

<input type="checkbox"/> NO PROSECUTION DESIRED <input type="checkbox"/> DELAYED REPORT <input type="checkbox"/> INCIDENT REPORT <input type="checkbox"/> COURTESY REPORT <input type="checkbox"/> DOMESTIC VIOLENCE <input type="checkbox"/> CONFIDENTIAL SEX CRIME	HERMOSA BEACH POLICE DEPARTMENT 540 PIER AVENUE HERMOSA BEACH, CA. 90254 310-318-0360 <h1 style="margin-top: 10px;">CRIME REPORT</h1>	<input type="checkbox"/> ACTIVE <input type="checkbox"/> SUSPENDED <input type="checkbox"/> RECORDS <input type="checkbox"/> CLOSED <input type="checkbox"/> COURTESY <input type="checkbox"/> UNFOUNDED	CASE NUMBER <h2 style="text-align: center;">06-3687</h2> REFER OTHER RPTS
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CRIME	CODE SECTION 242 PC	CRIME Battery	PRIMARY-COUNTS	SECONDARY-COUNTS 647(f)PC	OTHER-COUNTS		
	SPECIFIC LOCATION OF CRIME 74 Pier Plaza		OCURRED ON DATE 10/7/06	DAY Sat	TIME 0140		
	BUSINESS NAME Robert's Liquor		DATE RPTD 10/7/06	TIME RPTD 0143	AND DATE 10/7/06	DAY Sat	TIME 0143

VICTIM	NAME (Last, First, Middle) [REDACTED]	OCCUPATION Construction	D.O.B. [REDACTED]	AGE 25	SEX M	<input type="checkbox"/> WHT <input type="checkbox"/> HISP <input type="checkbox"/> BLK	
	RESIDENCE ADDRESS [REDACTED]	CITY Inglewood	ZIP 90304	RES PHONE [REDACTED]			
	BUSINESS NAME AND ADDRESS Unk	CITY [REDACTED]	DL# [REDACTED]	ZIP [REDACTED]	BUS PHONE [REDACTED]		

VICTIM(S)	CODE W1	NAME (Last, First, Middle) [REDACTED]	OCCUPATION Construction	D.O.B. [REDACTED]	AGE 24	SEX M	<input type="checkbox"/> WHT <input type="checkbox"/> HISP <input type="checkbox"/> BLK	
	RESIDENCE ADDRESS [REDACTED] Hawthorne, CA 90250		RES PHONE [REDACTED]					
	BUSINESS NAME AND ADDRESS Construction, Whittier		DL# [REDACTED]	STATE CA	BUS PHONE [REDACTED]			

WITNESS	CODE W2	NAME (Last, First, Middle) [REDACTED]	OCCUPATION Cashier	D.O.B. [REDACTED]	AGE 36	SEX M	<input type="checkbox"/> WHT <input type="checkbox"/> HISP <input type="checkbox"/> BLK <input checked="" type="checkbox"/> Asian	
	RESIDENCE ADDRESS [REDACTED] , Lawndale, CA 90260		RES PHONE [REDACTED]					
	BUSINESS NAME AND ADDRESS Robert's Liquor, 74 Pier Plaza, Hermosa Beach		DL# [REDACTED]	STATE CA	BUS PHONE [REDACTED]			

REPORTER	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		DL#	STATE	BUS PHONE			

VEHICLE	LICENSE N/A	STATE	YEAR	MAKE	MODEL	BODY <input type="checkbox"/> UNK <input type="checkbox"/> 3 <input type="checkbox"/> CONV <input type="checkbox"/> 6 <input type="checkbox"/> VAN <input type="checkbox"/> 9 <input type="checkbox"/> M/C STYLE <input type="checkbox"/> 1 <input type="checkbox"/> 2-DR <input type="checkbox"/> 4 <input type="checkbox"/> P/U <input type="checkbox"/> 7 <input type="checkbox"/> S/W <input type="checkbox"/> 10 <input type="checkbox"/>
	COLOR/COLOR	OTHER CHARACTERISTICS				2 <input type="checkbox"/> 4-DR <input type="checkbox"/> 5 <input type="checkbox"/> TRUCK <input type="checkbox"/> 8 <input type="checkbox"/> RV
	DISPOSITION OF VEHICLE					

