Riverside Police Department SUPPLEMENTAL REPORT CA0331300 Date Prepared: 02-26-13 1. Original File No. 3. Off. ID 4. NPC 5. Crime-Ct. 7. Crime-Ct. 6. Crime-Ct. 8. Date / Time Occurred 9. Day P13-026517 1697 02-25-13 / 2049 10. Date / Ti me Assigned 11. Date / Time Inv. Start 12. Date / Time Inv. Term. 13. Type Cir. 14. Type Cont. 15. Additional 16. Additional Adults Arr. Juv. Arr. 02-26-13 / 0030 BCC 3 / 2050 02-25-13 / 2050 EXC 17. Address of Occurrence (Street No. - Name - City - Zip) 18. Type of Place 7911 Arlington Ave., Riverside CA 92503 Pepper Tree Apartments For ID USE: V = Victim, I = Informant, W = Witness, O = Other 21. Race - Sex 22. DOB 20. Last Name - First - Middle (Firm Name if Business) H - M 01 Lopez, Julio Cesar 23. Residence Address 24. Business or School Address 25. Home Phone 26 Bus Phone 6044 William St., Riverside CA 92504 7911 Arlington Ave., Riverside CA 92503 28. Last Name - First - Middle (Firm Name if Business) 29. Race - Sex 30. DOB Walls Jr., James Clinton W 31. Residence Address 32. Business or School Address 33. Home Phone 34. Bus. Phone 7911 Arlington Ave. #5, Riverside CA 92503 35. Last Name - First - Middle S U 36. Race - Sex 37. Age 42. DOB or ID 43. Arrested Yes No See original 44. Address - Clothing - Other Marks or Identifying Characteristics Juv: Other Juv. Ct 45 Detained Not Detained 2 Dept. Prob Disp: Juris. 53. DOB or ID 47. Race - Sex 48. Age 49. Ht. 50. Wt. 51. Hr. 52. Eyes 54. Arrested S 46 Last Name - First - Middle Yes No S 55. Address - Clothing - Other Marks or Identifying Characteristics

C T			1										
56.	Juv: Other Disp: Juris.) 2	Juv. Ct. Prob.	() 5 Wi	thin pt.) 6	Detained	()	1 No	ot Deta	ined ()	2
4			ORIGINALI	LY REPORTED DOLLA	R VALUES ARE (HANGED	AS SHOWN B	ELOW					
Cat.	A Notes	B Prec. Met.	C Clothing Furs	Office E Equip.	T.V Radio Cameras	G Firearn	ns H Hous	sehold Co ds Go	nsum. ods	J Live	estock	K Misc	
PS	\$	s	s	\$	\$	\$	\$	\$		\$		\$	
PR	\$	S	\$	\$	\$	\$	\$	\$		\$		\$	
60. Ori	ginally Reported Offen	ses (Code - Crime)	<u> </u>		61. Original Offe	nses Chang	jed to (Code - C	Crime)		58.	Stolen Auto Value	ASP:	
(1) 1	0851 CVC - 0	STA .			(1)					59.	Recovere Auto	đ	
(2)					(2)						Rej	A2 porting Offi	
62. Na	rative of Supplementa	Report 62	2a. Audio Recording	Available? <u>No</u> 62b.	Incident Number:							Cerr #10	
See	attached nar	rative.									C	9 490	У
												OPIES TO)
							, ,,		,				
					h						VCLO	()
												ACTIONS	
											APB Sen		
											APB Can		
	_										APR Sen		
				· · · · · · · · · · · · · · · · · · ·							APR Car		
											Cancid.	DOJ - NCIO	
											STATS	ARRK	ANI
											JAIS	OINDIX	- OH
1													L

RIVERSIDE POLICE DEPT.

