White	21 Anti-Jewish	82 Anti-Other Christian	61 Anti-Male		
12 Anti-Black or African-American	22 Anti-Catholic	83 Anti-Buddhist	62 Anti-Female		
13 Anti-American Indian/Alaskan Native	23 Anti-Protestant	84 Anti-Hindu	Gender Nonconforming		
14 Anti-Asian	24 Anti-Islamic (Muslim)	85 Anti-Sikh	71 Anti-Transgender		
15 Anti-Multiple Races (Groups)	25 Anti-Other Religion	Sexual Orientation		72 Anti-Gender Non-Conforming	
16 Anti-Native Hawaiian or Other Pacific Islander	26 Anti-Multiple Religions (Group)	41 Anti-Gay (Male)			
31 Anti-Arab	27 Anti-Atheism/Agnosticism/etc.	42 Anti-Lesbian (Female)			
32 Anti-Hispanic or Latino	28 Anti-Mormon	43 Anti-Lesbian/Gay/Bisexual/Transgender			
33 Anti-Other Ethnicity/National Origin	29 Anti-Jehovah's Witness	44 Anti-Heterosexual			
99 Anti-Citizenship Status	81 Anti-Eastern Orthodox (Russian/Greek/Other)	45 Anti-Bisexual			
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	_____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3">RACE CODES</th> </tr> <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> </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		
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																												
#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	_____																									

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: 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	_____	



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



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)** <small>(5 total, 1 per UCR Code)</small>	No. of Victims	No. of Victims by Association	Victim Type	Victim/Suspect Relationship
#1	11	594(b)(2)(a) 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: 1 Total Number of Adult Offenders: 0 Total Number of Offenders Under 18: 0

#	Race	Gender	DOB (MM/DD/YYYY)
#1	Unknown	<input checked="" 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	_____



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



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 <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 _____	_____	_____	_____	_____	_____	_____
#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
- 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>
#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): _____

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: <u>Unknown</u>	Total Number of Adult Offenders: <u>Unknown</u>	Total Number of Offenders Under 18: <u>Unknown</u>	
#1	Race: <u>Unknown</u>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" 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): _____



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



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)** <small>(5 total, 1 per UCR Code)</small>	No. of Victims	No. of Victims by Association	Victim Type	Victim/Suspect Relationship
#1	<u>11</u>	<u>594(b)(2)(a) PC</u>	<u>82</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

- | | | |
|-----------------------|------------------------|---|
| 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: <u>0</u>	Total Number of Adult Victim(s): <u>0</u>	Total Number of Victim(s) Under 18: <u>0</u>
--	---	--

#	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: <u>Unknown</u>	Total Number of Adult Offenders: <u>Unknown</u>	Total Number of Offenders Under 18: <u>Unknown</u>
--	---	--

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



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 Phone Number: (714) 245-8334
 Crime Case Number:
 Occurrence Date: April 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.)



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	11	594.3(a) 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		BIAS MOTIVATION		VICTIM TYPE CODES	
01 Murder	06 Larceny - Theft	10 Intimidation	11 Destruction/Damage/Vandalism	B - Business	I - Person
02 Rape	07 Motor Vehicle Theft	12 Human Trafficking: Commercial Sex Acts	13 Human Trafficking: Involuntary Servitude	F - Financial Institution	R - Religious Organization
03 Robbery	08 Arson			G - Government	O - Other
04 Aggravated Assault	09 Simple Assault				
05 Burglary					

Race/Ethnicity/National Origin	Religious	Religious (continued)	Gender
11 Anti-White	21 Anti-Jewish	82 Anti-Other Christian	61 Anti-Male
12 Anti-Black or African-American	22 Anti-Catholic	83 Anti-Buddhist	62 Anti-Female
13 Anti-American Indian/Alaskan Native	23 Anti-Protestant	84 Anti-Hindu	Gender Nonconforming
14 Anti-Asian	24 Anti-Islamic (Muslim)	85 Anti-Sikh	71 Anti-Transgender
15 Anti-Multiple Races (Groups)	25 Anti-Other Religion		72 Anti-Gender Non-Conforming
16 Anti-Native Hawaiian or Other Pacific Islander	26 Anti-Multiple Religions (Group)	Sexual Orientation	Disability
31 Anti-Arab	27 Anti-Atheism/Agnosticism/etc.	41 Anti-Gay (Male)	51 Anti-Physical Disability
32 Anti-Hispanic or Latino	28 Anti-Mormon	42 Anti-Lesbian (Female)	52 Anti-Mental Disability
33 Anti-Other Ethnicity/National Origin	29 Anti-Jehovah's Witness	43 Anti-Lesbian/Gay/Bisexual/Transgender	
99 Anti-Citizenship Status	81 Anti-Eastern Orthodox (Russian/Greek/Other)	44 Anti-Heterosexual	
		45 Anti-Bisexual	

