

BCH REP 9.21.06

ASSAULT

Someone was allegedly stabbed while patronizing a pier plaza establishment between Sept. 9 and Sept. 10. After exiting the restroom of a bar, the victim allegedly noticed a crowd of people leaving the establishment in a hurried fashion. He reportedly noticed a warm feeling on his lower back some time after leaving the bar. After being driven to a local hospital, doctors treated his wound, which was 4 inches wide by 2 inches deep. The victim reportedly did not know when or where he was stabbed.

- NO PROSECUTION DESIRED
- DELAYED REPORT
- INCIDENT REPORT
- COURTESY REPORT
- DOMESTIC VIOLENCE
- CONFIDENTIAL SEX CRIME

HERMOSA BEACH POLICE DEPARTMENT
 540 PIER AVENUE
 HERMOSA BEACH, CA. 90254
 310-318-0360

- ACTIVE
- SUSPENDED
- RECORDS
- CLOSED
- COURTESY
- UNFOUNDED

CASE NUMBER
 06-3354
 REFER OTHER RPTS

CRIME REPORT

CRIME	CODE SECTION 245(a)(1) P.C.	CRIME ASSAULT WITH A DEADLY WEAPON	PRIMARY-COUNTS	SECONDARY-COUNTS	OTHER-COUNTS	
	SPECIFIC LOCATION OF CRIME 30 PIER AVENUE, HERMOSA BEACH, CA 90254		OCURRED ON DATE 9-9-06	DAY SAT	TIME EVENING	
	BUSINESS NAME THE LIGHTHOUSE	DATE RPTD 9-10-06	TIME RPTD 0326	AND DATE 9-10-06	DAY SUN	TIME 0326

VICTIM	NAME (Last, First, Middle) [REDACTED] JOSE	OCCUPATION UNEMPLOYED	D.O.B. [REDACTED]	AGE 25	SEX M	<input type="checkbox"/> WHT <input type="checkbox"/> HISP <input type="checkbox"/> BLK
	RESIDENCE ADDRESS [REDACTED]	CITY [REDACTED], CA	ZIP 90744	RES PHONE [REDACTED]		
	BUSINESS NAME AND ADDRESS N/A	CITY N/A	DL# UNKNOWN	ZIP N/A	BUS PHONE [REDACTED] N/A	

VICTIM(S) - WITNESSES - R.P.	CODE	NAME (Last, First, Middle)	OCCUPATION	D.O.B.	AGE	SEX	<input type="checkbox"/> WHT <input type="checkbox"/> HISP <input type="checkbox"/> BLK	
	RESIDENCE ADDRESS							RES PHONE
	BUSINESS NAME AND ADDRESS							BUS PHONE

LICENSE	STATE	YEAR	MAKE	MODEL	BODY <input type="checkbox"/> UNK 3 <input type="checkbox"/> CONV 6 <input type="checkbox"/> VAN 9 <input type="checkbox"/> M/C	
COLOR/COLOR					OTHER CHARACTERISTICS	DISPOSITION OF VEHICLE

FACTORS	<input type="checkbox"/> 1 THERE IS A WITNESS TO THE CRIME	EVIDENCE	<input checked="" type="checkbox"/> 0 NONE	<input type="checkbox"/> 10 BLOOD
	<input type="checkbox"/> 2 A SUSPECT WAS ARRESTED		<input type="checkbox"/> 1 FINGERPRINTS	<input type="checkbox"/> 11 URINE
<input type="checkbox"/> 3 A SUSPECT WAS NAMED	<input type="checkbox"/> 4 A SUSPECT CAN BE LOCATED	<input type="checkbox"/> 2 TOOLS	<input type="checkbox"/> 12 HAIR	<input type="checkbox"/> 13 FIREARMS
<input type="checkbox"/> 5 A SUSPECT CAN BE DESCRIBED	<input type="checkbox"/> 6 A SUSPECT CAN BE IDENTIFIED	<input type="checkbox"/> 3 TOOL MARKINGS	<input type="checkbox"/> 14 PHOTOGRAPHS	<input checked="" type="checkbox"/> 15 OTHER (DESCRIBE)
<input type="checkbox"/> 7 A SUSPECT VEHICLE CAN BE IDENTIFIED	<input type="checkbox"/> 8 THERE IS IDENTIFIABLE STOLEN PROPERTY	<input type="checkbox"/> 4 GLASS		
<input type="checkbox"/> 9 THERE IS A SIGNIFICANT M.O.	<input type="checkbox"/> 10 SIGNIFICANT PHYSICAL EVIDENCE IS PRESENT	<input type="checkbox"/> 5 PAINT		
<input type="checkbox"/> 11 THERE IS A MAJOR INJURY/SEX CRIME INVOLVED	<input type="checkbox"/> 12 THERE IS A GOOD POSSIBILITY OF A SOLUTION	<input type="checkbox"/> 6 BULLET CASING		
<input type="checkbox"/> 13 FURTHER INVESTIGATION NEEDED	<input type="checkbox"/> 14 CRIME IS GANG RELATED	<input type="checkbox"/> 7 BULLET		
<input type="checkbox"/> 15 HATE CRIME RELATED		<input type="checkbox"/> 8 RAPE KIT		
		<input type="checkbox"/> 9 SEMEN		

