

CA0331300

Riverside Police Department Initial Report

1. Dist. √	2. Type Clr. Exc	3. Type Cont R.H.					4. File Number P12-003517
5. Code Section/Classification 245 (c) PC - A.D.W. on a Peace Officer				6. Add Charges <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Location of Occurrence 10745 Cypress Avenue Riverside, CA	
8. Julian date and time of occurrence 007 1614 hrs			9. Day	10. Date/Time Reported 1/7/12 1614 hr		11. Date of Report 1/7/12	12. Type of Premises Residence
13. Victim Name or Firm Name Officer Paul Miranda				14. Residence Address			15. Res. Phone ()
16. Sex/Race	Height	Weight	Hair	Eyes	17. DOB	18. Business Address Riverside PD	
20. If treated for injuries, by whom?				21. If hospitalized, where?		22. Date/Time	23. Nature of Injuries
24. Vict. Veh.	License Number	State	Color (Top/Bottom)	Year	Make/Model/Type	How was the vehicle involved?	
25. WILL THE VICTIM PROSECUTE?							Veh. Stored? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

Code	26. Name (Last, First Middle)				27. Residence Address				28. Res. Phone ()		
29. Sex/Race	Height	Weight	Hair	Eyes	30. DOB	31. Business Address				32. Bus. Phone ()	
33. If treated for injuries, by whom?					34. If hospitalized, where?			35. Date/Time	36. Nature of Injuries		
37. WAS THERE A WITNESS TO THE CRIME?										<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? QUALIFYING SECTIONS ONLY!						Victim #1 (Yes) _____ (No) _____ Victim #2 (Yes) _____ (No) _____					

39. CAN A SUSPECT BE NAMED OR IDENTIFIED?										BY WHOM?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
40. Name (Arrestee #1) Ledezma, David				Sex/Race M / H	Height 5-8	Weight 162	Hair Bro	Eyes Bro	DOB or Age	Interviewed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cited? <input type="checkbox"/> Bkd? <input type="checkbox"/>		
Address of Arrestee #1 10745 Cypress Ave. Riverside, CA				Prob <input type="checkbox"/>	Gang Related <input type="checkbox"/> Yes <input type="checkbox"/> No		SS #		Bkg. Or Cite number				
41. Name (Arrestee #2)				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 of Arrestee #2				Prob <input type="checkbox"/>	Gang Related <input type="checkbox"/> Yes <input type="checkbox"/> No		SS #		Bkg. Or Cite number				

42. CAN A SUSPECT VEHICLE BE IDENTIFIED?										BY WHOM?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
43. Susp Veh	License Number	State	Color (Top/Bottom)	Year	Make/Model/Type	Identifying Characteristics				Veh Stored? <input type="checkbox"/> Yes <input type="checkbox"/> No													
44. IS THERE ANY SIGNIFICANT PHYSICAL EVIDENCE?												<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
45. Physical Evidence Present?				46. Photographs Taken?				47. Supp/related Reports?				48. Physical Evidence Seized?		49. Weapon Seized?		50. Gang Related?		51. Fingerprint Search Made?		52. Fingerprints Obtained?		53. Narcotics Field Tested?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
54. Type of Weapon, Force or Device Used Pipe				55. Motive				Type: Weight:															

56. Describe briefly how the offense occurred.
On 1/7/12, I responded to 10745 Cypress Avenue regarding an Officer Involved Shooting. Upon arrival I was assigned as Case Agent.

See supplemental reports for further details.

RECORDS SECTION

57. Reporting Officer Det. Rick Cobb		I.D. # 260	115 Quality <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	58. Supervisor Approving 		I.D. # 480	59. Date Reviewed 2-6-12	60. Send copies of this report to:				
Copies								ENTERED		Dispatcher ID #		
								STATS		APR/APB	sent	Cancelled
								ARBK				
								ANI		DOJNCC	sent	Cancelled