

AS

11-325-1037

REPORT TYPE <input type="checkbox"/> SUPPLEMENTAL		SJPD		CASE NO	
245 PC		SUSPECT PAGE		11-325-1037	
<input type="checkbox"/> BOOKED <input type="checkbox"/> CITED <input type="checkbox"/> 849(b) PC <input type="checkbox"/> COMPLAINT REVIEW <input type="checkbox"/> INFO ONLY <input checked="" type="checkbox"/> AT LARGE <input type="checkbox"/> VMC <input type="checkbox"/> SEE JCR					
S#1	LAST, FIRST, MIDDLE UNKNOWN	RACE H	M <input checked="" type="checkbox"/> F <input type="checkbox"/>	DOB	AGE 20's HT 5-6 WT hvy HAIR Black EYES Brown
AKA / MONIKER		RELATIONSHIP TO VICTIM		INTERPRETER NEEDED: <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER <input type="checkbox"/> VIETNAMESE	
ADDRESS		CITY		STATE	ZIP PHONE PFN
BUSINESS NAME/SCHOOL NAME AND ADDRESS		CITY		STATE	ZIP PHONE PHOTO ID#
DL NUMBER	STATE	SSN	CITE #	CEN	
CLOTHING Tan colored clothing				UNIQUE IDENTIFIERS (C11#)	
<div style="display: flex; justify-content: space-between;"> <div> HAIR STYLE <input type="checkbox"/> AFRO <input type="checkbox"/> BALD/SHAVED <input type="checkbox"/> BRAIDED <input type="checkbox"/> COLLAR <input type="checkbox"/> CREW CUT <input type="checkbox"/> LONG <input type="checkbox"/> PONY TAIL <input type="checkbox"/> PUNK <input checked="" type="checkbox"/> SHORT GLASSES <input type="checkbox"/> GLASSES <input type="checkbox"/> SUNGLASSES </div> <div> HAIR TYPE <input type="checkbox"/> RECEDING <input type="checkbox"/> STRAIGHT <input type="checkbox"/> WAVY/CURLY SPEECH <input type="checkbox"/> ACCENT <input type="checkbox"/> LISP <input type="checkbox"/> STUTTER HANDED <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT </div> <div> FACIAL HAIR <input type="checkbox"/> BEARD <input type="checkbox"/> CLEAN SHAVEN <input type="checkbox"/> FU MANCHU <input type="checkbox"/> GOATEE <input type="checkbox"/> LOWER LIP <input type="checkbox"/> MUSTACHE <input type="checkbox"/> SIDE BURNS <input type="checkbox"/> UNSHAVEN CLOTHING <input type="checkbox"/> CAP/HAT <input type="checkbox"/> GLOVES <input type="checkbox"/> MASK </div> <div> BUILD <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> MEDIUM <input type="checkbox"/> MUSCULAR <input type="checkbox"/> POT BELLY <input type="checkbox"/> SMALL <input type="checkbox"/> THIN TEETH <input type="checkbox"/> GOLD <input type="checkbox"/> MISSING <input type="checkbox"/> ROTTEN <input type="checkbox"/> SILVER </div> <div> COMPLEXION <input type="checkbox"/> ACNE/POCKED <input type="checkbox"/> DARK <input type="checkbox"/> FRECKLED <input type="checkbox"/> LIGHT <input checked="" type="checkbox"/> MEDIUM APPEARANCE <input type="checkbox"/> BODY ODOR <input type="checkbox"/> DISGUISE <input type="checkbox"/> UNKEMPT/DIRTY <input type="checkbox"/> WELL GROOMED </div> <div> WEAPONS <input type="checkbox"/> CUTTING INST. <input type="checkbox"/> HAND/FEET <input type="checkbox"/> REVOLVER <input type="checkbox"/> RIFLE <input type="checkbox"/> SEMI AUTO <input type="checkbox"/> SHOTGUN <input type="checkbox"/> SIMULATED <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER </div> </div>				SCARS, MARKS, TATOOS, ETC. CODE LOCATION DESCRIPTION <input type="checkbox"/> ADD'L. SEE NARRATIVE CODE S=SCARS M=MARKS P=PIERCING T=TATTOOS MB=MISSING BODY PARTS UNDER THE INFLUENCE <input type="checkbox"/> ALCOHOL <input type="checkbox"/> STIMULANT <input type="checkbox"/> PCP <input type="checkbox"/> OPIATE <input type="checkbox"/> OTHER	
<input type="checkbox"/> BOOKED <input type="checkbox"/> CITED <input type="checkbox"/> 849(b) PC <input type="checkbox"/> COMPLAINT REVIEW <input type="checkbox"/> INFO ONLY <input type="checkbox"/> AT LARGE <input type="checkbox"/> VMC <input type="checkbox"/> SEE JCR					
