

PART I CRIMES (ACTUAL OFFENSES)  
JANUARY 2015

	JANUARY		Percent Change	Year to Date		Percent Change
	2014	2015		2014	2015	
Homicide	0	0	0	0	0	0
Rape	3	5	67%	3	5	67%
Robbery	9	20	122%	9	20	122%
Aggravated Assault	21	27	29%	21	27	29%
Burglary	29	46	59%	29	46	59%
Larceny	221	278	26%	221	278	26%
Auto Theft	26	37	42%	26	37	42%
Arson	0	2	200%	0	2	200%
Totals:	309	415	34%	309	415	34%

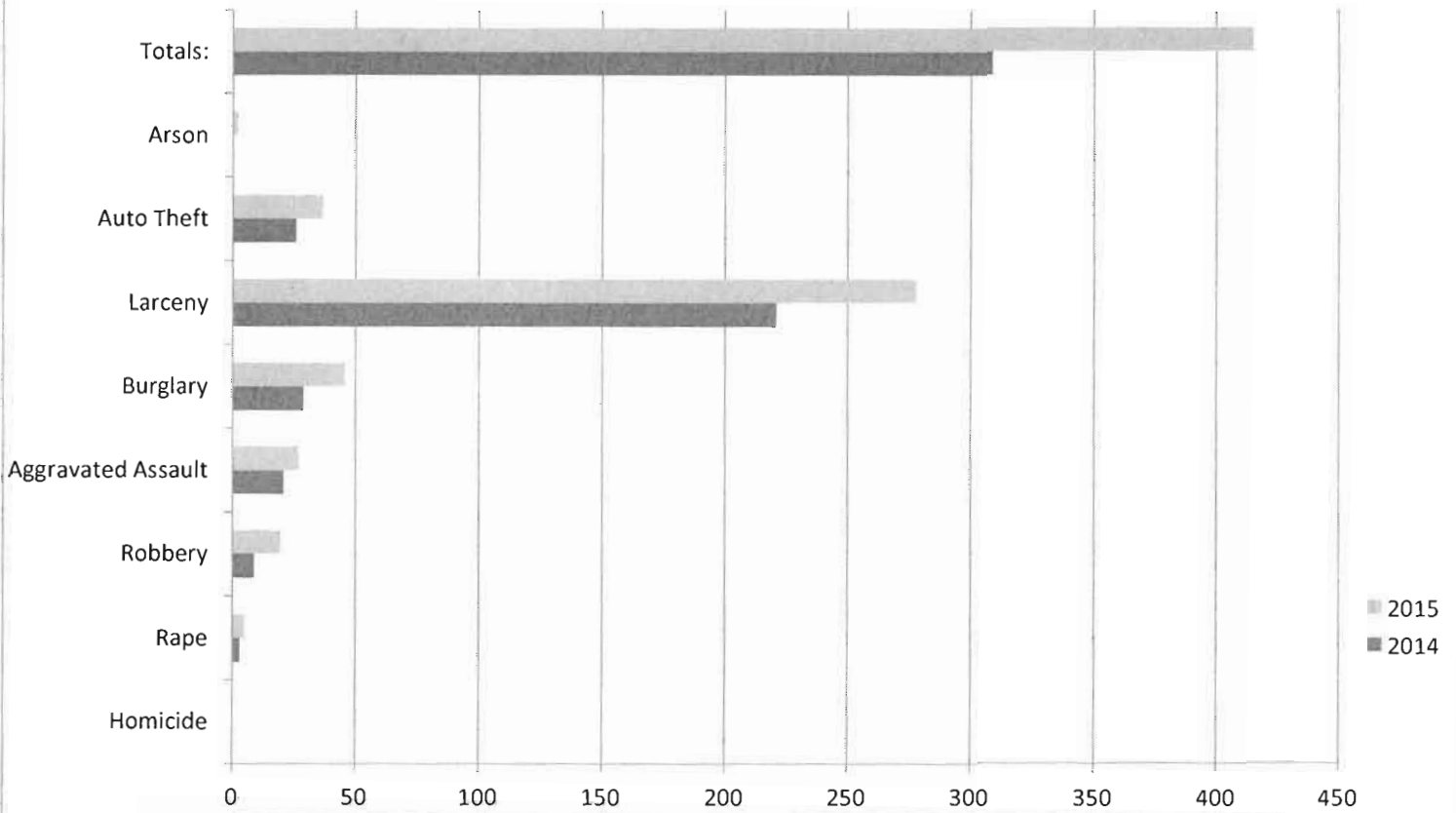
PART I CRIMES - TWO YEAR COMPARISON

	JAN 13	JAN 14	FEB 13	FEB 14	MAR 13	MAR 14	APR 13	APR 14	MAY 13	MAY 14	JUN 13	JUN 14
Homicide	0	0	0	0	0	0	0	0	0	0	0	0
Forcible Rape	3	5	3	0	8	0	3	0	8	0	4	0
Robbery	9	20	4	0	8	0	12	0	11	0	5	0
Aggravated Assault	21	27	20	0	39	0	37	0	29	0	34	0
Burglary	29	46	24	0	39	0	35	0	44	0	39	0
Larceny	221	278	210	0	259	0	198	0	244	0	213	0
Auto Theft	26	37	11	0	19	0	19	0	31	0	27	0
Arson	0	2	2	0	6	0	2	0	3	0	1	0
TOTALS:	309	415	274	0	378	0	306	0	370	0	323	0

	JUL 13	JUL 14	AUG 13	AUG 14	SEP 13	SEP 14	OCT 13	OCT 14	NOV 13	NOV 14	DEC 13	DEC 14
Homicide	1	0	0	0	0	0	0	0	0	0	0	0
