

<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	<b>HERMOSA BEACH POLICE DEPARTMENT</b> 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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<b>CRIME</b>	CODE SECTION <b>242 PC</b>	CRIME <b>Battery</b>	PRIMARY-COUNTS	SECONDARY-COUNTS <b>647(f)PC</b>	OTHER-COUNTS	
	SPECIFIC LOCATION OF CRIME <b>74 Pier Plaza</b>			OCCURRED ON DATE <b>10/7/06</b>	DAY <b>Sat</b>	TIME <b>0140</b>
	BUSINESS NAME <b>Robert's Liquor</b>			OR BETWEEN DATE <b>10/7/06</b>	DAY <b>Sat</b>	TIME <b>0143</b>
	DATE RPTD <b>10/7/06</b>	TIME RPTD <b>0143</b>	AND	DATE <b>10/7/06</b>	DAY <b>Sat</b>	TIME <b>0143</b>

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

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

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

<b>REPORTER</b>	CODE	NAME (Last, First, Middle)	OCCUPATION	D.O.B.	AGE	SEX	<input type="checkbox"/> WHT <input type="checkbox"/> HISP <input type="checkbox"/> BLK <input type="checkbox"/>
	RESIDENCE ADDRESS						
	BUSINESS NAME AND ADDRESS						

LICENSE <b>N/A</b>	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
COLOR/COLOR	OTHER CHARACTERISTICS			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"/> 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

<b>FACTORS</b>	<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	<b>EVIDENCE</b>	<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)

REPORTING OFFICER <b>Sullivan</b>	ID# <b>170</b>	DATE <b>10/7/06</b>	REVIEWING SUPERVISOR <i>[Signature]</i>	ID# <b>120</b>	DATE <b>10/7/06</b>
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 <i>[Signature]</i>	

