

# Riverside Police Department Initial Report

1. Arrestist			2. Type Clr. Exc			3. Type Cont Rec			4. File Number P12-030492		
5. Code Section/Classification 245(d)(1)PC Assault on a PO with firearm						6. Add Charges <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			7. Location of Occurrence 2914 Hyde Park Circle, Riverside		
8. Julian date and time of occurrence				9. Day 5	10. Date/Time Reported 03/01/12-0226 h		11. Date of Report		12. Type of Premises		
13. Victim Name or Firm Name Officer Sancho Lopez #1011						14. Residence Address Riverside Police Department			15. Res. Phone ( )		
16. Sex/Race		Height	Weight	Hair	Eyes	17. DOB		18. Business Address		19. Bus. Phone ( )	
20. If treated for injuries, by whom? N/A				21. If hospitalized, where?			22. Date/Time		23. Nature of Injuries		
24. Vict. Veh.		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
FOR CODE USE V- Victim DC- Discovered Crime RP- Reporting Party P- Parent O- Other											
Code	26. Name (Last, First Middle)					27. Residence Address				28. Res. Phone ( )	
29. Sex/Race		Height	Weight	Hair	Eyes	30. DOB		31. Business Address		32. Bus. Phone ( )	
33. If treated for injuries, by whom?				34. If hospitalized, where?			35. Date/Time		36. Nature of Injuries		
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? <b>QUALIFYING SECTIONS ONLY!</b>						Victim #1 (Yes) _____ (No)		Victim #2 (Yes) _____ (No)			
39. CAN A SUSPECT BE NAMED OR IDENTIFIED?						BY WHOM?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
40. Name (Arrestee #1) Dunbar, Brandon James			Sex/Race M/B	Height	Weight	Hair	Eyes	DOB or Age	Interviewed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cited? <input type="checkbox"/> Bkd? <input type="checkbox"/>	
Address of Arrestee #1 Deceased			Prob <input type="checkbox"/> Parole <input type="checkbox"/>	Gang Related <input type="checkbox"/> Yes <input type="checkbox"/> No		SS # CDL #		Bkg. Or Cite number			
41. Name (Arrestee #2)			Sex/Race	Height	Weight	Hair	Eyes	DOB or Age	Interviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cited? <input type="checkbox"/> Bkd? <input type="checkbox"/>	
Address of Arrestee #2			Prob <input type="checkbox"/> Parole <input type="checkbox"/>	Gang Related <input type="checkbox"/> Yes <input type="checkbox"/> No		SS # CDL #		Bkg. Or Cite number			
42. CAN A SUSPECT VEHICLE BE IDENTIFIED?						BY WHOM?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
43. Susp Veh		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 Reports?		<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	50. Gang Related?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
51. Fingerprint Search Made?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	52. Fingerprints Obtained?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	53. Narcotics Field Tested?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
54. Type of Weapon, Force or Device Used 9mm Handgun				55. Motive Inflict injury			Type: Weight:				
56. Describe briefly how the offense occurred. Notification.											
<b>RECORDS SECTION</b>											
57. Reporting Officer M.Medici		I.D. # 203	115 Qualify <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	58. Supervisor Approving <i>(Signature)</i>		I.D. # 490	59. Date Reviewed 3-8-12		60. Send copies of this report to:		
Copies					INV <input type="checkbox"/>	FBI <input type="checkbox"/>	ENTERED	Dispatcher ID #			
					RMC <input type="checkbox"/>	DOJ <input type="checkbox"/>	STATS	AFFWFB	sent	Cancelled	
					DPS <input type="checkbox"/>	DA <input type="checkbox"/>	ARBK				
					COR <input type="checkbox"/>	PROB <input type="checkbox"/>	ANI	DOJNCC	sent	Cancelled	

Riverside Police Department  
Continuation Sheet

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245(d)(1)PC

M.Medici #203

File #P12-030492

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**Notification:**

On Thursday 03/01/12 at approximately 0300 hours, Patrol Sergeant Lisa Williams contacted me at home and advised me that an officer involved shooting just occurred. I responded to the address of 2914 Hyde Park Circle in the city and county of Riverside to assist with the follow up investigation. I arrived on scene at approximately 0400 hours. Upon the arrival of assisting Robbery/Homicide investigators, we were subsequently briefed on the incident by Patrol Sergeant K. Lambert. At the conclusion of the briefing detectives began their investigation. I was assigned as the Case Agent in charge of the investigation, Detective Ron Sanfilippo was assigned as the Co-case Agent, and Detective Rick Cobb was in charge of collecting evidence and conducting the crime scene investigation.

Refer to all supplemental police reports and the completed OIS case book for interviews and details of the investigation that followed.

RIVERSIDE POLICE DEPT - Restricted Access  
**Public Records Act**  
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