

SUPPLEMENTAL REPORT

Date Prepared: 11-01-17

| | | | | | | | | | | | |
|---|---|--|--------------------------------|--|----------------------------|-------------------------------------|---|---|----------|---------------|--|
| 1. Original File No. P17196932 | 2. Off ID 1317 | 3. Off ID 1317 | 4. Dist. E | 5. Crime-Ct. | 6. Crime-Ct. | 7. Crime-Ct. | 8. Date/Time Occurred 10-31-17 / 1112 | 9. Day 3 | | | |
| 10. Date/Time Assigned 10-31-17 / 1800 | 11. Date/Time Inv. Start 10-31-17 / 1800 | 12. Date/Time Inv. Term. 10-31-17 / 2000 | 13. Type Clr. ORW | 14. Type Cont. REC | 15. Additional Adults Arr. | 16. Additional Juv. Arr. | | | | | |
| 17. Address of Occurrence (Street No. - Name - City) 6201 Shaker Dr. Riverside 92506 | | | | | | | 18. Type of Place Castle View Elementary | | | | |
| For ID USE: V = Victim, I = Informant, W = Witness, O = Other | | | | | | | | | | | |
| 19. ID: | 20. Last Name - First - Middle (Firm Name if Business) | | | | | | 21. Race - Sex | 22. DOB | | | |
| 23. Residence Address | | | 24. Business or School Address | | | 25. Home Phone | 26. Bus. Phone | | | | |
| 27. | 28. Last Name - First - Middle (Firm Name if Business) | | | | | | 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 | | | 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 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 | | | |
| 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 <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 45. Address - Clothing - Other Marks or Identifying Characteristics Clothing, other marks or identifying characteristics | | | | | | | | | | |
| 46. 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 | | | |

ORIGINALLY REPORTED DOLLAR VALUES ARE CHANGED AS SHOWN BELOW

| | 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) 207 PC | (1) | 59. Recovered Auto Value A2 \$ |
| (2) | (2) | |

62. Narrative of Supplemental Report
I am a sergeant assigned to the Office of Internal Affairs. On 10-31-17, at about 1800 hours, I responded to Castle View elementary school as part of the administrative investigation of an officer involved shooting. I accompanied investigators on a walk through of the crime scene. I cleared the scene upon completion of the walk through.

Reporting Officer
E. Meier
Reviewed By
WJ 11/3/17
COPIES TO

VCLO ()

ACTIONS

APR Sent
APR Cncl.
APB Sent
APB Cncl.

DOJ-NCIC
Entered _____
Cncl. _____

ENTERED

| | | |
|-------|------|-----|
| Stats | ARBK | ANK |
|-------|------|-----|