FACTORS	<input checked="" type="checkbox"/> 1 THERE IS A WITNESS TO THE CRIME <input checked="" type="checkbox"/> 2 A SUSPECT WAS ARRESTED <input type="checkbox"/> 3 A SUSPECT WAS NAMED <input type="checkbox"/> 4 A SUSPECT CAN BE LOCATED <input type="checkbox"/> 5 A SUSPECT CAN BE DESCRIBED <input type="checkbox"/> 6 A SUSPECT CAN BE IDENTIFIED <input type="checkbox"/> 7 A SUSPECT VEHICLE CAN BE IDENTIFIED <input type="checkbox"/> 8 THERE IS IDENTIFIABLE STOLEN PROPERTY <input type="checkbox"/> 9 THERE IS A SIGNIFICANT M.O. <input type="checkbox"/> 10 SIGNIFICANT PHYSICAL EVIDENCE IS PRESENT <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"/> 13 FURTHER INVESTIGATION NEEDED <input type="checkbox"/> 14 CRIME IS GANG RELATED <input type="checkbox"/> 15 HATE CRIME RELATED	EVIDENCE	<input checked="" type="checkbox"/> 0 NONE <input type="checkbox"/> 1 FINGERPRINTS <input type="checkbox"/> 2 TOOLS <input type="checkbox"/> 3 TOOL MARKINGS <input type="checkbox"/> 4 GLASS <input type="checkbox"/> 5 PAINT <input type="checkbox"/> 6 BULLET CASING <input type="checkbox"/> 7 BULLET <input type="checkbox"/> 8 RAPE KIT <input type="checkbox"/> 9 SEMEN	<input type="checkbox"/> 10 BLOOD <input type="checkbox"/> 11 URINE <input type="checkbox"/> 12 HAIR <input type="checkbox"/> 13 FIREARMS <input type="checkbox"/> 14 PHOTOGRAPHS <input type="checkbox"/> 15 OTHER (DESCRIBE)
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REPORTING OFFICER Sullivan	ID# 170	DATE 10/7/06	REVIEWING SUPERVISOR <i>[Signature]</i>	ID# 120	DATE 10/7/06
COPIES TO:	<input type="checkbox"/> CHIEF <input type="checkbox"/> DMV <input type="checkbox"/> CII <input type="checkbox"/> CAU <input type="checkbox"/> PATROL <input type="checkbox"/> ABC (2)	<input type="checkbox"/> DB <input type="checkbox"/> DA <input type="checkbox"/> OTHER	ROUTED BY	ENTERED BY	

