

## Anti-Reproductive Rights Crimes Reporting

### 320.1 PURPOSE AND SCOPE

This policy shall establish a procedure for the mandated reporting of Anti-Reproductive Rights Crimes (ARRC) to the Attorney General pursuant to the Reproductive Rights Law Enforcement Act (Penal Code § 13775 et seq.).

### 320.2 DEFINITIONS

Penal Code § 423.2 provides that the following acts shall be considered Anti-Reproductive Rights Crimes (ARRC) when committed by any person, except a parent or guardian acting towards his or her minor child or ward:

- (a) By force, threat of force, or physical obstruction that is a crime of violence, intentionally injures, intimidates, interferes with, or attempts to injure, intimidate, or interfere with any person or entity because that person or entity is a reproductive health services client, provider, or assistant, or in order to intimidate any person or entity, or any class of persons or entities, from becoming or remaining a reproductive health services client, provider, or assistant
- (b) By non-violent physical obstruction, intentionally injures, intimidates, or interferes with, or attempts to injure, intimidate, or interfere with, any person or entity because that person or entity is a reproductive health services client, provider, or assistant, or in order to intimidate any person or entity, or any class of persons or entities, from becoming or remaining a reproductive health services client, provider or assistant
- (c) Intentionally damages or destroys the property of a person, entity, or facility, or attempts to do so, because the person, entity, or facility is a reproductive health services client, provider, assistant, or facility

### 320.3 REPORTING REQUIREMENTS TO THE ATTORNEY GENERAL

- (a) Upon the receipt of the report of an ARRC, it shall be the responsibility of the employee taking such a report to also complete an ARRC Data Collection Worksheet (BCIA 8371) in accordance with the instructions contained on such forms.
- (b) The ARRC Data Collection Worksheet shall be processed with all related reports and forwarded to the Investigation Division Commander.
- (c) By the tenth day of each month, it shall be the responsibility of the Records Division Supervisor to ensure that a Summary Worksheet (BCIA 8370) is submitted to the Department of Justice Criminal Justice Statistics Center.
  - (a) In the event that no ARRC(s) were reported during the previous month, a Summary Worksheet shall be submitted to Department of Justice with an indication that no such crimes were reported.

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- (b) Any ARRC(s) reported in the Summary Worksheet shall be accompanied by a copy of the related Data Collection Worksheet(s).

See attachment: [BCIA 8371 Form.pdf](#)

## Attachments

## **BCIA 8371 Form.pdf**

**ANTI-REPRODUCTIVE-RIGHTS CRIMES  
(ARRC) DATA COLLECTION WORKSHEET**

BCIA 8371 (rev. 11/06)

