



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 Matt McLeod #2770

Phone Number: (714) 245-8334

Crime Case Number: [REDACTED]

Occurrence Date: February [REDACTED] 2021 Time: [REDACTED] hrs.

2. TYPE OF OFFENSIVE ACT (select one)

- | | | |
|--|---|---|
| <input type="checkbox"/> Annoying Telephone Calls/Facsimiles | <input type="checkbox"/> Disturbing Public Assembly/Meeting | <input type="checkbox"/> Threatening Letters/Flyers/E-Mails |
| <input type="checkbox"/> Bombing | <input type="checkbox"/> Explosion | <input type="checkbox"/> Verbal Slurs |
| <input type="checkbox"/> Cross Burning | <input checked="" type="checkbox"/> Graffiti | <input type="checkbox"/> Other: Specify _____ |
| <input type="checkbox"/> Damage to Vehicle | <input type="checkbox"/> Hanging in Effigy | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Daubing of Swastika | <input type="checkbox"/> Rock Throwing | |

3. WEAPON TYPE (select one if a weapon was involved)

- | | | |
|---|--|--|
| <input type="checkbox"/> Arson, Fire | <input type="checkbox"/> Other Gun (pellet, BB gun, stun gun, etc.) | <input type="checkbox"/> Shotgun |
| <input type="checkbox"/> Blunt Object (bludgeon, club, etc.) | <input type="checkbox"/> Personal Weapons (hands, feet, teeth, etc.) | <input type="checkbox"/> Vehicle |
| <input type="checkbox"/> Firearm (unknown type) | <input type="checkbox"/> Poison | <input type="checkbox"/> Other (bottle, rocks, etc.) |
| <input type="checkbox"/> Handgun | <input type="checkbox"/> Rifle | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Knife or Other Cutting/Stabbing Instrument | <input type="checkbox"/> Ropes/Garrote Strangulation/Hanging | |

4. LOCATION (select one)

- | | | |
|--|---|---|
| <input type="checkbox"/> Abandoned/Condemned Structure | <input type="checkbox"/> Daycare Facility | <input type="checkbox"/> Military Installation |
| <input type="checkbox"/> Air/Bus/Train Terminal | <input type="checkbox"/> Department/Discount Store | <input checked="" type="checkbox"/> Parking Lot/Garage/Drop Lot |
| <input type="checkbox"/> Amusement Park | <input type="checkbox"/> Dock/Wharf/Freight/Modal Terminal | <input type="checkbox"/> Park/Playground |
| <input type="checkbox"/> Arena/Stadium/Fairgrounds/Coliseum | <input type="checkbox"/> Drug Store/Doctor's Office/Hospital | <input type="checkbox"/> Rental Storage Facility |
| <input type="checkbox"/> ATM Separate from Bank | <input type="checkbox"/> Farm Facility | <input type="checkbox"/> Residence/Home/Driveway |
| <input type="checkbox"/> Auto Dealership New/Used | <input type="checkbox"/> Field/Woods | <input type="checkbox"/> Rest Area |
| <input type="checkbox"/> Bank/Savings Loan | <input type="checkbox"/> Gambling Facility/Casino/Race Track | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Bar/Night Club | <input type="checkbox"/> Government/Public Building | <input type="checkbox"/> School - College/University |
| <input type="checkbox"/> Camp/Campground | <input type="checkbox"/> Grocery/Supermarket | <input type="checkbox"/> School - Elementary/Secondary |
| <input type="checkbox"/> Church/Synagogue/Temple/Center/
Mosque | <input type="checkbox"/> Highway/Road/Alley/Street/Sidewalk | <input type="checkbox"/> Service/Gas Station |
| <input type="checkbox"/> Commercial/Office Building/Theater | <input type="checkbox"/> Hotel/Motel, etc. | <input type="checkbox"/> Shelter - Mission/Homeless |
| <input type="checkbox"/> Community Center | <input type="checkbox"/> Industrial Site | <input type="checkbox"/> Shopping Mall |
| <input type="checkbox"/> Construction Site | <input type="checkbox"/> Jail/Prison/Penitentiary/Correction Facility | <input type="checkbox"/> Specialty Store (TV, fur, etc.) |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Lake/Waterway/Beach | <input type="checkbox"/> Tribal Lands |
| | <input type="checkbox"/> Liquor Store | <input type="checkbox"/> Other/Unkown |

