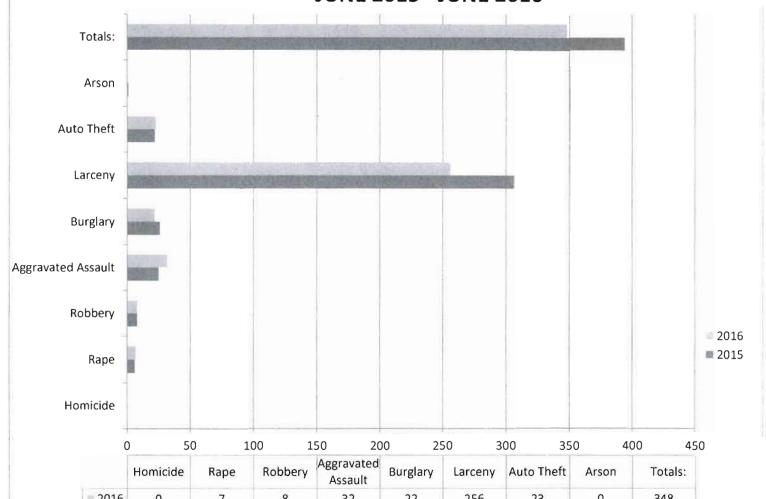
PART I CRIMES (ACTUAL OFFENSES) JUNE 2016

2015 1 25 59 149	2016 1 23 52 184	<u>Change</u> 0% -8% -12% 23%
59	52	0% -8% -12%
59	52	-12%
149	184	23%
		23/0
236	167	-29%
1388	1421	2%
140	192	37%
<u>6</u>	<u>2</u>	-67%
2004	2042	2%
	140 <u>6</u>	140 192 <u>6</u> <u>2</u>

PART I CRIMES - TWO YEAR COMPARISON

	JAN	JAN	FEB	FEB	MAR	MAR	APR	APR	MAY	MAY	JUN	JUN
	15	16	15	16	15	16	15	16	15	16	15	16
Homicide	0	1	0	0	0	0	1	0	0	0	0	0
Forcible Rape	5	1	0	3	3	2	3	3	8	7	6	7
Robbery	20	7	5	17	9	6	11	7	6	7	8	8
Aggravated Assault	27	49	21	29	13	31	24	18	39	25	25	32
Burglary	46	58	49	26	46	22	35	19	34	20	26	22
Larceny	278	268	182	159	244	306	207	236	171	196	306	256
Auto Theft	.37	31	14	26	19	23	26	39	22	50	22	23
Arson	2	0	0	0	2	0	0	0	1	2	1	0
TOTALS:	415	415	271	260	336	390	307	322	281	307	394	348
		11.11	منتم	4110	٥٥٥	SEP		OCT	NOV	NOV	550	DE0
	JUL 15	JUL 16	AUG 15	AUG 16	SEP 15	5EP 16	OCT 15	16	15	NOV 16	DEC 15	DEC 16
Homicide	1	0	0	0	0	0	0	0	0	0	0	0
Forcible Rape	6	0	1	0	2	0	6	0	2	0	2	0
Robbery	15	0	10	0	9	0	6	0	11	0	6	0
Assault	30	0	32	0	31	0	36	0	21	0	38	0
₿urglary	25	0	27	0	28	0	30	0	46	0	39	0
Larceny	243	0	290	0	223	0	195	0	287	0	206	0
Auto Theft	26	0	33	0	30	0	14	0	. 32	0	25	0
Arson	6	0	2	0	2	0	1	0	0	0	6	0
TOTALS:	352	0	395	0	325	0	288	0	399	0	322	0





	Homicide	Rape	Robbery	Aggravated Assault	Burglary	Larceny	Auto Theft	Arson	Totals:
2016	0	7	8	32	22	256	23	0	348
■ 2015	. 0	6	8	25	26	306	22	1	394

MONTHLY REPORT OF OFFENSES KNOWN TO THE POLICE: RETURN A

1-720 (Rev. 02-22-13) OMB No. 1110-0001 Expires 07-31-16

This report is authorized by law Title 28, Section 534, U.S. Code. Your cooperation in completing this form will assist the FBI, in compiling timely, comprehensive, and accurate data. Please submit this form monthly,

by the seventh day after the close of the month, and any questions to the FBI, Criminal Justice Information Services Division, Attention: Uniform Crime Reports/Module E-3, 1000 Custer Hollow Road, Clarksburg, West Virginia, 26306; telephone 304-625-4830, facsimile 304-625-3566. Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 10 minutes to complete. Instructions for preparing the form

