

MIXED MARTIAL ARTS BOUT RESULTS

*not for use with other combat sports
(boxing, kickboxing, grappling, etc)

* Information circled in red is required

CALIFORNIA STATE ATHLETIC COMMISSION			
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NAME: INSPECTORS	TITLE:		
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NAME: Larry Ervin	TITLE: David Infante		
NAME: Raul Oseguera	TITLE: Mark Relyea		

CITY :	Long Beach	DATE:	10/7/2017
STATE/PROVINCE :	California	VENUE :	Pyramid
EVENT NAME :	Ready for War - Extreme Fights	PROMOTER :	David Brock
JUDGE(s):	1. Ron McCarthy	2. Gene LeBell	3. Chris Crail
	4.	5.	6.
REFEREE(s):	1. Michael Bell	2. Frank Trigg	3. Milan Ayers
	4.	5.	
RINGSIDE DOCTOR(s):	1. Chyle Beaird	2. Kelly Tucker	3.
ANNOUNCER:			
TIMEKEEPER:	John Liechty		
MATCHMAKER:	David Brock		

BOUT #	RDS.	STATUS	FIGHTER NAME	MMA ID# ^{and/or} DOB	WEIGHT	WINNER	RD.	TIME	METHOD	SUSPENSIONS
1	3	Pro Am	Mauricio Diaz Eddie Mendez	127471 12 6 89 154167 4 20 89	152.5 149	Pro	3	500	Unanimous Decision Judge# 1 Score 30 25 Judge# 2 Score 30 27 Judge# 3 Score 30 24 Referee # 2	7 7-day mandatory minimum 7 7-day mandatory minimum
2	3	Pro Am	Mohamed Amidi Dante Harrell	154189 10 9 87 3 11 82	209 228	Pro	1	246	TKO - Body Judge# 1 Score Judge# 2 Score Judge# 3 Score Referee # 1	180 180/180 or clear - possible broken R thumb 45 45/30 No Exception - TKO
3	3	Pro Am	Gabriel Green Ivan Castillo	141549 5 2 93 151327 7 21 90	159 158	Pro	1	112	Tap - RNC Judge# 1 Score Judge# 2 Score Judge# 3 Score Referee # 3	7 7-day mandatory minimum 7 7-day mandatory minimum
4	3	Pro Am	Craig Plaskett Rafael Justino	137362 2 21 90 154141 3 24 82	169 168.8	Pro	1	159	TKO - Cut Judge# 1 Score Judge# 3 Score Judge# 3 Score Referee # 1	180 180/180 or clear - L hand. Requires head CT 45 45/30 No Exception - TKO 60

BOUT #	RDS.	STATUS	FIGHTER NAME	MMA ID# ^{and/or} DOB	WEIGHT	WINNER	RD.	TIME	METHOD	SUSPENSIONS	
5	3	<input checked="" type="radio"/> Pro	Everett Cummings	142054 11 16 86	280	<input checked="" type="radio"/>	1	205	Tap - Strikes Judge# 1 Score [] [] Judge# 3 Score [] [] Judge# 3 Score [] [] Referee # 2	7	7-day mandatory minimum
		<input type="radio"/> Am	Charles Leveque	125838 4 26 85	288	<input type="radio"/>				45	45/30 No Exception - Hard Bout
6	3	<input checked="" type="radio"/> Pro	Anthony McDavid	[] [] [] 1 17 78	155	<input type="radio"/>	1	448	Tap - Armbar Judge# 1 Score [] [] Judge# 5 Score [] [] Judge# 3 Score [] [] Referee # 2	180	180/180 or clear for L elbow
		<input type="radio"/> Am	Cleber Luciano Costa	121637 12 15 73	147	<input checked="" type="radio"/>				7	7-day mandatory minimum
7	3	<input checked="" type="radio"/> Pro	Karen Darabedian	105416 12 18 86	171	<input checked="" type="radio"/>	3	500	Unanimous Decision Judge# 1 Score 30 26 Judge# 2 Score 30 27 Judge# 3 Score 30 26 Referee # 3	60	60/60 or clear for cut to R eye
		<input type="radio"/> Am	David Terrell	109720 10 5 78	182	<input type="radio"/>				180	180/180 or clear L hand
8	3	<input checked="" type="radio"/> Pro	Karo Parisyan	104290 8 28 82	168.4	<input type="radio"/>	1	500	TKO - Corner Stoppage Judge# 1 Score [] [] Judge# 2 Score [] [] Judge# 3 Score [] [] Referee # 1	180	180/180 or clear for broken tooth
		<input type="radio"/> Am	Jose Diaz	132558 4 10 90	163	<input checked="" type="radio"/>				7	7-day mandatory minimum
9	3	<input checked="" type="radio"/> Pro	[] [] []	[] [] []	[]	<input type="radio"/>	[]	[]	[] [] [] Judge# 1 Score [] [] Judge# 2 Score [] [] Judge# 3 Score [] [] Referee # 2	[]	[]
		<input type="radio"/> Am	[] [] []	[] [] []	[]	<input type="radio"/>				[]	[]
10	5	<input checked="" type="radio"/> Pro	[] [] []	[] [] []	[]	<input type="radio"/>	[]	[]	[] [] [] Judge# 1 Score [] [] Judge# 2 Score [] [] Judge# 3 Score [] [] Referee # 1	[]	[]
		<input type="radio"/> Am	[] [] []	[] [] []	[]	<input type="radio"/>				[]	[]
11	[]	<input checked="" type="radio"/> Pro	[] [] []	[] [] []	[]	<input type="radio"/>	[]	[]	[] [] [] Judge# [] Score [] [] Judge# [] Score [] [] Judge# [] Score [] [] Referee # []	[]	[]
		<input type="radio"/> Am	[] [] []	[] [] []	[]	<input type="radio"/>				[]	[]
12	[]	<input checked="" type="radio"/> Pro	[] [] []	[] [] []	[]	<input type="radio"/>	[]	[]	[] [] [] Judge# [] Score [] [] Judge# [] Score [] [] Judge# [] Score [] [] Referee # []	[]	[]
		<input type="radio"/> Am	[] [] []	[] [] []	[]	<input type="radio"/>				[]	[]