<b>ADMINISTRATION</b>	PREPARER'S NAME			TELEPHONE NUMBER		
	AGENCY			NCIC NUMBER		DATE
<b>INCIDENT INFORMATION</b>	OCCURRENCE DATE		TIME		CRIME CASE NUMBER	
	TOTAL NUMBER OF INDIVIDUAL VICTIMS			TOTAL NUMBER OF PROPERTY VICTIMS		
	ARRC OFFENSE(S)					
	STATUTE (CODE SECTION)		LITERAL		LEVEL (M/F)	NUMBER OF VICTIMS/ PROPERTY
	1.	_____	_____	_____	_____	_____
	2.	_____	_____	_____	_____	_____
	3.	_____	_____	_____	_____	_____
	4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	
6.	_____	_____	_____	_____	_____	
7.	_____	_____	_____	_____	_____	
8.	_____	_____	_____	_____	_____	
LOCATION TYPE (Check one)						
<input type="checkbox"/> PUBLIC HEALTH FACILITY		<input type="checkbox"/> GOVERNMENT/PUBLIC BUILDING		<input type="checkbox"/> RELIGIOUS FACILITY		
<input type="checkbox"/> PRIVATE HEALTH FACILITY		<input type="checkbox"/> PARKING LOT/GARAGE		<input type="checkbox"/> SCHOOL/COLLEGE		
<input type="checkbox"/> COMMERCIAL/OFFICE BUILDING		<input type="checkbox"/> RESIDENCE/HOME/DRIVEWAY		<input type="checkbox"/> OTHER _____		
IF WEAPON INVOLVED, CHECK TYPE (Up to 3)						
<input type="checkbox"/> FIREARM (TYPE UNKNOWN)		<input type="checkbox"/> BLUNT OBJECT (CLUB, HAMMER, ETC.)		<input type="checkbox"/> DRUGS/NARCOTICS		
<input type="checkbox"/> HANDGUN		<input type="checkbox"/> MOTOR VEHICLE (WHEN USED AS A WEAPON)		<input type="checkbox"/> ASPHYXIATION (BY DROWNING, STRANGULATION, SUFFOCATION, GAS, ETC.)		
<input type="checkbox"/> RIFLE		<input type="checkbox"/> PERSONAL WEAPONS (I.E., HANDS, FISTS, FEET, ETC.)		<input type="checkbox"/> UNKNOWN		
<input type="checkbox"/> SHOTGUN		<input type="checkbox"/> POISON		<input type="checkbox"/> OTHER _____		
<input type="checkbox"/> OTHER FIREARM (MACHINE GUN, BAZOOKA, ETC.)		<input type="checkbox"/> EXPLOSIVES				
<input type="checkbox"/> KNIFE/CUTTING INSTRUMENT (AX, ICE PICK, SCREWDRIVER, SWITCHBLADE, ETC.)		<input type="checkbox"/> FIRE/INCENDIARY DEVICE				
<b>VICTIM INFORMATION</b>	<b>V1</b>	RACE*	SEX ^ M ^	DATE OF BIRTH	VICTIM TYPE*	VICTIM OF: (Refer to Statute List Above) ^ 1 ^ 2 ^ 3 ^ 4 ^ 5 ^ 6 ^ 7 ^ 8
	<b>V2</b>	RACE	SEX ^ M ^	DATE OF BIRTH	VICTIM TYPE	VICTIM OF: (Refer to Statute List Above) ^ 1 ^ 2 ^ 3 ^ 4 ^ 5 ^ 6 ^ 7 ^ 8
	<b>V3</b>	RACE	SEX ^ M ^	DATE OF BIRTH	VICTIM TYPE	VICTIM OF: (Refer to Statute List Above) ^ 1 ^ 2 ^ 3 ^ 4 ^ 5 ^ 6 ^ 7 ^ 8
	<b>V4</b>	RACE	SEX ^ M ^	DATE OF BIRTH	VICTIM TYPE	VICTIM OF: (Refer to Statute List Above) ^ 1 ^ 2 ^ 3 ^ 4 ^ 5 ^ 6 ^ 7 ^ 8
	<b>V5</b>	RACE	SEX ^ M ^	DATE OF BIRTH	VICTIM TYPE	VICTIM OF: (Refer to Statute List Above) ^ 1 ^ 2 ^ 3 ^ 4 ^ 5 ^ 6 ^ 7 ^ 8
		RACE	SEX ^ M ^	DATE OF BIRTH	VICTIM TYPE	VICTIM OF: (Refer to Statute List Above) ^ 1 ^ 2 ^ 3 ^ 4 ^ 5 ^ 6 ^ 7 ^ 8

\* See Legend on reverse

**Appendix 2-A**

<b>PROPERTY</b>	PROPERTY TYPE*	TYPE OF LOSS OR DAMAGE ^ NONE ^ BURNED ^ DESTROYED/DAMAGED/VANDALIZED ^ STOLEN		QUANTITY	VALUE
	PROPERTY DESCRIPTION OR PROPERTY CATEGORY CODE*				
	PROPERTY TYPE*	TYPE OF LOSS OR DAMAGE ^ NONE ^ BURNED ^ DESTROYED/DAMAGED/VANDALIZED ^ STOLEN		QUANTITY	VALUE
	PROPERTY DESCRIPTION OR PROPERTY CATEGORY CODE*				
<b>SUSPECT INFORMATION</b>	<b>S1</b>	RACE*	SEX ^ M ^ F ^ UNKNOWN	DATE OF BIRTH OR AGE	
	<b>S2</b>	RACE	SEX ^ M ^ F ^ UNKNOWN	DATE OF BIRTH OR AGE	
	<b>S3</b>	RACE	SEX ^ M ^ F ^ UNKNOWN	DATE OF BIRTH OR AGE	
	<b>S4</b>	RACE	SEX ^ M ^ F ^ UNKNOWN	DATE OF BIRTH OR AGE	
	<b>S5</b>	RACE	SEX ^ M ^ F ^ UNKNOWN	DATE OF BIRTH OR AGE	

