

**CALIFORNIA DEPARTMENT OF MOTOR VEHICLES
IMAGE RECORD FOR:**

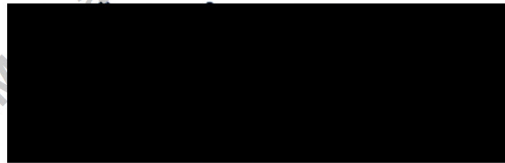
KENNON LUELLE MONROE JR

EXPIRES: [REDACTED] **CLASS:** F **SEX:** M
HAIR: BLK **EYES:** BRN **HEIGHT:** 603 **WEIGHT:** 170
DATE OF BIRTH: 12/30/1989
ADDRESS: [REDACTED]

PHOTO DATE: 03/16/2017 **PHOTO OFFICE:** 545 **APPLICATION DATE:** 03/16/2017 **APPLICATION OFFICE:** 545
ISSUE DATE: N/A **ISSUE OFFICE:** N/A **RESTRICTIONS:**
PHOTO SEQ #: 5533 **ENDORSEMENTS:**



SIGNATURE:



FINGERPRINT:



This photograph is a true copy of the photograph that is contained on the Department of Motor Vehicles photo database and delivered over the Department of Justice Cal-Photo communications network.

Date: _____ /s/ _____

CA00331300

Riverside Police Department

Initial Report

4. File Number
P16-080545

1. NPC C	2. Type Clr SUSP	3. Type Cont npc	UCR Code	Initial Report				4. File Number P16-080545
5. Offense/Classification 594 PC / Vandalism				6. Add Charges <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Location of Occurrence			
8. Date and time of occurrence 05-10-16 1300			9. Day 3	10. Date/Time Reported 05-10-16 / 1534		11. Date of Report 05-10-16	12. Type of Premises Street	
13. Victim Name or Firm Kelly, Ariana Grace				14. Residence Address				15. Res. Phone
16. Sex/Race F /	Height 5-03	Weight 120	Hair BRO	Eyes BRO	17. D.O.B.	18. Business Address		19. Bus. Phone
20. If treated for injuries, by whom?				21. If hospitalized, where?		23. Date/Time	23. Nature of Injuries	
24. License Number	State	Color (Top/Bottom)	Year	Make/Model/Type	How was the vehicle involved?		Veh. Stored? <input type="checkbox"/> Yes <input type="checkbox"/> No	

25. WILL THE VICTIM PROSECUTE? Yes No

FOR CODE USE: V- Victim DC- Discovered Crime RP- Reporting Party P- Parent O- Other

26. Code	Name (Last, First, Middle)	27. Residence Address				28. Res. Phone	
29. Sex/Race /	Height	Weight	Hair	Eyes	30. D.O.B.	31. Business Address	32. Bus. Phone
33. If treated for injuries, by whom?				34. If hospitalized, where?		35. Date/Time	38. Nature of injuries

37. WAS THERE A WITNESS TO THE CRIME? Yes No

38. Pursuant to California Penal Code Section 293 (a), you are informed that your name will be a matter of public record unless you request that it not become a Public Record, pursuant to Section 6254 of the Government Code. Do you elect to exercise your right to privacy?

Victim #1 Yes No
Victim #2 Yes No

QUALIFYING SECTION ONLY!

39. CAN A SUSPECT BE NAMED OR IDENTIFIED? Yes No

Name (Arrestee #1)	Sex/Race	Height	Weight	Hair	Eyes	DOB	Interviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Cited? <input type="checkbox"/> Bkd?
Address of Arrestee #1	<input checked="" type="checkbox"/> Prob <input type="checkbox"/> Parole	Gang Related <input type="checkbox"/> Yes <input type="checkbox"/> No	SS CDL#	Bkg. or Cite number				
41. Name (Arrestee #2)	Sex/Race	Height	Weight	Hair	Eyes	DOB	Interviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Cited? <input type="checkbox"/> Bkd?
Address of Arrestee #2	<input type="checkbox"/> Prob <input type="checkbox"/> Parole	Gang Related <input type="checkbox"/> Yes <input type="checkbox"/> No	SS CDL#	Bkg. or Cite number				

42. CAN A SUSPECT VEHICLE BE IDENTIFIED? Yes No

43. License Number	State	Color (Top/Bottom)	Year	Make/Model/Type	Identifying Characteristics	Veh Stored? <input type="checkbox"/> Yes <input type="checkbox"/> No
Susp Veh						<input type="checkbox"/> Yes <input type="checkbox"/> No

44. IS THERE ANY SIGNIFICANT PHYSICAL EVIDENCE? Yes No

45. Physical Evidence Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	46. Photographs Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No	47. Supp/related Rpts? <input type="checkbox"/> Yes <input type="checkbox"/> No
48. Physical Evidence Seized? <input type="checkbox"/> Yes <input type="checkbox"/> No	49. Weapon Seized? <input type="checkbox"/> Yes <input type="checkbox"/> No	50. Gang Related? <input type="checkbox"/> Yes <input type="checkbox"/> No
51. Fingerprint Search Made? <input type="checkbox"/> Yes <input type="checkbox"/> No	52. Fingerprints Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	53. Audio Recording Available? <input type="checkbox"/> Yes <input type="checkbox"/> No
54. Type of Weapon, Force or Device Used Hands	55. Motive Distraction	56. Narc. Field Tested? Type: Weight:

57. Describe briefly how the offense occurred.

V1/Kelly came into the Magnolia station front counter to report vandalism. V1 stated she, her ex-boyfriend O1/Kennon and their young daughter were in the car and V1 and O1 started arguing. V1 stated that O1 was upset over something she said and out of frustration he hit the rearview mirror causing her windshield to shatter.NFI

RECORDS SECTIONS

58. Reporting Officer Doromeau	I.D. # 1823	115 Qualify <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	59. Supervisor Approving 	I.D. # 1314	60. Date Reviewed 05/19/16	61. Send copies of this report to:
COPIES						
TO						

INV
 RMC
 DPS
 COR
 FBI
 DOJ
 DA
 PROB
 ENTERED
 STAT
 ARBK
 ANI
 Dispatcher ID#
 APR/APB sent
 DOJ/NCIC sent
 canceled
 03 1411 9102
 canceled

PAGE 1 OF 2

**RIVERSIDE POLICE DEPT.
INITIAL REPORT
M.O. SHEET**

PAGE NO: 2

FILE NO. P16-080545

DATE 10-16	TYPE OF REPORT 594 PC / Vandalism	REPORTING OFFICER Desormeau 1823
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ADDITIONAL CONTACTS:

FOR CODE USE V- Victim W- Witness DC- Discovered Crime RP- Reporting Party P- Parent O- Other

Code O1	63. Name Kennon, Luvelle	64. Residence Address [REDACTED]	65. Res. Phone
66. Sex/Race M/	Height	Weight	Hair
	Eyes	67. D.O.B. 12-30-89	68. Business Address
Code	70. Name		71. Residence Address
73. Sex/Race	Height	Weight	Hair
	Eyes	74. D.O.B.	75. Business Address
			69. Bus. Phone
			72. Res. Phone
			76. Bus. Phone

<p>PREMISES (BUSINESS)</p> <p><input type="checkbox"/> 1. Bank/Sav. Loan Finance/Credit Union</p> <p><input type="checkbox"/> 2. Bar</p> <p><input type="checkbox"/> 3. Cleaners/Laundry</p> <p><input type="checkbox"/> 4. Construction Site</p> <p><input type="checkbox"/> 5. Theater</p> <p><input type="checkbox"/> 6. Fast Foods</p> <p><input type="checkbox"/> 7. Gas Station</p> <p><input type="checkbox"/> 8. Hotel/Motel</p> <p><input type="checkbox"/> 9. Dept./Disc. Store</p> <p><input type="checkbox"/> 10. Drug/Pharm. Store</p> <p><input type="checkbox"/> 11. Gun/Sport Store</p> <p><input type="checkbox"/> 12. Jewelry Store</p> <p><input type="checkbox"/> 13. Liquor Store</p> <p><input type="checkbox"/> 14. Photo Stand</p> <p><input type="checkbox"/> 15. Convenience Store</p> <p><input type="checkbox"/> 16. Tire Store</p> <p><input type="checkbox"/> 17. Restaurant</p> <p><input type="checkbox"/> 18. Supermarket</p> <p><input type="checkbox"/> 19. Video/TV/Radio</p> <p><input type="checkbox"/> 20. Auto Parts</p> <p><input type="checkbox"/> 21. Bicycle Store</p> <p><input type="checkbox"/> 22. Clothing Store</p> <p><input type="checkbox"/> 23. Hardware</p> <p><input type="checkbox"/> 24. Medical</p> <p><input type="checkbox"/> 25. Office Building</p> <p><input type="checkbox"/> 26. Shoe Store</p> <p><input type="checkbox"/> 27. Warehouse</p> <p><input type="checkbox"/> 28. Entertainment</p> <p><input type="checkbox"/> 29. Storage Facility</p> <p><input type="checkbox"/> 30. Other:</p> <p>(RESIDENCE)</p> <p><input type="checkbox"/> 31. Apartment</p> <p><input type="checkbox"/> 32. Condo/Townhouse</p> <p><input type="checkbox"/> 33. Duplex/Fourplex</p> <p><input type="checkbox"/> 34. Garage Attached</p> <p><input type="checkbox"/> 35. Garage Detached</p> <p><input type="checkbox"/> 36. House</p> <p><input type="checkbox"/> 37. Mobile Home</p> <p><input type="checkbox"/> 38. Retirement Home</p> <p><input type="checkbox"/> 39. Other:</p> <p>(PUBLIC)</p> <p><input type="checkbox"/> 40. Church</p> <p><input type="checkbox"/> 41. Hospital</p> <p><input type="checkbox"/> 42. Park/Playground</p> <p><input type="checkbox"/> 43. Public Building</p> <p><input type="checkbox"/> 44. School</p> <p><input type="checkbox"/> 45. Shopping Center</p> <p><input type="checkbox"/> 46. Street/Hwy/Fwy</p> <p><input type="checkbox"/> 47. Pkg LI/Garage</p> <p><input type="checkbox"/> 48. Other:</p>	<p>POINT OF ENTRY</p> <p><input type="checkbox"/> 1. Front</p> <p><input type="checkbox"/> 2. Rear</p> <p><input type="checkbox"/> 3. Side</p> <p><input type="checkbox"/> 4. North</p> <p><input type="checkbox"/> 5. South</p> <p><input type="checkbox"/> 6. East</p> <p><input type="checkbox"/> 7. West</p> <p><input type="checkbox"/> 8. Window</p> <p><input type="checkbox"/> 9. Door</p> <p><input type="checkbox"/> 10. Sliding Glass Door</p> <p><input type="checkbox"/> 11. Basement</p> <p><input type="checkbox"/> 12. Roof</p> <p><input type="checkbox"/> 13. Floor</p> <p><input type="checkbox"/> 14. Wall</p> <p><input type="checkbox"/> 15. Duct/Vent</p> <p><input type="checkbox"/> 16. Garage</p> <p><input type="checkbox"/> 17. Adj. Building</p> <p><input type="checkbox"/> 18. Ground Level</p> <p><input type="checkbox"/> 19. Upper Level</p> <p><input type="checkbox"/> 20. Other:</p> <p>METHOD OF ENTRY</p> <p><input type="checkbox"/> 1. No Force Used</p> <p><input type="checkbox"/> 2. Attempt Only</p> <p><input type="checkbox"/> 3. Bodily Force</p> <p><input type="checkbox"/> 4. Bolt Cut/Pliers</p> <p><input type="checkbox"/> 5. Channel Lock/Pliers Wrench/Vice Grips</p> <p><input type="checkbox"/> 6. Saw/Drill/Burn</p> <p><input type="checkbox"/> 7. Screwdriver</p> <p><input type="checkbox"/> 8. Tire Iron</p> <p><input type="checkbox"/> 9. Unk Pry Tool</p> <p><input type="checkbox"/> 10. Coat Hanger/Wire Slim Jim</p> <p><input type="checkbox"/> 11. Key Slip/Shim</p> <p><input type="checkbox"/> 12. Punch</p> <p><input type="checkbox"/> 13. Remove Louvers</p> <p><input type="checkbox"/> 14. Window Smashed</p> <p><input type="checkbox"/> 15. Brick/Rock</p> <p><input type="checkbox"/> 16. Hid in Building</p> <p><input type="checkbox"/> 17. Lock Box</p> <p><input type="checkbox"/> 18. Unlocked Door/Window</p> <p><input type="checkbox"/> 19. Other:</p>	<p>PROPERTY TAKEN (See \$ Amount Below)</p> <p><input type="checkbox"/> 1. Cash/Notes</p> <p><input type="checkbox"/> 2. Jewelry/Metals</p> <p><input type="checkbox"/> 3. Clothing/Furs</p> <p><input type="checkbox"/> 4. Office Equipment</p> <p><input type="checkbox"/> 5. TV/Cam/Stereo</p> <p><input type="checkbox"/> 6. Firearms</p> <p><input type="checkbox"/> 7. Household Goods</p> <p><input type="checkbox"/> 8. Consumer Goods</p> <p><input type="checkbox"/> 9. Livestock</p> <p><input type="checkbox"/> 10. Misc.</p> <p><input type="checkbox"/> 11. Car Radio/Spkrs</p> <p><input type="checkbox"/> 12. Narcotics/Drugs</p> <p><input type="checkbox"/> 13. Tools</p> <p><input type="checkbox"/> 14. Other:</p> <p>TYPE OF SECURITY</p> <p><input checked="" type="checkbox"/> 1. Audible Alarm</p> <p><input type="checkbox"/> 2. Silent Alarm</p> <p><input type="checkbox"/> 3. Security Patrol</p> <p><input type="checkbox"/> 4. Dog</p> <p><input type="checkbox"/> 5. Standard Locks</p> <p><input type="checkbox"/> 6. Auxiliary Locks</p> <p><input type="checkbox"/> 7. Deadbolts</p> <p><input type="checkbox"/> 8. Window Bars/Grill</p> <p><input type="checkbox"/> 9. Outside Lights On</p> <p><input type="checkbox"/> 10. Inside Lights On</p> <p><input type="checkbox"/> 11. Garage Door Lock</p> <p><input type="checkbox"/> 12. Obscured Int. View</p> <p><input type="checkbox"/> 13. Comm/Business</p> <p><input type="checkbox"/> 14. Other:</p> <p>BURGLARY ONLY</p> <p>Is Victim Member of Neighborhood Watch?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Interested in Neighborhood Watch?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>APPROACH</p> <p><input type="checkbox"/> 1. Taking a Survey</p> <p><input type="checkbox"/> 2. Customer/Client Delivery</p> <p><input type="checkbox"/> 3. Person</p> <p><input type="checkbox"/> 4. Stranded Motorist</p> <p><input type="checkbox"/> 5. Drunk Employee</p> <p><input type="checkbox"/> 6. Drunk Employer</p> <p><input type="checkbox"/> 7. Friend/Relative</p> <p><input type="checkbox"/> 8. Ill/Injured</p> <p><input type="checkbox"/> 9. Needed Telephone</p> <p><input type="checkbox"/> 10. Police/Law Official</p> <p><input type="checkbox"/> 11. Renter</p> <p><input type="checkbox"/> 12. Repair Man</p> <p><input type="checkbox"/> 13. Sales-Lawful Goods</p> <p><input type="checkbox"/> 14. Sales-Unlawful Goods</p> <p><input type="checkbox"/> 15. Seeking Assistance</p> <p><input type="checkbox"/> 16. Seeking Directions</p> <p><input type="checkbox"/> 17. Seeking Someone</p> <p><input type="checkbox"/> 18. Other:</p> <p>SOLVABILITY FACTOR</p> <p><input type="checkbox"/> 1. Will Not Prosecute</p> <p><input type="checkbox"/> 2. There is a Witness</p> <p><input type="checkbox"/> 3. Suspect Arrested</p> <p><input type="checkbox"/> 4. Suspect Named</p> <p><input type="checkbox"/> 5. Suspect Described</p> <p><input type="checkbox"/> 6. Suspect Can Be IDed</p> <p><input type="checkbox"/> 7. Susp Can Be Found</p> <p><input type="checkbox"/> 8. Susp Veh Can Be IDed</p> <p><input type="checkbox"/> 9. Identifiable 496</p> <p><input type="checkbox"/> 10. Good Phys. Evidence</p> <p><input type="checkbox"/> 11. Major Inj/Sex Crime</p> <p><input type="checkbox"/> 12. Significant MO</p> <p><input type="checkbox"/> 13. Witness Needs Cont.</p> <p><input type="checkbox"/> 14. ID Called Out</p> <p><input type="checkbox"/> 15. Inf. Contacted</p> <p><input type="checkbox"/> 16. Neighbors Checked</p> <p><input type="checkbox"/> 17. Other:</p> <p>VEHICLE ENTRY</p> <p><input type="checkbox"/> 1. Door/Lock Forced</p> <p><input type="checkbox"/> 2. Conv/Top Forced</p> <p><input type="checkbox"/> 3. Trunk Forced</p> <p><input type="checkbox"/> 4. Window Broken</p> <p><input type="checkbox"/> 5. Window Forced</p> <p><input type="checkbox"/> 6. Window Open</p> <p><input type="checkbox"/> 7. Unlocked</p> <p><input type="checkbox"/> 8. Other:</p>	<p>SUSPECT REL/VICTIM</p> <p><input type="checkbox"/> 1. Husband</p> <p><input type="checkbox"/> 2. Wife</p> <p><input type="checkbox"/> 3. Mother</p> <p><input type="checkbox"/> 4. Father</p> <p><input type="checkbox"/> 5. Daughter</p> <p><input type="checkbox"/> 6. Son</p> <p><input type="checkbox"/> 7. Brother</p> <p><input type="checkbox"/> 8. Sister</p> <p><input type="checkbox"/> 9. Other Fam Member</p> <p><input type="checkbox"/> 10. Acquaintance</p> <p><input type="checkbox"/> 11. Friend</p> <p><input type="checkbox"/> 12. Boyfriend</p> <p><input type="checkbox"/> 13. Girlfriend</p> <p><input type="checkbox"/> 14. Neighbor</p> <p><input type="checkbox"/> 15. Business Associate</p> <p><input type="checkbox"/> 16. Stranger</p> <p><input type="checkbox"/> 17. Other:</p> <p>VICTIM PHYSICAL CONDITION</p> <p><input type="checkbox"/> 1. Under Influence</p> <p><input type="checkbox"/> 2. Sick/Injured</p> <p><input type="checkbox"/> 3. Senior Citizen</p> <p><input type="checkbox"/> 4. Blind</p> <p><input type="checkbox"/> 5. Handicapped</p> <p><input type="checkbox"/> 6. Deaf</p> <p><input type="checkbox"/> 7. Mute</p> <p><input type="checkbox"/> 8. Mentally Impaired</p> <p><input type="checkbox"/> 9. Other:</p> <p>VEHICLE TYPE</p> <p><input type="checkbox"/> 1. Passenger Car</p> <p><input type="checkbox"/> 2. Motorcycle/Moped</p> <p><input type="checkbox"/> 3. Pickup Truck</p> <p><input type="checkbox"/> 4. Trailer</p> <p><input type="checkbox"/> 5. Truck</p> <p><input type="checkbox"/> 6. Van</p> <p><input type="checkbox"/> 7. Camper</p> <p><input type="checkbox"/> 8. Motorhome</p> <p><input type="checkbox"/> 9. Other:</p>
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TOTAL AMOUNT STOLEN	TOTAL AMOUNT RECOVERED
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RIVERSIDE POLICE DEPARTMENT

Statement Form

Page 1 of 1

Case number: P16080545

Date of Incident: 5/10/16

Date Rec'd: 5/10/16

Name: (Last, First, MI) Kelly Ariana G

Home address (street, city/zip) [REDACTED] Home phone: [REDACTED]

Narrative: (Please print or type legibly, in as much detail as you can)
I Lurelle and I were in my vehicle having a conversation, he didn't like what I had to say so he hits my mirror and it's shattered's my windshield.

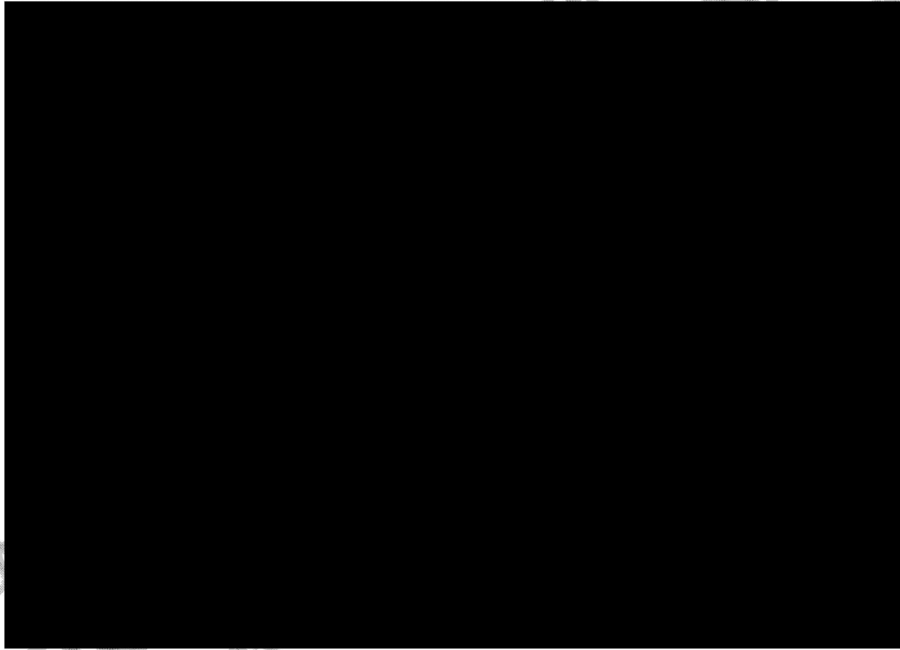
RIVERSIDE POLICE DEPT - Restricted Information
CIB Investigation's SCOPED
JBRANDT Nov 03, 2017 02:41PM Unauthorized Release Prohibited

I swear that the foregoing statement is true and correct to the best of my knowledge.

Date: 5/10/16

Signature: [Signature]

Copies: [] [] [] [] Received by: D. Ormeau 1623



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st
SUBMITTED

RI REVERSIBLE P
Publi
J BRANDY NAM 8/31 3/29 18 02:4

CA00331300

Riverside Police Department

Initial Report

1. NPC	2. Type of Offense <i>etc</i>	3. Type of Incident <i>IPC</i>	UCR Code	4. File Number P15-191918
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5. Section/Classification 594(b)(1) PC/Vandalism	6. Add Charges <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Location of Occurrence
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8. Date and time of occurrence 12-22-15 0520	9. Day 12-23-15 1403	4.	10. Date/Time Reported 12-23-15 / 1403	11. Date of Report 12-23-15	12. Type of Premises Residence
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13. Victim Name or Firm Grace, Ariana			14. Residence Address			15. Res. Phone
16. Sex/Race F / B	Height 5-03	Weight 120	Hair BLK	Eyes BRN	17. D.O.B.	18. Business Address
20. If treated for injuries, by whom?			21. If hospitalized, where?		23. Date/Time	23. Nature of injuries

24. License Number	State CA	Color (Top/Bottom) Blk	Year 12	Make/Model/Type VW/Jetta/4dr	How was the vehicle involved? Vandalized	Veh. Stored? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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25. WILL THE VICTIM PROSECUTE? Yes No

FOR CODE USE: V- Victim DC- Discovered Crime RP- Reporting Party P- Parent O- Other

26. Code	Name (Last, First, Middle)	27. Residence Address	28. Res. Phone
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29. Sex/Race	Height	Weight	Hair	Eyes	30. D.O.B.	31. Business Address	32. Bus. Phone
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33. If treated for injuries, by whom?	34. If hospitalized, where?	35. Date/Time	36. Nature of injuries
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37. WAS THERE A WITNESS TO THE CRIME? Yes No

38. Pursuant to California Penal Code Section 293 (a), you are informed that your name will be a matter of public record unless you request that it not become a Public Record, pursuant to Section 6254 of the Government Code. Do you elect to exercise your right to privacy?

Victim #1 Yes No

Victim #2 Yes No

QUALIFYING SECTION ONLY!

