

SUPPLEMENTAL REPORT

Date Prepared: 10-15-12

1. Original File No. P1-21-495-30		2. [Redacted]	3. Off. ID 1512	4. Dist. C	5. Crime-Ct.	6. Crime-Ct.	7. Crime-Ct.	8. Date / Time Occurred 10-14-12 / 2246		9. Day 2	
10. Date / Time Assigned		11. Date / Time Inv. Start		12. Date / Time Inv. Term.		13. Type Clr. Exc	14. Type Cont. REC	15. Additional Adults Arr.	16. Additional Juv. Arr.		
17. Address of Occurrence (Street No. - Name - City - Zip) 3750 Myers St. #55 Riverside Ca. 92503								18. Type of Place Apartment complex			
For ID USE: V = Victim, I = Informant, W = Witness, O = Other											
19. ID: O1	20. Last Name - First - Middle (Firm Name if Business) Vasquez, Elizabeth						21. Race - Sex H - F		22. DOB [Redacted]		
23. Residence Address 3750 Myers St. #32 Riverside Ca. 92503				24. Business or School Address				25. Home Phone		26. Bus. Phone	
27. ID: O2	28. Last Name - First - Middle (Firm Name if Business) Sandoval, Florencio						29. Race - Sex H - M		30. DOB [Redacted]		
31. Residence Address 3750 Myers St. #32 Riverside Ca. 92503				32. Business or School Address				33. Home Phone		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 Disp. Juris. () 2		Juv. Ct. Prob. () 5		Within Dept. () 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 Disp. Juris. () 2		Juv. Ct. Prob. () 5		Within Dept. () 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)					61. Original Offenses Changed to (Code - Crime)					58. Stolen Auto Value ASP	
(1)					(1)					59. Recovered Auto Value A2	
(2)					(2)						

62. Narrative of Supplemental Report 62a. Audio Recording Available? Yes 62b. Incident Number: P12149530										Reporting Officer Navar	
On Sunday, 10-14-12, at about 2330 hours, partner Ofc. Cruz and I were dispatched to 3750 Myers. Upon arrival supervision instructed us to get statements from the apartments surrounding #55. The people listed in this report did not witness the incident, they only heard gunshots. Statements were recorded using my department issued PUMA audio recorder.										Reviewed By 0490	
Per supervision I was released from the scene.										COPIES TO	
NFI										VCLO ()	
										ACTIONS	
										APB Sent	
										APB Cancl.	
										APR Sent	
										APR Cancl.	
										DOJ - NCIC	
										Entered Cancl.	
										ENTERED	
										STATS ARBK ANI	

**RIVERSIDE POLICE DEPT.
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ADDITIONAL CONTACTS**

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DATE 10-14-12	TYPE OF REPORT OIS	REPORTING OFFICER Navar
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-CONTACT INFORMATION-

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

Residence Address										Res. 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 checked="" type="checkbox"/> No	
Residence Address										Res. 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 checked="" type="checkbox"/> No	
Residence Address										Res. 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 checked="" type="checkbox"/> No	
Residence Address										Res. 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 checked="" type="checkbox"/> No	
Residence Address										Res. 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 checked="" type="checkbox"/> No	
Residence Address										Res. Phone					
Code		Name (Last, First, Middle)				Residence Address				Res. Phone					
O7		Quezada, Alejandra				3750 Myers St. #32 Riverside Ca. 92503				[REDACTED]					
Sex/Race		Height		Weight		Hair		Eyes		D.O.B.		Business Address		Bus. Phone	
F / H		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[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	
Residence Address										Res. Phone					
Code		Name (Last, First, Middle)				Residence Address				Res. Phone					
O8		Zablockis, Robert Joseph				3750 Myers St. #54 Riverside Ca. 92503				[REDACTED]					
Sex/Race		Height		Weight		Hair		Eyes		D.O.B.		Business Address		Bus. Phone	
M / W		5-09		140		BLK		GRN		[REDACTED]		[REDACTED]		[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	
Residence Address										Res. Phone					
Code		Name (Last, First, Middle)				Residence Address				Res. Phone					
O9		Solorio, Cecilia				3750 Myers St. #54 Riverside Ca. 92503				[REDACTED]					
Sex/Race		Height		Weight		Hair		Eyes		D.O.B.		Business Address		Bus. Phone	
F / W		5-04		115		BRN		BRN		[REDACTED]		[REDACTED]		[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	

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-CONTACT INFORMATION-

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

Residence Address										Res. Phone					
If treated for injuries, by whom?										If hospitalized, where?		Date/Time			
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		Name (Last, First, Middle)				Residence Address						Res. Phone			
O11		Magallan, Naomi Marie				3750 Myers St. #53 Riverside Ca. 92503						[REDACTED]			
Sex/Race		Height		Weight		Hair		Eyes		D.O.B.		Business Address		Bus. Phone	
F / W		5-08		200		BLK		BLU		[REDACTED]		[REDACTED]		[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		Name (Last, First, Middle)				Residence Address						Res. Phone			
O12		Silas, Donald Rey				3750 Myers St. #53 Riverside Ca. 92503						[REDACTED]			
Sex/Race		Height		Weight		Hair		Eyes		D.O.B.		Business Address		Bus. Phone	
M / B		6-04		180		BLK		BRN		[REDACTED]		[REDACTED]		[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		Name (Last, First, Middle)				Residence Address						Res. Phone			
O14		Jones, Timothy Gregg				3750 Myers St. #56 Riverside Ca. 92503						[REDACTED]			
Sex/Race		Height		Weight		Hair		Eyes		D.O.B.		Business Address		Bus. Phone	
M / W		6-00		200		BRN		BRN		[REDACTED]		[REDACTED]		[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		Name (Last, First, Middle)				Residence Address						Res. Phone			
O15		Felgenhauer, Rhonda Mae				3750 Myers St. #56 Riverside Ca. 92503						[REDACTED]			
Sex/Race		Height		Weight		Hair		Eyes		D.O.B.		Business Address		Bus. Phone	
F / W		5-04		250		BLN		GRN		[REDACTED]		[REDACTED]		[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		Name (Last, First, Middle)				Residence Address						Res. Phone			
O16		Willis, Maxine Aletha				3750 Myers St. #57 Riverside Ca. 92503						[REDACTED]			
Sex/Race		Height		Weight		Hair		Eyes		D.O.B.		Business Address		Bus. Phone	
F / B		5-06		200		BRN		BRN		[REDACTED]		[REDACTED]		[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	

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-CONTACT INFORMATION-

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

Code O17		Name (Last, First, Middle) Willis, Don Elbert				Residence Address 3750 Myers St. #57 Riverside Ca. 92503				Res. Phone [REDACTED]				
Sex/Race M / B		Height 5-08	Weight 200	Hair BRN	Eyes BRN	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 checked="" type="checkbox"/> No	
Code O18		Name (Last, First, Middle) Willis, Tamara				Residence Address 3750 Myers St. #57 Riverside Ca. 92503				Res. Phone [REDACTED]				
Sex/Race F / B		Height 5-10	Weight 180	Hair BRN	Eyes BRN	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 checked="" 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 checked="" 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			
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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 checked="" 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 checked="" type="checkbox"/> No	