Forcible Rape	4	0	3	0	6	0	8	0	10	0	3	0
Robbery	6	0	15	0	10	0	8	0	7	0	14	0
Assault	35	0	21	0	25	0	35	0	35	0	20	0
Burglary	29	0	29	0	33	0	22	0	44	0	53	0
Larceny	220	0	182	0	196	0	200	0	215	0	244	0
Auto Theft	33	0	15	0	27	0	15	0	13	0	14	0
Arson	4	0	1	0	0	0	2	0	2	0	0	0
TOTALS:	332	0	266	0	297	0	290	0	326	0	348	0

YEAR TO DATE TOTALS ARE NOT FINALIZED UNTIL THE END OF THE CALENDAR YEAR

## PART I CRIMES COMPARISON CHART JANUARY 2014 - JANUARY 2015



	Homicide	Rape	Robbery	Aggravated Assault	Burglary	Larceny	Auto Theft	Arson	Totals:
2015	0	5	20	27	46	278	37	2	415
2014	0	3	9	21	29	221	26	0	309

# MONTHLY REPORT OF OFFENSES KNOWN TO THE POLICE:

## RETURN A

This report is authorized by law Title 28, Section 534, U.S. Code. While you are not required to report, your cooperation in forwarding this report by the seventh day after the close of the month to Uniform Crime Reports, Federal Bureau of Investigation, Washington, D.C. 20535, will assist in compiling comprehensive, accurate national crime figures on a timely basis.

