

SUPPLEMENTAL REPORT

Date Prepared: 1-7-12

Original File No. 12-003517, 3. Off ID 1491, 4. Dist. Wst, 5. Crime-Ct., 6. Crime-Ct., 7. Crime-Ct., 8. Date/Time Occurred 1-7-12 1614, 9. Day 7, 10. Date/Time Assigned 1-7-12 1630, 11. Date/Time Inv. Start 1-7-12 1630, 12. Date/Time Inv. Term. 1-7-12 2300, 13. Type Clr. Exc, 14. Type Cont. REC, 15. Additional Adults Arr., 16. Additional Juv. Arr., 17. Address of Occurrence (Street No. - Name - City) 10745 Cypress Ave, Riverside CA, 18. Type of Place House

For ID USE: V = Victim, I = Informant, W = Witness, O = Other

19. ID: W1, 20. Last Name - First - Middle (Firm Name if Business) Hurtado, Felipe, 21. Race - Sex H M, 22. DOB, 23. Residence Address, 24. Business or School Address, 25. Home Phone 323 308-9416, 26. Bus. Phone, 27. W2, 28. Last Name - First - Middle (Firm Name if Business), 29. Race - Sex H M, 30. DOB, 31. Residence Address, 32. Business or School Address, 33. Home Phone, 34. Bus. Phone

35. LAST Name - First - Middle Ledesma, David, 36. Race - Sex H M, 37. Age, 38. Ht., 39. Wt., 40. Hr. Brn, 41. Eyes Brn, 42. DOB or ID, 43. Arrested Yes No, 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

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 No, 55. Address - Clothing - Other Marks or Identifying Characteristics

uv: 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

Table with columns: 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. Values are listed as \$ for each category.

60. Originally Reported Offenses (Code - Crime) (1) 245 PC, ADW On A Police Officer, (2), 61. Original Offenses Changed to (Code - Crime) (1), (2), 58. Stolen Auto Value ASP: \$, 59. Recovered Auto Value A2 \$

62. Narrative of Supplemental Report
On 1-7-12 at approximately 1620 Hrs, I was assigned to uniformed patrol when I was dispatched to the residence located at 10745 Cypress Ave. Officer Putnam had broadcasted that shots had been fired after officers responded to a report of a domestic disturbance, and an assault at the location. When I arrived on scene, I observed a Hispanic male (Later identified as S/Ledeszma) being treated by RFD paramedics in the rear yard of the residence. I assisted with cordoning the yard off as a crime scene, with crime scene tape. I contacted W1/Hurtado who was working on a truck with [redacted]. They told me they heard approximately 10 gun shots coming from the rear yard of 10745 Cypress Ave. They all said they went into their house after the shots were heard because they were afraid. [redacted] said he saw a police car parked in front of the residence before the shooting but none of them saw the incident or knew what happened. While at the scene I contacted [redacted]. He told me his family lives at [redacted]. He said he was there earlier but left after he heard his uncle (S/Ledeszma) arguing with his wife in the backyard. He had just returned but did not see what had happened. I also contacted RFD CPT Abbruzzese from ENG# 208. He told me he as well as Firfighters Rogers and Galik and Medic Norton, responded to and treated S/Ledeszma, who was transported to Riverside Community Hospital. I then went to where S/Ledeszma had been transported to [redacted] (H). I met with Officer Schmitz near the operating room at approximately 1730 hrs. After S/Ledeszma was pronounced deceased we remained near the lobby of the hospital where we met with a group of approximately 20 of S/Ledeszma's family members. They were upset but left at approximately 2300 hrs without incident.

Reporting Officer Jahinjan, Reviewed By [Signature], COPIES TO, VCL0 ( ), ACTIONS: APR Sent, APR Cncl., APB Sent, APB Cncl., DOJ-NCIC, Entered, Cancld.