**\*LEGEND**

<p><b>RACE/ETHNICITY CODES</b></p> <p>A – Other Asian B – Black C – Chinese D – Cambodian F – Filipino G – Guamanian H – Hispanic I – American Indian J – Japanese K – Korean</p> <p>L – Laotian O – Other P – Pacific Islander S – Samoan U – Hawaiian V – Vietnamese W – White Z – Asian Indian X – Unknown</p>	<p><b>VICTIM TYPE CODES</b></p> <p>IC – Individual Client IE – Individual Employee IO – Individual Other</p> <p><b>PROPERTY TYPE CODES</b></p> <p>B – Business G – Government H – Health Facility OE – Other Entity R – Religious Organization</p>	<p><b>PROPERTY CATEGORY CODES</b></p> <p>1 – Automobiles 2 – Bicycles 3 – Buses 4 – Clothes/Furs 5 – Computer Hardware/Software 6 – Office-type Equipment 7 – Other Motor Vehicles 8 – Personal Items Other Than Clothing (Purses/Handbags/Wallets)</p> <p>9 – Radios/TVs/VCRs 10 – Structures–Single Occupancy Dwellings 11 – Structures–Other Dwellings 12 – Structures–Other Commercial/Business 13 – Structures–Public/Community 14 – Structures–Other 15 – Other</p>
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**ANTI-REPRODUCTIVE-RIGHTS CRIMES (ARRC)**

## Data Collection Worksheet (BCIA 8371) Instructions

**Requirement:**

The Data Collection Worksheet (BCIA 8371) should be completed and submitted only if there are ARRCs to report for your agency.

**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, any other person or entity, or any class of persons or entities from becoming or remaining a reproductive health services client, provider, or assistant.

**Frequency:**

At the end of the month, enter the total number of ARRCs reported to your agency on the Summary Worksheet (BCIA 8370) and attach a completed Data Collection Worksheet (BCIA 8371) for each ARRC. If there are no ARRCs to report, submit only the Summary Worksheet (BCIA 8370).

Submit these forms by the 10<sup>th</sup> working day for the preceding month (for example, July data should be submitted by the 10<sup>th</sup> working day in August).

**Administration:****Preparer's Name**

Enter the name of the person who prepared the form and whom should be contacted regarding questions.

**Telephone Number**

Enter the area code and telephone number of the person to be contacted if questions arise.

**Agency**

Enter the name of your agency.

**NCIC Number**

Enter your agency's ORI/NCIC number. Agencies should abbreviate the nine-character NCIC code by using the fourth through seventh character of the NCIC code. For example, if your NCIC number is "CA0570100," report "5701" only.

**Date**

Enter the date prepared.

**Incident Information:****Occurrence Date**

Enter the month, day, and year of occurrence.

**Time**

If known, enter the time of occurrence in military 24-hour time.

**ANTI-REPRODUCTIVE-RIGHTS CRIMES (ARRC)**  
Data Collection Worksheet (BCIA 8371) Instructions

**Crime Case Number**

Enter the number assigned by your agency used to identify each report uniquely, e.g., the Originating Agency Case Number.

**Total Number of Individual Victims**

Enter the total number of individual victims involved in the incident.

Example: The suspect assaulted an employee at a reproductive health services facility. The suspect also broke the window of the reproductive health services facility. Report “1” victim (the employee) in the “Total Number of Individual Victims” box.

**Total Number of Property Victims**

Enter the total number of property victims involved in the incident.

Example: Referring to the example above, report “1” property victim (the reproductive health services facility) in the “Total Number of Property Victims” box.

