

INCIDENT REPORT

LOCATION/TIME

Agency Name: RIVERSIDE POLICE DEPARTMENT		ORI #: CA0331300	Report Date/Time: 7/2/2012 2:20:13 PM	OCA #: P12093467
Incident Start Date/Time: 6/30/2012 11:00:00 PM	Day of Week: Saturday	Report Type: INITIAL	Case Screening: Serialized Property Evidence Collected PC 293 Sex Crime	
Incident End Date/Time: 6/30/2012 11:00:00 PM	Internal Incident Status: OPN IPERS			
Incident Location: [REDACTED] Riverside CA 92503			Secondary Location:	
Case Description: 601RAJ / Runaway Juvenile			Reporting Area: I04	
			Operation Method:	

OFFENSE

Penal Code	UCR Code	F/M	Penal Code Description	Counts	Comp / Att
601 WI	29	M	RUNAWAY	1	✓
Offense Location: RESIDENCE / HOME					
Weapon Used:		Situation Code:		Bias Motivation: NONE	

VICTIM

Person Name: Business	Name:	Phone:	Cell Phone:	Pager:
Address (Street, Apt., City, State, Zip):		Occupation:	Employer:	
Involvement Type (Person):	Victim Type (Business):	Employer Address:		Employer Phone:
Relationship to Offender (Person):	DOB:	Age:	Sex:	Height:
				Weight:
Race:	Ethnicity:	SSN:	License (#, Class, State):	Related Offense(s):
				Injury Type: Minor Injuries Internal Injuries Lacerations Other Injuries
				Unconscious Teeth Injury Bone Injury None

SUSPECT

Suspect #1 Name (First, Middle, Last):		Phone:	Cell Phone:	Pager:
Suspect Forced Victim:		Primary Action:	Employer Address:	Employer Phone:
Solicited/Offered:	Suspect Force:	DOB:	Age:	Sex:
				Height:
				Weight:
Race:	Ethnicity:	SSN:	License (#, Class, State):	Related Offense(s):
				29na
Clothing Description:		NCIC #:	State ID #:	Facial Hair:
				Brown
Body Markings (Type, Location, Description):		Suspect Injured:	Suspect Arrested:	Additional Suspects:
				Additional Persons:

ADMIN

Reporting Officer: Halley	ID #: 1370	Date: 7/2/2012 2:20:13 PM	Reporting Officer Signature
Assisting Officer:	ID #:	Date:	Assisting Officer Signature
Reviewing Officer: [Signature]	ID #: 1552	Date: 7/3/12	Reviewing Officer Signature

JUL 05 2012
PA 1579