5. TOTAL NUMBER OF VICTIMS (Person OR Business, etc.) 00001



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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>32</u>	<u>1</u>	<u>0</u>	<u>B</u>	<u>Unknown</u>
#2	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	*Enter the Statute Code from the crime report.	
#3	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
#4	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
#5	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	**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
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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>																																									
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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
- ☐ 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	<u>Unknown</u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Unknown	<u> </u>
#2	<u> </u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>
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#2	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	*Enter the Statute Code from the crime report. ** Multiple bias motivations codes can be entered, but only one for each unique UCR code listed.	
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- 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
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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
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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>																																									
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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
- ☐ 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 <u> </u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>
#2 <u> </u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>
#3 <u> </u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>
#4 <u> </u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>
#5 <u> </u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>



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 2021

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 checked="" type="checkbox"/> Graffiti | <input type="checkbox"/> Other: Specify <u> </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 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.) 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	26	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

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):

☐ 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
☐ 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	<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: 0301900

Preparer's Name: Detective Matthew McLeod #2770

Phone Number: (714) 245-8334

Crime Case Number:

Occurrence Date: May 2021

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 checked="" type="checkbox"/> Verbal Slurs |
| <input type="checkbox"/> Cross Burning | <input type="checkbox"/> Graffiti | <input type="checkbox"/> Other: Specify <u> </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 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.) 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	03	211 PC	43	1	0	I	Knows Victim
#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:	1	Total Number of Adult Victim(s):	1	Total Number of Victim(s) Under 18:	0																				
<table><tr><td>#1</td><td>Race H</td><td>Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Unknown</td><td>DOB (MM/DD/YYYY) [REDACTED]</td></tr><tr><td>#2</td><td></td><td><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown</td><td></td></tr><tr><td>#3</td><td></td><td><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown</td><td></td></tr><tr><td>#4</td><td></td><td><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown</td><td></td></tr><tr><td>#5</td><td></td><td><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown</td><td></td></tr></table>						#1	Race H	Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Unknown	DOB (MM/DD/YYYY) [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	
#1	Race H	Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Unknown	DOB (MM/DD/YYYY) [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																							
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 ☐ 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: 1

Total Number of Adult Offenders: 1

Total Number of Offenders Under 18: 0

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

Occurrence Date: May 2021

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 checked="" type="checkbox"/> Verbal Slurs |
| <input type="checkbox"/> Cross Burning | <input type="checkbox"/> Graffiti | <input type="checkbox"/> Other: Specify <u> </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 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 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.) 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>09</u>	<u>242 PC</u>	<u>31</u>	<u>1</u>	<u>0</u>	<u>I</u>	<u>Stranger</u>
#2	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
#3	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
#4	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
#5	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		

*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>																																					
<table><tr><td>Race</td><td>Gender</td><td>DOB (MM/DD/YYYY)</td></tr><tr><td><u>O</u></td><td><input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown</td><td><u> </u></td></tr><tr><td><u> </u></td><td><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown</td><td><u> </u></td></tr><tr><td><u> </u></td><td><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown</td><td><u> </u></td></tr><tr><td><u> </u></td><td><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown</td><td><u> </u></td></tr><tr><td><u> </u></td><td><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown</td><td><u> </u></td></tr></table>	Race	Gender	DOB (MM/DD/YYYY)	<u>O</u>	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>	<u> </u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>	<u> </u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>	<u> </u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>	<u> </u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>	<table><tr><td>RACE CODES</td></tr><tr><td>A - Other Asian</td></tr><tr><td>B - Black</td></tr><tr><td>C - Chinese</td></tr><tr><td>D - Cambodian</td></tr><tr><td>F - Filipino</td></tr><tr><td>G - Guamanian</td></tr><tr><td>H - Hispanic</td></tr><tr><td>I - American Indian</td></tr><tr><td>J - Japanese</td></tr><tr><td>K - Korean</td></tr><tr><td>L - Laotian</td></tr><tr><td>O - Other</td></tr><tr><td>P - Pacific Islander</td></tr><tr><td>S - Samoan</td></tr><tr><td>U - Hawaiian</td></tr><tr><td>V - Vietnamese</td></tr><tr><td>W - White</td></tr><tr><td>Z - Asian Indian</td></tr><tr><td>X - Unknown</td></tr></table>	RACE CODES	A - Other Asian	B - Black	C - Chinese	D - Cambodian	F - Filipino	G - Guamanian	H - Hispanic	I - American Indian	J - Japanese	K - Korean	L - Laotian	O - Other	P - Pacific Islander	S - Samoan	U - Hawaiian	V - Vietnamese	W - White	Z - Asian Indian	X - Unknown
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8. SUSPECT INFORMATION