PREMISES 7 BUSINESS <input type="checkbox"/> 1 Bank/Sav Loan Finance/Credit Un <input type="checkbox"/> 2 Bar <input type="checkbox"/> 3 Cleaners/Laundry <input type="checkbox"/> 4 Construction Site <input type="checkbox"/> 5 Theater <input type="checkbox"/> 6 Fast Foods <input type="checkbox"/> 7 Gas Station <input type="checkbox"/> 8 Hotel/Motel <input type="checkbox"/> 9 Dept./Discount Store <input type="checkbox"/> 10 Fast Foods <input type="checkbox"/> 11 Gun/Sport Goods <input type="checkbox"/> 12 Jewelry Store <input checked="" type="checkbox"/> 13 Liquor Store <input type="checkbox"/> 14 Photo Stand <input type="checkbox"/> 15 Convenience Store <input type="checkbox"/> 16 Restaurant <input type="checkbox"/> 17 Supermarket <input type="checkbox"/> 18 TV/Radio <input type="checkbox"/> 19 Auto Parts <input type="checkbox"/> 20 Bicycle Sales <input type="checkbox"/> 21 Car/Motorcycle Sales <input type="checkbox"/> 22 Clothing Store <input type="checkbox"/> 23 Hardware <input type="checkbox"/> 24 Medical <input type="checkbox"/> 25 Office Building <input type="checkbox"/> 26 Shoe Store <input type="checkbox"/> 27 Warehouse <input type="checkbox"/> 28 Other _____ RESIDENCE <input type="checkbox"/> 29 Apartment <input type="checkbox"/> 30 Condominium <input type="checkbox"/> 31 Duplex/Fourplex <input type="checkbox"/> 32 Garage Attached <input type="checkbox"/> 33 Garage Detached <input type="checkbox"/> 34 House <input type="checkbox"/> 35 Mobile Home <input type="checkbox"/> 36 Other _____ PUBLIC <input type="checkbox"/> 37 Church <input type="checkbox"/> 38 Hospital <input type="checkbox"/> 39 Park/Playground <input type="checkbox"/> 40 Parking Lot <input type="checkbox"/> 41 Public Building <input type="checkbox"/> 42 School <input type="checkbox"/> 43 Shopping Mall <input type="checkbox"/> 44 Street/Hwy/Alley <input type="checkbox"/> 45 Other _____		POINT OF ENTRY 8 <input type="checkbox"/> 0 Unknown <input type="checkbox"/> 0 N/A <input checked="" type="checkbox"/> 1 Front <input type="checkbox"/> 2 Rear <input type="checkbox"/> 3 Side <input type="checkbox"/> 4 Door <input type="checkbox"/> 5 Window <input type="checkbox"/> 6 Sliding Glass Door <input type="checkbox"/> 7 Basement <input type="checkbox"/> 8 Roof <input type="checkbox"/> 9 Floor <input type="checkbox"/> 10 Wall <input type="checkbox"/> 11 Duct/Vent <input type="checkbox"/> 12 Garage <input type="checkbox"/> 13 Adj. Building <input type="checkbox"/> 14 Ground Level <input type="checkbox"/> 15 Upper Level <input type="checkbox"/> 16 Other _____ METHOD OF ENTRY 9 <input type="checkbox"/> 0 Unknown <input checked="" type="checkbox"/> 0 N/A <input type="checkbox"/> 1 No Force Used <input type="checkbox"/> 2 Attempt Only <input type="checkbox"/> 3 Bodily Force <input type="checkbox"/> 4 Bolt Cut/Pliers <input type="checkbox"/> 5 Channel Lock/Pipe Wrench/Vice Grips <input type="checkbox"/> 6 Saw/Drill/Burn <input type="checkbox"/> 7 Screwdriver <input type="checkbox"/> 8 Tire Iron <input type="checkbox"/> 9 Unk Pry Bar <input type="checkbox"/> 10 Coat Hanger Wire <input type="checkbox"/> 11 Key Slip Shim <input type="checkbox"/> 12 Punch <input type="checkbox"/> 13 Remove Louvers <input type="checkbox"/> 14 Window Smash <input type="checkbox"/> 15 Brick/Rock <input type="checkbox"/> 16 Hid in Building <input type="checkbox"/> 17 Other _____ VEHICLE ENTRY 10 <input type="checkbox"/> 0 Unknown <input checked="" type="checkbox"/> 0 N/A <input type="checkbox"/> 1 Door/Lock Forced <input type="checkbox"/> 2 Trunk Forced <input type="checkbox"/> 3 Window Broken <input type="checkbox"/> 4 Window Forced <input type="checkbox"/> 5 Window Open <input