

Riverside Police Department

Initial Report

1. NPC N		2. Type Exc		3. Type RC		UCR Code 26		4. File Number P09-008550				
5. Section/Classification 01						6. Add Charges <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7. Location of Occurrence 3468 Spruce St. Riverside 92501				
8. Date and time of occurrence 01-17-09 1740			9. Day 7	10. Date/Time Reported 01-17-09 / 1756		11. Date of Report 01-18-09		12. Type of Premises Residence				
13. Victim Name or Firm Hyatt, Iris						14. Residence Address 3468 Spruce St. Riverside 92501				15. Res. Phone [REDACTED]		
16. Sex/Race F / B		Height	Weight	Hair	Eyes	17. D.O.B. [REDACTED]		18. Business Address		19. Bus. Phone		
20. If treated for injuries, by whom?				21. If hospitalized, where?		23. Date/Time		23. Nature of injuries				
24. 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		
25. WILL THE VICTIM PROSECUTE?										<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
FOR CODE USE: V- Victim DC- Discovered Crime RP- Reporting Party P- Parent O- Other												
26. Code V2		Name (Last, First, Middle) Brooks, Marquita				27. Residence Address 3468 Spruce St. Riverside 92501				28. Res. Phone [REDACTED]		
29. Sex/Race F / B		Height	Weight	Hair	Eyes	30. D.O.B. [REDACTED]		31. Business Address		32. Bus. Phone		
33. If treated for injuries, by whom?				34. If hospitalized, where?		35. Date/Time		36. Nature of injuries				
37. WAS THERE A WITNESS TO THE CRIME?										<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
38. Pursuant to California Penal Code Section 293 (a), you are informed that your name will be a matter of public record unless you request that it not become a Public Record, pursuant to Section 6254 of the Government Code. Do you elect to exercise your right to privacy?										Victim #1 <input type="checkbox"/> Yes <input type="checkbox"/> No		
										Victim #2 <input type="checkbox"/> Yes <input type="checkbox"/> No		
QUALIFYING SECTION ONLY!												
39. CAN A SUSPECT BE NAMED OR IDENTIFIED? BY WHOM?										<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
40. Name (Arrestee #1) St. age 2				Sex/Race	Height	Weight	Hair	Eyes	DOB	Interviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cited? <input type="checkbox"/> Bkd?		
Address of Arrestee #1				<input type="checkbox"/> Prob <input type="checkbox"/> Parole	Gang Related <input type="checkbox"/> Yes <input type="checkbox"/> No	SS CDL#		Bkg. or Cite number				
41. Name (Arrestee #2)				Sex/Race	Height	Weight	Hair	Eyes	DOB	Interviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cited? <input type="checkbox"/> Bkd?		
Address of Arrestee #2				<input type="checkbox"/> Prob <input type="checkbox"/> Parole	Gang Related <input type="checkbox"/> Yes <input type="checkbox"/> No	SS CDL#		Bkg. or Cite number				
42. CAN A SUSPECT VEHICLE BE IDENTIFIED? BY WHOM?										<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
43. License Number		State	Color (Top/Bottom)		Year	Make/Model/Type		Identifying Characteristics		Veh Stored? <input type="checkbox"/> Yes <input type="checkbox"/> No		
44. IS THERE ANY SIGNIFICANT PHYSICAL EVIDENCE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
45. Physical Evidence Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				46. Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				47. Supp/related Rpts? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
48. Physical Evidence Seized? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				49. Weapon Seized? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				50. Gang Related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
51. Fingerprint Search Made? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				52. Fingerprints Obtained? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				53. Audio Recording Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
54. Type of Weapon, Force or Device Used Small caliber handgun				55. Motive Unknown				56. Narc. Field Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ Weight: _____				
57. Describe briefly how the offense occurred. See narrative for further.												
RECORDS SECTIONS												
58. Reporting Officer M. Boulerice		I.D. # 1526	115 Qualify <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	59. Supervisor Approving M. Rossi		I.D. # 603	60. Date Reviewed 1/20/09		61. Send copies of this report to:			
C	S							ENTERED	Dispatcher ID#		PAGE 1 OF	
								STAT	APR/APB	sent	canceled	
								ARBK	DOJ/NCIC	sent	canceled	
TO								ANI			6	

