

SUPPLEMENTAL REPORT

Date Prepared: 11-15-06

1. Original File No. P14-175586	2.	3. Off ID 1718	4. Dist. W	5. Crime-Ct.	6. Crime-Ct.	7. Crime-Ct.	8. Date/Time Occurred 11-18-14/1431	9. Day 3
10. Date/Time Assigned 11-18-14/1431	11. Date/Time Inv. Start 11-18-14/1438		12. Date/Time Inv. Term. 11-18-14/1705		13. Type Clr.	14. Type Cont.	15. Additional Adults Arr.	16. Additional Juv. Arr.

17. Address of Occurrence (Street No. - Name - City) 10479 KELLER DRIVE RIVERSIDE, CA 92505	18. Type of Place RESIDENCE
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For ID USE: V = Victim, I = Informant, W = Witness, O = Other

19. ID: O1	20. Last Name - First - Middle (Firm Name if Business) SAUCEDO DE HERNANDEZ, MARILU	21. Race - Sex H-F	22. DOB
23. Residence Address		24. Business or School Address	25. Home Phone
			26. Bus. Phone

27. ID: O2	28. Last Name - First - Middle (Firm Name if Business) HERNANDEZ, ALEJANDRA	29. Race - Sex H-F	30. DOB
31. Residence Address		32. Business or School Address	33. Home Phone
			34. Bus. Phone

S U P P L E M E N T A R Y	35. LAST Name - First - Middle	36. Race - Sex	37. Age	38. Ht.	39. Wt.	40. Hr	41. Eyes	42. DOB or ID	43. Arrested <input type="checkbox"/> Yes <input type="checkbox"/> No
	44. Address - Clothing - Other Marks or Identifying Characteristics								

45. Juv. Other Disp: Juris. <input type="checkbox"/> 2	Juv. Ct. Prob. <input type="checkbox"/> 5	Within Dept. <input type="checkbox"/> 6	Detained <input type="checkbox"/> 1	Not Detained <input type="checkbox"/> 2
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S U P P L E M E N T A R Y	46. LAST Name - First - Middle	47. Race - Sex	48. Age	49. Ht.	50. Wt.	51. Hr	52. Eyes	53. DOB or ID	54. Arrested <input type="checkbox"/> Yes <input type="checkbox"/> No
	55. Address - Clothing - Other Marks or Identifying Characteristics								

56. Juv. Other Disp: Juris. <input type="checkbox"/> 2	Juv. Ct. Prob. <input type="checkbox"/> 5	Within Dept. <input type="checkbox"/> 6	Detained <input type="checkbox"/> 1	Not Detained <input type="checkbox"/> 2
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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	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
57										
PR	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

60. Originally Reported Offenses (Code - Crime)	61. Original Offenses Changed to (Code - Crime)	58. Stolen Auto Value ASP: \$
(1) OIS	(1)	
(2)	(2)	59. Recovered Auto Value A2 \$

<p>62. Narrative of Supplemental Report</p> <p>On 11-18-14, at 1431 hours, I responded to 10479 Keller Drive to assist in an Officer Involved Shooting. I arrived and contacted O1/Marilu Saucedo De Hernandez and O2/Alejandra Hernandez. O2/Alejandra Hernandez provided Spanish translation for O1/Hernandez who was only Spanish speaking. O1 told us she was in the backyard hanging clothes to dry at her residence located at [REDACTED]. O1 heard police sirens North of her residence. O1 then saw three bald Hispanic males jump the back fence into her neighbors backyard located to the East of her residence. The address of that residence is 10479 Keller Drive. O1 heard yelling but could not understand what was being said due to her only understanding Spanish. O1 ran to the front driveway of her residence to tell her family to go inside and at the same time heard 5 to 6 gunshots. O1 told me she was then told by an unknown officer to go inside. I then asked O2 if she heard or saw anything and she told me all she heard was the shots. O1 told me she was inside her residence playing video games when she heard the shots. O1 told me she heard 5 or 6 shots. I then spoke with O3/Diego Hernandez Saucedo who told me he was outside his residence located at [REDACTED]. [REDACTED] washing his pickup and heard 5 or 6 shots. I asked O3 if he heard anything else and he told me he did not. O3 told me he didn't see anything and that he just heard the shots.</p>	<p>Reporting Officer S. WEDDLE 1718</p> <p>Reviewed By <i>[Signature]</i></p> <p>COPIES TO</p> <hr/> <p>VCLO ()</p> <p>ACTIONS</p> <p>APR Sent</p> <p>APR Cncl.</p> <p>APB Sent</p> <p>APB Cncl.</p> <p>DOJ-NCIC</p> <p>Entered _____</p> <p>Cancl. _____</p> <p>ENTERED</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Stats</td> <td>ARBK</td> <td>ANK</td> </tr> </table>	Stats	ARBK	ANK
Stats	ARBK	ANK		

