

SUPPLEMENTAL REPORT

Date Prepared: 09-13-13

pg 1/3

1. Original File No. P13-133894	2. [Redacted]	3. Off. ID 498	4. NPC E	5. Crime-Ct.	6. Crime-Ct.	7. Crime-Ct.	8. Date / Time Occurred 09-13-13 / 2108	9. Day 6
10. / Time Assigned 09-13-13 / 2145	11. Date / Time Inv. Start 09-13-13 / 2145	12. Date / Time Inv. Term. 09-13-13 / 0600	13. Type Clr.	14. Type Cont.	15. Additional Adults Arr.	16. Additional Juv. Arr.		

17. Address of Occurrence (Street No. - Name - City - Zip)
2395 10 TH ST. RIV. CA. 92507

18. Type of Place
HOUSE

For ID USE: V = Victim, I = Informant, W = Witness, O = Other

19. ID: **0-1** 20. Last Name - First - Middle (Firm Name if Business)
MCCULLOCH, AILEEN

21. Race - Sex
H - F

22. DOB
[Redacted]

23. Residence Address
[Redacted]

24. Business or School Address

25. Home Phone
[Redacted]

26. Bus. Phone

27. ID: **0-2** 28. Last Name - First - Middle (Firm Name if Business)
DELATORRE, MARYLOU

29. Race - Sex
H - F

30. DOB
[Redacted]

31. Residence Address
[Redacted]

32. Business or School Address

33. Home Phone
[Redacted]

34. Bus. Phone

S U S P E C T

35. Last Name - First - Middle

36. Race - Sex

37. Age

38. Ht.

39. Wt.

40. Hr.

41. Eyes

42. DOB or ID

43. Arrested
Yes No

44. Address - Clothing - Other Marks or Identifying Characteristics

45. Juv. Other () 2 Juv. Ct. () 5 Within () 6 Detained () 1 Not Detained () 2

S U S P E C T

46. Last Name - First - Middle

47. Race - Sex

48. Age

49. Ht.

50. Wt.

51. Hr.

52. Eyes

53. DOB or ID

54. Arrested
Yes No

55. Address - Clothing - Other Marks or Identifying Characteristics

56. Juv. Other () 2 Juv. Ct. () 5 Within () 6 Detained () 1 Not Detained () 2

ORIGINALLY REPORTED DOLLAR VALUES ARE CHANGED AS SHOWN BELOW

Cat.	A Currency Notes	B Jewelry Prec. Met.	C Clothing Furs	E Office Equip.	F T.V. - Radio Cameras	G Firearms	H Household Goods	I Consum. Goods	J Livestock	K Misc.
PS	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
PR	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

60. Originally Reported Offenses (Code - Crime)
(1) **O.I.S.**

61. Original Offenses Changed to (Code - Crime)
(1)

62. Narrative of Supplemental Report
NARRATIVE:

62a. Audio Recording Available? **Yes** 62b. Incident Number: **P13133894**

ON FRI 09-13-13 AT 2145 HRS, I RESPONDED TO 10 TH ST. AND SEDGEWICK AVE. TO ASSIST WITH AN OFFICER INVOLVED SHOOTING. UPON MY ARRIVAL, I CONTACTED SGT. R. WILSON. SGT. WILSON ADVISED ME TO CONDUCT A CANVASS OF THE NEIGHBORHOOD FOR POSSIBLE WITNESSES.

I CONTACTED 0-1/MCCULLOCH AT [Redacted] I RECORDED HER STATEMENT ON MY "PUMA" RECORDER. THIS ADDRESS IS NORTH OF THE SCENE. 0-1 SAID SHE WAS UPSTAIRS WHEN SHE SAW SEVERAL OFFICERS ARRIVE. 0-1 SAID THE OFFICERS TOLD THE FEMALE HOMEOWNER TO STEP OUTSIDE. THE OFFICERS THEN WENT INTO THE YARD AND TOLD SOMEONE TO "STOP HOLD ON". SHE THEN HEARD 6-7 SHOTS. 0-1 DID NOT SEE WHO WAS

58. Stolen Auto Value ASP

59. Recovered Auto Value A2

Reporting Officer
R. MCMILLAN

Reviewed By
0490

COPIES TO

VCLD ()

ACTIONS

APB Sent

APB Cancld.

APR Sent

APR Cancld.

DOJ - NCIC

Entered Cancld.

ENTERED

STATS ARBK ANI

**RIVERSIDE POLICE DEPARTMENT
CONTINUATION PAGE**

PAGE NO. 2

FILE NO. P13-133894

DATE 09-13-13	TYPE OF REPORT O.I.S.	REPORTING OFFICER R. MCMILLAN
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CONTINUED:
SHOOTING. 0-1 COULD NOT ADD ANY FURTHER.

I CONTACTED 0-2/DELATORRE AT [REDACTED] THIS HOUSE IS NORTH OF 3944 SEDGEWICK AVE. 0-2 DID NOT SEE OR HEAR ANYTHING. I ALSO RECORDED HER STATEMENT.

I CONTACTED 0-3/AREVALO AT [REDACTED] THIS ADDRESS IS ACROSS THE STREET AND NORTH OF THE SCENE. I RECORDED 0-3'S STATEMENT. 0-3 ONLY HEARD (6) SHOTS. HE DID NOT SEE WHO WAS SHOOTING OR WHAT HAPPENED. 0-3 HEARD FROM ANOTHER PERSON THAT "HECTOR" WAS SHOT. 0-3 SAID HECTOR LIVES AT THE HOUSE WHERE THE SHOOTING OCCURRED. 0-3 SAID HECTOR IS AN ALCOHOLIC AND ALWAYS GETS IN FIGHTS. HECTOR TAKES THINGS FROM HIS HOUSE AND WALKS TO THE STORE TO TRADE FOR BEER. 0-3 SAID HECTOR GETS BEAT UP AT LEAST (2-3) TIMES A WEEK. 0-3 COULD NOT ADD ANY FURTHER.

AFTER I CONDUCTED MY CANVASS, I WAS ADVISED TO RESPOND TO MAGNOLIA STATION AND CONTACT SGT. CASH. I RESPONDED THERE AT 2221 HRS AND CONTACTED SGT. CASH. SGT. CASH ASSIGNED ME TO ACCOMPANY OFFICER OUTLAW DUE TO HIM BENG INVOLVED. I CLEARED AT 0600 HRS. N.F.I.

RIVERSIDE POLICE DEPARTMENT
Public Records Request
ROZ 6/2/2015 4:01:04 PM Unauthenticated Request Prohibited

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

PAGE NO: 3

FILE NO. P13-133894

DATE -13-13	TYPE OF REPORT O.I.S.	REPORTING OFFICER R. MCMILLAN
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-ADDITIONAL CONTACTS-

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

Code 0-3	63. Name AREVALO, RAUL	64. Residence Address	65. Res. Phone
66. Sex/Race M/H	Height	Weight	Hair
	Eyes	67. D.O.B.	68. Business Address
69. Bus. Phone	70. Name		71. Residence Address
72. Res. Phone	73. Sex/Race		74. D.O.B.
	Height	Weight	Hair
	Eyes	75. Business Address	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 LT/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 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