**RIVERSIDE POLICE DEPT.
INITIAL REPORT
SUSPECT DESCRIPTION SHEET**

PAGE NO: 2

FILE NO. P09-008550

DATE 11-18-09	TYPE OF REPORT OIS	INVESTIGATING OFFICER M. Boulерice						
SUSPECTS THAT CAN BE IDENTIFIED / OR JUVENILE ARRESTEE'S NOT LISTED ON THE FACE PAGE								
61. Name Suspect # <u>S1</u> OR Juvenile Arrestee Hyatt, Russell Franklin	Sex/Race M / W	Height 6-02	Weight 170	Hair BRN	Eyes BLU	DOB or Age [REDACTED]	Interviewed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cited? <input type="checkbox"/> Bkd? <input type="checkbox"/>
Address and/or additional information 3468 Spruce St. Riverside 92501	Prob <input type="checkbox"/> Parole <input checked="" type="checkbox"/>	Gang Rel <input type="checkbox"/> Yes <input type="checkbox"/> No	SS # CDL#	Bkg or Cite Number				
62. Name Suspect # _____ OR Juvenile Arrestee	Sex/Race /	Height	Weight	Hair	Eyes	DOB or Age	Interviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cited? <input type="checkbox"/> Bkd? <input type="checkbox"/>
Address and/or additional information	Prob <input type="checkbox"/> Parole <input type="checkbox"/>	Gang Rel <input type="checkbox"/> Yes <input type="checkbox"/> No	SS # CDL#	Bkg or Cite Number				

SUSPECTS DESCRIPTION

#1 & #2 Apply to Arrestee's #1 & #2 on Front Page / #3 & #4 Apply to Suspects on this Page Only

