



# SANTA ANA POLICE DEPARTMENT HATE CRIME / INCIDENT EVENT REPORT

*\*The information contained in this form is shared with the California Department of Justice – Criminal Justice Statistics Center.*

## 1. HATE CRIME / INCIDENT EVENT REPORT

Agency Name: Santa Ana Police Department

Preparer's Name: Detective Matthew McLeod #2770 Phone Number: 714-245-8334

Occurrence Date: April      2023

Hate Crime  Hate Incident

## 2. TYPE OF OFFENSIVE ACT *(select one)*

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

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

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

<input type="checkbox"/> Abandoned/Condemned Structure <input type="checkbox"/> Air/Bus/Train Terminal <input type="checkbox"/> Amusement Park <input type="checkbox"/> Arena/Stadium/Fairgrounds/Coliseum <input type="checkbox"/> ATM Separate from Bank <input type="checkbox"/> Auto Dealership New/Used <input type="checkbox"/> Bank/Saving Loan <input type="checkbox"/> Bar/Night Club <input type="checkbox"/> Camp/Campground <input checked="" type="checkbox"/> Church/Synagogue/Temple/Center/Mosque <input type="checkbox"/> Commercial/Office Building/Theater <input type="checkbox"/> Community Center <input type="checkbox"/> Construction Site <input type="checkbox"/> Convenience Store	<input type="checkbox"/> Daycare Facility <input type="checkbox"/> Department/Discount Store <input type="checkbox"/> Dock/Wharf/Freight/Modal Terminal <input type="checkbox"/> Drug Store/Doctor's Office/ Hospital <input type="checkbox"/> Farm Facility <input type="checkbox"/> Field Woods <input type="checkbox"/> Gambling Facility/Casino/Race Track <input type="checkbox"/> Government/Public Building <input type="checkbox"/> Grocery/Supermarket <input type="checkbox"/> Highway/Road/Alley/Street/Sidewalk <input type="checkbox"/> Hotel/Motel, etc. <input type="checkbox"/> Industrial Site <input type="checkbox"/> Jail/Prison/Penitentiary/Correction Facility <input type="checkbox"/> Lake/Waterway/Beach <input type="checkbox"/> Liquor Store	<input type="checkbox"/> Military Installation <input type="checkbox"/> Parking Lot/Garage/Drop Lot <input type="checkbox"/> Park/Playground <input type="checkbox"/> Rental Storage Facility <input type="checkbox"/> Residence/Home/Driveway <input type="checkbox"/> Rest Area <input type="checkbox"/> Restaurant <input type="checkbox"/> School – College/University <input type="checkbox"/> School – Elementary/Secondary <input type="checkbox"/> Service/Gas Station <input type="checkbox"/> Shelter – Mission/Homeless <input type="checkbox"/> Shopping Mall <input type="checkbox"/> Specialty Store (TV, fur, etc.) <input type="checkbox"/> Tribal Lands <input type="checkbox"/> Other/Unknown
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## 5. TOTAL NUMBER OF VICTIMS/OFFENDED PARTIES *(Person OR Business, etc.)* 00001

**SANTA ANA POLICE DEPARTMENT - HATE CRIME / INCIDENT EVENT REPORT**

**6. TYPE OF CRIME / OFFENSIVE ACT** ( enter most serious offense first )

	UCR Code	Statute Code Section*	Bias Motivation(s)** (5 total, 1 per UCR Code)	No. of Victim/ Offended Party(s)	No. of Victim/Offended Party(s) by Association	Victim/Offended Party(s) Type	Victim-Offended Party /Offender Relationship
#1	10	653.2(a) PC	23	1	0	I	None
#2							
#3							
#4							
#5							

\* Enter the Statute Code / Type of Offensive Act from the police report.

\*\* Multiple bias motivation 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  
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/OFFENDED PARTY TYPE CODES**

B - Business  
F - Financial Institution  
G - Government

I - Person  
R - Religion 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 Religion (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/OFFENDED PARTY / OFFENDER RELATIONSHIP**

If Victim/Offended Party Type is I - Person, select from the following Victim/Offended Party / Offender 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/Offended Party Type is B - Business, F-Financial, or G-Government, select from the following Victim/Offended Party / Offender Relationship Codes:

Currently Employs	Has Customer	No Known Relationship To
Formerly Employed	Is Employer	Owned By

If Victim/Offended Party Type is O - Other, R-Religion Organization select from the following Victim/Offended Party / Offender Relationship Codes:

Associated	Has Gang Member	Does Not Know
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**7. PERSON VICTIM/OFFENDED PARTY TYPE** (complete this section only if the victim/offended party type is "I - Person")

Total Number of Person Victim/Offended Party(s): 1

	Race	Gender
#1	H	<input type="checkbox"/> Male <input checked="" 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. OFFENDER INFORMATION**

Total Number of Offenders: 1

Offender'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"/> H - Hispanic or Latino               | <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                       |

	Race	Gender
#1	W	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
#2		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
#3		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
#4		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
#5		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown