

SUPPLEMENTAL REPORT

Date Prepared: 12-31-13

1 Original File No P13-186428	2	3 Off ID 1057	4 NPC C	5 Crime-Ct	6 Crime-Ct	7 Crime-Ct	8 Date / Time Occurred 12-31-13 / 1133	9 Day
10 Date / Time Assigned 12-31-13 / 1133	11 Date / Time Inv. Start 12-31-13 / 1133	12 Date / Time Inv. Term 12-31-13 / 1530	13 Type Clr.	14 Type Cont.	15 Additional Adults Arr.	16 Additional Juv. Arr.		
17 Address of Occurrence (Street No - Name - City - Zip) 3860 Van Buren, Riverside 92504							18 Type of Place Arlington Park	
For ID USE: V = Victim, I = Informant, W = Witness, O = Other								
19 ID O1	20 Last Name - First - Middle (Firm Name if Business) Gonzalez, Juan					21 Race - Sex H M	22 DOB	
23 Residence Address			24 Business or School Address Excel Landscape			25 Home Phone	26 Bus Phone	
27 ID O2	28 Last Name - First - Middle (Firm Name if Business) Anjea, Felix					29 Race - Sex H M	30 DOB	
31 Residence Address			32 Business or School Address Excel Landscape			33 Home Phone	34 Bus Phone	
S U S P E C T	35 Last Name - First - Middle See original report			36 Race - Sex	37 Age	38 Ht.	39 Wt.	40 Hr.
	44 Address - Clothing - Other Marks or Identifying Characteristics			41 Eyes	42 DOB or ID		43 Arrested Yes <input type="checkbox"/> No <input type="checkbox"/>	
45	Juv. Other () 2 Disp. Juris.	Juv. Ct. () 5 Prob.	Within () 6 Dept.	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.
	55 Address - Clothing - Other Marks or Identifying Characteristics			52 Eyes	53 DOB or ID		54 Arrested Yes <input type="checkbox"/> No <input type="checkbox"/>	
56	Juv. Other () 2 Disp. Juris.	Juv. Ct. () 5 Prob.	Within () 6 Dept.	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) 664 187 PC						61 Original Offenses Changed to (Code - Crime) (1) Same				58 Stolen Auto Value ASP
(2)						(2)				59 Recovered Auto Value A2
62 Narrative of Supplemental Report On December 31, 2013, at approximately 1133 hrs I responded to Arlington Park in the City of Riverside regarding an officer broadcasting for immediate back up due to shots fired. When I arrived at the park I took up a perimeter position at Roosevelt and Miller to secure the park. I spoke to three City contracted landscapers who were working in the park at the time of the incident. O1/Gonzalez and O2/Anjea both told me they were working on the North side of the park near the pool. Neither subject heard anything or saw anything. They were operating a lawn mower and edger. I then spoke to O3/Ramos who told me he was sitting in the Landscape truck on Miller about 60 feet from Roosevelt, facing West. He said he heard 4-5 popping noises and thought they were fireworks. He did not pay attention until all the Police cars started showing up. No further information was given.										Reporting Officer Lindgren #1057
										Reviewed By <i>[Signature]</i>
										COPIES TO
										VCL0 ()
										ACTIONS
										APB Sent
										APB Cancld
										APR Sent
										APR Cancld
										DOJ - NCIC
										Entered Cancld
										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 664 187 PC	REPORTING OFFICER Lindgren #1057
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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) Ramos, Armondo					Residence Address			Res. Phone
Sex/Race M / H	Height	Weight	Hair	Eyes	D.O.B.	Business Address Excel Landscaping			
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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