

SUPPLEMENTAL REPORT

Date Prepared: 01-07-12

1. Original File No. P12-003517	2. [Redacted]	3. Off. ID 1586	4. NPC W	5. Crime-Ct.	6. Crime-Ct.	7. Crime-Ct.	8. Date / Time Occurred 01-07-12 / 1614	9. Day 7				
10. Date Assigned 01-07-12 / 1624	11. Date / Time Inv. Start 01-07-12 / 1630	12. Date / Time Inv. Term. 01-07-12 / 1911	13. Type Clr. EXE	14. Type Cont. REC	15. Additional Adults Arr.	16. Additional Juv. Arr.						
17. Address of Occurrence (Street No. - Name - City - Zip) 10745 Cypress Ave. Riverside, CA 92505							18. Type of Place Residence					
For ID USE: V = Victim, I = Informant, W = Witness, O = Other												
19. ID: O1	20. Last Name - First - Middle (Firm Name if Business) Thorpe, Craig						21. Race - Sex W - M	22. DOB [Redacted]				
23. Residence Address [Redacted]			24. Business or School Address			25. Home Phone [Redacted]	26. Bus. Phone					
27. ID: O2	28. Last Name - First - Middle (Firm Name if Business) Phillips, Marisel						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 <input type="checkbox"/> No <input type="checkbox"/>	
	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 <input type="checkbox"/> No <input type="checkbox"/>	
	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) OIS (2)	61. Original Offenses Changed to (Code - Crime) (1) (2)	58. Stolen Auto Value ASP: 59. Recovered Auto Value A2
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62. Narrative of Supplemental Report On 01/07/12, at about 1630 hours, I responded to 10745 Cypress Ave. reference an officer involved shooting. I assisted officers in clearing the main residence for a safety sweep. I then canvassed the neighborhood and spoke with three neighbor's who provided a statement.		62a. Audio Recording Available? Yes	62b. Incident Number: P12003517	Reporting Officer Stacie Ontko
Statements: (all Statements recorded on assisting Officer Arnold's department issued recorder)		Reviewed By <i>[Signature]</i>		COPIES TO
I first spoke with O1/Craig Thorpe, who lives at [Redacted]		[Redacted]		VCLO ()
[Redacted] O1/Thorpe told me that he was in his living room watching TV which is towards the front of the house. O1/Thorpe noticed a police vehicle driving by north on Cypress Ave. with his overhead lights on, but did not hear a siren. O1/Thorpe said about 10 minutes later, he heard 8-9 rapid shots of gunfire, a slight pause, then 2-3 more rapid shots of gunfire. O1/Thorpe said the second shots sounded like it came from a different weapon than the first shots. O1/Thorpe did not see or hear anything else, just saw multiple police units responding. (con't on pg.3)		[Redacted]		ACTIONS APB Sent APB Cancld. APR Sent APR Cancld. DOJ - NCIC Entered Cancld.
		ENTERED STATS ARBK ANI		

RIVERSIDE POLICE DEPT.

INITIAL REPORT
M.O. SHEET

PAGE NO: 2

FILE NO. P12-003517

DATE 7-12	TYPE OF REPORT OIS	REPORTING OFFICER Stacie Tedesco #1586
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-ADDITIONAL CONTACTS-

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

Code O3	63. Name Phillips, Josiah	64. Residence Address [REDACTED]	65. Res. Phone [REDACTED]
66. Sex/Race M / H	Height [REDACTED]	Weight [REDACTED]	Hair [REDACTED]
	Eyes [REDACTED]	67. D.O.B. [REDACTED]	68. Business Address [REDACTED]
			69. Bus. Phone [REDACTED]
Code W	70. Name Ledezma, Yvette	71. Residence Address [REDACTED]	72. Res. Phone [REDACTED]
73. Sex/Race F / H	Height [REDACTED]	Weight [REDACTED]	Hair [REDACTED]
	Eyes [REDACTED]	74. D.O.B. [REDACTED]	75. Business Address [REDACTED]
			76. Bus. Phone [REDACTED]

<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"/> Liquor Store</p> <p><input type="checkbox"/> 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"/> Shopping Center</p> <p><input type="checkbox"/> 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 \$0.00

TOTAL AMOUNT RECOVERED \$0.00

RIVERSIDE POLICE DEPT.
CONTINUATION PAGE

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FILE NO: P12-003517

01/08/2012	OIS	INVESTIGATING OFFICER Stacie Tedesco #1586
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1 **Narrative: (Con't)**

2
3 I then spoke with O2/Marisel Phillips, who lives at [REDACTED]
4 [REDACTED] O2/Marisel originally
5 said that she was inside her residence when she heard what sounded like 3 shots of rapid
6 gunfire. O2/Marisel went running out her residence and saw the cops outside. When she went
7 outside, she heard the shots then got down on the ground because it sounded so close. When I
8 asked O2/Marisel if she had heard more gunfire when she went outside which caused her to get
9 on the ground, she said no, that she in fact was outside when she heard the gunfire, not inside.
10 O2/Marisel said she only heard 3 shots. O2/Marisel said she stayed outside and saw multiple
11 police units responding.
12

13 I then spoke with O3/Josiah Phillips, who also lives at [REDACTED] O3/Josiah said he
14 was in his room, which is in the back of the house (on the south side). O3/Josiah said he heard
15 1 shot of gunfire, and he went outside to see what was going on. O3/Josiah saw neighbors and
16 police officers outside. O3/Josiah told me that the family members located at 10745 Cypress
17 Ave. are [REDACTED]
18 [REDACTED]

19 [REDACTED] O3/Josiah said they are always drinking alcohol at the residence.
20

21 At about 1715 hours, I cleared from the scene and handled radio calls. At about 1830 hours,
22 partner Officer Arnold #1587 and I responded back to 10745 Cypress Ave. I spoke with Det.
23 Wheeler who asked me to transport W/Yvette Ledezma to Magnolia station for interviewing.
24 Officer Arnold and I transported W/Yvette to Magnolia station and left her with assisting officers
25 there. NFI.
26

RIVERSIDE POLICE DEPT.
Public Information
ROZ 12/14/2012 2:37:08 PM