

SUPPLEMENTAL REPORT

Date Prepared: 06-12-13

1. Original File No. P13-083040		2. [Redacted]	3. Off. ID 1688	4. NPC C	5. Crime-Ct.	6. Crime-Ct.	7. Crime-Ct.	8. Date / Time Occurred 06-11-13 / 2259	9. Day 3		
10. Date / Time Assigned 06-13 / 2259		11. Date / Time Inv. Start 06-11-13 / 2259		12. Date / Time Inv. Term. 06-11-13 / 0350		13. Type Clr. EXC	14. Type Cont. TRC	15. Additional Adults Arr. 0	16. Additional Juv. Arr. 0		
17. Address of Occurrence (Street No. - Name - City - Zip) 3476 Van Buren Blvd. Riverside, CA 92503								18. Type of Place Chevron Gas Station			
For ID USE: V = Victim, I = Informant, W = Witness, O = Other											
19. ID:		20. Last Name - First - Middle (Firm Name if Business)					21. Race - Sex		22. DOB		
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			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		Juv. Ct. () 5		Within () 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		Juv. Ct. () 5		Within () 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)					61. Original Offenses Changed to (Code - Crime)					58. Stolen Auto Value ASP	
(1) OIS					(1)					59. Recovered Auto Value A2	
(2)					(2)						

62. Narrative of Supplemental Report										62a. Audio Recording Available? No		62b. Incident Number:			
<p>On Tuesday, 06/11/13, approximately 2259 hours, while on uniform patrol in the city and county of Riverside, CA, Ofc. Mann and I responded to 3476 Van Buren Blvd. reference a subject with a gun. While enroute, Ofc. EV. Garcia advised that a subject matching the description of the suspect had walked toward the Chevron gas station. Upon arrival, Ofc. Mann and I met with Sgt. Tiptre at the north east corner of the gas station parking lot. After more assisting Officers arrived, two teams were established to approach the building. Sgt. Tiptre, Ofc. Macek, Ofc. Mann, and I approached the north side of the building while the other team approached the south. As we approached the north side of the building, Ofc. Mann and I cleared the fenced off dumpster area. As we were clearing it, Sgt. Tiptre began to command S1 to show his hands. I then ran to assist Sgt. Tiptre who was at the north west corner of the building. When I arrived, I saw S1 standing near the south west corner of the building. S1 was looking at us but not complying to the verbal commands. S1 appeared to slowly raise his hands but then turned away from us and ran around the south west corner.</p>														Reporting Officer A. Barnhill	
												Reviewed by 			
												COPIES TO			
												VCL0 ()			
												ACTIONS			
												APB Sent			
												APB Cancld.			
												APR Sent			
												APR Cancld.			
												Entered DOJ - NCIC			
												Cancld.			
												ENTERED			
												STATS ARBK ANI			

RIVERSIDE POLICE DEPT.
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DATE 6/12/2013	TYPE OF REPORT OIS	INVESTIGATING OFFICER A. Barnhill #1688
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I then lost sight of S1. Shortly after losing sight of S1, I heard multiple gunshots. I remained on the North West corner of the building to maintain the perimeter until I heard that the situation was code 4. I then started the Crime Scene Log and maintained it until relieved by Ofc. Macek. As AMR was leaving the scene, EMT Huynh handed me a copy (attached to this Supplement Report) of the medical form that states S1's injuries and time of death.

No further information.

RIVERSIDE POLICE DEPT - Restricted Information
Public Records Act Request
ROZ 9/29/2014 4:12:55 PM Unauthorized Release PROHIBITED

REMS # 877007



Prim. Inc. # 115216 Other Provider RFD:RPD
Date 6/11/13 Unit 397
Location VAN BUREN X 91
City RIVERSIDE Zone U

- MEDICAL
- TRAUMA

AMERICAN MEDICAL RESPONSE / RIVERSIDE

SEVERITY

- MILD MODERATE
- SEVERE CPR

- CARE No No CPR CTz Medical FD/BLS
- PRIOR TO ALS None Law Enforce ALS
- ARRIVAL Other BLS Other

