

SUPPLEMENTAL REPORT

Date Prepared: 12-31-13

1. Original File No. P13-186428	2. [Redacted]	3. Off. ID 1613	4. NPC C	5. Crime-Ct.	6. Crime-Ct.	7. Crime-Ct.	8. Date / Time Occurred 12-31-13 / 1133	9. Day 3				
10. Date / Time Assigned 12-13 / 1135	11. Date / Time Inv. Start 12-31-13 / 1143	12. Date / Time Inv. Term. 12-31-13 / 1230		13. Type Clr.	14. Type Cont.	15. Additional Adults Arr. 0	16. Additional Juv. Arr. 0					
17. Address of Occurrence (Street No. - Name - City - Zip) 3860 Van Buren, Riverside, Ca. 92504							18. Type of Place Public Park					
For ID USE: V = Victim, I = Informant, W = Witness, O = Other												
19. ID: O1	20. Last Name - First - Middle (Firm Name if Business) Preciadopena, Felix						21. Race - Sex H M	22. DOB [Redacted]				
23. Residence Address [Redacted]			24. Business or School Address			25. Home Phone [Redacted]	26. Bus. Phone					
27. ID: O2	28. Last Name - First - Middle (Firm Name if Business) Majarrec, Emelda						29. Race - Sex H F	30. DOB [Redacted]				
31. Residence Address [Redacted]			32. Business or School Address			33. Home Phone [Redacted]	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 Yes <input type="checkbox"/> No <input type="checkbox"/>	
	44. Address - Clothing - Other Marks or Identifying Characteristics											
45. Juv. Other Disp. Juris. () 2		Juv. Ct. Prob. () 5		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 Disp. Juris. () 2		Juv. Ct. Prob. () 5		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) 064/187 PC - ATTEMPT MURDER OF P.O. (2)	61. Original Offenses Changed to (Code - Crime) (1) 664/187 PC - Attempt Murder of P.O. (2)	58. Stolen Auto Value ASP Value	59. Recovered Auto Value A2 Value
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62. Narrative of Supplemental Report On 12-31-13, about 1135 hours, partner Ofc. Hammer and I responded to a call of shots fired with officers involved at Arlington Park located at 3860 Arlington. Upon arrival, Ofc. Hammer and I assisted with putting up crime scene tape for an inner and outer perimeter. After finishing with the perimeter tape, we conducted a canvas of residences on Hayes to identify possible witnesses of the OIS. We attempted to contact occupants at 3904 Van Buren, 9529 Hayes and 9539 Hayes, but there was no answer at the residences. We contacted O1/Preciadopena at [Redacted]. He did not see anything but heard popping noises from the park. We contacted O2/Majarrec at [Redacted]. She did not see anything but heard what sounded like fireworks. We contacted O3/Madokoro at [Redacted]. She did not see or hear anything. After canvassing the area we cleared the scene. NFI.	62a. Audio Recording Available? No	62b. Incident Number:	Reporting Officer Allison Reviewed by [Signature] COPIES TO
VCLD ()			ACTIONS
			APB Sent
			APB Cancld.
			APR Sent
			APR Cancld.
			DOJ - NCIC
			ENTERED
			STATS ARBK ANI

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

PAGE NO: 2

FILE NO. P13-186428

DATE 12-31-13	TYPE OF REPORT OIS	REPORTING OFFICER Allison
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-CONTACT INFORMATION-

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

Code O3	Name (Last, First, Middle) Madokoro, Takie					Residence Address [REDACTED]			Res. Phone
Sex/Race F / O	Height 5-4	Weight 178	Hair BLK	Eyes BRO	D.O.B. [REDACTED]	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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