REPORTING OFFICER J. DROZ	DP# 173	DATE 9-10-06	REVIEWING SUPERVISOR [Signature]	DP# 123	DATE 9/10/06
COPIES TO: <input type="checkbox"/> CHIEF <input type="checkbox"/> CII <input type="checkbox"/> PATROL <input type="checkbox"/> DB <input type="checkbox"/> OTHER			COPIES BY	ENTERED BY	
<input type="checkbox"/> DMV <input type="checkbox"/> CAU <input type="checkbox"/> ABC (2) <input type="checkbox"/> DA				PAGE 1 OF 4	

**HERMOSA BEACH
POLICE DEPARTMENT**

SUSPECT REPORT

CASE NO. 06-3354
REFER OTHER RPTS.
INCIDENT NO.

CRIME
CODE SECTION 245(a)(1) P.C. CRIME ASSAULT WITH A DEADLY WEAPON
LOCATION (Be Specific) 30 PIER AVENUE, HERMOSA BEACH, CA 90254
CLASSIFICATION
RD 1 DATE 9-10-06 TIME 0326 SUPPL.

SUSPECT VEH
LICENSE # _____ STATE _____ VEH YR _____ MAKE _____ MODEL _____ BODY STYLE UNK 2-DR 4-DR P/U 6 VAN 8 RV 10 OTHER
 12-DR 3 CONV 5 TRUCK 7 S/W 9 MC
COLOR/COLOR _____ OTHER CHARACTERISTICS (i.e. T/C Damage, Unique Marks or Paint, etc) _____ DISPOSITION OF VEH _____
REGISTERED OWNER UNKNOWN

SUSPECT
SUSP # 1 NAME (Last, First, Middle) UNKNOWN SEX UNK 1 M 2 F RACE 0 UNK UNK 1 WHT 2 HISP 3 BLK 4 IND 5 CHI 6 JAP 7 FIL 8 OTH 9 P ISL
DOB _____ AGE _____ HT _____ WT _____ BUILD 1 THIN 3 HEAVY 0 UNK 2 MED 4 MUSCL
HAIR 0 UNK 2 BLK 4 RED 6 S/P 8 OTHER 1 BRN 3 BLN 5 GRAY 7 WHT EYES 0 UNK 2 BLK 4 GRN 6 GRAY 1 BRN 3 BLU 5 HAZEL 7 Other D.L. # _____
RES ADDRESS UNKNOWN RD _____ ZIP CODE _____ RES PHONE # _____ S.S.# _____
BUS ADDRESS UNKNOWN RD _____ ZIP CODE _____ BUS. PHONE # _____ OCCUPATION _____
IDENTI-KIT NO UNKNOWN P.I.S.# _____ ARRESTED 1 YES 2 NO H.B.P.D. I.D.# _____ L.A.S.D. BOOKING # _____
CLOTHING UNKNOWN STATUS UNK 1 DRIVER 3 PED 2 PASS GANG AFFILIATION _____ HOW KNOWN: _____ 1 KNOWN 2 SUSPECTED