Suspect's Race as a Group (select one): <input type="checkbox"/> A - Asian <input type="checkbox"/> I - American Indian or Alaska Native <input type="checkbox"/> B - Black or African-American <input type="checkbox"/> P - Native Hawaiian or Other Pacific Islander <input type="checkbox"/> W - White <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"/> N - Not Hispanic or Latino <input type="checkbox"/> M - Group of Multiple Ethnicities <input type="checkbox"/> U - Unknown																		
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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 2021

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 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	09	242 PC	43	1	0	I	Acquaintance
#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
#1	Race: H	Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Unknown	DOB (MM/DD/YYYY): [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			

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

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

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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 2021

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 _____ |
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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 |
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4. LOCATION (select one)

- | | | |
|--|---|---|
| <input type="checkbox"/> Abandoned/Condemned Structure | <input type="checkbox"/> Daycare Facility | <input type="checkbox"/> Military Installation |
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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	09	242 PC	12	1	0	I	None/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

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VICTIM TYPE CODES

B - Business	I - Person
F - Financial Institution	R - Religious Organization
G - Government	O - Other

BIAS MOTIVATION

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- 31 Anti-Arab
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- 99 Anti-Citizenship Status

Religious

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- 23 Anti-Protestant
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- Sexual Orientation**
- 41 Anti-Gay (Male)
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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>																																									
<table><tr><td>Race</td><td>Gender</td><td>DOB (MM/DD/YYYY)</td></tr><tr><td>#1 <u>B</u></td><td><input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown</td><td><u> </u></td></tr><tr><td>#2 <u> </u></td><td><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown</td><td><u> </u></td></tr><tr><td>#3 <u> </u></td><td><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown</td><td><u> </u></td></tr><tr><td>#4 <u> </u></td><td><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown</td><td><u> </u></td></tr><tr><td>#5 <u> </u></td><td><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown</td><td><u> </u></td></tr></table>	Race	Gender	DOB (MM/DD/YYYY)	#1 <u>B</u>	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>	#2 <u> </u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>	#3 <u> </u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>	#4 <u> </u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>	#5 <u> </u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>	<table><tr><td colspan="3">RACE CODES</td></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		
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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 checked="" type="checkbox"/> W - White	<input checked="" 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 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>																		
<table><tr><td>Race</td><td>Gender</td><td>DOB (MM/DD/YYYY)</td></tr><tr><td>#1 <u>W</u></td><td><input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown</td><td><u> </u></td></tr><tr><td>#2 <u> </u></td><td><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown</td><td><u> </u></td></tr><tr><td>#3 <u> </u></td><td><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown</td><td><u> </u></td></tr><tr><td>#4 <u> </u></td><td><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown</td><td><u> </u></td></tr><tr><td>#5 <u> </u></td><td><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown</td><td><u> </u></td></tr></table>	Race	Gender	DOB (MM/DD/YYYY)	#1 <u>W</u>	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>	#2 <u> </u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>	#3 <u> </u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>	#4 <u> </u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>	#5 <u> </u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>		
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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: August 2021 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 checked="" 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

	Race	Gender	DOB (MM/DD/YYYY)
#1	B	<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	
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HATE CRIME EVENT REPORT

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California Department of Justice
Criminal Justice Statistics Center
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1. HATE CRIME EVENT INFORMATION

Agency Name: Santa Ana Police Department

ORI: 0301900

Preparer's Name: Detective Matthew McLeod #2770

Phone Number: _____

Crime Case Number:

Occurrence Date: August 2021

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 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 |
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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 |
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| <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 |
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| <input type="checkbox"/> Community Center | <input type="checkbox"/> Industrial Site | <input type="checkbox"/> Shopping Mall |
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| <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

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>B</u>	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		<u>[REDACTED]</u>	
#2	<u></u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		<u></u>	
#3	<u></u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		<u></u>	
#4	<u></u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		<u></u>	
#5	<u></u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		<u></u>	



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1. HATE CRIME EVENT INFORMATION

Agency Name: Santa Ana Police Department

ORI: 0301900

Preparer's Name: Detective Matthew McLeod #2770

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Crime Case Number: [REDACTED]

Occurrence Date: August [REDACTED] 2021 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 |
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| <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 |
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| <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 |
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| <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>12</u>	<u>1</u>	<u>0</u>	<u>B</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
Boyfriend/Ex-Boyfriend	Girlfriend/Ex-Girlfriend	Is Employer
Child	Homosexual Relationship	Known to Victim
Family Member	Husband/Ex-Husband	Knows Victim