BOUT #	RDS.	STATUS	FIGHTER NAME	MMA ID# ^{and/or} DOB	WEIGHT	WINNER	RD.	TIME	METHOD	SUSPENSIONS
13		<input checked="" type="radio"/> Pro <input type="radio"/> Am	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> MM <input type="text"/> DD <input type="text"/> YYYY <input type="text"/> <input type="text"/> MM <input type="text"/> DD <input type="text"/> YYYY	<input type="text"/> <input type="text"/>	<input type="radio"/> <input type="radio"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
		<input type="radio"/> Pro <input type="radio"/> Am	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> MM <input type="text"/> DD <input type="text"/> YYYY <input type="text"/> <input type="text"/> MM <input type="text"/> DD <input type="text"/> YYYY	<input type="text"/> <input type="text"/>	<input type="radio"/> <input type="radio"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
		<input type="radio"/> Pro <input type="radio"/> Am	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> MM <input type="text"/> DD <input type="text"/> YYYY <input type="text"/> <input type="text"/> MM <input type="text"/> DD <input type="text"/> YYYY	<input type="text"/> <input type="text"/>	<input type="radio"/> <input type="radio"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
		<input type="radio"/> Pro <input type="radio"/> Am	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> MM <input type="text"/> DD <input type="text"/> YYYY <input type="text"/> <input type="text"/> MM <input type="text"/> DD <input type="text"/> YYYY	<input type="text"/> <input type="text"/>	<input type="radio"/> <input type="radio"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
		<input type="radio"/> Pro <input type="radio"/> Am	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> MM <input type="text"/> DD <input type="text"/> YYYY <input type="text"/> <input type="text"/> MM <input type="text"/> DD <input type="text"/> YYYY	<input type="text"/> <input type="text"/>	<input type="radio"/> <input type="radio"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
		<input type="radio"/> Pro <input type="radio"/> Am	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> MM <input type="text"/> DD <input type="text"/> YYYY <input type="text"/> <input type="text"/> MM <input type="text"/> DD <input type="text"/> YYYY	<input type="text"/> <input type="text"/>	<input type="radio"/> <input type="radio"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
		<input type="radio"/> Pro <input type="radio"/> Am	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> MM <input type="text"/> DD <input type="text"/> YYYY <input type="text"/> <input type="text"/> MM <input type="text"/> DD <input type="text"/> YYYY	<input type="text"/> <input type="text"/>	<input type="radio"/> <input type="radio"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
		<input type="radio"/> Pro <input type="radio"/> Am	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> MM <input type="text"/> DD <input type="text"/> YYYY <input type="text"/> <input type="text"/> MM <input type="text"/> DD <input type="text"/> YYYY	<input type="text"/> <input type="text"/>	<input type="radio"/> <input type="radio"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>