type="checkbox"/> 6 Unlocked <input type="checkbox"/> 7 Other _____		PROPERTY ATTACKED 11 <input type="checkbox"/> 0 Unknown 3 <input checked="" type="checkbox"/> 0 N/A <input type="checkbox"/> 1 Cash Notes <input type="checkbox"/> 2 Clothes/Fur <input type="checkbox"/> 3 Consumable Good <input type="checkbox"/> 4 Firearms <input type="checkbox"/> 5 Household Goods <input type="checkbox"/> 6 Jewelry Metals <input type="checkbox"/> 7 Livestock <input type="checkbox"/> 8 Office Equipment <input type="checkbox"/> 9 TV/Radio/Camera <input type="checkbox"/> 10 Miscellaneous <input type="checkbox"/> 11 Other _____ SEX CRIMES ONLY 12 <input type="checkbox"/> 1 Suspect Climaxed <input type="checkbox"/> 2 Unknown/Climaxed <input type="checkbox"/> 3 Victim Bound/Tied <input type="checkbox"/> 4 Victim injured <input type="checkbox"/> 5 Covered Victim Face <input type="checkbox"/> 6 Photographed Victim <input type="checkbox"/> 7 Vic Orally Copulated Susp <input type="checkbox"/> 8 Susp Orally Copulated Vic <input type="checkbox"/> 9 Rape By Instrument (Foreign Objects) <input type="checkbox"/> 10 Sodomy <input type="checkbox"/> 11 Suggested Vic Commit Lewd Perverted Act <input type="checkbox"/> 12 Inserted Finger into Vagina <input type="checkbox"/> 13 Forced Vic to Fondle Susp <input type="checkbox"/> 14 Susp Fondled Victim <input type="checkbox"/> 15 Masturbated Self <input type="checkbox"/> 16 Other _____ BURGLARY ONLY 13 Is member of Neigh Watch? <input type="checkbox"/> YES <input type="checkbox"/> NO Is member of Operation Ident <input type="checkbox"/> YES <input type="checkbox"/> NO Interested in NW? <input type="checkbox"/> YES <input type="checkbox"/> NO Had Home Business Inspection? <input type="checkbox"/> YES <input type="checkbox"/> NO When? _____		TRADEMARKS SUSPECT(S) ACTIONS 14 <input type="checkbox"/> 1 Alarm Disabled <input type="checkbox"/> 2 Arson <input type="checkbox"/> 3 Ate/Drank on Premises <input type="checkbox"/> 4 Blindfolded victim bound/gagged <input type="checkbox"/> 5 Cat Burglar <input type="checkbox"/> 6 Defecated/Urinated <input type="checkbox"/> 7 Demanded Money <input type="checkbox"/> 8 Disrobed Victim Fully <input type="checkbox"/> 9 Disrobed Victim Partially <input type="checkbox"/> 10 Fired Weapon <input type="checkbox"/> 11 Forced Vic to Move <input type="checkbox"/> 12 Forced Vic into Veh <input type="checkbox"/> 13 Had Been Drinking <input type="checkbox"/> 14 Indication Multi Susps. <input type="checkbox"/> 15 Inflicted Injuries <input type="checkbox"/> 16 Knew Location of Hidden Cash <input type="checkbox"/> 17 Made Threats <input type="checkbox"/> 18 Placed Property in Sack/Pocket <input type="checkbox"/> 19 Prepared Exit <input type="checkbox"/> 20 Ransacked <input type="checkbox"/> 21 Ripped/Cut Clothing <input type="checkbox"/> 22 Selective in Loot <input type="checkbox"/> 23 Shut Off Power <input type="checkbox"/> 24 Smoked on Premises <input type="checkbox"/> 25 Searched Victim <input checked="" type="checkbox"/> 26 Struck Victim <input type="checkbox"/> 27 Susp Armed <input type="checkbox"/> 28 Threatened Retaliation <input type="checkbox"/> 29 Took Only Consumables <input type="checkbox"/> 30 Took Victim's Vehicle <input type="checkbox"/> 31 Tortured <input type="checkbox"/> 32 Under Influence Drugs <input type="checkbox"/> 33 Used Demand Note <input type="checkbox"/> 34 Used Lockout <input type="checkbox"/> 35 Used driver <input type="checkbox"/> 36 Used Match/Candle <input type="checkbox"/> 37 Used Victim Name <input type="checkbox"/> 38 Used Victim's Suitcase/Pillowcase <input type="checkbox"/> 39 Used Victim's Tools <input type="checkbox"/> 40 Veh Needed to Remove Property <input type="checkbox"/> 41 Cut/Disconnected Phone <input type="checkbox"/> 42 Cased Location Before Crime <input type="checkbox"/> 43 Other _____ SUSP. PRET. TO BE 15 <input checked="" type="checkbox"/> 0 N/A <input type="checkbox"/> 1 Conducting Survey <input type="checkbox"/> 2 Cust./Client <input type="checkbox"/> 3 Delivery Person <input type="checkbox"/> 4 Disabled Motorist <input type="checkbox"/> 5 Drunk <input type="checkbox"/> 6 Employee/Employer <input type="checkbox"/> 7 Friend/Relative <input type="checkbox"/> 8 Ill/Injured <input type="checkbox"/> 9 Need Phone <input type="checkbox"/> 10 Police/Law <input type="checkbox"/> 11 Renter <input type="checkbox"/> 12 Repairman <input type="checkbox"/> 13 Sale of illicit Goods <input type="checkbox"/> 14 Sales Person <input type="checkbox"/> 15 Seek Assistance <input type="checkbox"/> 16 Seek Directions <input type="checkbox"/> 17 Seeking Someone <input type="checkbox"/> 18 Solicit Funds <input type="checkbox"/> 19 Other _____ PHYSICAL SECURITY 16 <input type="checkbox"/> 0 Unknown <input checked="" type="checkbox"/> 0 N/A <input type="checkbox"/> 1 Audible Alarm <input type="checkbox"/> 2 Silent Alarm <input type="checkbox"/> 3 Private Security Patrol <input type="checkbox"/> 4 Dog <input type="checkbox"/> 5 Standard Locks <input type="checkbox"/> 6 Auxiliary Locks (Deadbolt, Windows, etc.) <input type="checkbox"/> 7 Window Bars/Grills <input type="checkbox"/> 8 Outside Lighting On <input type="checkbox"/> 9 Inside Lighting On <input type="checkbox"/> 10 Garage Door Locked <input type="checkbox"/> 11 Obscured Interior View (Commercial/Business) <input type="checkbox"/> 12 Security Signing (N.W. Alarm, etc.) <input type="checkbox"/> 13 Other _____	
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VEHICLE <input type="checkbox"/> 46 Camper <input type="checkbox"/> 47 Motor Home <input type="checkbox"/> 48 Passenger Car <input type="checkbox"/> 49 Pick-Up <input type="checkbox"/> 50 Trailer <input type="checkbox"/> 51 Truck <input type="checkbox"/> 52 Van <input type="checkbox"/> 53 Other _____		PHYSICAL CONDITION 17 <input type="checkbox"/> 0 No Impairment <input checked="" type="checkbox"/> 1 Under Infl. Alcohol/Drugs <input type="checkbox"/> 2 Sick/Injured <input type="checkbox"/> 3 Senior Citizen <input type="checkbox"/> 4 Blind <input type="checkbox"/> 5 Handicapped <input type="checkbox"/> 6 Deaf <input type="checkbox"/> 7 Mute <input type="checkbox"/> 8 Mentally/Emotionally Impaired <input type="checkbox"/> 9 Other _____		RELATIONSHIP TO SUSPECT 18 <input type="checkbox"/> 0 Unknown <input type="checkbox"/> 1 Husband <input type="checkbox"/> 2 Wife <input type="checkbox"/> 3 Mother <input type="checkbox"/> 4 Father <input type="checkbox"/> 5 Daughter <input type="checkbox"/> 6 Son <input type="checkbox"/> 7 Brother <input type="checkbox"/> 8 Sister <input type="checkbox"/> 9 Other Family <input type="checkbox"/> 10 Acquaintance <input type="checkbox"/> 11 Friend <input type="checkbox"/> 12 Boyfriend <input type="checkbox"/> 13 Girlfriend <input type="checkbox"/> 14 Neighbor <input type="checkbox"/> 15 Business Associate <input checked="" type="checkbox"/> 16 Stranger <input type="checkbox"/> 17 Other _____		MARITAL STATUS 19 <input checked="" type="checkbox"/> 0 Unknown <input type="checkbox"/> 1 Annulled <input type="checkbox"/> 2 Common Law <input type="checkbox"/> 3 Single <input type="checkbox"/> 4 Married <input type="checkbox"/> 5 Divorced <input type="checkbox"/> 6 Widow(er) <input type="checkbox"/> 7 Separated <input type="checkbox"/> 8 Other _____	
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HERMOSA BEACH
POLICE DEPARTMENT