39. CAN A SUSPECT BE NAMED OR IDENTIFIED? BY WHOM? Yes No

Name (Arrestee #1)	Sex/Race	Height	Weight	Hair	Eyes	DOB	Interviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Cited? <input type="checkbox"/> Bkd?
Address of Arrestee #1	<input type="checkbox"/> Prob <input type="checkbox"/> Parole	Gang Related <input type="checkbox"/> Yes <input type="checkbox"/> No	SS CDL#	Bkg. or Cite number				

41. Name (Arrestee #2)	Sex/Race	Height	Weight	Hair	Eyes	DOB	Interviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Cited? <input type="checkbox"/> Bkd?
Address of Arrestee #2	<input type="checkbox"/> Prob <input type="checkbox"/> Parole	Gang Related <input type="checkbox"/> Yes <input type="checkbox"/> No	SS CDL#	Bkg. or Cite number				

42. CAN A SUSPECT VEHICLE BE IDENTIFIED? BY WHOM? Yes No

43. License Number	State	Color (Top/Bottom)	Year	Make/Model/Type	Identifying Characteristics	Veh Stored? <input type="checkbox"/> Yes <input type="checkbox"/> No
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44. IS THERE ANY SIGNIFICANT PHYSICAL EVIDENCE? Yes No

45. Physical Evidence Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	46. Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	47. Supp/related Rpts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
48. Physical Evidence Seized? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	49. Weapon Seized? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	50. Gang Related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
51. Fingerprint Search Made? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	52. Fingerprints Obtained? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	53. Audio Recording Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
54. Type of Weapon, Force or Device Used Key	55. Motive Anger	56. Narc. Field Tested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

57. Describe briefly how the offense occurred.
V1 does not desire prosecution. See narrative for details.

AM 7 33

RECORDS SECTIONS

58. Reporting Officer Heiting	I.D. # 1610	115 Quality <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	59. Supervisor Approving <i>DR</i>	I.D. # <i>50</i>	60. Date Reviewed 12/24/15	61. Send copies of this report to:	
COPIES			<input type="checkbox"/> INV <input type="checkbox"/> RMC <input type="checkbox"/> DPS <input type="checkbox"/> COR	<input type="checkbox"/> FBI <input type="checkbox"/> DOJ <input type="checkbox"/> DA <input type="checkbox"/> PROB	ENTERED STAT ARBK ANI	Dispatcher ID# APR/APB sent canceled DOJ/NCIC sent canceled	PAGE 1 OF 3

**RIVERSIDE POLICE DEPT.
INITIAL REPORT
SUSPECT DESCRIPTION SHEET**

PAGE NO: 2

FILE NO. P15-191918

DATE 12-23-15	TYPE OF REPORT 594(b)(1)PC	INVESTIGATING OFFICER J. Heiting							
SUSPECTS THAT CAN BE IDENTIFIED / OR JUVENILE ARRESTEE'S NOT LISTED ON THE FACE PAGE									
61. Name Suspect # <u> </u> OR Juvenile Arrestee Kennon, Luvelle	Sex/Race M / B	Height 6-02	Weight 160	Hair BLK	Eyes BRN	DOB or Age 12-30-89	Interviewed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cited? <input type="checkbox"/> Bkd? <input type="checkbox"/>	
Address and/or additional information		Prob <input type="checkbox"/> Parole <input type="checkbox"/>	Gang Rel <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SS #	CDL#	Bkg or Cite Number			
62. Name Suspect # <u> </u> OR Juvenile Arrestee		Sex/Race	Height	Weight	Hair	Eyes	DOB or Age	Interviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cited? <input type="checkbox"/> Bkd? <input type="checkbox"/>
Address and/or additional information		Prob <input type="checkbox"/> Parole <input type="checkbox"/>	Gang Rel <input type="checkbox"/> Yes <input type="checkbox"/> No	SS #	CDL#	Bkg or Cite Number			

SUSPECTS DESCRIPTION

#1 & #2 Apply to Arrestee's #1 & #2 on Front Page / #3 & #4 Apply to Suspects on this Page Only