AMT. OF HAIR 4 <input checked="" type="checkbox"/> 0 UNKNOWN Q21 <input type="checkbox"/> 1 THICK <input type="checkbox"/> 2 THIN <input type="checkbox"/> 3 RECEDING <input type="checkbox"/> 4 BALD <input type="checkbox"/> 5 OTHER	HAIR STYLE 8 <input checked="" type="checkbox"/> 0 UNKNOWN Q25 <input type="checkbox"/> 1 LONG <input type="checkbox"/> 2 SHORT <input type="checkbox"/> 3 COLLAR <input type="checkbox"/> 4 MILITARY <input type="checkbox"/> 5 CREW CUT <input type="checkbox"/> 6 RIGHT PART <input type="checkbox"/> 7 LEFT PART <input type="checkbox"/> 8 CENTER PART <input type="checkbox"/> 9 STRAIGHT BACK <input type="checkbox"/> 10 PONY TAIL <input type="checkbox"/> 11 AFRO NATURAL <input type="checkbox"/> 12 PROCESSED <input type="checkbox"/> 13 TEASED <input type="checkbox"/> 14 OTHER	COMPLEXION 10 <input checked="" type="checkbox"/> 0 UNKNOWN Q27 <input type="checkbox"/> 1 CLEAR <input type="checkbox"/> 2 ACNE <input type="checkbox"/> 3 POKED <input type="checkbox"/> 4 FRECKLED <input type="checkbox"/> 5 WEATHERED <input type="checkbox"/> 6 ALBINO <input type="checkbox"/> 7 OTHER	TATTOOS/SCARS 13 <input checked="" type="checkbox"/> 0 UNKNOWN <input type="checkbox"/> 0 NONE Q30 <input type="checkbox"/> 1 FACE <input type="checkbox"/> 2 TEETH <input type="checkbox"/> 3 NECK <input type="checkbox"/> 4 R/ARM <input type="checkbox"/> 5 L/ARM <input type="checkbox"/> 6 R/HAND <input type="checkbox"/> 7 L/HAND <input type="checkbox"/> 8 R/LEG <input type="checkbox"/> 9 L/LEG <input type="checkbox"/> 10 R/SHOULDER <input type="checkbox"/> 11 L/SHOULDER <input type="checkbox"/> 12 FRONT TORSO <input type="checkbox"/> 13 BACK TORSO <input type="checkbox"/> 14 OTHER	DISTING. MARKS 14 <input type="checkbox"/> 0 NONE Q33 <input type="checkbox"/> 1 CLUB <input type="checkbox"/> 2 HAND GUN <input type="checkbox"/> 3 OTHER UNK GUN <input type="checkbox"/> 4 RIFLE <input type="checkbox"/> 5 SHOT GUN <input type="checkbox"/> 6 TOY GUN <input type="checkbox"/> 7 SIMULATED <input type="checkbox"/> 8 POCKET KNIFE <input type="checkbox"/> 9 BUTCHER KNIFE <input type="checkbox"/> 10 OTH CUT/STAB INST <input type="checkbox"/> 11 HANDS/FEET <input type="checkbox"/> 12 BODILY FORCE <input type="checkbox"/> 13 STRANGULATION <input type="checkbox"/> 14 TIRE IRON <input type="checkbox"/> 15 OTHER	WEAPON(S) 17 <input checked="" type="checkbox"/> 0 UNKNOWN <input type="checkbox"/> 0 NONE Q33 <input type="checkbox"/> 1 CLUB <input type="checkbox"/> 2 HAND GUN <input type="checkbox"/> 3 OTHER UNK GUN <input type="checkbox"/> 4 RIFLE <input type="checkbox"/> 5 SHOT GUN <input type="checkbox"/> 6 TOY GUN <input type="checkbox"/> 7 SIMULATED <input type="checkbox"/> 8 POCKET KNIFE <input type="checkbox"/> 9 BUTCHER KNIFE <input type="checkbox"/> 10 OTH CUT/STAB INST <input type="checkbox"/> 11 HANDS/FEET <input type="checkbox"/> 12 BODILY FORCE <input type="checkbox"/> 13 STRANGULATION <input type="checkbox"/> 14 TIRE IRON <input type="checkbox"/> 15 OTHER
TYPE OF HAIR 6 <input checked="" type="checkbox"/> 0 UNKNOWN Q22 <input type="checkbox"/> 1 STRAIGHT <input type="checkbox"/> 2 CURLY <input type="checkbox"/> 3 WAVY <input type="checkbox"/> 4 FINE <input type="checkbox"/> 5 COARSE <input type="checkbox"/> 6 WIRY <input type="checkbox"/> 7 WIG <input type="checkbox"/> 8 OTHER	FACIAL HAIR 9 <input checked="" type="checkbox"/> 0 UNKNOWN Q28 <input type="checkbox"/> 0 NA <input type="checkbox"/> 1 CLN SHAVEN <input type="checkbox"/> 2 MUSTACHE <input type="checkbox"/> 3 FULL BEARD <input type="checkbox"/> 4 GOATEE <input type="checkbox"/> 5 FUMANCHU <input type="checkbox"/> 6 LOWER LIP <input type="checkbox"/> 7 SIDE BURNS <input type="checkbox"/> 8 FUZZ <input type="checkbox"/> 9 UNSHAVEN <input type="checkbox"/> 10 OTHER	GLASSES 11 <input checked="" type="checkbox"/> 0 UNKNOWN Q29 <input type="checkbox"/> 0 NONE <input type="checkbox"/> 1 YES (No Descrip) <input type="checkbox"/> 2 REG GLASSES <input type="checkbox"/> 3 SUN GLASSES <input type="checkbox"/> 4 WIRE FRAME <input type="checkbox"/> 5 PLASTIC FRAME Color _____ <input type="checkbox"/> 6 OTHER	UNIQUE CLTHNG 15 <input checked="" type="checkbox"/> 0 UNK <input type="checkbox"/> 0 NONE Q31 <input type="checkbox"/> 1 CAP HAT <input type="checkbox"/> 2 GLOVES <input type="checkbox"/> 3 SKI MASK <input type="checkbox"/> 4 STOCKING MASK <input type="checkbox"/> 5 OTHER	WEAPON IN 16 <input checked="" type="checkbox"/> 0 UNKNOWN Q32 <input type="checkbox"/> 0 NA <input type="checkbox"/> 1 BAG BRIEFCASE <input type="checkbox"/> 2 NEWSPAPER <input type="checkbox"/> 3 POCKET <input type="checkbox"/> 4 SHOULDER HOLSTER <input type="checkbox"/> 5 WAISTBAND <input type="checkbox"/> 6 OTHER	WEAPON FEATURE 18 <input checked="" type="checkbox"/> 0 UNKNOWN <input type="checkbox"/> 0 NONE Q34 <input type="checkbox"/> 1 ALTERED STOCK <input type="checkbox"/> 2 SAWED OFF <input type="checkbox"/> 3 AUTOMATIC <input type="checkbox"/> 4 BOLT ACTION <input type="checkbox"/> 5 PUMP <input type="checkbox"/> 6 REVOLVER <input type="checkbox"/> 7 BLUE STEEL <input type="checkbox"/> 8 CHROME/NICKEL <input type="checkbox"/> 9 DOUBLE BARREL <input type="checkbox"/> 10 SINGLE BARREL <input checked="" type="checkbox"/> 11 OTHER <u>POSSIBLE KNIFE</u>