NAME JONH DOE
ADDRESS UNK ZIP _____
Phone: _____ Social Security No. _____
AGE 20's DOB / / M F Approx. Weight _____ Approx. Height _____ Pt. 1 of 1

	TIME	CODE	ODOMETER
RECEIVED	<u>2313</u>	<u>1 2 3</u>	
ENROUTE	<u>2313</u>		
ARRIVE	<u>2318</u>		
PT. CONTACT	<u>2320</u>		
DEPART		<u>1 2 3</u>	<u>DOA</u>
ARRIV. DEST.	<u>2325</u>		
AVAILABLE	<u>2325</u>		

CHIEF COMPLAINT / REASON FOR TRANSPORT PENETRATING TRAUMA ARREST

MEDICAL Hx UNK
MEDICATIONS UNK
 NKA Allergies UNK PMD

SKIN COLOR	MOISTURE	SKIN TEMP.	PUPILS		CAP REFILL	RESP. EFFORT	EYE OPENING	MOTOR RESP.	VERBAL RESP.
<u>1 2</u> <input type="checkbox"/> Normal <input type="checkbox"/> Pale/Ashen <input type="checkbox"/> Cyanotic <input type="checkbox"/> Flushed <input type="checkbox"/> Jaundiced	<u>1 2</u> <input type="checkbox"/> Normal <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Profuse	<u>1 2</u> <input type="checkbox"/> Normal <input type="checkbox"/> Hot <input type="checkbox"/> Cool <input type="checkbox"/> Cold	<u>L R</u> <input type="checkbox"/> Equal <input type="checkbox"/> Unequal <input type="checkbox"/> Fixed <input type="checkbox"/> Dilated	<u>L R</u> <input type="checkbox"/> Pinpoint <input type="checkbox"/> Responsive <input type="checkbox"/> Sluggish <input type="checkbox"/> Cataracts	<u>1 2</u> <input checked="" type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> None	<u>1 2</u> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Shallow <input type="checkbox"/> Retractive <input type="checkbox"/> None	<u>1 2</u> <input checked="" type="checkbox"/> Spontaneous <input type="checkbox"/> To Voice <input type="checkbox"/> To Pain <input type="checkbox"/> None	<u>1 2</u> <input checked="" type="checkbox"/> Obedient <input checked="" type="checkbox"/> Purposeful <input type="checkbox"/> Withdrawal <input type="checkbox"/> Flexion <input type="checkbox"/> Extension <input type="checkbox"/> None	<u>1 2</u> <input checked="" type="checkbox"/> Oriented <input type="checkbox"/> Confused <input type="checkbox"/> Inappropriate <input type="checkbox"/> Incomprehensible <input type="checkbox"/> None

TIME	B / P	PULSE Rate / Description	RESP / RATE	Lung Sounds	TIME	EKG RHYTHM	JOULES	EKG RHYTHM
<u>2321</u>	<u>φ</u>	<u>φ</u>	<u>φ</u>		<u>2321</u>	<u>PEA</u>		
					<u>2324</u>	<u>ASYSTOLE</u>		

Enclosed Vehicle Seat Belt Air Bag Assault Fall WNL=Within Normal Limits ABN=Abnormal No Apparent Injuries
 Pass. Space Intrus. Approx. impact speed _____ SUSPECTED >20ft. WNL ABN
 Stry. of Fatal Acc. _____ DOMESTIC VIOLENCE Electric shock Head/Ears
 Ejected from Vehicle REVISD GSW Hazmat Expos. Facial/Dental Genital/Butt.
 Extrication Required TRAUMA Stabbing Thermal Burn Neck Back
 Ped/Bike vs. Vehicle SCORE OD Accidental Sports Shoulders Extremities
 Motorcycle/Moped OD Intentional Wk Related Chest Abdomen
 Vs. Veh Helmet Other Unknown Pelvis

