



Huntington Beach Police Department

PRESS RELEASE

(Pre recorded press releases can be obtained by calling 714-536-5601.)

Release Date:

TYPE OF INCIDENT: Dangerous Device	
LOCATION: City Beach near Tower 14	
DATE/TIME OF OCCURRENCE: 8/31/06 0958 hours	CASE NUMBER: 06-16345

VICTIM INFORMATION Victim # _____ of _____ (Use additional page(s) for listing multiple victims)

NAME/AGE/: State of California
CITY OF RESIDENCE: N/A
INJURIES/CONDITION: N/A
WHERE HOSPITALIZED: N/A

SUSPECT INFORMATION ARRESTED: YES NO X
SUSPECT # _____ of _____. (Use additional page(s) for listing multiple suspects)

NAME/DOB (OR DESCRIPTION): Unknown			
CITY OF RESIDENCE: Unknown			
CHARGES: N/A	1)	2)	3)
BOOKED AT: N/A			
INJURIES/CONDITION: N/A			
WHERE HOSPITALIZED: N/A			

SUSPECT VEHICLE INFORMATION

MAKE/MODEL: N/A	COLOR:	YEAR:
LICENSE/STATE:	DIRECTION OF TRAVEL:	

DETAILS:

On 8/31/06 at 0958 hours, Officers of the Huntington Beach Police Department responded to a call of a possible dangerous device on the city beach near Tower 14.

Upon their arrival officers were contacted by a city lifeguard, who told them that a male subject with a metal detector had located a device resembling a pipe bomb between Towers

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Press Release Prepared By: Sergeant C. Filicchia	Date/Time on Pressline: 8/31/06 1600
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14 & 16. The lifeguard instructed the finder to leave the device on the ground and then began an evacuation of the area with assistance from police department personnel.

Officers at the scene requested the Orange County Sheriff's Bomb Squad to respond. The Bomb Squad arrived and confirmed the device was an unexploded pipe bomb.

The Orange County Sheriff's Bomb Squad subsequently rendered the device safe and searched the area for other dangerous devices.

The effected portion of the beach was re-opened at approximately 1400 hours.

Additional Victims/Suspects:

VICTIM INFORMATION Victim # _____ of _____ (Use additional page(s) for listing multiple victims)

NAME/AGE/:

CITY OF RESIDENCE:

INJURIES/CONDITION:

WHERE HOSPITALIZED:

SUSPECT INFORMATION

ARRESTED: YES NO

SUSPECT # _____ of _____. (Use additional page(s) for listing multiple suspects)

NAME/DOB (OR DESCRIPTION):

CITY OF RESIDENCE:

CHARGES:

1)

2)

3)

BOOKED AT:

INJURIES/CONDITION:

WHERE HOSPITALIZED:

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