# Riverside Police Department

## Initial Report

### M. O. Sheet

PAGE # 2

FILE NO: P12003517

Date 1-07-12	Type of report 245 PC	Investigating Officer & ID # Jahinian # 1491
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**Added Contact Only**  Yes  No

Code W3	Name (Last, First Middle)	Residence Address	Res. Phone ( )
Sex/Race M H	Height 5 9	Weight 189	Hair Br
	Eyes Br	DOB	Business Address
Comments:		E-mail Address	Cell Phone
If treated for injuries, by whom?		If hospitalized, where?	Date/Time
			Nature of Injuries

**-MODUS OPERANDI SECTION-**

<p><b>PREMISES (BUSINESS)</b></p> <p><input type="checkbox"/> 1. Bank / Sav. Loan Financial / 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"/> 14. Photo Stand</p> <p><input type="checkbox"/> 15. 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 Store</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.</p> <p><b>(RESIDENCE)</b></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 type="checkbox"/> 36. House</p> <p><input type="checkbox"/> 37. Mobile Home</p> <p><input type="checkbox"/> 38. 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Narcotics / Drugs</p> <p><input type="checkbox"/> 13. Tools</p> <p><input type="checkbox"/> 14.</p> <p><b>TYPE OF SECURITY</b></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. Auxillary Locks</p> <p><input type="checkbox"/> 7. Deadbolts / Windows</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 Interior View</p> <p><input type="checkbox"/> 13. Community / Business</p> <p><input type="checkbox"/> 14. Security Signs</p> <p><input type="checkbox"/> 15.</p> <p><b>BURGLARY ONLY</b></p> <p>Is the Victim a Member of Neighborhood Watch? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the Victim Interested in Joining A Neighborhood Watch? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>APPROACH</b></p> <p><input type="checkbox"/> 1. Taking a Survey</p> <p><input type="checkbox"/> 2. Customer Client Delivery</p> <p><input 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 Enforcement</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.</p> <p><b>SOLVABILITY FACTOR</b></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 ID'd</p> <p><input type="checkbox"/> 7. Suspect can be Found</p> <p><input type="checkbox"/> 8. Susp. Veh. Can be ID'd</p> <p><input type="checkbox"/> 9. Identifiable 496</p> <p><input type="checkbox"/> 10. Good Phys. Evidence</p> <p><input type="checkbox"/> 11. &lt;akpr Omk / Sex Crime</p> <p><input type="checkbox"/> 12. Significant MO</p> <p><input type="checkbox"/> 13. Witness Needs Contact</p> <p><input type="checkbox"/> 14. ID called out</p> <p><input type="checkbox"/> 15. Informant Contacted</p> <p><input type="checkbox"/> 16. Neighbors Checked</p> <p><input type="checkbox"/> 17.</p> <p><b>VEHICLE ENTRY</b></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.</p>	<p><b>VICTIM RELATION TO SUSPECT</b></p> <p><input 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.</p> <p><b>VICTIM PHYSICAL CONDITION</b></p> <p><input type="checkbox"/> 1. Under the 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.</p> <p><b>VEHICLE TYPE</b></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.</p>
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**TOTAL AMOUNT STOLEN \$**                      **TOTAL AMOUNT RECOVERED \$**

# Riverside Police Department

## Initial Report

### M. O. Sheet

PAGE # 3

FILE NO: P12003517

Date 1-07-12	Type of report 245 PC	Investigating Officer & ID # Jahinian # 1491
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Added Contact Only  Yes  No

Code W4	Res. Phone						
Sex/Race M H	Height 5 6	Weight 140	Hair Br	Eyes Br	DOB	Business Address	( )
Comments:			E-mail Address		Cell Phone		Pager Number
If treated for injuries, by whom?			If hospitalized, where?		Date/Time		Nature of Injuries

#### -MODUS OPERANDI SECTION-

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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.</p> <p><b>SOLVABILITY FACTOR</b></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 ID'd</p> <p><input type="checkbox"/> 7. Suspect can be Found</p> <p><input type="checkbox"/> 8. Susp. Veh. Can be ID'd</p> <p><input type="checkbox"/> 9. Identifiable 496</p> <p><input type="checkbox"/> 10. Good Phys. Evidence</p> <p><input type="checkbox"/> 11. &lt;akpr Omk / Sex Crime</p> <p><input type="checkbox"/> 12. Significant MO</p> <p><input type="checkbox"/> 13. Witness Needs Contact</p> <p><input type="checkbox"/> 14. ID called out</p> <p><input type="checkbox"/> 15. Informant Contacted</p> <p><input type="checkbox"/> 16. Neighbors Checked</p> <p><input type="checkbox"/> 17.</p> <p><b>VEHICLE ENTRY</b></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.</p>	<p><b>VICTIM RELATION TO SUSPECT</b></p> <p><input 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.</p> <p><b>VICTIM PHYSICAL CONDITION</b></p> <p><input type="checkbox"/> 1. Under the 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.</p> <p><b>VEHICLE TYPE</b></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.</p>
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TOTAL AMOUNT STOLEN \$

TOTAL AMOUNT RECOVERED \$