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: 0 Total Number of Offenders Under 18: 0

#	Race	Gender	DOB (MM/DD/YYYY)
#1	H	<input checked="" 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	



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: April [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 checked="" type="checkbox"/> Other: Specify <u>Door Burning</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 checked="" 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: 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>08</u>	<u>451(d) PC</u>	<u>22</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

- 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
- Formerly Employed
- Has Customer
- Is Employer
- No Known Relationship To
- 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):

- 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: 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	_____



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: April [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 checked="" type="checkbox"/> Other: Specify <u>Window Burning</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 checked="" 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	<u>08</u>	<u>451(d) 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

- 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
- Formerly Employed
- Has Customer
- Is Employer
- No Known Relationship To
- 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):

- 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	_____



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: May [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: 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(b)(1) PC</u>	<u>23</u>	<u>1</u>	<u>0</u>	<u>R</u>	<u>Stranger</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			Gender		
Race/Ethnicity/National Origin			Religious (continued)		
11 Anti-White	21 Anti-Jewish	82 Anti-Other Christian	61 Anti-Male		
12 Anti-Black or African-American	22 Anti-Catholic	83 Anti-Buddhist	62 Anti-Female		
13 Anti-American Indian/Alaskan Native	23 Anti-Protestant	84 Anti-Hindu	Gender Nonconforming		
14 Anti-Asian	24 Anti-Islamic (Muslim)	85 Anti-Sikh	71 Anti-Transgender		
15 Anti-Multiple Races (Groups)	25 Anti-Other Religion	Sexual Orientation			72 Anti-Gender Non-Conforming
16 Anti-Native Hawaiian or Other Pacific Islander	26 Anti-Multiple Religions (Group)	41 Anti-Gay (Male)	Disability		
31 Anti-Arab	27 Anti-Atheism/Agnosticism/etc.	42 Anti-Lesbian (Female)	51 Anti-Physical Disability		
32 Anti-Hispanic or Latino	28 Anti-Mormon	43 Anti-Lesbian/Gay/Bisexual/Transgender	52 Anti-Mental Disability		
33 Anti-Other Ethnicity/National Origin	29 Anti-Jehovah's Witness	44 Anti-Heterosexual			
99 Anti-Citizenship Status	81 Anti-Eastern Orthodox (Russian/Greek/Other)	45 Anti-Bisexual			
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>
Race	Gender	DOB (MM/DD/YYYY)	RACE CODES		
#1 _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	_____	A - Other Asian	I - American Indian	S - Samoan
#2 _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	_____	B - Black	J - Japanese	U - Hawaiian
#3 _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	_____	C - Chinese	K - Korean	V - Vietnamese
#4 _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	_____	D - Cambodian	L - Laotian	W - White
#5 _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	_____	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):			Ethnicity of Offender or Offender Group (select one):		
<input type="checkbox"/> A - Asian	<input type="checkbox"/> P - Native Hawaiian or Other Pacific Islander	<input checked="" type="checkbox"/> H - Hispanic or Latino	<input type="checkbox"/> M - Group of Multiple Ethnicities		
<input type="checkbox"/> I - American Indian or Alaska Native	<input type="checkbox"/> W - White	<input type="checkbox"/> N - Not Hispanic or Latino	<input type="checkbox"/> U - Unknown		
<input type="checkbox"/> B - Black or African-American	<input checked="" type="checkbox"/> M - Group of Multiple Ethnicities				
	<input type="checkbox"/> 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>
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	_____			



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: June 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: 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

- | | | |
|-----------------------|------------------------|---|
| 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 checked="" type="checkbox"/> M - Group of Multiple Ethnicities |
| | <input 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	_____



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: June [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: 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(b)(1) 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

- | | | |
|-----------------------|------------------------|---|
| 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 checked="" type="checkbox"/> M - Group of Multiple Ethnicities |
| | <input 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	_____



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: July [REDACTED] 2022 Time: [REDACTED] B 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>Homicide</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 checked="" 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