REPORTING OFFICER J. DRGZ ID # 173 DATE 9-10-06 REVIEWED BY _____ ID# _____ DATE _____
ROUTED BY _____ ENTERED BY _____

Hermosa Beach Police Department
Crime Report
245(a)(1) P.C. Assault with a Deadly Weapon
DR# 06-3354, Page 3 of 4

Synopsis: Victim was stabbed once while inside of a crowded bar and is unable to provide any suspect or incident information.

Notification: On 9-10-06, at approximately 0326 hours, I was radio dispatched to [REDACTED] Avenue, Harbor City, CA, (Kaiser Hospital), RE: 245 P.C., assault with a deadly weapon report.

Details: I (Droz) #173 contacted the victim, who verbally identified himself as Jose [REDACTED] told me the following:

[REDACTED] said that at an unspecified time between the late night hours of 9-9-06 and the early morning hours of 9-10-06 he was inside of The Lighthouse, a bar that is located on 30 Pier Avenue, Hermosa Beach, CA 90254. He was accompanied by six of his friends, however [REDACTED] was unable to provide me any contact information for these individuals.

While inside of The Lighthouse, [REDACTED] exited the restroom of this establishment and noticed that a large crowd of customers were rushing for the front door. He did not know why the crowd was leaving the establishment. [REDACTED] then followed the crowd out of the front door and proceeded to a friend's vehicle. This friend was only identified as Phillip, and a description of Phillip's vehicle was not provided.

While inside of his friend's vehicle [REDACTED] noticed a warm feeling on his lower back. [REDACTED] then realized he had been stabbed. [REDACTED] friend then drove him to Kaiser Hospital, 25825 South Vermont Avenue, Harbor City, CA.

[REDACTED] told me he thinks he might have been stabbed while inside of The Lighthouse near in the vicinity of the front door. He does not know who stabbed him, or what that suspect might look like. [REDACTED] also does not know what type of object he was stabbed with. He does not know if there were any witnesses to this crime, and does not know what the motive for it might have been. He is not desirous of prosecution and was uncooperative during my interview with him.

While interviewing [REDACTED] in the hospital emergency room, I noticed a tattoo on his chest that said "WHPLS" in large bold print. [REDACTED] told me this tattoo represented his previous involvement in the Willhall Park Gang, a violent street gang that operates in the vicinity of Wilmington, CA.

While inside of the Kaiser Hospital Emergency Room, I was confronted by a nurse who gave me [REDACTED] name and DOB. The nurse told me that [REDACTED] had initially given her an alias, but his mother gave the hospital his real name and DOB.

**Hermosa Beach Police Department
Crime Report
245(a)(1) P.C. Assault with a Deadly Weapon
DR# 06-3354, Page 4 of 4**

After interviewing [REDACTED], I contacted Doctor [REDACTED]. Dr. [REDACTED] told me that [REDACTED] received a four inch wide by two inch deep stab wound to his lower back area. Dr. [REDACTED] stapled [REDACTED] wound closed, and told me [REDACTED] would have a full recovery.

Prepared by: J. Droz #173