<p>1 2 3 4 HAIR LENGTH</p> <p><input type="checkbox"/> 1. Bald <input type="checkbox"/> 2. Collar <input type="checkbox"/> 3. Receding <input type="checkbox"/> 4. Shaved <input type="checkbox"/> 5. Short <input type="checkbox"/> 6. Shoulder</p> <hr/> <p>FACIAL HAIR</p> <p><input type="checkbox"/> 1. Beard-Scraggly <input type="checkbox"/> 2. Beard-Short <input type="checkbox"/> 3. Beard-Full <input type="checkbox"/> 4. Clean Shaven <input type="checkbox"/> 5. Fumanchu <input type="checkbox"/> 6. Goatee <input type="checkbox"/> 7. Mustache- Thin <input type="checkbox"/> 8. Mustache- Thick <input type="checkbox"/> 9. Sideburns <input type="checkbox"/> 10. Unshaven <input type="checkbox"/> 11. Other</p> <hr/> <p>RT/LT HANDED</p> <p><input type="checkbox"/> 1. Right Handed <input type="checkbox"/> 2. Left Handed <input type="checkbox"/> 3. Unknown</p> <hr/> <p>DIST.FEATURE</p> <p><input type="checkbox"/> 1. Amputation <input type="checkbox"/> 2. Artificial Limb <input type="checkbox"/> 3. Cane/Crutch <input type="checkbox"/> 4. Cast-Arm/Leg <input type="checkbox"/> 5. Crippled <input type="checkbox"/> 6. Deformed <input type="checkbox"/> 7. Growth/Mole <input type="checkbox"/> 8. Hearing Aid <input type="checkbox"/> 9. Limp <input type="checkbox"/> 10. Skin Discoloration <input type="checkbox"/> 11. Spastic Moves <input type="checkbox"/> 12. Earring/Lt Ear <input type="checkbox"/> 13. Earring/Rt Ear <input type="checkbox"/> 14. Other</p>	<p>1 2 3 4 HAIR TYPE</p> <p><input type="checkbox"/> 1. Coarse <input type="checkbox"/> 2. Fine <input type="checkbox"/> 3. Thick <input type="checkbox"/> 4. Thinning <input type="checkbox"/> 5. Wig <input type="checkbox"/> 6. Wiry <input type="checkbox"/> 7. Other</p> <hr/> <p>TEETH</p> <p><input type="checkbox"/> 1. Braces <input type="checkbox"/> 2. Bucked <input type="checkbox"/> 3. Chipped <input type="checkbox"/> 4. Crooked <input type="checkbox"/> 5. Gaps Between <input type="checkbox"/> 6. Glid/Slr Capped <input type="checkbox"/> 7. Jewel Studded <input type="checkbox"/> 8. Missing <input type="checkbox"/> 9. Retainer <input type="checkbox"/> 10. Stained/Decayed <input type="checkbox"/> 11. Other</p> <hr/> <p>WEAPON</p> <p><input type="checkbox"/> 1. Club <input type="checkbox"/> 2. Hand Gun <input type="checkbox"/> 3. Other Unk Gun <input type="checkbox"/> 4. Rifle <input type="checkbox"/> 5. Shotgun <input type="checkbox"/> 6. Toy Gun <input type="checkbox"/> 7. Simulated <input type="checkbox"/> 8. Pocket Knife <input type="checkbox"/> 9. Butcher Knife <input type="checkbox"/> 10. Other Cut Inst. <input type="checkbox"/> 11. Hands/Feet <input type="checkbox"/> 12. Bodily Force <input type="checkbox"/> 13. Strangulation <input type="checkbox"/> 14. Tire Iron <input type="checkbox"/> 15. Vehicle <input type="checkbox"/> 16. Explosive Device <input type="checkbox"/> 17. Other</p>	<p>1 2 3 4 HAIR CONDITION</p> <p><input type="checkbox"/> 1. Clean <input type="checkbox"/> 2. Dirty <input type="checkbox"/> 3. Greasy <input type="checkbox"/> 4. Matted <input type="checkbox"/> 5. Odor <input type="checkbox"/> 6. Other</p> <hr/> <p>GLASSES/LENSES</p> <p><input type="checkbox"/> 1. Yes- Unk Type <input type="checkbox"/> 2. Prescrip Glasses <input type="checkbox"/> 3. Sunglasses <input type="checkbox"/> 4. Wire Frames <input type="checkbox"/> 5. Plastic Frames <input type="checkbox"/> 6. Lens Ornation <input type="checkbox"/> 7. Contact Lenses <input type="checkbox"/> 8. Frame- Gold <input type="checkbox"/> 9. Frame- Silver <input type="checkbox"/> 10. Frame- Black <input type="checkbox"/> 11. Other Frm Color <input type="checkbox"/> 12. Other</p> <hr/> <p>EVIDENCE</p> <p><input type="checkbox"/> 1. Blood <input type="checkbox"/> 2. Bullet Casings <input type="checkbox"/> 3. Sunglasses <input type="checkbox"/> 4. Wire Frames <input type="checkbox"/> 5. Footprints <input type="checkbox"/> 6. Hair <input type="checkbox"/> 7. Other Prints <input type="checkbox"/> 8. Paint <input type="checkbox"/> 9. Photographs <input type="checkbox"/> 10. Rape Kit <input type="checkbox"/> 11. Semen <input type="checkbox"/> 12. Stains <input type="checkbox"/> 13. Tools <input type="checkbox"/> 14. Tool Marks <input type="checkbox"/> 15. Vehicle <input type="checkbox"/> 16. Weapon <input type="checkbox"/> 17. Urine <input type="checkbox"/> 18. Breath <input type="checkbox"/> 19. Other</p>	<p>1 2 3 4 HAIR STYLE</p> <p><input type="checkbox"/> 1. Afro/Natural <input type="checkbox"/> 2. Braided <input type="checkbox"/> 3. Bushy <input type="checkbox"/> 4. Butch <input type="checkbox"/> 5. Combed Back <input type="checkbox"/> 6. Corn-Row <input type="checkbox"/> 7. Curlers <input type="checkbox"/> 8. Curly <input type="checkbox"/> 9. Flattop <input type="checkbox"/> 10. Military <input type="checkbox"/> 11. Mohawk <input type="checkbox"/> 12. Ponytail <input type="checkbox"/> 13. Punk <input type="checkbox"/> 14. Straight <input type="checkbox"/> 15. Styled <input type="checkbox"/> 16. Center Parted <input type="checkbox"/> 17. Left Parted <input type="checkbox"/> 18. Right Parted <input type="checkbox"/> 19. Unkempt <input type="checkbox"/> 20. Wavy <input type="checkbox"/> 21. Widows Peak <input type="checkbox"/> 22. Other</p> <hr/> <p>UNIQUE CLOTHING</p> <p><input type="checkbox"/> 1. Baseball Cap <input type="checkbox"/> 2. Cowboy Hat <input type="checkbox"/> 3. Leather Hat <input type="checkbox"/> 4. Other Hat <input type="checkbox"/> 5. Ski Mask <input type="checkbox"/> 6. Nylon Mask <input type="checkbox"/> 7. Gloves <input type="checkbox"/> 8. Military Jacket <input type="checkbox"/> 9. Bandana <input type="checkbox"/> 10. Ski/Down Jckt <input type="checkbox"/> 11. Vest <input type="checkbox"/> 12. Levi Jacket <input type="checkbox"/> 13. Windbreaker <input type="checkbox"/> 14. Leather Jacket <input type="checkbox"/> 15. Gang Attire <input type="checkbox"/> 16. Latex Mask <input type="checkbox"/> 17. Other</p>	<p>1 2 3 4 TATS/MRKS/SCRS (Describe Below)</p> <p><input type="checkbox"/> 1. Face <input type="checkbox"/> 2. Neck <input type="checkbox"/> 3. Arms <input type="checkbox"/> 4. Hands <input type="checkbox"/> 5. Legs <input type="checkbox"/> 6. Shoulders <input type="checkbox"/> 7. Chest <input type="checkbox"/> 8. Back <input type="checkbox"/> 9. Scar Feature <input type="checkbox"/> 10. Mark Feature <input type="checkbox"/> 11. Describe</p> <p><input type="checkbox"/> 12. Other</p> <hr/> <p>SPEECH/VOICE</p> <p><input type="checkbox"/> 0. NA <input type="checkbox"/> 1. East US Accent <input type="checkbox"/> 2. So. US Accent <input type="checkbox"/> 3. Foreign Accent <input type="checkbox"/> 4. Deep <input type="checkbox"/> 5. Disguised <input type="checkbox"/> 6. High <input type="checkbox"/> 7. Slurred <input type="checkbox"/> 8. Soft <input type="checkbox"/> 9. Speech Imped <input type="checkbox"/> 10. Other</p> <hr/> <p>COMPLEXION</p> <p><input type="checkbox"/> 1. Acne <input type="checkbox"/> 2. Pock Marked <input type="checkbox"/> 3. Albino <input type="checkbox"/> 4. Dark <input type="checkbox"/> 5. Freckled <input type="checkbox"/> 6. Light/Fair <input type="checkbox"/> 7. Medium <input type="checkbox"/> 8. Olive <input type="checkbox"/> 9. Pale/Shallow <input type="checkbox"/> 10. Ruddy <input type="checkbox"/> 11. Tanned <input type="checkbox"/> 12. Wrinkled <input type="checkbox"/> 13. Other</p>
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<p><input type="checkbox"/> 1. Climaxed <input type="checkbox"/> 2. Unknwn Climax <input type="checkbox"/> 3. Ties/Binds Vict <input type="checkbox"/> 4. Covers Vic Face <input type="checkbox"/> 5. Photographs Vic <input type="checkbox"/> 6. Forces Oral Cop <input type="checkbox"/> 7. Orally Cops Vic <input type="checkbox"/> 8. Rapes W/For Obj.</p>	<p><input type="checkbox"/> 9. Sodomized Victim <input type="checkbox"/> 10. Sugg Lewd Act <input type="checkbox"/> 11. Inserted Finger <input type="checkbox"/> 12. Forced to Fondle <input type="checkbox"/> 13. Masturbated Self <input type="checkbox"/> 14. Multi-Rapes <input type="checkbox"/> 15. Force to disrobe <input type="checkbox"/> 16. Follows Victim</p>	<p><input type="checkbox"/> 17. Force Veh off Rd <input type="checkbox"/> 18. Strikes Victim <input type="checkbox"/> 19. Stabs Victim <input type="checkbox"/> 20. Shoots Victim <input type="checkbox"/> 21. Fires Weapon <input type="checkbox"/> 22. Demand Note <input type="checkbox"/> 23. Wears Gloves <input type="checkbox"/> 24. Hides in Bushes</p>	<p><input type="checkbox"/> 25. Has Accomp(s) <input type="checkbox"/> 26. Claims Accomp <input type="checkbox"/> 27. Grab Vict's Purse <input type="checkbox"/> 28. Under Influence <input type="checkbox"/> 29. Demands Vehicle <input type="checkbox"/> 30. Demands Narc. <input type="checkbox"/> 31. Blindfolds Victim <input type="checkbox"/> 32. Forces/Lie Down</p>	<p><input type="checkbox"/> 33. Forces Rr Store <input type="checkbox"/> 34. Locks in Rm/Office <input type="checkbox"/> 35. Kidnaps Victim <input type="checkbox"/> 36. Make Vic Count <input type="checkbox"/> 37. Handcuffs Vic <input type="checkbox"/> 38. Tortures Victim <input type="checkbox"/> 39. Other</p>
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Additional Suspect Description that is Unique (List by Suspect)

S1 was last seen wearing a blue and black colored long-sleeved collared shirt, light blue jeans, and he was carrying a small caliber handgun.

**RIVERSIDE POLICE DEPT.
INITIAL REPORT
M.O. SHEET**

PAGE NO: 3

FILE NO. P09-008550

DATE 1-18-09	TYPE OF REPORT OIS	REPORTING OFFICER M. Boulерice
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-ADDITIONAL CONTACTS-

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

Code W1	63. Name [REDACTED]	64. Residence Address [REDACTED]	65. Res. Phone [REDACTED]
66. Sex/Race M / B	Height	Weight	Hair
	Eyes	67. D.O.B. [REDACTED]	68. Business Address
Code	70. Name		71. Residence Address
73. Sex/Race /	Height	Weight	Hair
	Eyes	74. D.O.B.	75. Business Address
			72. Res. Phone
			76. Bus. Phone

<p>PREMISES (BUSINESS)</p> <p><input type="checkbox"/> 1. Bank/Sav. Loan Finance/Credit Union</p> <p><input type="checkbox"/> 2. Bar</p> <p><input type="checkbox"/> 3. Cleaners/Laundry</p> <p><input type="checkbox"/> 4. Construction Site</p> <p><input type="checkbox"/> 5. Theater</p> <p><input type="checkbox"/> 6. Fast Foods</p> <p><input type="checkbox"/> 7. Gas Station</p> <p><input type="checkbox"/> 8. Hotel/Motel</p> <p><input type="checkbox"/> 9. Dept./Disc. Store</p> <p><input type="checkbox"/> 10. Drug/Pharm. Store</p> <p><input type="checkbox"/> 11. Gun/Sport Store</p> <p><input type="checkbox"/> 12. Jewelry Store</p> <p><input type="checkbox"/> 13. Liquor Store</p> <p><input type="checkbox"/> 1. Photo Stand</p> <p><input type="checkbox"/> 3. Convenience Store</p> <p><input type="checkbox"/> 16. Tire Store</p> <p><input type="checkbox"/> 17. Restaurant</p> <p><input type="checkbox"/> 18. Supermarket</p> <p><input type="checkbox"/> 19. Video/TV/Radio</p> <p><input type="checkbox"/> 20. Auto Parts</p> <p><input type="checkbox"/> 21. Bicycle Store</p> <p><input type="checkbox"/> 22. Clothing Store</p> <p><input type="checkbox"/> 23. Hardware</p> <p><input type="checkbox"/> 24. Medical</p> <p><input type="checkbox"/> 25. Office Building</p> <p><input type="checkbox"/> 26. Shoe Store</p> <p><input type="checkbox"/> 27. Warehouse</p> <p><input type="checkbox"/> 28. Entertainment</p> <p><input type="checkbox"/> 29. Storage Facility</p> <p><input type="checkbox"/> 30. Other:</p> <p>(RESIDENCE)</p> <p><input type="checkbox"/> 31. Apartment</p> <p><input type="checkbox"/> 32. Condo/Townhouse</p> <p><input type="checkbox"/> 33. Duplex/Fourplex</p> <p><input type="checkbox"/> 34. Garage Attached</p> <p><input type="checkbox"/> 35. Garage Detached</p> <p><input checked="" type="checkbox"/> 36. House</p> <p><input type="checkbox"/> 37. Mobile Home</p> <p><input type="checkbox"/> 38. Retirement Home</p> <p><input type="checkbox"/> 39. Other:</p> <p>(PUBLIC)</p> <p><input type="checkbox"/> 40. Church</p> <p><input type="checkbox"/> 41. Hospital</p> <p><input type="checkbox"/> 42. Park/Playground</p> <p><input type="checkbox"/> 43. Public Building</p> <p><input type="checkbox"/> 44. School</p> <p><input type="checkbox"/> 45. Shopping Center</p> <p><input type="checkbox"/> 1. Street/Hwy/Fwy</p> <p><input type="checkbox"/> 7. Pkg LV/Garage</p> <p><input type="checkbox"/> 48. Other:</p>	<p>POINT OF ENTRY</p> <p><input type="checkbox"/> 1. Front</p> <p><input checked="" type="checkbox"/> 2. Rear</p> <p><input type="checkbox"/> 3. Side</p> <p><input type="checkbox"/> 4. North</p> <p><input type="checkbox"/> 5. South</p> <p><input type="checkbox"/> 6. East</p> <p><input type="checkbox"/> 7. West</p> <p><input type="checkbox"/> 8. Window</p> <p><input type="checkbox"/> 9. Door</p> <p><input type="checkbox"/> 10. Sliding Glass Door</p> <p><input type="checkbox"/> 11. Basement</p> <p><input type="checkbox"/> 12. Roof</p> <p><input type="checkbox"/> 13. Floor</p> <p><input type="checkbox"/> 14. Wall</p> <p><input type="checkbox"/> 15. Duct/Vent</p> <p><input type="checkbox"/> 16. Garage</p> <p><input type="checkbox"/> 17. Adj. Building</p> <p><input type="checkbox"/> 18. Ground Level</p> <p><input type="checkbox"/> 19. Upper Level</p> <p><input type="checkbox"/> 20. Other:</p> <p>METHOD OF ENTRY</p> <p><input type="checkbox"/> 1. No Force Used</p> <p><input type="checkbox"/> 2. Attempt Only</p> <p><input type="checkbox"/> 3. Bodily Force</p> <p><input type="checkbox"/> 4. Bolt Cut/Pliers</p> <p><input type="checkbox"/> 5. Channel Lock/Pliers Wrench/Vice Grips</p> <p><input type="checkbox"/> 6. Saw/Drill/Burn</p> <p><input type="checkbox"/> 7. Screwdriver</p> <p><input type="checkbox"/> 8. Tire Iron</p> <p><input type="checkbox"/> 9. Unk Pry Tool</p> <p><input type="checkbox"/> 10. Coat Hanger/Wire Slim Jim</p> <p><input type="checkbox"/> 11. Key Slip/Shim</p> <p><input type="checkbox"/> 12. Punch</p> <p><input type="checkbox"/> 13. Remove Louvers</p> <p><input type="checkbox"/> 14. Window Smashed</p> <p><input type="checkbox"/> 15. Brick/Rock</p> <p><input type="checkbox"/> 16. Hid in Building</p> <p><input type="checkbox"/> 17. Lock Box</p> <p><input type="checkbox"/> 18. Unlocked Door/Window</p> <p><input type="checkbox"/> 19. Other:</p>	<p>PROPERTY TAKEN (See \$ Amount Below)</p> <p><input type="checkbox"/> 1. Cash/Notes</p> <p><input type="checkbox"/> 2. Jewelry/Metals</p> <p><input type="checkbox"/> 3. Clothing/Furs</p> <p><input type="checkbox"/> 4. Office Equipment</p> <p><input type="checkbox"/> 5. TV/Cam/Stereo</p> <p><input type="checkbox"/> 6. Firearms</p> <p><input type="checkbox"/> 7. Household Goods</p> <p><input type="checkbox"/> 8. Consumer Goods</p> <p><input type="checkbox"/> 9. Livestock</p> <p><input type="checkbox"/> 10. Misc.