HATE CRIME EVENT REPORT

Agency Name: Santa Ana Police Department Crime Case Number: 2000000000 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	01	187(a) PC	11	1	0	I	Stranger
#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: <u>1</u>		Total Number of Adult Victim(s): <u>1</u>		Total Number of Victim(s) Under 18: <u>0</u>																									
#	Race	Gender	DOB (MM/DD/YYYY)																										
#1	W	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	[REDACTED]		<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		
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																													
#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																											

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 checked="" type="checkbox"/> B - Black or African-American <input type="checkbox"/> M - Group of Multiple Ethnicities <input 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 checked="" type="checkbox"/> N - Not Hispanic or Latino <input type="checkbox"/> U - Unknown		
Total Number of Suspects: <u>2</u>		Total Number of Adult Offenders: <u>2</u>		Total Number of Offenders Under 18: <u>0</u>	
#	Race	Gender	DOB (MM/DD/YYYY)		
#1	B	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	[REDACTED]		
#2	B	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	[REDACTED]		
#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			



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
Preparer's Name: Detective Matthew McLeod #2770
Crime Case Number: [REDACTED]
Occurrence Date: July [REDACTED] 2022 Time: [REDACTED] hrs.

ORI: [REDACTED] 0301900
Phone Number: (714) 245-8334

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>Threatening FB Posts</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 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.)



HATE CRIME EVENT REPORT

Agency Name: Santa Ana Police Department Crime Case Number: [REDACTED] 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>10</u>	<u>422 PC</u>	<u>33</u>	<u>1</u>	<u>0</u>	<u>I</u>	<u>Stranger</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

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

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: 1 Total Number of Adult Victim(s): 1 Total Number of Victim(s) Under 18: 0

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

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 checked="" type="checkbox"/> M - Group of Multiple Ethnicities |
| | <input 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>[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	_____



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: July [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 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



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 <u>11</u>	<u>594(a)(1) PC</u>	<u>12</u>	<u>1</u>	<u>0</u>	<u>I</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

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: 1 Total Number of Adult Victim(s): 1 Total Number of Victim(s) 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>[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	_____

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):

- 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	_____



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: July [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 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: 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>594.3(a) PC</u>	<u>22</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

- | | | |
|-----------------------|------------------------|---|
| 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	_____	<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	_____



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: CA [REDACTED]

Preparer's Name: Detective Matthew McLeod #2770

Phone Number: (714) 245-8334

Crime Case Number: [REDACTED]

Occurrence Date: August [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 checked="" type="checkbox"/> Other: Specify <u>Damage to Statue</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 (Person OR Business, etc.)



HATE CRIME EVENT REPORT

Agency Name: Santa Ana Police Department Crime Case Number: ORI: CA

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(b)(1) PC</u>	<u>83</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			Gender		
Race/Ethnicity/National Origin			Religious (continued)		
11 Anti-White	21 Anti-Jewish	82 Anti-Other Christian	61 Anti-Male		
12 Anti-Black or African-American	22 Anti-Catholic	83 Anti-Buddhist	62 Anti-Female		
13 Anti-American Indian/Alaskan Native	23 Anti-Protestant	84 Anti-Hindu	Gender Nonconforming		
14 Anti-Asian	24 Anti-Islamic (Muslim)	85 Anti-Sikh	71 Anti-Transgender		
15 Anti-Multiple Races (Groups)	25 Anti-Other Religion	Sexual Orientation			72 Anti-Gender Non-Conforming
16 Anti-Native Hawaiian or Other Pacific Islander	26 Anti-Multiple Religions (Group)	41 Anti-Gay (Male)	Disability		
31 Anti-Arab	27 Anti-Atheism/Agnosticism/etc.	42 Anti-Lesbian (Female)	51 Anti-Physical Disability		
32 Anti-Hispanic or Latino	28 Anti-Mormon	43 Anti-Lesbian/Gay/Bisexual/Transgender	52 Anti-Mental Disability		
33 Anti-Other Ethnicity/National Origin	29 Anti-Jehovah's Witness	44 Anti-Heterosexual			
99 Anti-Citizenship Status	81 Anti-Eastern Orthodox (Russian/Greek/Other)	45 Anti-Bisexual			
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>
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):			Ethnicity of Offender or Offender Group (select one):		
<input type="checkbox"/> A - Asian	<input type="checkbox"/> P - Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> H - Hispanic or Latino	<input type="checkbox"/> M - Group of Multiple Ethnicities	
<input type="checkbox"/> I - American Indian or Alaska Native	<input type="checkbox"/> W - White		<input type="checkbox"/> N - Not Hispanic or Latino	<input checked="" type="checkbox"/> U - Unknown	
<input type="checkbox"/> B - Black or African-American	<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>			
Race	Gender	DOB (MM/DD/YYYY)			
#1 <u>Unknown</u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" 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	_____			



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: CA [REDACTED]

Preparer's Name: Detective Matthew McLeod #2770

Phone Number: (714) 245-8334

Crime Case Number: [REDACTED]

Occurrence Date: August [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 checked="" 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 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 checked="" 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 type="checkbox"/> Church/Synagogue/Temple/Center/
Mosque | <input checked="" 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.)