INITIAL REPORT ADDITIONAL CONTACTS PAGE NO: 2

FILE NO. P13-026517

Supplemental Report R. Kerr #1687 Supplemental Report R. Kerr #1687 CONTACT INFORMATION												
## Contract INFORMATION FOR CODE USE V - Votini W. Wilness DC. Decovered Drine RP. Reporting Party P. Parent C. Other Res. Priorie W2 Rodriguez, Arthur Sea-Rece Integrit Weight Inter Eyes DO.B. Business Address Mr. H. GO0 200 BRN BRN W1 H. GO0 200 BRN BRN W1 H. GO0 200 BRN BRN W2 Introduction of replane, by whom? W3 Simon Laddy Free June So. June 11 Arthurghon Ave. #9, Riverside CA 92503 Business Address Busines		TYPE OF REPO	ORT									
FOR CODE USE	<u> </u>			Suj	ppieme	mental Report R. Kerr				7697		
Reserve Address			114	£4.		-co	NTACT INFORMA	TION				
Residence Address			FOR	CODE USE	V- Victim W	/- Witness	DC- Discovered Crime F	RP- Re	porting Party P- F	Parent O- Other		
Sear Process Sear	Nam	me (Last, First, Mi	iddle)							Ma	Res. Phone	
If the several for injuries, by whom? Make Color Color	Ro		rthur					e. #3	3, Riverside	CA 92503		
If hospitalized, where? Date/Time Nature of injuries Neture of i		1 -		1 -	D.O.B.	В	usiness Address				Bus, Phone	
NA License Number Veh Info Code Name (Last, First, Middle) Name (Last, Firs			BRN		151			D-4- II		Man and Allahada		
Veh Info Name (Last, First, Middle) Residence Address Resi	for injuries, by wh	whom?			If hospitalized	i, where?						
Simon Lady Weight Hair Eyes Do B Business Address Busi	License Num	mber Sta	ate (Color (Top/B	ottom)	Year	Make/Model/Type	į.	How was the vehicle	e involved?	5	
SevRace Height Weight Hair Eyes D 0 B Business Address B		•						100			Res. Phone	
If treated for injuries, by whom? If hospitalized, where? Date/Time Nature of injuries	Sin	mon, Lady	non, Lady		T		911 Arlington Ave	e. #9), Riverside (CA 92503	,	
If hospitalized, where? Date/Time	1 -	1 -	1	,	D.O.B.	Bu	usiness Address				Bus. Phone	
License Number State Color (Top/Bottom) Year Make/Model/Type How was the vehicle involved? Yes No No Name (Last, First, Middle) Residence Address LKA: 7911 Artington Ave. #120, Riverside CA 92503 Res Phone			BRN							<u> </u>		
Veh Info Code Name (Last, First, Middle) De Anda, Xavier SewRace M / H Height Weight Hair Eyes D.O.B. Business Address License Number Veh Info Code Name (Last, First, Middle) Name (for injuries, by wł	vhom?			If hospitalized	l, where?		Date/I	ime /	Nature of injuries		
Residence Address Resi	License Num	mber Sta	ate (Color (Top/B	ottom)	Year	Make/Model/Type		How was the vehicle	e involved?		
De Anda, Xavier License Number Hair Eyes D.O.B. Business Address Business A												
Sex/Race Height Weight Hair Eyes D.O.B. Business Address Bus. Phone						475	the same of the sa	9.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	!	Res. Phone	
M / H BRN BRN BR				1_		15.	9500 200000000	on A	ve. #120, Ri			
Veh Info Code Name (Last, First, Middle) Name (Last, First, Middle) Residence Address Residence Address Residence Address Residence Address Residence Address Bus Phone If hospitalized, where? Date/Time License Number License Number State Color (Top/Bottom) Year Make/Model/Type How was the vehicle involved? Veh Stored? Yes \ No Nature of injuries No Code Name (Last, First, Middle) Residence Address Res. Phone If the spitalized, where? Date/Time Nature of injuries No Code Name (Last, First, Middle) Residence Address Res. Phone If the spitalized, where? Date/Time Nature of injuries Nature of injuries Nature of injuries Res. Phone Nature of injuries Nature of injuries Res. Phone Nature of injuries Nature of injur	_	ht Weight	•	1 *	D.O.B.	Bu	usiness Address				Bus. Phone	
License Number State Color (Top/Bottom) Year Make/Model/Type How was the vehicle involved? Veh Stored? Yes No Code Name (Last, First, Middle) Residence Address Bus Phone Sex/Rss	for injuries, by wh	vhom?			If hospitalized	, where?		Date/T	ime	Nature of injuries		
Veh Info Code Name (Last, First, Middle) Residence Address			· · · · · · · · · · · · · · · · · · ·					4			······································	
Residence Address	License Num	mber Sta	ate	Color (Top/B	ottom)	Year	Make/Model/Type)	How was the vehicle	involved?		