1 Classification of Offenses	2 Offenses Reported or Known to Police	3 Unfounded, i.e., False or Baseless Complaints	4 Number of Actual	5 Total Offenses Cleared by Arrest or Exceptional Means	6 Number of Clearances Involving Only Persons Under
<b>1. CRIMINAL HOMICIDE</b>					
a. Murder and Non-negligent Homicide	11				
b. Manslaughter by Negligence	12				
<b>2. FORCIBLE RAPE TOTAL</b>					
a. Rape by Force	20	5	5		
b. Attempts to Commit Forcible Rape	21	3	3		
	22	2	2		
<b>3. ROBBERY TOTAL</b>					
a. Firearm	30	20	20	7	1
b. Knife or Cutting Instrument	31	2	2	1	
c. Other Dangerous Weapon	32	1	1	1	1
d. Strong-Arm (Hands, Fists, Feet, etc.)	33	2	2		
	34	15	15	5	
<b>4. ASSAULT TOTAL</b>					
a. Firearm	40	77	77	38	3
b. Knife or Cutting Instrument	41				
c. Other Dangerous Weapon	42	5	5	3	
d. Strong-Arm (Hands, Fists, Feet, etc.)	43	5	5	1	
e. Other Assaults - Simple	44	17	17	12	3
	45	50	50	22	
<b>5. BURGLARY TOTAL</b>					
a. Forcible Entry	50	46	46	5	
b. Unlawful Entry - No Force	51	15	15		
c. Attempted Forcible Entry	52	31	31	5	
	53				
<b>6. LARCENY - THEFT TOTAL</b>					
	60	278	278	28	
<b>7. MOTOR VEHICLE THEFT TOTAL</b>					
a. Autos	70	38	1	37	1
b. Trucks and Buses	71	29	1	28	1
c. Other Vehicles	72	3		3	
	73	6		6	
<b>GRAND TOTAL</b>	<b>77</b>	<b>464</b>	<b>1</b>	<b>463</b>	<b>4</b>


Checking any of the appropriate blocks below will eliminate your need to submit reports when the values are zero.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> No Supplementary Homicide Report Submitted.      | <input type="checkbox"/> No Persons Under 18 Arrested.                  |
| <input type="checkbox"/> No Supplement to Return A Submitted.                        | <input type="checkbox"/> No Persons 18 or Over Arrested.                |
| <input checked="" type="checkbox"/> No Law Enforcement Officers Killed or Assaulted. | <input type="checkbox"/> No Arson Offenses Occurred.                    |
| <input type="checkbox"/> No Violent Crimes Against Seniors.                          | <input type="checkbox"/> No Domestic Violence-Related Calls.            |
| <input type="checkbox"/> No Hate Crimes.   | <input checked="" type="checkbox"/> No Anti-Reproduction Rights Crimes. |

**SANTA CRUZ PD**  
**155 CENTER ST**  
**SANTA CRUZ, CA 95060**  
 Agency and State

**CA0440200**  
 Agency ID  
**56,000**  
 Population

Month and Year of Report: **01/15**

  
 Signature \_\_\_\_\_ Date **2/11/15**  
**Jacqui Drechsler** Rewards Supervisor  
 Report Prepared by \_\_\_\_\_ Title  
**Kevin Vogel**  
 Chief

