

Riverside Police Department

Initial Report

1. Name		2. Type Clr EXC		3. Type Cont REC		UCR Code		Initial Report				4. File Number P08-157587								
5. Section/Classification 69 P.C., Officer Involved Fatal Incident						6. Add Charges <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Location of Occurrence 7800 block Cypress Avenue, Riverside												
8. Date and time of occurrence 10-31-08 2145				9. Day 6		10. Date/Time Reported 10-31-08 / 2145		11. Date of Report 10-31-08		12. Type of Premises city street										
13. Victim Name or Firm Officer Koehler, Dan #1538						14. Residence Address						15. Res. Phone								
16. Sex/Race		Height		Weight		Hair		Eyes		17. D.O.B.		18. Business Address Riverside Police Officer		19. Bus. Phone (951) 353-7100						
20. If treated for injuries, by whom?						21. If hospitalized, where?			23. Date/Time		23. Nature of injuries see narrative									
24. 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						
25. WILL THE VICTIM PROSECUTE?													<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
FOR CODE USE: V- Victim DC- Discovered Crime RP- Reporting Party P- Parent O- Other																				
26. Code V-2		Name (Last, First, Middle) Officer Ratkovick, Jeffrey #1511						27. Residence Address						28. Res. Phone						
29. Sex/Race		Height		Weight		Hair		Eyes		30. D.O.B.		31. Business Address Riverside Police Officer		32. Bus. Phone (951) 353-7100						
33. If treated for injuries, by whom?						34. If hospitalized, where?			35. Date/Time		36. Nature of injuries none									
37. WAS THERE A WITNESS TO THE CRIME?													<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
38. Pursuant to California Penal Code Section 293 (a), you are informed that your name will be a matter of public record unless you request that it not become a Public Record, pursuant to Section 6254 of the Government Code. Do you elect to exercise your right to privacy?										Victim #1 <input type="checkbox"/> Yes <input type="checkbox"/> No		Victim #2 <input type="checkbox"/> Yes <input type="checkbox"/> No								
QUALIFYING SECTION ONLY!																				
39. CAN A SUSPECT BE NAMED OR IDENTIFIED?													BY WHOM?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Name (Arrestee #1) Acevedo, Marlon Oliver (deceased)				Sex/Race M / H		Height 5-7		Weight 230		Hair BLK		Eyes BRN		DOB [REDACTED]		Interviewed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Cited? <input type="checkbox"/> Bkd?		
Address of Arrestee #1 7857 Cypress Avenue, Riverside				<input type="checkbox"/> Prob <input type="checkbox"/> Parole		Gang Related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		SS [REDACTED]		CDL# [REDACTED]		Bkg. or Cite number								
41. Name (Arrestee #2)				Sex/Race		Height		Weight		Hair		Eyes		DOB		Interviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Cited? <input type="checkbox"/> Bkd?		
Address of Arrestee #2				<input type="checkbox"/> Prob <input type="checkbox"/> Parole		Gang Related <input type="checkbox"/> Yes <input type="checkbox"/> No		SS [REDACTED]		CDL# [REDACTED]		Bkg. or Cite number								
42. CAN A SUSPECT VEHICLE BE IDENTIFIED?													BY WHOM?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
43. License Number		State		Color (Top/Bottom)		Year		Make/Model/Type		Identifying Characteristics				Veh Stored? <input type="checkbox"/> Yes <input type="checkbox"/> No						
44. IS THERE ANY SIGNIFICANT PHYSICAL EVIDENCE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																				
45. Physical Evidence Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				46. Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				47. Supp/related Rpts? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				48. Physical Evidence Seized? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			49. Weapon Seized? <input type="checkbox"/> Yes <input type="checkbox"/> No			50. Gang Related? <input type="checkbox"/> Yes <input type="checkbox"/> No		
51. Fingerprint Search Made? <input type="checkbox"/> Yes <input type="checkbox"/> No				52. Fingerprints Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No				53. Audio Recording Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				54. Type of Weapon, Force or Device Used fists, legs, mouth			55. Motive to injure officers			56. Narc. Field Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No		
57. Describe briefly how the offense occurred. V-3--Officer Heiting, James #1610, Riverside Police Officer, 951-353-7100 / no injuries Injuries--V-1 Koehler had a complaint of pain to his right collarbone and left knee. He received abrasions to both knees, lip, back of his neck and above his right eyebrow.																				
RECORDS SECTIONS																				
58. Reporting Officer Det Ron Sanfilippo		I.D. # 496		115 Quality <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		59. Supervisor Approving M. Rossi		I.D. # 603		60. Date Reviewed 11/1/08		61. Send copies of this report to:								
TO												<input type="checkbox"/> INV <input type="checkbox"/> RMC <input type="checkbox"/> DPS <input type="checkbox"/> COR <input type="checkbox"/> FBI <input type="checkbox"/> DOJ <input type="checkbox"/> DA <input type="checkbox"/> PROB		ENTERED STAT ARBK ANI		Dispatcher ID# APR/APB sent canceled DOJ/NCIC sent canceled		PAGE 1 OF 1		