If treated for injuries, by whom? If hospitalized, where? Date/Time							esidence Address		Res. Phone			
License Number State Color (Top/Bottom) Year Make/Model/Type How was the vehicle involved? Veh. Stored? Yes No Name (Last, First, Middle) Residence Address Res. Phone	Height	nt Weight	Hair	Eyes	D.O.B	В	usiness Address				Bus. Phone	
Veh Info 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? License Number State Color (Top/Bottom) Year Make/Model/Type How was the vehicle involved? Veh Info Code Name (Last, First, Middle) Residence Address Res. Phone Yes No Residence Address Res. Phone Bus. Phone Yes No Residence Address Res. Phone Bus. Phone Sex/Race Height Weight Hair Eyes D.O.B. Business Address Bus. Phone	for injuries, by wh	vhom?			If hospitalized	, where?		Date/T	ime /	Nature of injuries		
Veh Info 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 Veh Stored? Yes No Code Name (Last, First, Middle) Residence Address Res. Phone Residence Address Bus. Phone Nature of injuries Veh. Stored? Yes No Residence Address Res. Phone Sex/Race Height Weight Hair Eyes D.O.B. Business Address Bus. Phone	License Num	mber Sta	ate 0	Color (Top/B	ottom)	Year	Make/Model/Type		How was the vehicle	e involved?	Veh. Stored?	
Residence Address Res. Phone Sex/Race Height Weight Hair Eyes D.O.B. Business Address If treated for injuries, by whom? License Number State Color (Top/Bottom) Year Make/Model/Type How was the vehicle involved? Veh Info Code Name (Last, First, Middle) Residence Address Res. Phone Res. Phone Bus. Phone Make/Model/Type How was the vehicle involved? Veh. Stored? Yes No Res. Phone Sex/Race Height Weight Hair Eyes D.O.B. Business Address Bus. Phone Bus. Phone Bus. Phone Bus. Phone	Liourios (vain				,	No.	,,,				Yes No	
If treated for injuries, by whom? License Number State Color (Top/Bottom) Veh Info Name (Last, First, Middle) Residence Address Sex/Race Height Weight Hair Eyes D.O.B. Business Address Bus. Phone	Nam	me (Last, First, Mic	iddle)			R	esidence Address	-	-	-	Res. Phone	
If treated for injuries, by whom? License Number State Color (Top/Bottom) Veh Info Name (Last, First, Middle) Residence Address Sex/Race Height Weight Hair Eyes D.O.B. Business Address Bus. Phone	Height	nt Weight	Hair	Eyes	4267	Bu	usiness Address				Bus. Phone	
License Number State Color (Top/Bottom) Year Make/Model/Type How was the vehicle involved? Veh. Stored? Yes No Name (Last, First, Middle) Residence Address Res. Phone			<u> </u>	J	_do			Data(T		Natura of injuring		
Veh Info Code Name (Last, First, Middle) Residence Address Res. Phone Sex/Race Height Weight Hair Eyes D.O.B. Business Address Bus. Phone	or injuries, by wr	vnom?	*	2								
Code Name (Last, First, Middle) Residence Address Res. Phone Sex/Race Height Weight Hair Eyes D.O.B. Business Address Bus. Phone	License Num	mber Sta	ate	Color (Top/B	ottom)	Year	Make/Model/Type		How was the vehicle	e involved?		
/ Logit Tolling Tollin	Nam	me (Last, First, Mid	iddle)		<u></u>	R	esidence Address				Res. Phone	
, , , , , , , , , , , , , , , , , , , ,	Height	nt Weight	Hair	Eyes	D.O.B.	В	usiness Address				Bus. Phone	
If treated for injuries, by whom? If hospitalized, where? Date/Time Nature of injuries	for injuries, by w	vhom?			If hospitalized	, where?		Date/T	ime	Nature of injuries		
License Number State Color (Top/Bottom) Year Make/Model/Type How was the vehicle involved? Veh. Stored?	License Num	mber Sta	ate (Color (Top/B	ottom)	Year	Make/Model/Type		How was the vehicle	a involved?		
Veh Info	Nam	me (Last, First, Mi	iddle)			R	esidence Address					
Sex/Race Height Weight Hair Eyes D.O.B. Business Address Bus. Phone	Tuoise	ht Meight	Hair	Eves	DOB	Ri	usiness Address				Bus. Phone	
I I I I I I I I I I I I I I I I I I I			Пан	Lyes								
If treated for injuries, by whom? If hospitalized, where? Date/Time Nature of injuries	for injuries, by wh	vhom?			If hospitalized	I, where?		Date/T	ime /	Nature of Injuries		
License Number State Color (Top/Bottom) Year Make/Model/Type How was the vehicle involved? Veh. Stored? Veh Info	License Num	mber Sta	ate	Color (Top/B	ottom)	Year	Make/Model/Type		How was the vehicle	e involved?		

