

**SUPPLEMENTAL REPORT**

Date Prepared: 05-10-11

1. Original File No. <b>P11-068393</b>	2. [Redacted]	3. Off. ID <b>1084</b>	4. NPC <b>W</b>	5. Crime-Ct.	6. Crime-Ct.	7. Crime-Ct.	8. Date / Time Occurred <b>05-10-11 / 1757</b>	9. Day <b>2</b>			
10. Date / Time Assigned <b>/</b>	11. Date / Time Inv. Start <b>/</b>	12. Date / Time Inv. Term. <b>/</b>	13. Type Clr. <b>EXL</b>	14. Type Cont. <b>REC</b>	15. Additional Adults Arr.	16. Additional Juv. Arr.					
17. Address of Occurrence (Street No. - Name - City - Zip) <b>11532 Trailway Dr. Riverside Ca. 92505</b>							18. Type of Place <b>Residence</b>				
For ID USE: V = Victim, I = Informant, W = Witness, O = Other											
19. ID: <b>O1</b>	20. Last Name - First - Middle (Firm Name if Business) <b>DeVera, Antonio Astria</b>						21. Race - Sex <b>P - M</b>	22. DOB [Redacted]			
23. Residence Address <b>11563 Trailway Dr. Riverside Ca. 92505</b>				24. Business or School Address			25. Home Phone [Redacted]	26. Bus. Phone			
27. ID: <b>O2</b>	28. Last Name - First - Middle (Firm Name if Business) <b>Kawile, Melissa Austria</b>						29. Race - Sex <b>P - F</b>	30. DOB [Redacted]			
31. Residence Address <b>11563 Trailway Dr. Riverside Ca. 92505</b>				32. Business or School Address			33. Home Phone [Redacted]	34. Bus. Phone			
S U S P E C T	35. Last Name - First - Middle <b>See Initial</b>			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 Disp. Juris.		Juv. Ct. ( ) 5 Prob.		Within ( ) 6 Dept.		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 Disp. Juris.		Juv. Ct. ( ) 5 Prob.		Within ( ) 6 Dept.		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	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
PP	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

60. Originally Reported Offenses (Code - Crime) (1)	61. Original Offenses Changed to (Code - Crime) (1) 187 P.C.	58. Stolen Auto Value ASP:
(2)	(2)	59. Recovered Auto Value A2

62. Narrative of Supplemental Report  <b>(SEE NARRATIVE)</b>	62a. Audio Recording Available? <b>No</b>	Reporting Officer <b>Angulo, E 1084</b>
		Reviewed By <b>DA</b>
		COPIES TO
		DOJ - NCIC
		ENTERED
		STATS ARBK ANI

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

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**FILE NO. P11-068393**

DATE 05-10-11	TYPE OF REPORT 187 P.C. Supplemental	REPORTING OFFICER Angulo, E. #1084
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**-CONTACT INFORMATION-**

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

Code O-3		Name (Last, First, Middle) Eusebio, Cheryl Anne				Residence Address 11547 Trailway Dr. Riverside Ca. 92505			Res. Phone [REDACTED]	
Sex/Race F / P	Height 5-2	Weight 115	Hair BRO	Eyes BRO	D.O.B. [REDACTED]	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 O-4		Name (Last, First, Middle) Eusebio, Mira Erina				Residence Address 11547 Trailway Dr. Riverside Ca. 92505			Res. Phone [REDACTED]	
Sex/Race F / P	Height 5-2	Weight 120	Hair BRO	Eyes BRO	D.O.B. [REDACTED]	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 O-5		Name (Last, First, Middle) Eusebio, Lilli Capinpin				Residence Address 11547 Trailway Dr. Riverside Ca. 92505			Res. Phone [REDACTED]	
Sex/Race F / P	Height 5-2	Weight 125	Hair BRO	Eyes BRO	D.O.B. [REDACTED]	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	
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	

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

PAGE NO: 2

FILE NO. P11-068393

DATE 05-10-11	TYPE OF REPORT Supplemental Report	REPORTING OFFICER Castaneda #1229
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**-CONTACT INFORMATION-**

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

Code O/1		Name (Last, First, Middle) Savona, Karen				Residence Address 11588 Trail Way Drive, Riverside CA			Res. Phone [REDACTED]
Sex/Race F / W	Height 5-03	Weight 120	Hair BRO	Eyes BRO	D.O.B. [REDACTED]	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 O/2		Name (Last, First, Middle) Esmail, Amal				Residence Address 11582 Trail Way Drive			Res. Phone [REDACTED]
Sex/Race F / O	Height 5-04	Weight 130	Hair BLK	Eyes BRO	D.O.B. [REDACTED]	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) Valenzuela, Liz				Residence Address 11587 Stream Point Drive, Riverside			Res. Phone [REDACTED]
Sex/Race F / H	Height 5-03	Weight 135	Hair BRO	Eyes BRO	D.O.B. [REDACTED]	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 O/4		Name (Last, First, Middle) Valenzuela, Juan				Residence Address 11587 Stream Point Drive, Riverside			Res. Phone [REDACTED]
Sex/Race M / H	Height 5-11	Weight 200	Hair BRO	Eyes BRO	D.O.B. [REDACTED]	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 O/5		Name (Last, First, Middle) Valenzuela, Liz				Residence Address 11587 Stream Point Drive, Riverside			Res. Phone [REDACTED]
Sex/Race F / H	Height 5-03	Weight 120	Hair BRO	Eyes BRO	D.O.B. [REDACTED]	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	