


SUPPLEMENTAL REPORT

Date Prepared: 05-10-11

1. Original File No. P11068393	2. [Redacted]	3. Off. ID 1275	4. Dist. W	5. Crime-Ct.	6. Crime-Ct.	7. Crime-Ct.	8. Date / Time Occurred 05-10-11 / 1757	9. Day 3			
10. Date / Time Assigned C -11 / 1757	11. Date / Time Inv. Start 05-10-11 / 1757	12. Date / Time Inv. Term. /	13. Type Clr. EXC	14. Type Cont. RSC	15. Additional Adults Arr. 0	16. Additional Juv. Arr. 0					
17. Address of Occurrence (Street No. - Name - City - Zip) 11532 Trailway Dr. Riverside, Ca.							18. Type of Place Residence				
For ID USE: V = Victim, I = Informant, W = Witness, O = Other											
19. ID: V	20. Last Name - First - Middle (Firm Name if Business) See initial report						21. Race - Sex	22. DOB			
23. Residence Address				24. Business or School Address			25. Home Phone	26. Bus. Phone			
27. ID: V	28. Last Name - First - Middle (Firm Name if Business) See initial report						29. Race - Sex	30. DOB			
31. Residence Address				32. Business or School Address			33. Home Phone	34. Bus. Phone			
S U S P E C T	35. Last Name - First - Middle See initial report			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	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
PR	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
60. Originally Reported Offenses (Code - Crime) (1) 187PC/Murder (2)						61. Original Offenses Changed to (Code - Crime) (1) (2)				58. Stolen Auto Value ASP
62. Narrative of Supplemental Report On 05-10-11 at about 1757 hours, Partner Officer Angulo and I responded to a shots fired call at 11532 Trailway Dr. While enroute to the call dispatch advised there were additional shots fired with several possible victims involved. When Officer Angulo and I arrived at the scene there were several Patrol and METRO Officers already at the scene. Sgt. Corbett assigned us to an entry team that was staged to the front of 11532 Trailway Dr. Sgt. Corbett briefed the team and advised there was at least two occupants still inside the residence and at the time it was unknown if they were injured. I was assigned as the point man and lead the entry team to the front door of the residence. While staged I could see there was several bullet holes in the door and it was covered in blood. We entered the residence through the front door and began to clear the downstairs of the residence. The two occupants were located in the downstairs bathroom unharmed and were escorted to safety. We cleared the entire residence without locating any additional victims or suspects.						59. Recovered Auto Value A2		Reporting Officer D. Smith #1275 Reviewed By  COPIES TO		
VCLD ()										
ACTIONS										
APB Sent										
APB Cancld.										
APR Sent										
APR Cancld.										
Entered DOJ - NCIC Cancld.										
ENTERED										
STATS ARBK ANI										

**RIVERSIDE POLICE DEPARTMENT
CONTINUATION PAGE**

PAGE NO. 2

FILE NO. P11-068393

DATE

05-10-11

TYPE OF REPORT

187PC/Murder

REPORTING OFFICER

D. Smith #1275

CONTINUED:

After the residence was secure Sgt. Corbett moved the team across the street to assist Sgt. McCoy and other METRO Officers to the front of 11531 Trailway Dr. (suspects residence). Dispatch was on the phone with the occupants inside the residence and ordered them to step out. (5) adults exited the residence and were detained by Patrol personnel. The METRO Team entered 11531 Trailway Dr. through the front doors and secured the residence without incident.

After both residences were secure the METRO Team attempted to locate any additional victims, witnesses, or evidence by contacting the residents of each home on Trailway Dr. I attempted to make contact with the residents at 11555 Trailway Dr., but know one was home. I contacted the residents of 11548 Trailway Dr. and spoke with O1 Farid Ziro, O2 Gorgis Ziro, O3 Ray Ziro, O4 Toma, O5 Shamoun and O6 Khaneya.