**MONTHLY REPORT OF OFFENSES KNOWN TO THE POLICE:  
SUPPLEMENT TO RETURN A**

**PROPERTY STOLEN BY CLASSIFICATION**

CLASSIFICATION		ACTUAL OFFENSES (Column 4, Return A)	VALUE OF PROPERTY STOLEN
<b>1. Murder/Nonnegligent Manslaughter</b>	12		
<b>2. Forcible Rape (Total)</b>	20	5	
<b>3. Robbery</b>			
(a) Highway (Streets, Alleys, etc.)	31	3	\$590
(b) Commercial House (Except c, d, f)	32		
(c) Gas or Service Station	33		
(d) Convenience Store	34	2	\$234
(e) Residence (Anywhere on the Premises)	35	1	\$130
(f) Bank	36		
(g) Miscellaneous	37	14	\$6,081
<b>TOTAL ROBBERY</b>	30	20	\$7,035
<b>4. Assault (Not Applicable)</b>			
<b>5. Burglary - Breaking or Entering</b>			
(a) Residence (Dwelling)			
(1) Night (6 P.M. - 6 A.M.)	51	13	\$24,379
(2) Day (6 A.M. - 6 P.M.)	52	9	\$8,845
(3) Unknown	53	7	\$24,313
(b) Non-Residence (Store, Office, etc.)			
(1) Night (6 P.M. - 6 A.M.)	54	8	\$1,965
(2) Day (6 A.M. - 6 P.M.)	55	3	\$12,030
(3) Unknown	56	6	\$13,177
<b>TOTAL BURGLARY</b>	50	46	\$84,709
<b>6. Larceny - Theft (Except Motor Vehicle Theft)</b>			
(a) Over \$400	64	111	\$154,939
(b) \$200 to \$400	61	59	\$17,677
(c) \$50 to \$199	62	50	\$5,179
(d) Under \$50	63	58	\$865
<b>TOTAL LARCENY (Same as Item 6X)</b>	60	278	\$178,660
<b>7. Motor Vehicle Theft (Include Alleged Joy Ride)</b>	70	37	\$271,179
<b>GRAND TOTAL - All Items</b>	77		\$541,583
Additional Analysis of Larceny and Motor Vehicle Theft			
<b>6X. Nature of Larcenies Under Item 6</b>			
(a) Pocket-Picking	81	1	\$150
(b) Purse-Snatching	82		
(c) Shoplifting	83	28	\$3,234
(d) From Motor Vehicles (Except e)	84	143	\$108,966
(e) Motor Vehicle Parts and Accessories	85	9	\$3,070
(f) Bicycles	86	47	\$32,362
(g) From Buildings (Except c and h)	87	9	\$12,727
(h) From Any Coin-Operated Machine (Parking Meters, etc.)	88	1	\$3,000
(i) All Other	89	40	\$15,151
<b>TOTAL LARCENIES (Same as Item 6)</b>	80	278	\$178,660
<b>7X. Motor Vehicles Recovered</b>			
(a) Stolen Locally and Recovered Locally	91	34	
(b) Stolen Locally and Recovered by Other Jurisdictions	92		
(c) Total Locally Stolen Motor Vehicles Recovered	90	34	
(d) Stolen Out of Town, Recovered Locally	93	6	

**MONTHLY REPORT OF OFFENSES KNOWN TO THE  
POLICE:**

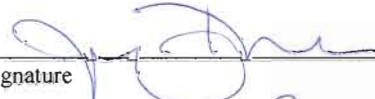
**PROPERTY BY TYPE AND VALUE**

Type of Property		Value of Property Stolen and Recovered In Your Jurisdiction	
		Stolen	Recovered
(A) Currency, Notes, etc.	01	\$10,388	\$11
(B) Jewelry and Precious Metals	02	\$17,704	\$300
(C) Clothing and Furs	03	\$28,702	\$598
(D) Locally Stolen Motor Vehicles	04	\$258,200	\$249,300
(E) Office Equipment	05	\$38,743	\$3,300
(F) Televisions, Radios, Stereos, etc.	06	\$21,543	\$1,300
(G) Firearms	07	\$500	
(H) Household Goods	08		
(I) Consumable Goods	09	\$1,272	\$590
(J) Livestock	10		
(K) Miscellaneous	11	\$164,531	\$16,750
<b>TOTAL</b>	<b>00</b>	<b>\$541,583</b>	<b>\$272,149</b>

NOTE: Total of column (2) should agree with grand total (DATA ENTRY 77) shown on page 2. In column (3) include all property recovered even though stolen in prior months. The above is an accounting for only that property stolen in your jurisdiction. This will include property recovered for you by other jurisdictions but not property you recover for them.

SANTA CRUZ PD  
155 CENTER ST  
SANTA CRUZ, CA 95060  
Agency and State  
CA0440200  
Agency ID  
56,000  
Population

Month and Year of Report: 01/15

Signature  Date 2/11/15  
Jacqui Drechsler Rewards Supervisor Title  
Report Prepared by  
Kevin Vogel Chief

# MONTHLY REPORT OF OFFENSES KNOWN TO THE POLICE:

## ARSON OFFENSES

This report is authorized by law Title 28, Section 534, United States Code, and the enactment of the fiscal year 1979, Department of Justice Authorization Bill S. 3151. While you are not required to respond, your cooperation in using this form to report all incidents of arson which become known to your department during the month will assist the FBI in compiling comprehensive, accurate data on