</p> <p><input type="checkbox"/> 11. Car Radio/Spkrs</p> <p><input type="checkbox"/> 12. Narcotics/Drugs</p> <p><input type="checkbox"/> 13. Tools</p> <p><input type="checkbox"/> 14. Other:</p> <p>TYPE OF SECURITY</p> <p><input type="checkbox"/> 1. Audible Alarm</p> <p><input type="checkbox"/> 2. Silent Alarm</p> <p><input type="checkbox"/> 3. Security Patrol</p> <p><input type="checkbox"/> 4. Dog</p> <p><input type="checkbox"/> 5. Standard Locks</p> <p><input type="checkbox"/> 6. Auxiliary Locks</p> <p><input type="checkbox"/> 7. Deadbolts</p> <p><input type="checkbox"/> 8. Window Bars/Grill</p> <p><input type="checkbox"/> 9. Outside Lights On</p> <p><input type="checkbox"/> 10. Inside Lights On</p> <p><input type="checkbox"/> 11. Garage Door Lock</p> <p><input type="checkbox"/> 12. Obscured Int. View</p> <p><input type="checkbox"/> 13. Comm/Business</p> <p><input type="checkbox"/> 14. Other:</p> <p>BURGLARY ONLY</p> <p>Is Victim Member of Neighborhood Watch?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Interested in Neighborhood Watch?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>APPROACH</p> <p><input type="checkbox"/> 1. Taking a Survey</p> <p><input type="checkbox"/> 2. Customer/Client Delivery</p> <p><input checked="" type="checkbox"/> 3. Person</p> <p><input type="checkbox"/> 4. Stranded Motorist</p> <p><input type="checkbox"/> 5. Drunk Employee</p> <p><input type="checkbox"/> 6. Drunk Employer</p> <p><input type="checkbox"/> 7. Friend/Relative</p> <p><input type="checkbox"/> 8. Ill/Injured</p> <p><input type="checkbox"/> 9. Needed Telephone</p> <p><input type="checkbox"/> 10. Police/Law Official</p> <p><input type="checkbox"/> 11. Renter</p> <p><input type="checkbox"/> 12. Repair Man</p> <p><input type="checkbox"/> 13. Sales-Lawful Goods</p> <p><input type="checkbox"/> 14. Sales-Unlawful Goods</p> <p><input type="checkbox"/> 15. Seeking Assistance</p> <p><input type="checkbox"/> 16. Seeking Directions</p> <p><input type="checkbox"/> 17. Seeking Someone</p> <p><input type="checkbox"/> 18. Other:</p> <p>SOLVABILITY FACTOR</p> <p><input type="checkbox"/> 1. Will Not Prosecute</p> <p><input type="checkbox"/> 2. There is a Witness</p> <p><input type="checkbox"/> 3. Suspect Arrested</p> <p><input type="checkbox"/> 4. Suspect Named</p> <p><input type="checkbox"/> 5. Suspect Described</p> <p><input type="checkbox"/> 6. Suspect Can Be IDed</p> <p><input type="checkbox"/> 7. Susp Can Be Found</p> <p><input type="checkbox"/> 8. Susp Veh Can Be IDed</p> <p><input type="checkbox"/> 9. Identifiable 496</p> <p><input type="checkbox"/> 10. Good Phys. Evidence</p> <p><input type="checkbox"/> 11. Major Inj/Sex Crime</p> <p><input type="checkbox"/> 12. Significant MO</p> <p><input type="checkbox"/> 13. Witness Needs Cont.</p> <p><input type="checkbox"/> 14. ID Called Out</p> <p><input type="checkbox"/> 15. Inf. Contacted</p> <p><input type="checkbox"/> 16. Neighbors Checked</p> <p><input type="checkbox"/> 17. Other:</p> <p>VEHICLE ENTRY</p> <p><input type="checkbox"/> 1. Door/Lock Forced</p> <p><input type="checkbox"/> 2. Conv/Top Forced</p> <p><input type="checkbox"/> 3. Trunk Forced</p> <p><input type="checkbox"/> 4. Window Broken</p> <p><input type="checkbox"/> 5. Window Forced</p> <p><input type="checkbox"/> 6. Window Open</p> <p><input type="checkbox"/> 7. Unlocked</p> <p><input type="checkbox"/> 8. Other:</p>	<p>SUSPECT REL/VICTIM</p> <p><input checked="" type="checkbox"/> 1. Husband</p> <p><input type="checkbox"/> 2. Wife</p> <p><input type="checkbox"/> 3. Mother</p> <p><input type="checkbox"/> 4. Father</p> <p><input type="checkbox"/> 5. Daughter</p> <p><input type="checkbox"/> 6. Son</p> <p><input type="checkbox"/> 7. Brother</p> <p><input type="checkbox"/> 8. Sister</p> <p><input type="checkbox"/> 9. Other Fam Member</p> <p><input type="checkbox"/> 10. Acquaintance</p> <p><input type="checkbox"/> 11. Friend</p> <p><input type="checkbox"/> 12. Boyfriend</p> <p><input type="checkbox"/> 13. Girlfriend</p> <p><input type="checkbox"/> 14. Neighbor</p> <p><input type="checkbox"/> 15. Business Associate</p> <p><input type="checkbox"/> 16. Stranger</p> <p><input type="checkbox"/> 17. Other:</p> <p>VICTIM PHYSICAL CONDITION</p> <p><input type="checkbox"/> 1. Under Influence</p> <p><input type="checkbox"/> 2. Sick/Injured</p> <p><input type="checkbox"/> 3. Senior Citizen</p> <p><input type="checkbox"/> 4. Blind</p> <p><input type="checkbox"/> 5. Handicapped</p> <p><input type="checkbox"/> 6. Deaf</p> <p><input type="checkbox"/> 7. Mute</p> <p><input type="checkbox"/> 8. Mentally Impaired</p> <p><input type="checkbox"/> 9. Other:</p> <p>VEHICLE TYPE</p> <p><input type="checkbox"/> 1. Passenger Car</p> <p><input type="checkbox"/> 2. Motorcycle/Moped</p> <p><input type="checkbox"/> 3. Pickup Truck</p> <p><input type="checkbox"/> 4. Trailer</p> <p><input type="checkbox"/> 5. Truck</p> <p><input type="checkbox"/> 6. Van</p> <p><input type="checkbox"/> 7. Camper</p> <p><input type="checkbox"/> 8. Motorhome</p> <p><input type="checkbox"/> 9. Other:</p>
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TOTAL AMOUNT STOLEN