The residents of 11548 Trailway Dr. told me the following:

O1 Farid Ziro told me he was in his backyard with his family when he heard several gun shots, then a woman scream. He yelled for his family to run inside the house and lock the doors, then suddenly he heard 8 to 10 more gunshots. He ran into the house and began to lock the doors. After a few moments he could hear a woman screaming again and several more gunshots, but he could not tell where they were coming from. He told me several minutes passed then he heard two or three additional gunshots. He did not see anything and he could not remember if the female victim said anything.

O2 Gorgis Zero told me he was in the garage of his residence the faces w/b to the front of the residence. He began to walk into the residence when he heard several rapid gunshots coming from his neighbors house. He ran into the house and towards the backyard where his family was. As he reached the backyard he heard 8 more gunshots coming from his neighbors house. He helped his family back inside the residence and began to lock the doors. He then heard several more gunshots which sounded as if they were getting closer to their residence. He kept his family inside the residence and after a few moments he heard several more gunshots. He did not witness the incident and does not know the suspect or the victims.

O3 Ray Ziro told me he was in the backyard with his family when the incident occurred. O3 Ray Ziro did not have any additional information than his Brother O1 Farid Ziro.

O4 Toma was sitting in his backyard with his family when the incident occurred. O4 Toma did not have any additional information than his sons O1 and O3.

O5 Shamoun was sitting in her backyard with her family when the incident occurred. O5 Shamoun did not have any additional information then her sons O1 and O3.

O6 Khaneya told me she was sitting in the backyard preparing dinner for her family. She heard arguing coming from her neighbors backyard a few houses down. She heard a woman scream then several gunshots coming from her neighbors. She heard a woman began to scream, "oh god oh god" repeatedly and then several more gunshots. She ran into the house with the rest of her family and could hear gunshots being fired repeatedly. She did not witness the incident and does not know the suspect or victims.

NFI.

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

PAGE NO: 3

FILE NO. P11-068393

DATE -10-11	TYPE OF REPORT 187PC/Murder	REPORTING OFFICER D. Smith #1275
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-CONTACT INFORMATION-

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

Code 01	Name (Last, First, Middle) Ziro, Farid	Residence Address 11548 Trailway Dr. Riverside, Ca.				Res. Phone [REDACTED]
Sex/Race M / O	Height	Weight	Hair	Eyes	D.O.B. [REDACTED]	Business Address [REDACTED]
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 checked="" type="checkbox"/> No
Code 02	Name (Last, First, Middle) Ziro, Gorgis	Residence Address 11548 Trailway Dr. Riverside, Ca.				Res. Phone [REDACTED]
Sex/Race M / O	Height	Weight	Hair	Eyes	D.O.B. [REDACTED]	Business Address [REDACTED]
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 checked="" type="checkbox"/> No
Code 03	Name (Last, First, Middle) Ziro, Ray Toma	Residence Address 11210 River Oak Dr. Corona, Ca.				Res. Phone [REDACTED]
Sex/Race M / O	Height	Weight	Hair	Eyes	D.O.B. [REDACTED]	Business Address [REDACTED]
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 04	Name (Last, First, Middle) Toma, Toma	Residence Address 11548 Trailway Dr. Riverside, Ca.				Res. Phone [REDACTED]
Sex/Race M / O	Height	Weight	Hair	Eyes	D.O.B. [REDACTED]	Business Address [REDACTED]
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 05	Name (Last, First, Middle) Shamoun, Madlin	Residence Address 11548 Trailway Dr. Riverside, Ca.				Res. Phone [REDACTED]
Sex/Race F / O	Height	Weight	Hair	Eyes	D.O.B. [REDACTED]	Business Address [REDACTED]
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 06	Name (Last, First, Middle) Khaneya, Rita	Residence Address 11548 Trailway Dr. Riverside, Ca.				Res. Phone [REDACTED]
Sex/Race F / O	Height	Weight	Hair	Eyes	D.O.B. [REDACTED]	Business Address [REDACTED]
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
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