TIME	CARE RENDERED	INIT	I.V. SIZE/SITE	ROUTE	DOSE	Results	MEDICAL NECESSITY
<u>2321</u>	<u>ECG</u>		<u>4 LEAD</u>			<u>⊖</u>	EMERGENCY SITUATION OR TRANS. RESTRAINTS NEEDED UNCONCIOUS OR POS. SHOCK OXYGEN LPM: 2 4 6 8 10 12 15 ____ / BVM ET NEB IMMOBILIZATION / POS. FRACTURE POS. - CVA TIA MI HEMORRHAGE BED CONTINUED DUE TO: MOVE VIA STRETCHER ONLY OTHER REASON:
<u>AOS FOUND 20'S UP M LAYING PRONE POSITION. HANDICUFF ON UNRESPONSIVE PARANETIC. PT HAS A GSW TO FRONTAL FOREHEAD WOUND TO OCCIPITAL & BRAIN MATTER. PT ALSO HAD LACTO BILAT KNEES.</u>							HOSP. CONTACTED _____ TIME _____ <input type="checkbox"/> No Contact <input type="checkbox"/> VHF <input type="checkbox"/> UHF <input type="checkbox"/> Phone <input type="checkbox"/> BLS INFO <input type="checkbox"/> ALS INFO <input type="checkbox"/> ALS CONSULT/ORDERS REC'G SVC <input type="checkbox"/> CLOSEST <input type="checkbox"/> TRAUMA <input type="checkbox"/> CRITICAL CARE <input type="checkbox"/> PT REQUEST <input type="checkbox"/> MED REQUEST <input type="checkbox"/> OTHER
<u>ECG WAS PLACED ON A PEA @ 20, BASE HOSP CONTACTED @ 2321 MICN ALLEN MOSARCEDO TO CONFIRM DEATH @ 2324. PT WAS LEFT PRONE POSITION & HANDICUFFS IN PLACE. LEFT ON SCENE @ RPD. BH RPD 6362.</u>							

Team Member #1 Name B. HUNN H
 EMT-1 EMT-P
RPD 6362
Certificate # _____

Team Member #2 Name I. OLGIN
 EMT-1 EMT-P
Certificate # _____

Team Member #3 Name _____
 EMT-1 EMT-P
Certificate # _____

- 1st Resp. Other
- TRAINEE
- R.N. M.D.

REC'D BY: _____

MEDICAL

DOCTOR PLEASE READ CAREFULLY, IF YOU DESIRE TO TAKE CHARGE OF THE ACCIDENT/ILLNESS SCENE, YOU MUST:

1. Show your current California Medical Dr. License to the Emergency Medical Personnel on the scene.
2. Agree to take full responsibility for the care and treatment of the patient(s) involved in the accident.
3. Accompany the patient(s) in the ambulance to the medical facility most appropriate to receive the patient(s).

PHYSICIAN'S SIGNATURE (PRINT NAME)

PROFESSIONAL LICENSE # DATE

* Paramedics: The Base Station must be notified that you have a physician on scene wishing to take charge of the call.

HOSPITAL	EMS TONE	COR CH	COR PH	E.R. PH
Corona Regional Med. Ctr.	120	-0-	-0-	736-6241
Hemet Hospital	130	4	766-6461	766-6450
Inland Valley Reg. Med. Ctr.	150	8	677-0833	677-9712
Kaiser Riverside	340	-0-	-0-	353-3790
Menifee Valley Med. Ctr.	320	7	672-7190 672-7191	672-7018
Moreno Valley Comm. Hosp.	360	-0-	-0-	243-2018
Parkview Comm. Hosp.	160	-0-	(951) 688-2211 ext 1234	
Riverside Comm. Hosp	170	6	683-8671	788-3200
RRCMC	180	2	486-4137	486-5650
Desert	210	1	(760) 323-4723	(760) 323-6251 (760) 323-6511
Eisenhower	250	3	(760) 568-4197	(760) 773-1221
Kaiser Fontana	-0-	-0-	-0-	427-5521
LL UMC				
Rancho Springs Med. Ctr.	420	---	---	696-6061

REVISED TRAUMA SCORE

Resp. Rate	SYS. BIP	GCS
10-29	>89mm Hg	13-15
>29	>89	9-12
6-9	50-75	6-8
1-5	1-49	4-5
0	0	>4
Total		