S.2	LAST, FIRST, MIDDLE UNKNOWN	RACE W	M <input checked="" type="checkbox"/> F <input type="checkbox"/>	DOB	AGE 20's HT unk WT HAIR EYES
AKA / MONIKER		RELATIONSHIP TO VICTIM		INTERPRETER NEEDED: <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER <input type="checkbox"/> VIETNAMESE	
ADDRESS		CITY		STATE	ZIP PHONE PFN
BUSINESS NAME/SCHOOL NAME AND ADDRESS		CITY		STATE	ZIP PHONE PHOTO ID#
DL NUMBER	STATE	SSN	CITE #	CEN	
CLOTHING All black clothing				UNIQUE IDENTIFIERS (C11#)	
<div style="display: flex; justify-content: space-between;"> <div> HAIR STYLE <input type="checkbox"/> AFRO <input type="checkbox"/> BALD/SHAVED <input type="checkbox"/> BRAIDED <input type="checkbox"/> COLLAR <input type="checkbox"/> CREW CUT <input type="checkbox"/> LONG <input type="checkbox"/> PONY TAIL <input type="checkbox"/> PUNK <input type="checkbox"/> SHORT GLASSES <input type="checkbox"/> GLASSES <input type="checkbox"/> SUNGLASSES </div> <div> HAIR TYPE <input type="checkbox"/> RECEDING <input type="checkbox"/> STRAIGHT <input type="checkbox"/> WAVY/CURLY SPEECH <input type="checkbox"/> ACCENT <input type="checkbox"/> LISP <input type="checkbox"/> STUTTER HANDED <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT </div> <div> FACIAL HAIR <input type="checkbox"/> BEARD <input type="checkbox"/> CLEAN SHAVEN <input type="checkbox"/> FU MANCHU <input type="checkbox"/> GOATEE <input type="checkbox"/> LOWER LIP <input type="checkbox"/> MUSTACHE <input type="checkbox"/> SIDE BURNS <input type="checkbox"/> UNSHAVEN CLOTHING <input type="checkbox"/> CAP/HAT <input type="checkbox"/> GLOVES <input type="checkbox"/> MASK </div> <div> BUILD <input type="checkbox"/> HEAVY <input type="checkbox"/> MEDIUM <input type="checkbox"/> MUSCULAR <input type="checkbox"/> POT BELLY <input type="checkbox"/> SMALL <input type="checkbox"/> THIN TEETH <input type="checkbox"/> GOLD <input type="checkbox"/> MISSING <input type="checkbox"/> ROTTEN <input type="checkbox"/> SILVER </div> <div> COMPLEXION <input type="checkbox"/> ACNE/POCKED <input type="checkbox"/> DARK <input type="checkbox"/> FRECKLED <input type="checkbox"/> LIGHT <input type="checkbox"/> MEDIUM APPEARANCE <input type="checkbox"/> BODY ODOR <input type="checkbox"/> DISGUISE <input type="checkbox"/> UNKEMPT/DIRTY <input type="checkbox"/> WELL GROOMED </div> <div> WEAPONS <input type="checkbox"/> CUTTING INST. <input type="checkbox"/> HAND/FEET <input type="checkbox"/> REVOLVER <input type="checkbox"/> RIFLE <input type="checkbox"/> SEMI AUTO <input type="checkbox"/> SHOTGUN <input type="checkbox"/> SIMULATED <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER </div> </div>				SCARS, MARKS, TATOOS, ETC. CODE LOCATION DESCRIPTION <input type="checkbox"/> ADD'L. SEE NARRATIVE CODE S=SCARS M=MARKS P=PIERCING T=TATTOOS MB=MISSING BODY PARTS UNDER THE INFLUENCE <input type="checkbox"/> ALCOHOL <input type="checkbox"/> STIMULANT <input type="checkbox"/> PCP <input type="checkbox"/> OPIATE <input type="checkbox"/> OTHER	
SUSPECT VEHICLE YEAR MAKE MODEL BODY TYPE COLOR LICENSE / VIN STATE					
ADDITIONAL IDENTIFIERS: <input type="checkbox"/> LOWERED <input type="checkbox"/> RAISED <input type="checkbox"/> SPECIAL PAINT <input type="checkbox"/> SPECIAL WHEELS <input type="checkbox"/> SUN ROOF/T-TOP					
R/O'S NAME (LAST, FIRST, MIDDLE) <input type="checkbox"/> SAME AS VICTIM #		ADDRESS		CITY	STATE ZIP DAMAGE TO VEHICLE
SUSPECT VEHICLE WAS: <input type="checkbox"/> STOLEN <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> STORED <input type="checkbox"/> LEFT AT SCENE <input type="checkbox"/> RELEASED AT SCENE <input type="checkbox"/> HELD F/PRINTS <input type="checkbox"/> PRINTED					
OFFICER'S NAME	ID NUMBER	DATE	SHIFT/DAYS OFF	SUPERVISOR REVIEW	ID NUMBER DATE
MARQUARDT	#4096	Nov 21, 2011	3/TWT	<i>Sgt R. P...</i>	2817 11/22/11
					PG 2 OF 4

