

Riverside Police Department Initial Report

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|--|---|---|--|---|--|---|--|
| 1. Dist. | | 2. Type Clr. Exc | | 3. Type Cont Rec | | 4. File Number P13-186428 | |
| 5. Code Section/Classification 664/187 PC - Attempt Murder on a Police Officer | | | | 6. Add Charges <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 7. Location of Occurrence 3860 Van Buren Blvd. Riverside | |
| 8. Julian date and time of occurrence 365 1133 | | | 9. Day 3 | 10. Date/Time Reported 12/31/13 - 1133 | | 11. Date of Report 1/13/14 | 12. Type of Premises Arlington Park |
| 13. Victim Name or Firm Name Officer N. Asbury | | | | 14. Residence Address | | | 15. Res. Phone () |
| 16. Sex/Race M / W | Height | Weight | Hair | Eyes | 17. DOB | | 18. Business Address Riverside PD |
| 20. If treated for injuries, by whom? | | | | 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 V-2 | 26. Name (Last, First Middle) Officer P. Miranda | | | 27. Residence Address | | | 28. Res. Phone () |
| 29. Sex/Race M / H | Height | Weight | Hair | Eyes | 30. DOB | | 31. Business Address Riverside PD |
| 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? QUALIFYING SECTIONS ONLY! | | | | | 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) Hayes, Dontae Daveon Lewis (Deceased) | | Sex/Race M / B | Height 511 | Weight 140 | Hair Bro | Eyes Bro | DOB or Age 4/27/93 |
| Address of Arrestee #1 | | Prob <input type="checkbox"/> | Parole <input type="checkbox"/> | Gang Related <input type="checkbox"/> | SS # | CDL # | Bkg. Or Cite number |
| 41. Name (Arrestee #2) | | Sex/Race | Height | Weight | Hair | Eyes | DOB or Age |
| Address of Arrestee #2 | | Prob <input type="checkbox"/> | Parole <input type="checkbox"/> | Gang Related <input type="checkbox"/> | 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? | |
| 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? | |
| 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? | |
| 54. Type of Weapon, Force or Device Used Handgun | | 55. Motive Murder | | Type: Weight: | | | |
| 56. Describe briefly how the offense occurred. On 12/31/13, I responded to Arlington Park regarding an Officer Involved Shooting that had just occurred. Upon arrival I was assigned as Case Agent. See supplemental reports for further details. | | | | | | | |
| RECORDS SECTION | | | | | | | |
| 57. Reporting Officer Det. Rick Cobb | | I.D. # 260 | 115 Qualify <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 58. Supervisor Approving <i>[Signature]</i> | | I.D. # 1094 | 59. Date Reviewed 1/13/14 |
| 60. Send copies of this report to: | | Dispatcher ID # | APR/AFB | sent | Cancelled | Page 1 of 2 | |
| Copies | | 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 <input type="checkbox"/> | ENTERED | STATS | ARBK | ANI |
| | | DOJNCC | sent | Cancelled | | | |