TOTAL AMOUNT RECOVERED

RIVERSIDE POLICE DEPT.
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FILE NO: P09-008550

DATE
01/19/2009

OIS

INVESTIGATING OFFICER
M. Boulерice

1 Additional Charges:

2 12021(a)(1) PC- Felon in possession of a firearm
3 417(2) PC- Brandishing a weapon
4 594 PC- Vandalism

5
6 Additional Information:

7 S1 was heavily intoxicated and constantly threatened his own life.
8

9 Related Reports:

10 See various related supplemental reports.
11

12 Assisting Personnel:

13 Sgt. Whitt
14 Sgt. Corbett
15 Off. J. Russell
16 Off. Quinn
17 Off. Disla
18 Off. Barretta
19 Off. Miller
20

21 Evidence:

22 Statements given to me by V1/ Hyatt, V2/ Brooks, and [REDACTED]
23

24 Property (Stolen/Damaged/Recovered):

25 None
26

27 Injuries:

28 None
29

30 Scene Description/Observations:

31 When I arrived on scene, I observed that the front door frame was damaged. The left portion of the front
32 door frame was broken off.
33

34 Background:

35 V1/ Hyatt and S1/ Hyatt have been married for approximately one and a half years. They have lived
36 together for two years. They have one child together whom is eight months old. S1 is currently on parole
37 for assault with a deadly weapon on a peace officer.
38

39 Point of Entry/Exit:

40 S1 entered the residence through the front door.
41

42 Narrative:

43 On 01-17-09, I along with the above listed officers, were dispatched to 3468 Spruce St. regarding a
44 subject with a gun call. When I arrived, I spoke to V1/ Hyatt. She provided me with the following
45 statement.

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M. Boulterice

1 Statements:

2 V1/ Hyatt's statement:

3 V1 told me that on 01-17-09 at approximately 1740 hours, she looked outside of her front door (which
4 was left open), through the closed and locked screen door and she saw someone inside of S1's vehicle. V1
5 told me that she knew it was S1. V1 said that shortly after she saw S1 by the vehicle, S1 left his vehicle
6 and approached the front door. V1 said that S1 began to yell and hit the screen door.

7
8 S1 was yelling about wanting to come inside of the residence to obtain his vehicle keys. V1 said that S1
9 could not come inside. V1 then saw that S1 was carrying a small caliber handgun. V1 immediately
10 shouted inside the residence for someone to call the police. V1 said that she went inside of her bedroom.

11
12 Shortly after she went inside of her bedroom, she said that she heard S1 and V2 struggling by the rear
13 door. V1 told me that S1 stormed into her bedroom and began rifling through the dresser drawers in
14 search of his vehicle keys. S1 again told V1 to give him his keys. V1 told him that she did not know
15 where the keys were. S1 then put his small caliber (silver with a black handle) handgun to his head and
16 told V1 that if she did not give him his vehicle keys, he was going to kill himself and she was going to
17 watch him die. V1 was frightened by this statement and proceeded to look away from S1.

18
19 V1 told me that S1 stormed into the living room again demanding that his keys be returned to him. S1
20 again put the gun to his head and said that he was going to kill himself and everyone was going to watch
21 him die.

