

SUPPLEMENTAL REPORT

Date Prepared: 06-12-13

1 Original File No. P1-30-830-40	2	3 Off ID 1210	4 Dist 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 06-11-13 / 2259	11 Date / Time Inv. Start 06-11-13 / 2300		12 Date / Time Inv. Term 06-12-13 / 0450		13 Type Clr 187C	14 Type Cont R6C	15 Additional Adults Arr	16 Additional Juv Arr

17 Address of Occurrence (Street No - Name - City - Zip) 3476 Van Buren Blvd. Rvsvd	18 Type of Place Chevron Gas Station
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For ID USE: V = Victim, I = Informant, W = Witness, O = Other

19 ID O-1	20 Last Name - First - Middle (Firm Name if Business) Campos, Josue Perez	21 Race - Sex H M	22 DOB [REDACTED]
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23 Residence Address [REDACTED]	24 Business or School Address 3476 Van Buren Blvd. Rvsvd	25 Home Phone [REDACTED]	26 Bus. Phone (951) 353-1624
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27 ID O-2	28 Last Name - First - Middle (Firm Name if Business) Marquez, Lorenzo	29 Race - Sex H M	30 DOB [REDACTED]
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31 Residence Address [REDACTED]	32 Business or School Address 3476 Van Buren Blvd.	33 Home Phone [REDACTED]	34 Bus. Phone (951) 353-1624
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S U S P E C T	35 Last Name - First - Middle Unknown	36 Race - Sex B M	37 Age	38 Ht	39 Wt	40 Hr	41 Eyes	42 DOB or ID	43 Arrested Yes <input type="checkbox"/> No <input type="checkbox"/>
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44 Address - Clothing - Other Marks or Identifying Characteristics
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45 Juv. Disp. () 2	Juv. Ct. Prob. () 5	Within Dept. () 6	Detained () 1	Not Detained () 2
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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"/>
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55 Address - Clothing - Other Marks or Identifying Characteristics
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56 Juv. Disp. () 2	Juv. Ct. Prob. () 5	Within Dept. () 6	Detained () 1	Not Detained () 2
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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) Officer Involved Shooting	61 Original Offenses Changed to (Code - Crime) (1)	58 Stolen Auto Value ASP
(2)	(2)	59 Recovered Auto Value A2

62 Narrative of Supplemental Report NARRATIVE: On 06-11-12 at approx. 2300 hours I received a radio call regarding a subject with a gun in the area of Van Buren/ 91FWY. While enroute to the area dispatch advised the subject with the gun was possibly seen going into the Chevron gas station (3476 Van Buren Blvd.). I arrived and assisted with clearing the Chevron gas station for the subject with the gun. I was with Sgt. Tiptre as we approached the North side of the building. We turned the corner of the Northwest side of the building and I noticed a black male on the Southwest side of the building matching the description given by dispatch of the subject with a gun. Sgt. Tiptre gave loud verbal commands for the male to show his hands. The subject did not move for approx. 3 to 4 commands to show his hands. The subject put his hands in the air. The subject then started to walk South away from us. When the subject left my line of sight I heard several loud commands to drop the gun.	Reporting Officer Macek, Robert
	COPIES TO
	VCLD ()
	ACTIONS
	APB Sent
	APB Cancld
	APR Sent
	APR Cancld
	DOJ - NCIC
	Entered Cancld
	ENTERED
	STATS ARBK ANI

**RIVERSIDE POLICE DEPT.
CONTINUATION PAGES**

Page No: 2

File #: P13083040

DATE 06-12-13	TYPE OF REPORT Officer Involved Shooting	INVESTIGATING OFFICER Robert Macek #1210
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NARRATIVE CONTINUED:

I then heard several loud bangs consistent with gun shots. I maintained my position until I heard the subject was in custody.

I then interviewed the employees. I contacted O-1 Josue Campos (store counter clerk) who stated the following (I audio recorded the following statements with Ofc. Derouin's digital recorder):

STATEMENTS:

On 06-11-13 at approx. 2300 hours, O-1 Josue was working the front counter at 3476 Van Buren (Chevron Gas Station) when he answered the telephone and spoke with RPD dispatch who advised them that a subject possibly with a gun might have gone into the business. O-1 Josue told dispatch that he had not seen anyone matching the description come into the business, but his fellow employee (O-2 Lorenzo Marquez) might have seen a male matching that description walk to the side of the business.