**Statute (Code Section)** *Attach additional sheets of paper if needed.*

Enter all ARRC offenses involved (up to 10) in the ARRC incident. If there are more than 10 ARRC offenses involved in an incident, enter the 10 most serious offenses. Record each statute code only once even though there may have been more than one victim per offense. Report the exact statute (Penal Code, Health and Safety Code, etc.), section number, and appropriate subsection.

**Literal**

Enter a short description of the statutory code section.

**Level**

Enter the level of the code section involved (“M” for misdemeanor or “F” for felony).

**Number of Victims/Property**

Enter the number of victims for each offense which were perpetrated against him/her during the incident.

Example: During a protest an unruly participant refuses requests to leave the grounds of a health facility. The participant also shoves two clients walking into a reproductive health services facility and then breaks a window of the building. The participant is arrested for 423.2 (A) PC, 423.2 (E) PC, and 602.1(A) PC. Enter 423.2 (A) PC, 423.2 (E) PC, and 602.1 (A) PC in the Statute Code Section fields.

ARRC Offense(s) Statute (Code Section)		Level (M/F)	Number of Victims/Prop
1. 423.2 (A) PC	violence/etc: reproductive health client	M	2
2. 423.2 (E) PC	intentionally damage property:repro health svcs	M	1
3. 602.1 (A) PC	trespass:obstruct/etc. business operations/etc.	M	1

**ANTI-REPRODUCTIVE-RIGHTS CRIMES (ARRC)**

## Data Collection Worksheet (BCIA 8371) Instructions

**Location Type**

Select a location type to show where the ARRC offense took place. If the location does not fit into one of the categories listed, select “other” and enter the location.

**If Weapon Involved**

Choose up to three types of weapons/force used by the suspect. If the weapon does not fit into one of the categories listed, select “other” and enter the weapon.

**Victim Information:** *Attach additional sheets of paper if needed.*

**Race**

Enter the victim’s race using the race/ethnicity codes provided in the legend.

**Sex**

Enter the victim’s sex.

**Date of Birth**

Enter the victim’s date of birth (mm/dd/yyyy).

**Victim Type**

Enter the appropriate victim type code:

IC=Individual Client (reproductive health services client)

IE=Individual Employee (reproductive health services employee)

IO=Individual Other (individual not fitting the above specifically listed individuals)

**Victim Of**

For each victim, select the boxes of the offenses (numbered in the statute code section) which were perpetrated against him/her during the incident.

**Property:** *Attach additional sheets of paper if needed.*

**Property Type**

Enter the appropriate property type code:

B Business

G Government

H Health Facility (includes hospital, physician’s office, abortion clinic, family planning clinic, etc.)

OE Other Entity (represents acts directed at entities which do not fit in any of the other categories)

R Religious Organization (or building associated with a specific religious group)

**Type of Loss or Damage**

Select the type of loss or damage to the property. For each type of loss or damage, up to ten property descriptions or property categories (see legend) can be reported.

**ANTI-REPRODUCTIVE-RIGHTS CRIMES (ARRC)**  
Data Collection Worksheet (BCIA 8371) Instructions

**Quantity**

Report how many properties were burned, stolen, destroyed, etc., as a result of the incident.

**Value**

Report the dollar value of the property which was burned, stolen, destroyed, etc., as a result of the incident. Up to ten values can be entered to match the up to ten property descriptions. If more than ten types of property are involved, the values of the nine most valuable properties are to be reported; then, the total value of the remaining properties which were coded “other” are to be combined and reported as one total.

**Property Description or Property Category Code**

For each type of property loss, up to ten property descriptions or property category codes (see legend) can be reported. If more than ten types of property are involved, the nine most valuable specifically listed types of property are to be reported and the remaining types of property are to be combined and reported as “other.”

**Suspect Information:** *Attach additional sheets of paper if needed.*

**Race**

Enter the suspect’s race using the race/ethnicity codes given in the legend. If the suspect information is unknown, enter “X” (unknown).

**Sex**

Enter the suspect’s sex. If the suspect information is unknown, select “unknown.”

**Date of Birth or Age**

Enter the suspect’s date of birth or approximate age. If unknown, leave blank.