22
23 S1 kicked the front screen door, destroying the front door frame, and stormed outside of the residence. V1
24 said that she walked to the opening of the front door and she could see that S1 was approximately ten feet
25 west of her residence. S1 saw that V1 was staring at him, and he again put the gun to his head. V1 went
26 back inside of the residence and did not actually see S1's final direction of travel. V1 also advised me that
27 S1 smelled like he had been drinking alcohol and he was on active parole for assault with a deadly
28 weapon on a police officer.

29
30 I contacted V2 for her statement.

31
32 V2/ Brooks' statement:

33 V2 told me that on 01-17-09 at approximately 1740 hours, she observed that V1 (her mother) was
34 standing by the front door. V2 said that she heard her mom say that S1 had a gun and V2 walked toward
35 the rear of the residence. V2 got to the rear door (which was unlocked) and saw that S1 was attempting to
36 enter the residence. V2 told S1 that he was not welcome inside of the house and that he needed to leave.
37 S1 again attempted to enter the residence.

38
39 V2 said that she struggled with S1 in an attempt to stop him from entering the residence. V2 said that S1
40 then put the handgun he was carrying to his head and said that he was going to kill himself and she was
41 going to watch him die. V2 said at that point she was afraid of S1 and what he might do, so she
42 reluctantly allowed him to enter the residence.

43
44 V2 said that S1 went straight into V1's bedroom. V2 said that she could hear S1 rummaging through V1's
45 bedroom. V2 said that shortly after that, S1 entered the living room and demanded that his keys be

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1 returned to him. S1 then put the gun to his head and said that he was going to kill himself and everyone
2 was going to watch him die.

3 V2 told me that S1 then kicked open the front screen door and damaged the front door frame. V2 went to
4 the front door and could see that S1 was approximately twenty feet west of the residence. V2 said that as
5 S1 was walking away from the residence, he pointed the gun at her general direction. V2 was frightened
6 and quickly went back inside of the residence. V2 said that she was not sure what S1's direction of travel
7 was. I then spoke to W1/ [REDACTED]

8
9 W1/ [REDACTED] statement:

10 W1 told me that on 01-17-09 at approximately 1740 hours, he said that he heard V1 talking to S1 through
11 the front screen door. W1 heard that V1 said S1 had a gun. W1 told me that he saw S1 and V2 struggling
12 at the rear door. W1 advised me that the rear door was locked. W1 then saw S1 enter V1's (his mother)
13 bedroom. W1 said that S1 was tearing the bedroom apart looking for something. W1 said that he saw S1
14 enter the living room and he was carrying a gun.

15
16 W1 described the gun as a small caliber handgun that was silver with a black handle. S1 put the gun to his
17 head and told everyone that he was going to kill himself and everyone was going to watch him die. S1
18 kicked open the front door, damaging the front door frame, and exited through the front door. W1 said
19 that he looked out of the front door and he could see S1 standing to the west of the residence.

20
21 W1 said S1 saw that everyone was looking at him. S1 pointed the gun at his direction, and W1 went back
22 inside of the residence. W1 did not know where S1 went from that point.

23
24 Investigative Actions:

25 Assisting personnel conducted an area check for S1, with negative results. Officers were left at the scene
26 in case S1 were to return to the scene. Due to the fact that S1 was in possession of a handgun, it was
27 imperative that S1 be apprehended.

28
29 A short while later, S1 was contacted and an officer involved shooting occurred as a result. See various
30 supplemental reports for further details.

31
32 I was left in charge of the major incident log.

RIVERSIDE POLICE DEPARTMENT

MAJOR INCIDENT LOG

CLASSIFICATION OIS	FILE P09-008550	DATE 01-17-09
LOCATION MULBERRY NORTH OF FIRST ST.		
EMPLOYEE INITIATING LOG M. BOWLERICE	TIME 1950	RELIEF EMPLOYEE
RELIEF EMPLOYEE 	TIME 	RELIEF EMPLOYEE

PERSONS ENTERING SCENE

NAME (PRINT)	RANK	ASSIGNMENT	TIME		REASON FOR ENTRY
			IN	OUT	
LT, GRIFFITHS	LT	W/C	1951	2352	INVESTIGATION
SGT, WHITT	SGT	SUPERVISOR (E)	1949	2320	
SGT. CORBETT	SGT	SUPERVISOR (N)	1951	0121	
OFC, J. RUSSELL	OFC	PATROL	1951	2238	
OFC. QUINN	OFC	PATROL	1951	2238	
OFC, J. MILLER	OFC	PATROL	1951	2341	
OFC. BARRETTA	OFC	PATROL	1951	2010	
OFC, DISLA	OFC	PATROL	1951	2010	
OFC, BOWLERICE	OFC	PATROL	1951	0133	
CARLTON FULLER	CSI	EVIDENCE TECH	2044	0133	
OFC. RATKOVICH	OFC	PATROL	2112	2238	
OFC. CARROLL	OFC	K-9	2125	2140	
WHEELER 303	DET.	CASE	2158	2212	