A few minutes later O-1 Josue answered the telephone and spoke with RPD dispatch again and was told to exit the business and walk to the police officers outside. O-1 Josue told his fellow employee (O-2 Lorenzo Marquez) to walk out of the business. O-1 Josue said he was waiting and heard what he believed to be the police officers yelling, but was unable to tell what was being said. He then heard several loud bangs, which he believed to be gun shots coming from the gas station area. O-1 Josue was unable to tell me how many bangs he heard. O-1 Josue did not see what had happened. O-1 Josue contacted his store manager to assist with the video surveillance.

I contacted O-2 Lorenzo Marquez (store clerk) who stated the following: He was talking with O-1 Josue. O-1 Josue answered the telephone and asked him if he saw a black male with a blue shirt and white shorts come into the store. O-2 Lorenzo told him a male possibly matching that description walked to the rear of the business on the South side. O-2 Lorenzo was not positive on the description and said it was dark outside.

O-1 Josue told him to come outside to the police. O-2 Lorenzo waited with O-1 Josue by the police vehicles and heard yelling coming from the business but could not understand what was being said. O-2 Lorenzo then heard what he thought were gun shots coming from the business. O-2 Lorenzo ducked down with O-1 Josue. O-2 Lorenzo did not know how many gun shots he heard. O-2 Lorenzo did not look to see what was happening and did not see anything.

I contacted W-1 Eugene Norris (California Highway Patrol Officer) and W-2 Michael Litter who stated the following: He and his partner officer (W-2 Michael Litter, California Highway Patrol Officer) (both officers made the same statements) received a dispatch notification of a hit and run in the area of Van Buren/ 91 FWY. The direction of the hit and run was broadcasted on the wrong side of the freeway. They exited the freeway at Van Buren and saw Riverside Police Officers in a uniformed approach to the Chevron Gas station. They heard officers yelling "put the gun down" several times. They heard gun shots coming from the area of the gas station building. They heard Riverside Police Officers yelling "stay on the ground" several times.

They went over to give assistance covering the Riverside Police Officers as they approached a black male on the ground. They both could not remember how many gun shots they heard.

INVESTIGATIVE ACTIONS:

I put up crime scene tape around the Chevron Gas Station to preserve the scene. I towed the vehicle used in the hit and run as well as the possible transportation of the subject with a gun. I had the vehicle towed to the Magnolia Police Station per 22655.5 CVC. On 06-12-12 at approx. 0345 hours, I assumed the crime scene log from Ofc. Barnhill. At approx. 0445 hours, I was relieved of the crime scene log by Ofc. Southard at approx. 0445 hours.

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

PAGE NO: 3

FILE NO. P13-083040

DATE 06-12-13	TYPE OF REPORT Officer Involved Shooting	REPORTING OFFICER Macek, Robert #1210
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-CONTACT INFORMATION-

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

Code W-1	Name (Last, First, Middle) Norris, Eugene (CHP) ID#15417					Residence Address 8118 Lincoln St. Rvsd 92504				Res Phone [REDACTED]
Sex/Race M / W	Height	Weight	Hair	Eyes	D.O.B.	Business Address				Bus Phone (951) 637-8010
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 W-2	Name (Last, First, Middle) Litter, Michael (CHP) ID#13910					Residence Address 8118 Lincoln St. Rvsd 92504				Res Phone [REDACTED]
Sex/Race M / W	Height	Weight	Hair	Eyes	D.O.B.	Business Address				Bus Phone (951) 637-8010
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
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	

REPORTING DEPARTMENT RIVERSIDE POLICE		LOCATION CODE	DATE / TIME OF REPORT 6-12-13/0255	NOTICE OF STORED VEHICLE DELIVERED PERSONALLY <input type="checkbox"/>	FILE NO. 713083040
LOCATION TOWED / STOLEN FROM VAN BUREN / 91FWY		ODOMETER READING 205377	VIN CLEAR IN SVS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO LIC. CLEAR IN SVS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE / TIME DISPATCH NOTIFIED 6-12-13/0700	LOG NO. 1410
YEAR 00	MAKE CHEVY	MODEL METRO	BODY TYPE 4D	COLOR RED	LICENSE NO. 5XB0928
VEHICLE IDENTIFICATION NO. 2C1MR5227Y6722391		ENGINE NO.	VALUATION BY <input type="checkbox"/> OFFICER <input type="checkbox"/> OWNER	<input checked="" type="checkbox"/> ONE MONTH / YEAR <input type="checkbox"/> TWO	STATE CA
REGISTERED OWNER ANNETTE MARIE PADILLA			LEGAL OWNER		
<input type="checkbox"/> SAME AS R/O					

