

SUPPLEMENTAL REPORT

Date Prepared: 02-24-15

1. Original File No. P1-50-287-55	2. [Redacted]	3. Off. ID 1453	4. Dist. E	5. Crime-Ct.	6. Crime-Ct.	7. Crime-Ct.	8. Date / Time Occurred 02-24-15 / 2128	9. Day 2			
10. Date / Time Assigned 02-24-15 / 2128	11. Date / Time Inv. Start 02-24-15 / 2128	12. Date / Time Inv. Term. 02-25-15 / 0030	13. Type Clr. EXC	14. Type Cont. PER	15. Additional Adults Arr. 0	16. Additional 0	17. Address of Occurrence (Street No. - Name - City - Zip) 2865 Prospect Avenue Riverside Ca 92507				
For ID USE: V = Victim, I = Informant, W = Witness, O = Other							18. Type of Place Residence				
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 See Initial Report			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) 664/187 PC (2)	61. Original Offenses Changed to (Code - Crime) (1) (2)	58. Stolen Auto Value ASP	59. Recovered Auto Value A2
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62. Narrative of Supplemental Report See narrative.	Reporting Officer E. Wright
	Reviewed By McClay #177
	COPIES TO
	VCLO ()
	ACTIONS
	APB Sent
	APB Cancl.
	APR Sent
	APR Cancl.
	Entered DOJ - NCIC Cancl.
	ENTERED
	STATS ARBK ANI

RIVERSIDE POLICE DEPARTMENT
CONTINUATION PAGE

PAGE NO. 2

FILE NO. P1-50-287-55

DATE 02-24-15	TYPE OF REPORT 664/187 PC	REPORTING OFFICER E. Wright
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Narrative:

I am currently assigned to the Post-Release Accountability Compliance Team (PACT) and on 02-24-15, at approximately 2128 hours, I was working a security detail with partner Officer Mercadefe for the Cal Chiefs Convention in down town Riverside. I heard an Officer broadcast shots were fired in the area of 2851 Prospect and the suspect had fled on foot. We responded to assist and arrived at 2865 Prospect, the suspects residence. We conducted a safety sweep of the residence and once the scene was rendered safe, I canvassed the area for witnesses.

I contacted O1 Felix at 2865 Prospect who told me he had arrived at the scene after Police arrived and could not provide any information about the incident. I also contacted O2 [REDACTED] at 2865 Prospect who told me he was in the rear detached living quarters of the residence with music "bumping" while playing Madden. O2 [REDACTED] told me his brother and mother were with him also. O2 [REDACTED] told me he did not see or hear anything unusual and could not provide me with any information about the incident.

I contacted O3 Martinez at 2820 Prospect who told me she was inside her residence and heard approximately 3 or 4 shots coming from a north/west direction from her residence. O3 Martinez told me she looked out her residence front window and saw a Police vehicle driving west on Prospect. O3 Martinez could not provide any further information about the incident. I contacted O4 [REDACTED] who told me she was inside her residence and heard approximately 2 gun shots, however, she did not witness anything.

I provided security detail 2865 Prospect until Detectives arrived at approximately 0030 hours. All witness statements were recorded with a Department Issued PUMA Digital Audio Recorder.

No further information.

RIVERSIDE POLICE DEPARTMENT
Public Request
JPEDROZA 11/17/2016 2:03 PM
Riverside Police Department Case # P1-50-287-55

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

PAGE NO: 3

FILE NO. P15-028755

DATE 02-24-15	TYPE OF REPORT 664/187 PC	REPORTING OFFICER E. Wright
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CONTACT INFORMATION-

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

Code O1	Name (Last, First, Middle) Felix, Richard					Residence Address [REDACTED]			Res. Phone [REDACTED]
Sex/Race M / H	Height [REDACTED]	Weight [REDACTED]	Hair [REDACTED]	Eyes [REDACTED]	D.O.B. [REDACTED]	Business Address [REDACTED]			Bus. Phone [REDACTED]
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 O2	Name (Last, First, Middle) [REDACTED]					Residence Address [REDACTED]			Res. Phone (N/A)
Sex/Race [REDACTED]	Height [REDACTED]	Weight [REDACTED]	Hair [REDACTED]	Eyes [REDACTED]	D.O.B. [REDACTED]	Business Address [REDACTED]			Bus. Phone [REDACTED]
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 O3	Name (Last, First, Middle) Martinez, Yareli					Residence Address [REDACTED]			Res. Phone [REDACTED]
Sex/Race F / H	Height [REDACTED]	Weight [REDACTED]	Hair [REDACTED]	Eyes [REDACTED]	D.O.B. [REDACTED]	Business Address [REDACTED]			Bus. Phone [REDACTED]
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 O4	Name (Last, First, Middle) [REDACTED]					Residence Address [REDACTED]			Res. Phone [REDACTED]
Sex/Race [REDACTED]	Height [REDACTED]	Weight [REDACTED]	Hair [REDACTED]	Eyes [REDACTED]	D.O.B. [REDACTED]	Business Address [REDACTED]			Bus. Phone [REDACTED]
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 O5	Name (Last, First, Middle) [REDACTED]					Residence Address [REDACTED]			Res. Phone [REDACTED]
Sex/Race [REDACTED]	Height [REDACTED]	Weight [REDACTED]	Hair [REDACTED]	Eyes [REDACTED]	D.O.B. [REDACTED]	Business Address [REDACTED]			Bus. Phone [REDACTED]
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 O6	Name (Last, First, Middle) [REDACTED]					Residence Address [REDACTED]			Res. Phone [REDACTED]
Sex/Race [REDACTED]	Height [REDACTED]	Weight [REDACTED]	Hair [REDACTED]	Eyes [REDACTED]	D.O.B. [REDACTED]	Business Address [REDACTED]			Bus. Phone [REDACTED]
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 O7	Name (Last, First, Middle) [REDACTED]					Residence Address [REDACTED]			Res. Phone [REDACTED]
Sex/Race [REDACTED]	Height [REDACTED]	Weight [REDACTED]	Hair [REDACTED]	Eyes [REDACTED]	D.O.B. [REDACTED]	Business Address [REDACTED]			Bus. Phone [REDACTED]
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