SUSPECT REPORT

1 C R I M E	CODE SECTION 242 PC	CRIME Battery	CLASSIFICATION				CASE NO. 06-3687
	LOCATION (Be Specific) Robert's Liquor, 74 Pier Plaza	RD 1	DATE 10/7/06	TIME 0143	SUPPL. <input type="checkbox"/>	REFER OTHER RPTS.	
2 S U S P E C T	LICENSE # N/A	STATE	VEH YR	MAKE	MODEL	BODY STYLE	
	COLOR/COLOR	OTHER CHARACTERISTICS (i.e. T/C Damage, Unique Marks or Paint, etc)				DISPOSITION OF VEH	
	REGISTERED OWNER						

3 S U S P E C T	SUSP # 1	NAME (Last, First, Middle) Hernandez, [REDACTED]	SEX <input checked="" type="checkbox"/> 1 M <input type="checkbox"/> 2 F	RACE <input type="checkbox"/> 0 UNK <input type="checkbox"/> 1 WHT <input checked="" type="checkbox"/> 2 HISP <input type="checkbox"/> 3 BLK <input type="checkbox"/> 4 IND <input type="checkbox"/> 5 CHI <input type="checkbox"/> 6 JAP <input type="checkbox"/> 7 FIL <input type="checkbox"/> 8 OTH <input type="checkbox"/> 9 P ISL			
	AKA	D.O.B.	AGE 22	HT 5-07	WT. 160	BUILD <input type="checkbox"/> 0 UNK <input type="checkbox"/> 1 THIN <input type="checkbox"/> 2 MED <input type="checkbox"/> 3 HEAVY <input type="checkbox"/> 4 MUSCLR	
	HAIR <input type="checkbox"/> 0 UNK <input type="checkbox"/> 1 BRN <input checked="" type="checkbox"/> 2 BLK <input type="checkbox"/> 3 BLN <input type="checkbox"/> 4 RED <input type="checkbox"/> 5 GRAY <input type="checkbox"/> 6 S/P <input type="checkbox"/> 7 WHT <input type="checkbox"/> 8 OTHER	EYES <input type="checkbox"/> 0 UNK <input checked="" type="checkbox"/> 1 BRN <input type="checkbox"/> 2 BLK <input type="checkbox"/> 3 BLU <input type="checkbox"/> 4 GRN <input type="checkbox"/> 5 HAZEL <input type="checkbox"/> 6 GRAY <input type="checkbox"/> 7 Other	D.L. #				
	RES ADDRESS [REDACTED], Los Angeles, CA	RD	ZIP CODE 90062	RES PHONE #	S.S.#		
	BUS ADDRESS	RD	ZIP CODE	BUS. PHONE #	OCCUPATION		
	IDENTI-KIT NO	P.I.S. #	ARRESTED <input checked="" type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO	H.B.P.D. I.D.#	L.A.S.D. BOOKING #		
	CLOTHING Whit Tank Top, Green Pants	STATUS <input type="checkbox"/> 1 DRIVER <input type="checkbox"/> 2 PASS <input checked="" type="checkbox"/> 3 PED	GANG AFFILIATION HOW KNOWN:	<input type="checkbox"/> 1 KNOWN <input checked="" type="checkbox"/> 2 SUSPECTED			

4 AMT. OF HAIR <input type="checkbox"/> 0 UNKNOWN <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	5 TYPE OF HAIR <input type="checkbox"/> 0 UNKNOWN <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 WG <input type="checkbox"/> 8 OTHER	6 HAIR CONDITION <input type="checkbox"/> 0 UNKNOWN <input type="checkbox"/> 1 CLEAN <input type="checkbox"/> 2 DIRTY <input type="checkbox"/> 3 GREASY <input type="checkbox"/> 4 MATTED <input type="checkbox"/> 5 ODOR <input type="checkbox"/> 6 OTHER	7 R/L HANDED <input type="checkbox"/> 0 UNKNOWN <input type="checkbox"/> 1 RIGHT <input type="checkbox"/> 2 LEFT	8 HAIR STYLE <input type="checkbox"/> 0 UNKNOWN <input type="checkbox"/> 1 LONG <input type="checkbox"/> 2 SHORT <input type="checkbox"/> 3 COLLAR <input type="checkbox"/> 4 MILITARY <input type="checkbox"/> 5 CREWCUT <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	9 FACIAL HAIR <input type="checkbox"/> 0 UNKNOWN <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	10 COMPLEXION <input type="checkbox"/> 0 UNKNOWN <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	11 GLASSES <input type="checkbox"/> 0 UNKNOWN <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	12 VOICE <input type="checkbox"/> 0 UNKNOWN <input type="checkbox"/> 0 NA <input type="checkbox"/> 1 LISP <input type="checkbox"/> 2 SLURRED <input type="checkbox"/> 3 STUTTER <input type="checkbox"/> 4 ACCENT Describe <input type="checkbox"/> 5 OTHER	13 TATTOOS/SCARS 13 DISTING. MARKS 14 <input type="checkbox"/> 0 UNKNOWN <input type="checkbox"/> 0 NONE <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	15 UNIQUE CLTHNG <input type="checkbox"/> 0 UNK <input type="checkbox"/> 0 NONE <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	16 WEAPON IN <input type="checkbox"/> 0 UNKNOWN <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	17 WEAPON(S) <input type="checkbox"/> 0 UNKNOWN <input type="checkbox"/> 0 NONE <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	18 WEAPON FEATURE <input type="checkbox"/> 0 UNKNOWN <input type="checkbox"/> 0 NONE <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 type="checkbox"/> 11 OTHER
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Handwritten: CUSTODY

REPORTING OFFICER Sullivan	ID # 170	DATE 10/7/06	REVIEWED BY
COPIES TO <input type="checkbox"/> CHIEF <input type="checkbox"/> CAU	<input type="checkbox"/> PATROL <input type="checkbox"/> ABC (2 copies)	<input type="checkbox"/> DB <input type="checkbox"/> DA	<input type="checkbox"/> OTHER AGENCY
ROUTED BY	ENTERED BY	ID#	DATE

HERMOSA BEACH POLICE DEPARTMENT**Crime/Arrest Report Narrative****242 PC: Battery****647(f)PC: Public Intoxication****DR 06-3687**

Synopsis: Suspect strikes victim once in the face, causing injury.