1 Property Classification	2 Offenses reported or known to police	3 Unfounded, i.e., false or baseless complaints	4 Number of actual offenses	5 Total offenses cleared by arrest or exceptional means	6 Number of clearances involving only persons under 18 years of age	7 Offenses where structures uninhabited, abandoned, or not normally in use	8 Estimated value of property damage
A. Single Occupancy Residential: Houses, Townhouses,							
B. Other Residential: Apartments, Tenements, Flats, Hotels, Motels, Inns, Dormitories, Boarding Houses, etc.	1		1				\$750
C. Storage: Barns, Garages, Warehouses, etc.							
D. Industrial/Manufacturing							
E. Other Commercial: Stores, Restaurants, Offices, etc.	1		1				\$200
F. Community/Public: Churches, Jails, Schools, Colleges,							
G. All Other Structures: Out Buildings, Monuments, Buildings Under Construction, etc.							
<b>TOTAL STRUCTURE</b>	<b>2</b>		<b>2</b>				<b>\$950</b>
H. Motor Vehicles: Automobiles, Trucks, Buses, Motorcycles, etc.							
I. Other Mobile Property: Trailers, Recreational Vehicles, Airplanes, Boats, etc.							
<b>TOTAL MOBILE</b>							
J. Total Other: Crops, Timber, Fences, Signs, etc.							
<b>GRAND TOTAL</b>	<b>2</b>		<b>2</b>				<b>\$950</b>

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Month and Year of Report: 01/15

Signature: Jacqui Drechsler Date: 2/11/15  
 Report Prepared by: Kevin Vogel Title: Chief

**MONTHLY REPORT OF OFFENSES KNOWN TO THE POLICE:  
VIOLENT CRIMES COMMITTED AGAINST SENIOR CITIZENS**

**In accordance with Senate concurrent resolution no. 64**

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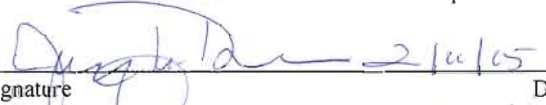

<u>TYPE OF VIOLENT CRIME</u>	<u>VICTIMS AGE 60 OR OVER</u>
1) HOMICIDE	
2) FORCIBLE RAPE	
3) ROBBERY	<b>2</b>
4) AGGRAVATED ASSAULT	<b>5</b>
<hr/>	
5) TOTAL	<b>7</b>

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Population

Month and Year of Report: **01/15**

  
Signature \_\_\_\_\_ Date **2/10/05**  
**Jacqui Drechsler**   
Report Prepared by \_\_\_\_\_ Title  
**Kevin Vogel**  
Chief


**MONTHLY REPORT OF OFFENSES KNOWN TO THE POLICE:  
 DOMESTIC VIOLENCE-RELATED CALLS FOR ASSISTANCE  
 California Penal Code (PC) Section 13730 (a)**

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TYPE OF DATA	NUMBER
TOTAL DOMESTIC VIOLENCE CALLS RECEIVED	29
TOTAL CASES INVOLVING WEAPONS	4
<b>SUBTOTALS</b>	
FIREARM	
KNIFE OR CUTTING INSTRUMENT	1
OTHER DANGEROUS WEAPON	3
PERSONAL WEAPON (HANDS, FIST, FEET, ETC.)	

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Month and Year of Report: **01/15**

  
 Signature \_\_\_\_\_ Date **2/11/15**  
**Jacqui Drechsler** \_\_\_\_\_  
 Report Prepared by \_\_\_\_\_ Title **Records Supervisor**  
**Kevin Vogel** \_\_\_\_\_  
 Chief





# LAW ENFORCEMENT OFFICERS KILLED OR ASSAULTED

It is requested this report be completed and transmitted with monthly crime reports to: Director, Federal Bureau of Investigation, Uniform Crime Reports, Washington, D.C. 20535. This form should be used to report the number of your officers who were assaulted or killed in the line of duty during the month. Additional information concerning officers killed will be requested by a separate

<b>OFFICERS KILLED</b>	
Number of your law enforcement officers killed in the line of duty this month	By felonious act _____
	By accident or negligence _____

