

SUPPLEMENTAL REPORT

Date Prepared: 02-18-12

| | | | | | | | | | | | | |
|--|--|--|---|--------------------|----------------------------|------------------------------|--|-----------------------|----------|---------------|--|--|
| 1. Original File No. P12-024811 | 2. [Redacted] | 3. Off. ID 1684 | 4. NPC W | 5. Crime-Ct. | 6. Crime-Ct. | 7. Crime-Ct. | 8. Date / Time Occurred 02-18-12 / | 9. Day 7 | | | | |
| 10. Date / Time Assigned 02-12 / 1501 | 11. Date / Time Inv. Start 02-18-12 / 1530 | 12. Date / Time Inv. Term. 02-18-12 / 1630 | 13. Type Cir. | 14. Type Cont. | 15. Additional Adults Arr. | 16. Additional Juv. Arr. | | | | | | |
| 17. Address of Occurrence (Street No. - Name - City - Zip) 5652 Harold St Riverside CA 92503 | | | | | | | 18. Type of Place Public Roadway | | | | | |
| For ID USE: V = Victim, I = Informant, W = Witness, O = Other | | | | | | | | | | | | |
| 19. ID: W | 20. Last Name - First - Middle (Firm Name if Business) Trujillo, Juan Carlos | | | | | | 21. Race - Sex H - M | 22. DOB [Redacted] | | | | |
| 23. Residence Address 5672 Harold St. Riverside CA 92503 | | | 24. Business or School Address NA | | | 25. Home Phone [Redacted] | 26. Bus. Phone [Redacted] | | | | | |
| 27. ID: W | 28. Last Name - First - Middle (Firm Name if Business) [Redacted] | | | | | | 29. Race - Sex H - F | 30. DOB [Redacted] | | | | |
| 31. Residence Address 7630 Philbin Ave. Riverside CA 92503 | | | 32. Business or School Address NA | | | 33. Home Phone [Redacted] | 34. Bus. Phone [Redacted] | | | | | |
| 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 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 () 2 | | Juv. Ct. () 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) (1) 245 PC | | | | | 61. Original Offenses Changed to (Code - Crime) (1) | | | | | 58. Stolen Auto Value ASP | |
| (2) | | | | | (2) | | | | | 59. Recovered Auto Value A2 | |
| 62. Narrative of Supplemental Report On 02-18-12 at approximately 1530 Officer Baird and I responded to 5652 Harold St Riverside CA 92503 reference an Officer Involved Shooting. Upon arrival I was tasked with getting statements from possible witnesses. I attempted to contact people at three different residences and was able to speak with three different people at two of the residences. I contacted W/Trujillo at 5672 Harold. He said he was in his backyard at the time the incident occurred and was the only occupant in his residence. W/Trujillo said he heard five to eight "pow, pow, pows" at approximately 1430. W/Trijillo said he did not see anything and all he heard was gunshots. I nalked to 5684 Harold St. Riverside CA 92503 but recieved no answer at the door. I next walked to 7630 Philbin Ave Riverside CA 92503 where I contacted W [Redacted] W [Redacted] said she was the only person home and she did not hear anything. | | | | | | | | | | Reporting Officer Van Gorder 1684 | |
| | | | | | | | | | | Reviewed By | |
| | | | | | | | | | | COPIES TO | |
| | | | | | | | | | | VCL0 () | |
| | | | | | | | | | | ACTIONS | |
| | | | | | | | | | | APB Sent | |
| | | | | | | | | | | APB Cancld. | |
| | | | | | | | | | | APR Sent | |
| | | | | | | | | | | APR Cancld. | |
| | | | | | | | | | | Entered DOJ - NCIC | |
| | | | | | | | | | | Cancld. | |
| | | | | | | | | | | ENTERED | |
| | | | | | | | | | | STATS ARBK ANI | |

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

PAGE NO:

FILE NO. P12-024811

| | | |
|-------------------------|--|--|
| DATE 02-18-12 | TYPE OF REPORT Officer Involved Shooting | REPORTING OFFICER Van Gorder, D 1684 |
|-------------------------|--|--|

-CONTACT INFORMATION-

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

| | | | | | | | | | | | |
|-----------------------------------|---|--------|--------------------|------|-------------------------|--|--|--|--|-----------------------|--|
| Code W | Name (Last, First, Middle) Mora, Rene | | | | | Residence Address 5672 Harold St. Riverside CA 92503 | | | | | Res. Phone [REDACTED] |
| Sex/Race M / H | Height | Weight | Hair | Eyes | D.O.B. [REDACTED] | Business Address NA | | | | | 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 |
| 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 |
| 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 DEPARTMENT
CONTINUATION PAGE**

PAGE NO. 3

FILE NO. P12-024811

| | | |
|------------------|-------------------------|---|
| DATE 02-18-12 | TYPE OF REPORT 245PC | REPORTING OFFICER Van Gorder, D 1684 |
|------------------|-------------------------|---|

W [REDACTED] said her brother, W/Rene was at another neighbors house across the street at the time of the incident. As I was speaking with W [REDACTED] W/Rene walked up the driveway and I made contact with him.

I asked W/Rene where he was during the incident. W/Rene said he was at a neighbors house (5673 Harold St. Riverside CA 92503) and heard three gunshots. W/Rene said he stayed inside the residence and did not come outside until after he saw and heard police vehicles W/Rene said he did not see or hear anything other than the three gunshots.

I recorded all interviews via my department issued Puma recorder, all recordings were downloaded on 2-19-12.

Following my interviews, I contacted Sergeant Warren who released me from the scene.

RIVERSIDE POLICE DEPT - Restricted Information
Public Records Act Request
ROZ 2/22/2014 9:25:39 AM Unauthorized Release Prohibited