		2	3	4	5	6
Classification of Offenses		Offenses Reported or Known to Police	Unfounded, i.e., False or Baseless Complaints	Number of Actual Offenses	Total Offenses Cleared by Arrest or Exceptional Means	Number of Clearances Involving Only Persons Under 18 Years of Age
1. CRIMINAL HOMICIDE						
a. Murder and Non-negligent Homicide	11					
b. Manslaughter by Negligence	12					
2. RAPE TOTAL	20	7		7	2	
a. Rape	21	3		3	1	
b. Attempt to Commit Rape	22	4		4	1	
Historical Rape (See instruction #15 below)		学(9)一直				为四至一个
3. ROBBERY TOTAL	30	8		8	5	
a. Firearm	31					
 Knife or Cutting Instrument 	32	2		2	l	
 Other Dangerous Weapon 	33					
d. Strong-Arm (Hands, Fists, Feet, etc.)	34	6		6	4	
4. ASSAULT TOTAL	40	79		79	45	
a. Firearm	4					
b. Knife or Cutting Instrument	42	8		8	3	
c. Other Dangerous Weapon	43	7		7	6	
d. Strong-Arm (Hands, Fists, Feet, etc.)	44	17		17	8	
e. Other Assaults - Simple	45	47		47	28	
5. BURGLARY TOTAL	50	22		22		
a. Forcible Entry	51	12		12		
 b. Unlawful Entry - No Force 	52	10		10		
c. Attempted Forcible Entry	53					
6 LARCENY - THEFT TOTAL	60	256		256	28	
7. MOTOR VEHICLE THEFT TOTAL	70	23		23	2	
a. Autos	7	21		21	2	
b. Trucks and Buses	72	l		i		
c. Other Vehicles	73	l		1		
GRAND TOTAL	77	395		395	82	

Checking any of the appropriate blocks below will eliminate your need to submit reports when the values are zero. This will also aid the national program in its quality control efforts.

plementary Homicide Report Submitted.	[No Persons Under 18 Arrested.
plement to Return A Submitted.	{] No Persons 18 or Over Arrested.
Enforcement Officers Killed or Assaulted.	[*	[] No Arson Offenses Occurred.
ent Crimes Against Seniors.	[] No Domestic Violence-Related Calls.
Crimes.	[X	[] No Anti-Reproduction Rights Crimes.
	Enforcement Officers Killed or Assaulted. ent Crimes Against Seniors.	plement to Return A Submitted. [Enforcement Officers Killed or Assaulted. [ent Crimes Against Seniors. [

SANTA CRUZ PD 155 CENTER ST SANTA CRUZ, CA 95060

Agency and State

CA0440200

Agency ID

56,000

Population

Month and Year of Report:	06/16
(he 7/6/14	e
Signature	Date
SCPD Admin Reunds Manyer	
Report Prepared by	Title

Kevin Vogel

Chief

APDC (Rev. 04/28/15) Print Date: 07/06/2016

PROPERTY STOLEN BY CLASSIFICATION

CLAS:	SIFICATION		ACTUAL OFFENSES (Column 4, Return A)	VALUE OF PROPERTY STOLE
1. Murd	ler/Nonnegligent Manslaughter	12		
2. Rape	(Total)	20	7	
3. Robb				
	Highway (Streets, Alleys, etc.)	31		
	Commercial House (Except c, d, f)	32		
	Gas or Service Station	33		-
(d)	Convenience Store	34	2	\$140
(e)	Residence (Anywhere on the Premises)	35	2	\$1,800
(f)	Bank	36		
(g)	Miscellaneous	37	4	\$600
	TOTAL ROBBERY	30	8	\$2,540
4. Assau	ılt (Not Applicable)			
_	lary - Breaking or Entering Residence (Dwelling)			
	(1) Night (6 P.M 6 A.M.)	51	5	\$15,700
	(2) Day (6 A.M 6 P.M.)	52	1	
	(3) Unknown	53	.2	\$4,300
(b)	Non-Residence (Store, Office, etc.)			
	(1) Night (6 P.M 6 A.M.)	54	12	\$7,090
	(2) Day (6 A.M 6 P.M.)	55		
	(3) Unknown	56	2	\$1,931
	TOTAL BURGLARY	50	22	\$29,021
. Larce	eny - Theft (Except Motor Vehicle Theft)			
	Over \$400	64	107	\$289,363
	\$200 to \$400	61	49	\$14,828
	\$50 to \$199	62	45	\$4,595
	Under \$50	63	5.5	\$727
	TOTAL LARCENY (Same as Item 6X)	C-60	256	\$309,513-
	r Vehicle Theft (Include Alleged Joy Ride)	70	23	\$154,060
GRA	ND TOTAL - All Items	77	Control of the Contro	\$495,134
	Analysis of Larceny and Motor Vehicle Theft (6X and 7X) re of Larcenies Under Item 6 Pocket-Picking	81	3	\$2,472
	Purse-Snatching	82	2.	\$420
	Shoplifting	83	25	\$3,038
	From Motor Vehicles (Except e)	84	124	\$190,814
(e)	Motor Vehicle Parts and Accessories	85	5	\$545
	Bicycles	86	25	\$32,150
,,,,,	From Buildings (Except c and h)	87	18	\$46,918
(h)	From Any Coin-Operated Machine (Parking Meters, etc.)	88		
(i)	All Other	89	54	\$33,156
	TOTAL LARCENIES (Same as Item 6)	∟_80	256	\$309,513
X. Motor	r Vehicles Recovered			
(a)	Stolen Locally and Recovered Locally	91	13	
١.٠.	Stolen Locally and Recovered by Other Jurisdictions	92	6	
	Total Locally Stolen Motor Vehicles Recovered	90	19	
(-)				