HATE CRIME EVENT REPORT

Agency Name: Santa Ana Police Department Crime Case Number: ORI: CA

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	<u>04</u>	<u>417(a)(1) PC</u>	<u>71</u>	<u>1</u>	<u>0</u>	<u>I</u>	<u>None/Stranger</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

- | | | |
|-----------------------|------------------------|---|
| 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: <u>1</u>	Total Number of Adult Victim(s): <u>1</u>	Total Number of Victim(s) Under 18: <u>0</u>
--	---	--

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

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 checked="" type="checkbox"/> M - Group of Multiple Ethnicities |
| | <input 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: <u>1</u>	Total Number of Adult Offenders: <u>1</u>	Total Number of Offenders Under 18: <u>0</u>
------------------------------------	---	--

#	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	_____



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: CA [REDACTED]

Preparer's Name: Detective Matthew McLeod #2770

Phone Number: (714) 245-8334

Crime Case Number: [REDACTED]

Occurrence Date: September [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 checked="" 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 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 checked="" 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 type="checkbox"/> Church/Synagogue/Temple/Center/
Mosque | <input checked="" 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.)



HATE CRIME EVENT REPORT

Agency Name: Santa Ana Police Department Crime Case Number: ORI: CA

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>02</u>	<u>287(d)(1)(B) PC</u>	<u>41</u>	<u>1</u>	<u>0</u>	<u>I</u>	<u>Stranger</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

- | | | |
|-----------------------|------------------------|---|
| 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: 1 Total Number of Adult Victim(s): 1 Total Number of Victim(s) 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	_____

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 checked="" type="checkbox"/> M - Group of Multiple Ethnicities |
| | <input 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	_____



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: CA [REDACTED]

Preparer's Name: Detective Matthew McLeod #2770

Phone Number: (714) 245-8334

Crime Case Number: [REDACTED]

Occurrence Date: October [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.)



HATE CRIME EVENT REPORT

Agency Name: Santa Ana Police Department Crime Case Number: [REDACTED] ORI: CA [REDACTED]

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>22</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

- | | | |
|-----------------------|------------------------|---|
| 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	<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	_____



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: CA [REDACTED]

Preparer's Name: Detective Matthew McLeod #2770

Phone Number: (714) 245-8334

Crime Case Number: [REDACTED]

Occurrence Date: November [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 checked="" 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 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 checked="" 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 type="checkbox"/> Church/Synagogue/Temple/Center/
Mosque | <input checked="" 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.)



HATE CRIME EVENT REPORT

Agency Name: Santa Ana Police Department Crime Case Number: [REDACTED] ORI: CA [REDACTED]

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>04</u>	<u>245(a)(1) PC</u>	<u>43</u>	<u>1</u>	<u>0</u>	<u>I</u>	<u>None/Strangers</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

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: 1 Total Number of Adult Victim(s): 1 Total Number of Victim(s) Under 18: 0

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

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):

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

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



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: CA [REDACTED]

Preparer's Name: Detective Matthew McLeod #2770

Phone Number: (714) 245-8334

Crime Case Number: [REDACTED]

Occurrence Date: November [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 checked="" 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 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 checked="" 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.)



HATE CRIME EVENT REPORT

Agency Name: Santa Ana Police Department Crime Case Number: [REDACTED] ORI: CA [REDACTED]

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>04</u>	<u>245(a)(1) PC</u>	<u>12</u>	<u>1</u>	<u>0</u>	<u>I</u>	<u>None/Stranger</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

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: 1 Total Number of Adult Victim(s): 1 Total Number of Victim(s) Under 18: 0

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

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 checked="" type="checkbox"/> W - White
<input type="checkbox"/> B - Black or African-American	<input type="checkbox"/> M - Group of Multiple Ethnicities
	<input 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 checked="" 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>W</u>	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input 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	_____