## OFFICERS ASSAULTED (Do not include officers killed.)

Type of Activity	Type of Weapon					Type of Assignment								Police Assaults Cleared
	Total Assaults by		Other Dangerous Weapons	Hands, Fists, Feet,	Two Officer Vehicle	One Officer Vehicle		Detective or Special Assign.		Other		M		
	Firearm	Knife				Alone	Assisted	Alone	Assisted	Alone	Assisted			
A	B	C	D	E	F	G	H	I	J	K	L	M		
1. Responding to "Disturbance"	1				1			1					1	
2. Burglaries in Progress														
3. Robberies in Progress														
4. Attempting Other Arrests														
5. Civil Disorder														
6. Handling Prisoners														
7. Suspicious Person/Circum.														
8. Ambush - No Warning														
9. Mentally Deranged														
10. Traffic Pursuits														
11. All Other														
12. TOTAL (1-11)	1				1			1					1	
13. Number With Personal Injury														
14. Number Without Personal Injury					1									
15. Time of Assaults	A.M.													
	P.M.											1		

12:01 2:00 4:00 6:00 8:00 10:00 12:00

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Month and Year of Report: **01/15**

Signature *J. Vogel* Date 2/11/15  
**Jacqui Drechsler** *Rec'ds Supervisor*  
 Report Prepared by Title  
**Kevin Vogel**  
 Chief

MONTHLY REPORT OF  
**ANTI-REPRODUCTIVE RIGHTS CRIMES (ARRC)**  
SUMMARY WORKSHEET

AGENCY <b>SANTA CRUZ PD</b>	
NCIC NUMBER <b>CA0440200</b>	REPORTING MONTH/YEAR <b>01/2015</b>
<input checked="" type="checkbox"/> THERE WERE <u>1</u> ARRCs REPORTED TO THIS DEPARTMENT FOR THIS MONTH (Attach Data Collection Worksheets)	
<input type="checkbox"/> THERE WERE NO ARRCs REPORTED TO THIS DEPARTMENT FOR THIS MONTH	
PREPARER'S NAME <b>Jacqui Drechsler</b>	TELEPHONE NUMBER <b>(831) 420-5874</b>
SUBMIT THIS SUMMARY SHEET WITH THE ARRC DATA COLLECTION WORKSHEET(S), IF ANY, TO  State of California Department of Justice CRIMINAL JUSTICE STATISTICS CENTER P.O. Box 903427 Sacramento, CA 94203-4270  <b>ATTN: Anti-Reproductive Rights Crimes</b>	

**Purpose:**

It is the intent of the Department of Justice to:

- \* Collect data on all crimes relating to violations of the Reproductive Rights Law Enforcement Act.
- \* Collect data on the threatened commission of anti-reproductive rights crimes and persons suspected of committing these crimes or making these threats.
- \*Distinguish between crimes of violence and non-violence.

**INSTRUCTIONS FOR COMPLETION:**

**SUBMIT ANTI-REPRODUCTIVE RIGHTS CRIMES (ARRC) AS DEFINED IN PENAL CODE SECTION 13776 (A). SEE REVERSE OF THIS FORM FOR PENAL CODE STATUTES TO BE USED WHEN COMPLETING THIS FORM.**

**NOTE:** It is the purpose of this legislation to collect data on any crime committed partly or wholly because the victim is a reproductive health services client, provider, or assistant, or a crime that is partly or wholly intended to intimidate the victim, or any other person or entity, or any class of persons or entities from becoming or remaining a reproductive health services client, provider or assistant.

**Requirement:**

This form should be submitted monthly whether or not an ARRC occurred.

**Frequency:**

Submit monthly, by the 10th working day for the preceding month (for example, July data should be submitted by the 10th working day in August).

**Reporting # of ARRCs:**

If there are ARRCs to be reported by your agency, check the first box and enter the total number of ARRCs for the reporting month. Attach Data Collection Worksheets for each ARRC report.

If there were no ARRCs to report, check the second box and submit the Summary Worksheet only.