PROPERTY BY TYPE AND VALUE

Type of Property

Value of Property Stolen and Recovered In Your Jurisdiction

			Stolen	Recovered
(A)	Currency, Notes, etc.	01	\$73,578	\$448
(B)	Jewelry and Precious Metals	02	\$720	
(C)	Clothing and Furs	03	\$45,521	\$566
(D)	Locally Stolen Motor Vehicles	04	\$172,200	\$163,700
(E)	Office Equipment	05	\$34,206	\$4,100
(F)	Televisions, Radios, Stereos, etc.	06	\$35,028	
(G)	Firearms	07	\$500	
(H)	Household Goods	08		
(I)	Consumable Goods	09	\$358	\$113
(J)_	Livestock	10		
(K)	Miscellaneous	11	\$133,023	\$9,631
	TOTAL	00	\$495,134	\$178,558

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: 06/16

SCPD Admin

Report Prepared by Kevin Vogel

Chief

Signature

APDC (Rev. 11/03/08) Print Date: 07/06/2016

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

In accordance with Senate concurrent resolution no. 64

TYPE OF VIOLENT CRIME	VICTIMS AGE 60 OR OVER
1) HOMICIDE	
2) FORCIBLE RAPE	
3) ROBBERY	
4) AGGRAVATED ASSAULT	2
5) TOTAL	2

SANTA CRUZ PD **155 CENTER ST** SANTA CRUZ, CA 95060

Agency and State

CA0440200

Agency ID

56,000

Population

Month and Year of Report: 06/16 Date **SCPD Admin** Report Prepared by Title

Kevin Vogel

Chief

APDC (Rev. 06/16/06) Print Date: 07/06/2016

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

TYPE OF DATA	NUMBER
TOTAL DOMESTIC VIOLENCE CALLS RECEIVED	30
TOTAL CASES INVOLVING WEAPONS	2
SUBTOTALS	
FIREARM	
KNIFE OR CUTTING INSTRUMENT	
OTHER DANGEROUS WEAPON	
PERSONAL WEAPON (HANDS, FIST, FEET, ETC.)	

SANTA CRUZ PD **155 CENTER ST** SANTA CRUZ, CA 95060

Agency and State

CA0440200

Agency ID

56,000

Population

Month and Year of Report: 06/16

SCPD Admin

Report Prepared by

Kevin Vogel

Chief

APDC (Rev. 06/16/06) Print Date: 07/06/2016

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

Case #s

16S-05302

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

CA0440200 Agency ID

56,000

Population

Month and Year of Report: 06/16

SCPD Admin

Report Prepared by

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 questionnaire.

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

OFFICERS ASSAULTED (Do not include officers killed.)

Type of Weapon						Type of Assignment							
	Total Assault by Weapon	s n Firearm	Knife	Other Dangerou s Weapon	Hands , Fists, Feet,	Two Officer Vehicle	Off Vel	ne ficer nicle Assisted	Specia	ctive or l Assign. Assisted			Police Assault Cleared
Type of Activity	A	В	С	D	E	F	G	Н	I	J	K	L	M
1. Responding to "Disturbance"													
2. Burglaries in Progress													
3. Robberies in Progress													
4. Attempting Other Arrests													
5. Civil Disorder													
6. Handling Prisoners	2				2			2					2
7. Suspicious Person/Circum.													
8. Ambush - No Warning													
9. Mentally Deranged													
10. Traffic Pursuits													
11. All Other													
12. TOTAL (1-11)	2				2			2					^ 2
13. Number With Personal Injury											_		
14. Number Without Personal Injury					2								
15. Time of Assaults A.M. P.M.		1	I.										

8:00 10:00 12:00

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

12:01 2:00

4:00

6:00

Agency and 3

CA0440200

Agency ID

56,000

Population

Month and Year of Repo	ort: 06/16
Ju 7/4	2/16
Signature	Date
SCPD Admin Reunds Man	*
Report Prepared by	Title
Kevin Vogel	
Chief	

APDC (Rev. 06/16/06) Print Date: 07/06/2016

MONTHLY REPORT OF

ANTI-REPRODUCTIVE RIGHTS CRIMES (ARRC) SUMMARY WORKSHEET

AGENCY SANTA CRUZ PD	
NCIC NUMBER CA0440200	REPORTING MONTH/YEAR 06/2016
☐ THERE WERE ARRC'S REPORTED TO THIS DEPARTMENT F	OR THIS MONTH (Attach Data Collection Worksheets)
THERE WERE NO ARRC'S REPORTED TO THIS DEPARTMENT FO	OR THIS MONTH
PREPARER'S NAME SCPD Admin	TELEPHONE NUMBER (831) 420-5874
SUBMIT THIS SUMMARY SHEET WITH THE ARRC DATA COLLECTION	WORKSHEET(S), IF ANY, TO
State of Califo	ornia
Department of Control	
CRIMINAL JUSTICE STAT	
P.O. Box 903	· · · · ·
Sacramento, CA 94	1203-4270

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.