<p>1 2 3 4 HAIR LENGTH</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1. Bald</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. Collar</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. Receding</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4. Shaved</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5. Short</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. Shoulder</p> <hr/> <p>FACIAL HAIR</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1. Beard-Scraggly</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. Beard-Short</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. Beard-Full</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4. Clean Shaven</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5. Fumanchu</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. Goatee</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7. Mustache- Thin</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8. Mustache- Thick</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9. Sideburns</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10. Unshaven</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11. Other</p> <hr/> <p>RT/LT HANDED</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1. Right Handed</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. Left Handed</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. Unknown</p> <hr/> <p>DISP FEATURE</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1. Amputation</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. Artificial Limb</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. Cane/Crutch</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4. Cast-Arm/Leg</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5. Crippled</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. Deformed</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7. Growth/Mole</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8. Hearing Aid</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9. Limp</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10. Skin Discoloration</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11. Spastic Moves</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12. Earring/Lt. Ear</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 13. Earring/Rt. Ear</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 14. Other</p>	<p>1 2 3 4 HAIR TYPE</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1. Coarse</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. Fine</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. Thick</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4. Thinning</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5. Wig</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. Wiry</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7. Other</p> <hr/> <p>TEETH</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1. Braces</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. Bucked</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. Chipped</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4. Crooked</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5. Gaps Between</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. Glid/Slr Capped</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7. Jewel Studded</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8. Missing</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9. Retainer</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10. Stained/Decayed</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11. Other</p> <hr/> <p>WEAPON</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1. Club</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. Hand Gun</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. Other Unk Gun</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4. Rifle</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5. Shot Gun</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. Toy Gun</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7. Simulated</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8. Pocket Knife</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9. Butcher Knife</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10. Other Cut Inst.</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11. Hands/Feet</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12. Bodily Force</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 13. Strangulation</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 14. Tire Iron</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15. Vehicle</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 16. Explosive Device</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 17. Other</p>	<p>1 2 3 4 HAIR CONDITION</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1. Clean</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. Dirty</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. Greasy</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4. Matted</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5. Odor</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. Other</p> <hr/> <p>GLASSES/LENSES</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1. Yes-Unk Type</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. Prescrip Glasses</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. Sunglasses</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4. Wire Frames</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5. Plastic Frames</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. Lens Oration</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7. Contact Lenses</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8. Frame- Gold</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9. Frame- Silver</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10. Frame- Black</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11. Other Frm Color</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12. Other</p> <hr/> <p>EVIDENCE</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1. Blood</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. Bullet Casings</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. Sunglasses</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4. Wire Frames</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5. Footprints</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. Hair</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7. Other Prints</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8. Paint</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9. Photographs</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10. Rape Kit</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11. Semen</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12. Stains</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 13. Tools</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 14. Tool Marks</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15. Vehicle</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 16. Weapon</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 17. Urine</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 18. Breath</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 19. Other</p>	<p>1 2 3 4 HAIR STYLE</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1. Afro/Natural</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. Braided</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. Bushy</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4. Butch</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5. Combed Back</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. Corn-Row</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7. Curiers</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8. Curly</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9. Flattop</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10. Military</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11. Mohawk</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12. Ponytail</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 13. Punk</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 14. Straight</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15. Styled</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 16. Center Parted</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 17. Left Parted</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 18. Right Parted</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 19. Unkempt</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 20. Wavy</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 21. Widows Peak</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 22. Other</p> <hr/> <p>UNIQUE CLOTHING</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1. Baseball Cap</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. Cowboy Hat</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. Leather Hat</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4. Other Hat</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5. Ski Mask</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. Nylon Mask</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7. Gloves</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8. Military Jacket</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9. Bandana</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10. Ski/Down Jckt</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11. Vest</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12. Levi Jacket</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 13. Windbreaker</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 14. Leather Jacket</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15. Gang Attire</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 16. Latex Mask</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 17. Other</p>	<p>1 2 3 4 TATS/MRKS/SCRS (Describe Below)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1. Face</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. Neck</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. Arms</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4. Hands</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5. Legs</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. Shoulders</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7. Chest</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8. Back</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9. Scar Feature</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10. Mark Feature</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11. Describe</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12. Other</p> <hr/> <p>SPEECH/VOICE</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0. NA</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1. East US Accent</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. So. US Accent</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. Foreign Accent</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4. Deep</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5. Disguised</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. High</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7. Slurred</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8. Soft</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9. Speech Imped</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10. Other</p> <hr/> <p>COMPLEXION</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1. Acne</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. Pock Marked</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. Albino</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4. Dark</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5. Freckled</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. Light/Fair</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7. Medium</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8. Olive</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9. Pale/Shallow</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10. Ruddy</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11. Tanned</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12. Wrinkled</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 13. Other</p>
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<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1. Climaxed</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. Unkown Climax</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. Ties/Binds Vict</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4. Covers Vic Face</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5. Photographs Vic</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. Forces Oral Cop</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7. Orally Cops Vic</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8. Rapes W/For Obj.</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9. Sodmized Victim</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10. Sugg Lewd Act</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11. Inserted Finger</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12. Forced to Fondle</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 13. Masturbated Self</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 14. Multi-Rapes</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15. Force to disrobe</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 16. Follows Victim</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 17. Force Veh off Rd</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 18. Strikes Victim</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 19. Stabs Victim</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 20. Shoots Victim</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 21. Fires Weapon</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 22. Demand Note</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 23. Wears Gloves</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 24. Hides in Bushes</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 25. Has Accomp(s)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 26. Claims Accomp</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 27. Grab Vict's Purse</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 28. Under Influence</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 29. Demands Vehicle</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 30. Demands Narc.</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 31. Blindfolds Victim</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 32. Forces/Lie Down</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 33. Forces Rr Store</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 34. Locks in Rm/Office</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 35. Kidnaps Victim</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 36. Make Vic Count</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 37. Handcuffs Vic</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 38. Tortures Victim</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 39. Other</p>
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Additional Suspect Description that is Unique (List by Suspect)

LSW Red Shirt, Black Jeans

**RIVERSIDE POLICE DEPARTMENT
CONTINUATION PAGE**

PAGE NO. 3

FILE NO. P15-191918

DATE 12-23-15	TYPE OF REPORT 594(b)(1)PC	REPORTING OFFICER J. Heiting
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Damage:

1) Drivers' side doors 2) Passenger side doors. Over \$500 in damage

Narrative:

On 12/23/15 at around 1403 hours, Officer Olsen and I was dispatched to [REDACTED] regarding a vandalism. Upon arrival I spoke with V-Ariana Grace who told me the following in summary:

Statements:

V-Grace said she broke up with her boyfriend, S-Kennon, around one month ago, but he has not left her alone. V-Grace said on 12/22/15, unknown time, she saw S-Kennon use a key to scratch her passenger doors and leave. When she went outside to look at her car, a 2012 VW Jetta [REDACTED] she noticed more damage to her driver's side. Today, 12/23/15 around 1400 hours, S-Kennon returned to her house. V-Grace asked him to leave and then watched S-Kennon walk to her car and stab the rear passenger tire.

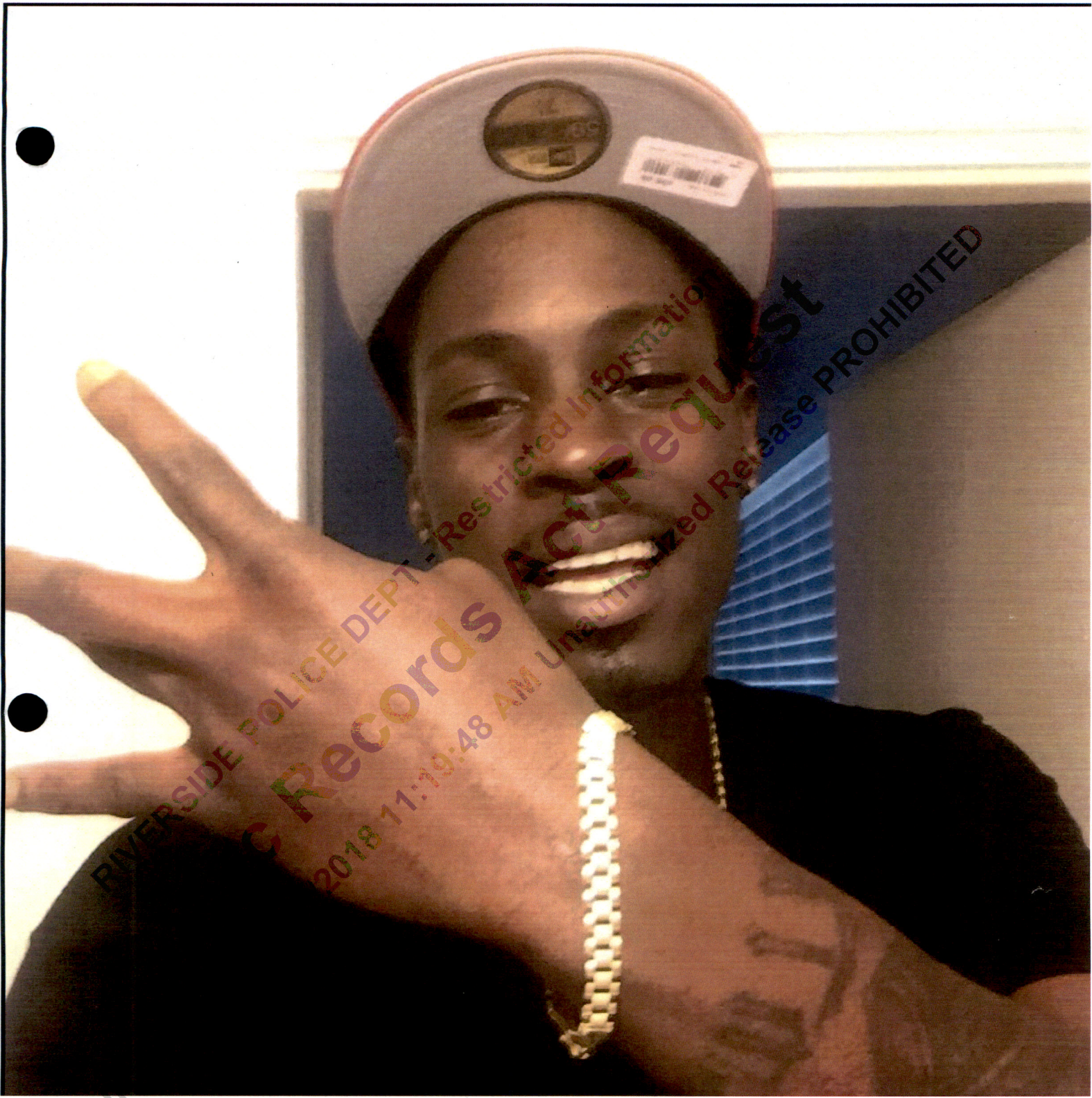
V-Grace said she does not want prosecution, but wanted a report number to use in court for a restraining order against her ex-boyfriend.

Investigative Actions:

Officer Olsen took photographs of the damage. I advised V-Grace of the restraining order process and referred her to family court.

No further information.

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