STORED **IMPOUNDED** **RELEASED** **RECOVERED - VEHICLE / COMPONENT**

TOWING / STORAGE CONCERN (NAME, ADDRESS, PHONE) **INDIANA TBW** STORAGE AUTHORITY / REASON **687.5744** **22852(H)(1)VC 22855.5 VC**

TOWED TO / STORED AT **MAGNOLIA POLICE STATION** AIRBAG? YES NO DRIVEABLE? YES NO VIN SWITCHED? YES NO

CONDITION	YES	NO	ITEMS	YES	NO	ITEMS	YES	NO	ITEMS	YES	NO	TIRES / WHEELS	CONDITION
WRECKED	<input checked="" type="checkbox"/>		SEAT (FRONT)	<input checked="" type="checkbox"/>		REGISTRATION	<input checked="" type="checkbox"/>		CAMPER		<input checked="" type="checkbox"/>	LEFT FRONT	AWR
BURNED HULK per 431(c) VC		<input checked="" type="checkbox"/>	SEAT (REAR)	<input checked="" type="checkbox"/>		ALT. / GENERATOR	<input checked="" type="checkbox"/>		VESSEL AS LOAD		<input checked="" type="checkbox"/>	RIGHT FRONT	
VANDALIZED		<input checked="" type="checkbox"/>	RADIO	<input checked="" type="checkbox"/>		BATTERY	<input checked="" type="checkbox"/>		FIREARMS		<input checked="" type="checkbox"/>	LEFT REAR	
ENG. / TRANS. STRIP		<input checked="" type="checkbox"/>	TAPE DECK		<input checked="" type="checkbox"/>	DIFFERENTIAL	<input checked="" type="checkbox"/>		OTHER			RIGHT REAR	
MISC. PARTS STRIP		<input checked="" type="checkbox"/>	TAPES		<input checked="" type="checkbox"/>	TRANSMISSION	<input checked="" type="checkbox"/>					SPARE	
BODY METAL STRIP		<input checked="" type="checkbox"/>	OTHER RADIO	<input checked="" type="checkbox"/>		AUTOMATIC	<input checked="" type="checkbox"/>					HUB CAPS	
SLIP STRIP per 431(b) VC		<input checked="" type="checkbox"/>	IGNITION KEY	<input checked="" type="checkbox"/>		MANUAL	<input checked="" type="checkbox"/>					SPECIAL WHEELS	

RELEASE VEHICLE TO: R/O OR AGENT AGENCY HOLD 22850.3 VC GARAGE PRINCIPAL / AGENT STORING VEHICLE (SIGNATURE) **[Signature]** DATE / TIME

NAME OF PERSON / AGENCY AUTHORIZING RELEASE I.D. NO. DATE CERTIFICATION: I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT I AM LEGALLY AUTHORIZED AND ENTITLED TO TAKE POSSESSION OF THE ABOVE DESCRIBED VEHICLE.

SIGNATURE OF PERSON AUTHORIZING RELEASE SIGNATURE OF PERSON TAKING POSSESSION

STOLEN VEHICLE / COMPONENT **EMBEZZLED VEHICLE** **PLATE(S) REPORT**

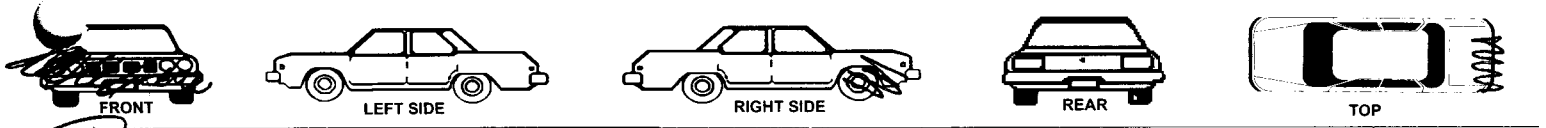
DATE / TIME OF OCCURRENCE DATE / TIME REPORTED NAME OF REPORTING PARTY (R/P) DRIVER LICENSE NO. / STATE