EKG CODES	3HB	3-Heart Block
SR Sinus Rhythm	VT	Ventricular Tach.
NSR/RSR Normal Sinus Rhythm	PVC	Premature Vent. Cont.
SB Sinus Bradycardia	VF	Ventricular Fib.
ST Sinus Tachycardia	IVR	Idioventricular Rhythm
PSVT/PAT Paroxysmal Supravent. Tach.	AGO	Agonal
SVT Supraventricular Tach.	AVR	Accelerated Vent.
PAC Premature Atrial Cont.	ASY	Asystole
AFL Atrial Flutter	JR	Junctional Rhythm
AFIB Atrial Fibrillation	PM	Pacemaker Rhythm
1HB 1-Heart Block	PEA	Pulseless Electrical Activity
2HB 2-Heart Block		

APGAR

	1 min	5 min	
SIGN	0	1	2
A Color	Blue, Pale	Blue Ext.	All Pink
P Heart Rate	Absent	Below 100	Over 100
G Reflexes	No Respon.	Some Motion	Vig. Cr.
A Muscle Tone	Limp	Some Flex.	Active
R Resp. Effort	Absent	Slow, Irreg.	Crying

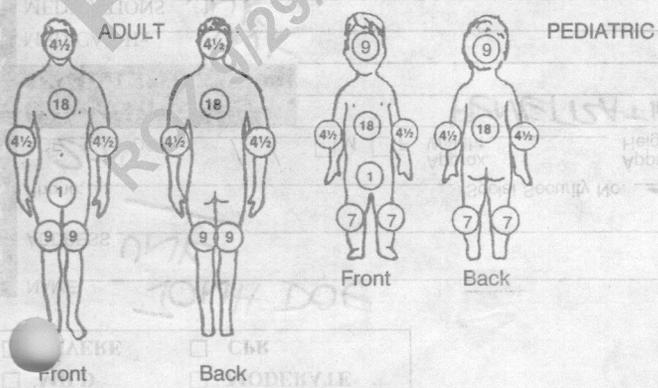
DRUG/DEFIB CODES

Drugs	DEFIB
ACT Activated Charcoal	CAR Cardioversion
ADE Adenosine	DEF Defibrillation
ALB Nebulized Albuterol	
ATR Atropine	NS Solutions
BEN Benadryl	Normal Saline
BIC Sodium Bicarbonate	
BRE Bretylium	Dose
D2S D2SW	TKO To Keep Open
D50 50% Dextrose	WO Wide Open
EPI Epinephrine	FC Fluid Challenge
GLP Glucose Paste	
COL Glucola	DRUG ROUTE
LAS Lasix	IV Intravenous
LID Lidocaine	SQ Subcutaneous
MS Morphine Sulfate	IM Intramuscular
NAR Narcan	PO By Mouth
NTG Nitroglycerin Spray	NEB Nebulizer
VAL Valium	ET Endotracheal Tube
VER Verapamil	SL Sublingually
I.V. Unobtainable	PB Piggy Back
	PR Per Rectum

This assessment checklist should be done after treatment is initiated and the patient is enroute to the hospital.

Transport should not be delayed.

RULE OF NINES



Thrombolytic checklist:

	Yes	No
1. Chest pain	()	()
2. Onset within four (4) hours	()	()
3. Hx of recent bleeding episode	()	()
4. Documentation of hemoptysis, GI or ENT hemorrhage	()	()
5. Hx of intracranial hemorrhage	()	()
6. Hx of recent stroke (within 6 months)	()	()
7. Hx of major surgery (within 2 weeks)	()	()
8. Hx of recent trauma, prolonged CPR	()	()
9. Hx recent Head trauma	()	()
10. I.J. or subclavian venipuncture within 2 weeks.	()	()
11. Age greater than 80 years	()	()
12. Sustained BP > 180 mmHg systolic	()	()
13. Hx of previous thrombolytics; Bleeding Disorder	()	()
14. Recent streptococcal infection	()	()
15. Severe diabetic retinopathy	()	()

PUPIL SIZE CHART



	0	5	10
A 1/2 of head	9%	6%	5%
B 1/2 of one thigh	2%	4%	4%
C 1/2 of one leg	2%	2%	3%