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DATE 11/18/2014	TYPE OF REPORT OIS	INVESTIGATING OFFICER S. WEDDLE #1718
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I then responded to [REDACTED] which is directly South of 10479 Keller Drive and spoke to O4/Hieu Nguyen who told me the following. O4 told me he was in his backyard doing yard work when he heard 5 or 6 gunshots. O4 told me the gunshots didn't sound like a handgun they were louder. O4 told me the gunshots were consecutive without a pause. O4 told me he didn't hear anything prior to the gunshots, no sirens, no yelling etc.

I then responded to [REDACTED] which is two residences to the East of 10479 Keller Drive and contacted O5/Sandi Budd and O6/Tritia Gonzalez who told me the following. Both O5 and O6 told me they were inside their residence and heard more than 5 gunshots but less than 10 gunshots near their house. Both told me they neither heard nor saw anything prior to the gunshots. O5 and O6 told me they were the only people in their residence when the gunshots were heard.

I then responded to [REDACTED] which is one house to the East of 10479 Keller Drive and contacted O7/[REDACTED] who told me the following. O7 told me he was inside his residence watching TV when he heard 3 gunshots. O7 told me neither heard nor saw anything prior to the gunshots. O7 told me he was the only person home at the time the gunshots were heard.

All the witness statement were recorded on my Department Issued Puma Digital Recorder and were downloaded to the server on 11-18-14 at 2015 hours.

NFD

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**RIVERSIDE POLICE DEPT.
INITIAL REPORT
ADDITIONAL CONTACTS**

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FILE NO. P14-175586

DATE 11-18-14	TYPE OF REPORT OIS	REPORTING OFFICER S. WEDDLE #1718
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-CONTACT INFORMATION-

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

Code O3		Name (Last, First, Middle) HERNANDEZ SAUCEDO, DIEGO					Residence Address			Res. Phone	
Sex/Race M / H	Height 6-00	Weight 167	Hair BLK	Eyes BRN	D.O.B.	Business Address			Bus. Phone		
If treated for injuries, by whom?			If hospitalized, where?			Date/Time		Nature of injuries			
Veh Info		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		
Code O4		Name (Last, First, Middle) NGUYEN, HIEU					Residence Address			Res. Phone	
Sex/Race M / A	Height 5-06	Weight 165	Hair BLK	Eyes BRN	D.O.B.	Business Address			Bus. Phone		
If treated for injuries, by whom?			If hospitalized, where?			Date/Time		Nature of injuries			
Veh Info		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		
Code O5		Name (Last, First, Middle) BUDD, SANDI JOI					Residence Address			Res. Phone	
Sex/Race F / W	Height 5-02	Weight 102	Hair BLN	Eyes GRN	D.O.B.	Business Address			Bus. Phone		
If treated for injuries, by whom?			If hospitalized, where?			Date/Time		Nature of injuries			
Veh Info		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		
Code O6		Name (Last, First, Middle) GONZALES, TRITIA RASHELLE					Residence Address			Res. Phone	
Sex/Race F / H	Height 5-07	Weight 200	Hair BLK	Eyes BRN	D.O.B.	Business Address			Bus. Phone		
If treated for injuries, by whom?			If hospitalized, where?			Date/Time		Nature of injuries			
Veh Info		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		
Code		Name (Last, First, Middle)					Residence Address			Res. Phone	
Sex/Race	Height	Weight	Hair	Eyes	D.O.B.	Business Address			Bus. Phone		
If treated for injuries, by whom?			If hospitalized, where?			Date/Time		Nature of injuries			
Veh Info		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		
Code		Name (Last, First, Middle)					Residence Address			Res. Phone	
Sex/Race	Height	Weight	Hair	Eyes	D.O.B.	Business Address			Bus. Phone		
If treated for injuries, by whom?			If hospitalized, where?			Date/Time		Nature of injuries			
Veh Info		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		