SUPD
POLICE REPORTSAN JOSE POLICE DEPARTMENT
201 W. Mission Street
San Jose, CA 95110 277-4261

CASE NO.

11-325-1037

REPORT TYPE



NARRATIVE



SUPPLEMENTAL

VICTIM LAST, First, Mid.

245PC

SUSPECT LAST, First, Mid.

NA

SUSPECT ADDRESS

CITY/ZIP

NA

ITEM# QNTY

PROPERTY (and/or NARRATIVE)
ITEM TYPE BRAND MODEL # SIZE COLOR MARKS ETC.

SERIAL # VALUE

SYNOPSIS:

On 11-21-11 between approximately 2100-2130 hours an assault with a deadly weapon occurred in the area [REDACTED]. The suspect was hit in the face with a bottle of tequila and punched several times. The victim sustained injuries and was treated [REDACTED]. The suspects fled the scene and remained at large.

NARRATIVE:

On 11-22-11 at approximately 0100 hours I was dispatched [REDACTED] to investigate an assault with a deadly weapon. Upon arriving I contacted the victim who was identified as [REDACTED]. He provided me with the following statement:

STATEMENT [REDACTED]

[REDACTED] stated he was at the [REDACTED]. He had backed out from a parking space and was driving towards the parking lot exit onto [REDACTED]. There was a group of males in there 20's in front of him so he stopped and waited for them to walk past. While he was waiting for them to walk past one of the males opened his vehicle door and asked him "Why you starin at my boy?" At the same time another male began punching and hitting him in the face. The same male then struck the victim in the chin with a bottle of tequila. The suspect who opened the door was a Hispanic male in his early to mid twenties and wearing tan colored clothing. He was approximately 5-6 and heavy set. The male who was hitting the victim was possibly a white male, also in his twenties wearing all black. The suspect in all black also threatened to shoot victim but no gun was seen. The victim did not believe the suspects had a gun. One of the suspects also called the victim a "terrorist" as they were hitting him and pouring liquor on him. The group then walked away toward [REDACTED] and the victim fled the area.

The victim stated that he did not see the males inside [REDACTED] and could not think of anything he had done to cause the attack. He said he would be able to identify both male suspects but that he was possibly being hit by more than one or two.

PHYSICAL INJURIES:

The victim suffered a broken jaw and several broken teeth. He also had several stitches in his chin from a cut.

OFFICER'S NAME/BADGE
Marquardt #4096
Jorgensen #4090DAYS OFF/SHIFT
3/TWT

SUPERVISOR

[Signature] #2217

3/4

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201 W. Mission Street
San Jose, CA 95110 277-4261CASE NO.
11-325-1037

REPORT TYPE



NARRATIVE



SUPPLEMENTAL

VICTIM LAST, First, Mid.
[REDACTED]

245PC

SUSPECT LAST, First, Mid.

NA

SUSPECT ADDRESS

CITY/ZIP

NA

ITEM# QNTY

PROPERTY (and/or NARRATIVE)
ITEM TYPE BRAND MODEL # SIZE COLOR MARKS ETC.

SERIAL # VALUE

PHYSICAL EVIDENCE:

Officer Jorgensen #4090 took photographs of the victim and his injuries. They were uploaded to DCS. Officer Dellicarpini #4103 circulated the parking lot the shopping plaza to attempt to locate a crime scene but was unable to do so.

There appeared to be a camera [REDACTED] pointing towards the area where the crime occurred but the store was closed [REDACTED] was unable to access any video until morning hours.

The victim was provided with a case receipt.

Victim statement was uploaded to DCS.

OFFICER'S NAME/BADGE
Marquardt #4096
Jorgensen #4090DAYS OFF/SHIFT
3/TWT

SUPERVISOR

Sgt. R. P. #2217

4/4