Arrest: On 10/7/06 at approximately 0151 hours from in front of 74 Pier Plaza (Robert's Liquor), I accepted the private person's arrest of [REDACTED] Hernandez by [REDACTED] [REDACTED] for battery, in violation of 242 PC. After observing and contacting Hernandez, I also added the charge of public intoxication, in violation of 647(f)PC.

Notification: On 10/7/06 at approximately 0143 hours, I responded along with Officer Brunn to a report of a fight occurring in front of Robert's Liquor as put out over the radio by Officer Kansaku. I arrived to see Officer Kansaku detaining two subjects (later identified as Victim B [REDACTED] and Witness H [REDACTED]), and assisted in detaining the two by placing handcuffs on them.

Details: As we were detaining B [REDACTED] and H [REDACTED], Witness N [REDACTED] approached me, pointed directly to Suspect Hernandez and told me he was the aggressor. Officer Brunn detained Hernandez, who was being physically held standing by his friend. I approached and heard Hernandez tell Officer Brunn, "I'll fuck you up." Hernandez could not stand on his own, and had the strong odor of alcohol on his breath. His eyes were watery, droopy and sleepy, and his speech was slurred.

Officer Brunn continued to detain Hernandez while I spoke with B [REDACTED], who had been uncuffed along with H [REDACTED]. B [REDACTED] had blood running from his nose, but no other outer signs of injury. I asked B [REDACTED] what had happened, and he said Hernandez (referring to him as "That little guy") punched him in the face. B [REDACTED] pointed to the person being detained by Officer Brunn (Hernandez), and identified him as the suspect by stating, "That's the little guy right there who socked me up!" When asked if he wanted Hernandez prosecuted, he said, "I sure do." I informed Officer Brunn that Hernandez was to be placed under private person's arrest with the added charge of public intoxication. Officer Brunn walked him to Officer Lobue's patrol vehicle for transport, and Officer Lobue transported and booked Hernandez.

Statements: (Victim) B [REDACTED]
When asked to recount the incident from the beginning, B [REDACTED] told me he was standing in line to buy beer at Robert's Liquor when Hernandez approached him, and without saying anything, punched him with possibly his left fist in the face, causing him to fall to the ground, have pain in his nose, and causing his nose to bleed. B [REDACTED] said he did not want paramedics to respond. B [REDACTED] said his friend H [REDACTED] then stepped in to defend him, and knocked Hernandez to the ground. He said they all then went outside Robert's Liquor and that's when the police arrived.

Statements: (Witness 1) H [REDACTED], [REDACTED]

H [REDACTED] stated he was standing in line at Robert's Liquor with B [REDACTED] when Hernandez approached them and struck B [REDACTED] in the face with a closed fist. H [REDACTED] said Hernandez began to "talk shit" and he (H [REDACTED]) stepped in to defend his friend, and "dropped him," referring to Hernandez. He said they went outside Robert's Liquor, where he and B [REDACTED] were detained.

Statements: (Witness 2) N [REDACTED]

N [REDACTED] stated he was working behind the counter at Robert's Liquor when B [REDACTED] and H [REDACTED] were standing in line. He said Hernandez approached the two and got in a loud verbal argument with them. N [REDACTED] said he jumped over the counter and approached the three in an attempt to prevent a fight in the store. At that point, Hernandez punched B [REDACTED] and knocked him over. N [REDACTED] said he approached Hernandez to try to get him to leave the store, and Hernandez turned and swung a closed fist at N [REDACTED] head, barely missing. N [REDACTED] said H [REDACTED] then knocked Hernandez to the ground, and the fight proceeded out of the store into the area in front of Robert's Liquor. N [REDACTED] said we then arrived and detained the involved parties. N [REDACTED] was not desirous of an arrest for assault.

Further Details: B [REDACTED] signed a private person's arrest form, see attached. B [REDACTED] also signed two copies of the misdemeanor complaint form as well as a medical release form, see attached.

Report By: Sullivan 170
HBPD: Patrol Division
Date: 10-7-06