Stranger	School/Classmate
Neighbor	Wife/Ex-Wife
Parent	Unknown

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>																																									
<table><thead><tr><th>Race</th><th>Gender</th><th>DOB (MM/DD/YYYY)</th></tr></thead><tbody><tr><td>#1</td><td><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown</td><td></td></tr><tr><td>#2</td><td><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown</td><td></td></tr><tr><td>#3</td><td><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown</td><td></td></tr><tr><td>#4</td><td><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown</td><td></td></tr><tr><td>#5</td><td><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown</td><td></td></tr></tbody></table>	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		<table><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	Gender	DOB (MM/DD/YYYY)																																									
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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: 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> </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: August [REDACTED] 2021 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.) 00002



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>22</u>	<u>2</u>	<u>0</u>	<u>I</u>	<u>Unknown</u>
#2	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
#3	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
#4	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
#5	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		

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

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 checked="" type="checkbox"/> W - White	<input checked="" 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 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>		
#1	Race <u>W</u>	Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Unknown	DOB (MM/DD/YYYY) <u> </u>				
#2	Race <u> </u>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	DOB (MM/DD/YYYY) <u> </u>				
#3	Race <u> </u>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	DOB (MM/DD/YYYY) <u> </u>				
#4	Race <u> </u>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	DOB (MM/DD/YYYY) <u> </u>				
#5	Race <u> </u>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	DOB (MM/DD/YYYY) <u> </u>				



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: September 2021 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(a)(1) PC</u>	<u>21</u>	<u>1</u>	<u>0</u>	<u>R</u>	<u>Unknown</u>
#2	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	*Enter the Statute Code from the crime report. ** Multiple bias motivations codes can be entered, but only one for each unique UCR code listed.	
#3	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
#4	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
#5	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		

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	<u> </u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>
#2	<u> </u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>
#3	<u> </u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>
#4	<u> </u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>
#5	<u> </u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>

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: 3 Total Number of Adult Offenders: 3 Total Number of Offenders Under 18: 0

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



HATE CRIME EVENT REPORT

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1. HATE CRIME EVENT INFORMATION

Agency Name: Santa Ana Police Department ORI: 0301900
Preparer's Name: Detective Matt McLeod #2770 Phone Number: (714) 245-8334
Crime Case Number:
Occurrence Date: September 2021 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 checked="" type="checkbox"/> Graffiti | <input type="checkbox"/> Other: Specify <u> </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 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: [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	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
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: 0301900

Preparer's Name: Detective Matthew McLeod #2770

Phone Number: (714) 245-8334

Crime Case Number: [REDACTED]

Occurrence Date: November 2021

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	11	594(a)(2) PC	12	1	0	I	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:	1	Total Number of Adult Victim(s):	1	Total Number of Victim(s) Under 18:	0
Race	Gender	DOB (MM/DD/YYYY)	RACE CODES		
#1 B	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Unknown	[REDACTED]	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):

- ☐ 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 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
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P.O. Box 903427
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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: November 2021

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.) 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>09</u>	<u>242 PC</u>	<u>41</u>	<u>1</u>	<u>0</u>	<u>I</u>	<u>None/Stranger</u>
#2	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
#3	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
#4	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
#5	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		

*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>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 checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>		
#2	<u> </u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>		
#3	<u> </u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>		
#4	<u> </u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>		
#5	<u> </u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>		

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	<u> </u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>
#3	<u> </u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>
#4	<u> </u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>
#5	<u> </u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>



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: December 2021

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	594.3(a) PC	25	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	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 H	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input 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: December [REDACTED] 2021

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 checked="" 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	09	245(a)(1) PC	31	1	0	I	Neighbor
#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:	1	Total Number of Adult Victim(s):	1	Total Number of Victim(s) Under 18:	0
#1	Race O	Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	DOB (MM/DD/YYYY) [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			

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

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

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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: December 2021

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 checked="" type="checkbox"/> Verbal Slurs |
| <input type="checkbox"/> Cross Burning | <input type="checkbox"/> Graffiti | <input type="checkbox"/> Other: Specify <u> </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 checked="" 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:

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	04	245(a)(1) PC	31	1	0	I	Neighbor
#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
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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)	RACE CODES		
#1 <u>O</u>	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>	A - Other Asian I - American Indian S - Samoan		
#2	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>	B - Black J - Japanese U - Hawaiian		
#3	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>	C - Chinese K - Korean V - Vietnamese		
#4	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>	D - Cambodian L - Laotian W - White		
#5	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>	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:

Total Number of Adult Offenders:

Total Number of Offenders Under 18:

Race	Gender	DOB (MM/DD/YYYY)
#1 <u>W</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	<u> </u>
#3	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>
#4	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>
#5	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u> </u>