LAST DRIVER OF VEHICLE DATE / TIME ADDRESS OF R/P TELEPHONE OF R/P ()

I CERTIFY OR DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT. SIGNATURE OF PERSON MAKING REPORT

REMARKS
 [LIST PROPERTY, TOOLS, VEHICLE DAMAGE, ARRESTS]

DRIVER'S NAME ARRESTED / SECTION? YES NO REPORTED BY CARGO / TYPE? YES NO VALUE \$ BILL OF LADING ATTACHED



SIGNATURE OF OFFICER TAKING REPORT **[Signature]** I.D. NO. **1210** SUPERVISOR REQUIRED NOTICES SENT TO REGISTERED AND LEGAL OWNERS PER 22852 VC? YES NO DATE NOTIFIED

STOLEN / EMBEZZLED NARRATIVE

1. AREA <input type="checkbox"/> RURAL <input type="checkbox"/> URBAN		2. TAKEN FROM <input type="checkbox"/> STREET <input type="checkbox"/> PARKING LOT <input type="checkbox"/> GARAGE <input type="checkbox"/> DRIVEWAY <input type="checkbox"/> OTHER _____				3. REGISTRATION IN VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
4. WAS NEIGHBORHOOD CHECKED FOR VEHICLE, WITNESSES, CLUES, OTHER CRIMES? <input type="checkbox"/> YES <input type="checkbox"/> NO		5. PAYMENTS CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		6. DOORS LOCKED? <input type="checkbox"/> YES <input type="checkbox"/> NO		7. KEYS IN VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		8. ALL KEYS ACCOUNTED FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
9. WHEN WAS VEHICLE LAST SERVICED?			10. WHERE?			11. IS THIS THE USUAL MECHANIC? <input type="checkbox"/> YES <input type="checkbox"/> NO			
12. RECENTLY LEFT IN PARKING GARAGE OR PARKING VALET SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO			13. IF YES, WHERE?			14. VEHICLE EQUIPPED WITH ORIGINAL ENGINE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
15. ORIGINAL TRANSMISSION? <input type="checkbox"/> YES <input type="checkbox"/> NO		16. ORIGINAL PAINT? <input type="checkbox"/> YES <input type="checkbox"/> NO		17. IF ANSWER TO 14, 15, OR 16 IS NO, PROVIDE ADDITIONAL INFORMATION, SERIAL NO., ORIGINAL COLOR, ETC.					
18. HAS VEHICLE BEEN PREVIOUSLY INVOLVED IN AN ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			19. IF YES, HAS DAMAGE BEEN FIXED? <input type="checkbox"/> YES <input type="checkbox"/> NO		20. PARTS DAMAGED				
21. FACTORY EQUIPPED RADIO? <input type="checkbox"/> YES <input type="checkbox"/> NO			22. IF NO, MAKE AND SERIAL NO.		23. DOES VEHICLE HAVE LOCKING GAS CAP? <input type="checkbox"/> YES <input type="checkbox"/> NO				
24. IS VEHICLE FULLY INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO			25. NAME / ADDRESS OF INSURANCE COMPANY						
26. NAME / ADDRESS OF NEAREST RELATIVE NOT LIVING WITH R/P									
27. IDENTIFYING MARKS, BUMPER STICKERS, ADD ON EQUIPMENT, ETC.									

28. SUSPECT NAME		DRIVER LICENSE NO. / STATE		ADDRESS	
HEIGHT	WEIGHT	EYES	HAIR	MISC.	

RECOVERY NARRATIVE

29. NAME, DATE AND CASE NUMBER OF REPORTING AGENCY					
30. AREA RECOVERED <input type="checkbox"/> RURAL <input type="checkbox"/> URBAN		31. DESCRIPTION OF RECOVERY AREA		32. RECOVERY <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL	
33. ANY EVIDENCE LOCATED? <input type="checkbox"/> YES <input type="checkbox"/> NO		34. WITNESSES, CLUES AND OTHER CRIMES		35. HAVE MISSING, IDENTIFIABLE PARTS ENTERED IN SVS? <input type="checkbox"/> YES <input type="checkbox"/> NO	

COMPONENT RECOVERY

36. DESCRIPTION		37. SERIAL NO.	
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NARRATIVE

RIVERSIDE POLICE DEPT - Restricted Information
Public Records Act Request
ROZ 9/29/2014 4:13:34 PM Unauthorized Release Prohibited