RIVERSIDE POLICE DEPT. CONTINUATION PAGE

 PAGE NO:2
 FILE NO:P13-026517

 DATE
 Supplemental Report
 INVESTIGATING OFFICER

 2/26/2013
 GTA / OIS
 R. Kerr #1697

NARRATIVE:

On 02-25-13, at approximately 2049 hours, I was in a marked patrol unit, in the City and County of
Riverside when I heard Officer Disla advise he was in pursuit of a stolen vehicle with the Pepper Tree
Apartments (7911 Arlington Ave., Riverside CA 92503). While responding to the area, I heard officers on scene advise "Shots fired."

7
8 Upon arrival, I assisted in

Upon arrival, I assisted in setting crime scene tape on the south and east sides of the perimeter. While setting the tape, I located a Pepper Tree security guard. I asked the guard if the complexes video surveillance was still operable. The guard advised it was and directed me to O1/Lopez (Pepper Tree Apartment Community Manager). I contacted O1/Lopez who took me to the Manager's office and showed me the surveillance footage.

While viewing the surveillance footage, O1/Lopez recognized S1 as an individual who frequents the

Pepper Tree Apartments and believes to have committed multiple vehicle thefts from within the complex, including one that occurred on 02-07-13 (P13-019265) which was captured on video surveillance. O1/Lopez advised S1 hung out with O2/De Anda. O2/De Anda had lived in Apartment #30 with his wife and Apartment #102 with his sister before being kicked out on 11-06-12, due to Crime Free Multi-Housing issues (contact Officers Olivas and Bercian for further). O1/Lopez believed O2/De Anda could potentially be assisting S1 with the vehicle thefts in the complex due to his access to gate controls and history of criminal activity. O1/Lopez did not know S1's name or contact information but believed him to live on Carnation, north of 7911 Arlington Ave., based on his tenants' statements. O1/Lopez provided me video surveillance from 02-25-13, as well as footage from 02-07-13 (P13-019265).

While watching the video surveillance, I observed a female (later identified vehicle theft victim) recording S1 attempt to and eventually commit a vehicle theft with her cell phone. I contacted Officer Disla who had interviewed the victim, and advised of the potential video evidence. Officer Disla advised the victim lived in Apartment #20 and directed me to the apartment. Officer Disla provided Spanish translation for me and the victim confirmed that she had video footage of S1 and RPD on her cell phone. I collected the cell phone as evidence and left her a property receipt.

I contacted Detective Wheeler and advised of my findings. I gave the victim cell phone and the video surveillance from 02-25-13 to Detective Wheeler. I later booked the video surveillance from P13-019265 into evidence under its original file number.

While on scene, I also collected witness statements from the southernmost apartments in the complex, whose windows were directly adjacent to where the officer involved shooting occurred. I was able to contact tenants in Apartments 3, 5, 9. Below is a brief statement of each witnesses account (see COBAN for further details):

W1/Walls stated:



On 02-25-13, at approximately 2100 hours, W1/Walls was in the living room of Apartment #5. W1/Walls heard yelling from the parking lot south of his apartment. W1/Walls did not understand

RIVERSIDE POLICE DEPT. **CONTINUATION PAGE**

PAGE NO:3		FILE NO:P13-026517
2/26/2013	Supplemental Report GTA / OIS	INVESTIGATING OFFICER R. Kerr #1697

exactly what was being said except he believed he heard, "Put it down," which caught his attention. W1/Walls then heard a "car crash" followed by 5 gun shots. NFI.

W2/Rodriguez stated:

1

2 3

4 5

6

7

8

9

10 11

12 13

14

15

16 17 18

19 204 On 02-25-13, at approximately 2100 hours, W2/Rodriguez was in the living room of Apartment #3 where he was watching television. W2/Rodriguez heard approximately 8 gun shots over the sound of his television; however he could not hear anything else due to the noise from his television and the noise from a television in an adjacent room. W2/Rodriguez believed the gun shots to have come from the parking lot south of his apartment. NFI.

W3/Simon stated:

On 02-25-13, W3/ Simon was in the bathroom of Apartment #9. W3/Simon heard yelling coming from the parking lot located to the south of her apartment. W3/Simon then heard a traffic collision and

and

and

and followed by approximately 5 gun shots and more yelling. W3/Simon could not decipher what was

After collecting the statements, I returned to the outer perimeter of the crime scene and assisted with the

\ ·			River P	side Poli ROPERT	ice De Y REF	partme ORT	nt	File No. P13019265	Date/Time 02/08/13 -03:49
Type of Com	plaint DLEN VEHICLE				Addre	SS	DROUGH		
ictim	LLIV VLI II OLL		DC)B	Sex		Address	, <u> </u>	- 174M. (V.)
iri ee / Si	uspect		DC)B	Sex	Race	Address		
rrestee / Su	ıspect		DC)B	Sex	Race	Address		
rrestee / Su	•		DC)B	Sex	Race	Address		<u> </u>
inder			DC		Sex	Race	Address		Phone No.
	21/	ID No.	Supvr. Ap			RSC Cas			Property Clerk
y Officer(s)		1697							
Item (Owner Itemize, Desci	ribe, List Serial Num aining video surveilla		/ 1 Article pe	r line				Prop. Loc. Rel. Disp
_									