

SUPPLEMENTAL REPORT

Date Prepared: 03-01-12

1. Original File No. P12-030492	2. [Redacted]	3. Off. ID 1703	4. NPC C	5. Crime-Ct.	6. Crime-Ct.	7. Crime-Ct.	8. Date / Time Occurred 03-01-12 / 0226	9. Day 5			
10. Time Assigned 03-01-12 / 0226	11. Date / Time Inv. Start 03-01-12 / 0226	12. Date / Time Inv. Term. 03-01-12 / 0855	13. Type Cir. Exc	14. Type Cont. Ric	15. Additional Adults Arr.	16. Additional Juv. Arr.					
17. Address of Occurrence (Street No. - Name - City - Zip) 2914 Hyde Park Circle. Riverside, CA 92506							18. Type of Place Public Streets				
For ID USE: V = Victim, I = Informant, W = Witness, O = Other											
19. ID: W	20. Last Name - First - Middle (Firm Name if Business) Smith, Harold Jr.						21. Race - Sex B M	22. DOB [Redacted]			
23. Residence Address			24. Business or School Address			25. Home Phone	26. Bus. Phone				
27. ID:	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 See initial report			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 Disp: Juris.		Juv. Ct. () 5 Prob.		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 Disp: Juris.		Juv. Ct. () 5 Prob.		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(d)(1) PC (2)	61. Original Offenses Changed to (Code - Crime) (1) (2)	58. Stolen Auto Value ASP	59. Recovered Auto Value A2
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62. Narrative of Supplemental Report On Wednesday 03-01-12 at approximately 0226 hours, Officer Simpson and I responded to Anna St. and Lincoln Ave. to assist with an officer involved shooting. Upon arrival, I used the department issued police tape to block oncoming traffic from going southbound on Anna St. towards Lincoln Ave. I then searched, handcuffed, and conducted a records check of W/Harold Smith Jr. who was in the back of Officer Lopez's police unit. I placed the contents of W/Smith's pockets in a paper bag and placed the bag on the hood of Officer Schultz's police unit. Shortly after, I canvassed the area in search of possible witnesses. I contacted the residences of [Redacted] Anna St. The interviews were recorded using my department is PUMA audio recorder.	62a. Audio Recording Available? No	62b. Incident Number: Samano #1703
Reporting Officer		Samano #1703
Reviewed By		[Signature]
COPIES TO		
VCL0 ()		
ACTIONS		
APB Sent		
APB Cancl.		
APR Sent		
APR Cancl.		
DOJ - NCIC Entered Cancl.		
ENTERED		
STATS		ARBK ANI

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[REDACTED]
O1/Steven Sheets said he woke up at around 0300 hours, but did not see or hear anything.

O2/Curtis Sheets said he heard two or three "popping noises" at around 0300 hours. He then heard sirens, looked out the residence front window, and saw a single police car.

[REDACTED]
O3/Angelina Fierros Rubiano said she was asleep and awoke to the sound of four shots. She does not recall what time she heard the shots. She did not see anything.

O4/Viviana Rubiano Gonzalez was asleep and did not see or hear anything.

O5/Ricardo Gonzalez said at approximately 0300 hours, he heard two shots and two seconds later, an additional two shots. He did not see anything.

[REDACTED]
O6/Jonathan Weber said he only heard sirens and walked outside to the front of his residence and saw the police.

O7/Rachel Weber did not come to the door to speak to me, but O6/Jonathan told me O7/Rachel was asleep during the incident and did not hear anything.

[REDACTED]
O8/Robert Tank said he was asleep and did not hear or see anything. He woke up at around 0430 hours to get the morning newspaper which was not delivered.

O9/Bernice Tank was asleep and did not see or hear anything.

Officer Simpson and I continued to block oncoming traffic from going southbound on Anna St. At approximately 0855 hours, we were relieved by Officer Suarez.

No further information.

RIVERSIDE POLICE DEPARTMENT - Restricted Information
Public Records Act Request
ANGIE 5/8/2013 12:17:46 PM Unauthorized Release Prohibited

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

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FILE NO. P12-030492

DATE 01-12	TYPE OF REPORT Supplemental	REPORTING OFFICER Samano #1703
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-CONTACT INFORMATION-

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

Code O1		Name (Last, First, Middle) Sheets, Steven Kent				Residence Address [REDACTED]			Res. Phone [REDACTED]	
Sex/Race M / W	Height 6-00	Weight 270	Hair BRN	Eyes GRN	D.O.B. [REDACTED]	Business Address [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 type="checkbox"/> No	
Code O2		Name (Last, First, Middle) Sheets, Curtis James				Residence Address [REDACTED]			Res. Phone [REDACTED]	
Sex/Race M / W	Height 5-10	Weight 245	Hair GRY	Eyes BRN	D.O.B. [REDACTED]	Business Address [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 type="checkbox"/> No	
Code O3		Name (Last, First, Middle) Rubiano, Angelina Fierros				Residence Address [REDACTED]			Res. Phone [REDACTED]	
Sex/Race F / H	Height 5-06	Weight 150	Hair BRN	Eyes BRN	D.O.B. [REDACTED]	Business Address [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 type="checkbox"/> No	
Code O4		Name (Last, First, Middle) Gonzalez, Viviana Rubiano				Residence Address [REDACTED]			Res. Phone [REDACTED]	
Sex/Race F / H	Height 5-07	Weight 125	Hair BRN	Eyes BRN	D.O.B. [REDACTED]	Business Address [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 type="checkbox"/> No	
Code O5		Name (Last, First, Middle) Gonzalez, Ricardo				Residence Address [REDACTED]			Res. Phone [REDACTED]	
Sex/Race M / H	Height 5-11	Weight 190	Hair BLK	Eyes BRN	D.O.B. [REDACTED]	Business Address [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 type="checkbox"/> No	
Code O6		Name (Last, First, Middle) Weber, Jonathan Redford				Residence Address [REDACTED]			Res. Phone [REDACTED]	
Sex/Race M / W	Height 5-11	Weight 145	Hair BRN	Eyes BLU	D.O.B. [REDACTED]	Business Address [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 type="checkbox"/> No	
Code O7		Name (Last, First, Middle) Weber, Rachel Anne				Residence Address [REDACTED]			Res. Phone [REDACTED]	
Sex/Race F / W	Height 5-10	Weight 130	Hair BRN	Eyes BRN	D.O.B. [REDACTED]	Business Address [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 type="checkbox"/> No	

**RIVERSIDE POLICE DEPT.
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-CONTACT INFORMATION-

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

Code 08		Name (Last, First, Middle) Tank, Robert Genrich					Residence Address [REDACTED]			Res. Phone [REDACTED]	
Sex/Race M / W	Height 5-08	Weight 155	Hair BRN	Eyes BRN	D.O.B. [REDACTED]	Business Address [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 type="checkbox"/> No	
Code 09		Name (Last, First, Middle) Tank, Bernice Honold					Residence Address [REDACTED]			Res. Phone [REDACTED]	
Sex/Race F / W	Height 5-02	Weight 160	Hair GRY	Eyes BRN	D.O.B. [REDACTED]	Business Address [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 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		
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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		
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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 type="checkbox"/> No	