

SUPPLEMENTAL REPORT

Date Prepared: 02-24-15

1. Original File No. P15-028755	2. [Redacted]	3. Off. ID 1297	4. NPC E	5. Crime-Ct.	6. Crime-Ct.	7. Crime-Ct.	8. Date / Time Occurred 02-23-15 / 2128	9. Day 2			
10. Date / Time Assigned 02-23-15 / 2128	11. Date / Time Inv. Start 02-23-15 / 2135	12. Date / Time Inv. Term. 02-24-15 /	13. Type Clr. EXC	14. Type Cont. REC	15. Additional Adults Arr.	16. Additional Juv. Arr.					
17. Address of Occurrence (Street No. - Name - City - Zip) 2865 Prospect, Riverside CA 92507							18. Type of Place Residence				
For ID USE: V = Victim, I = Informant, W = Witness, O = Other											
19. ID: O1	20. Last Name - First - Middle (Firm Name if Business) Morales, Roseleo						21. Race - Sex H - M	22. DOB [Redacted]			
23. Residence Address [Redacted]			24. Business or School Address N/A			25. Home Phone [Redacted]	26. Bus. Phone				
27. ID: O2	28. Last Name - First - Middle (Firm Name if Business) Castro, Veronica						29. Race - Sex H - F	30. DOB [Redacted]			
31. Residence Address [Redacted]			32. Business or School Address N/A			33. Home Phone [Redacted]	34. Bus. Phone				
S U S P E C T	35. Last Name - First - Middle			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 () 2		Juv. Ct. () 5		Within () 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 () 2		Juv. Ct. () 5		Within () 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) Officer Involved Shooting (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 Narrative: On 02-23-15, at about 2130 hours, partner Officer Pap #1668 and I responded to [Redacted] reference a request for assistance of other officers that had been involved in an officer involved shooting, and the suspect had fled the location on foot. Upon our arrival, we positioned ourselves at Pleasant/ Grove for a containment position. Approximately three minutes after arriving at this location, we heard a faint pop sound come from east of our location.	62a. Audio Recording Available? No	62b. Incident Number:	Reporting Officer C. Camp Reviewed By McCoy COPIES TO
VCLD ()			ACTIONS
			APB Sent
			APB Cancld.
			APR Sent
			APR Cancld.
			DOJ - NCIC
			Entered Cancld.
			ENTERED
			STATS ARBK ANI

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

PAGE NO: 2

FILE NO. P15-028755

DATE 02-23-15	TYPE OF REPORT Supplemental Report/ Officer Involved Shooting	REPORTING OFFICER C. Camp #1297
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-ADDITIONAL CONTACTS-

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

Code O3	63. Name Castro, Alexia	64. Residence Address [REDACTED]	65. Res. Phone [REDACTED]
66. Sex/Race F / H	Height [REDACTED]	Weight [REDACTED]	Hair [REDACTED]
	Eyes [REDACTED]	67. D.O.B. [REDACTED]	68. Business Address N/A
69. Bus. Phone	70. Name		71. Residence Address
72. Res. Phone	73. Sex/Race I		74. D.O.B.
75. Business Address	76. Bus. Phone		

PREMISES (BUSINESS) <input type="checkbox"/> 1. Bank/Sav. Loan Finance/Credit Union <input type="checkbox"/> 2. Bar <input type="checkbox"/> 3. Cleaners/Laundry <input type="checkbox"/> 4. Construction Site <input type="checkbox"/> 5. Theater <input type="checkbox"/> 6. Fast Foods <input type="checkbox"/> 7. Gas Station <input type="checkbox"/> 8. Hotel/Motel <input type="checkbox"/> 9. Dept./Disc. Store <input type="checkbox"/> 10. Drug/Pharm. Store <input type="checkbox"/> 11. Gun/Sport Store <input type="checkbox"/> 12. Jewelry Store <input type="checkbox"/> 13. Liquor Store <input type="checkbox"/> 14. Photo Stand <input type="checkbox"/> 15. Convenience Store <input type="checkbox"/> 16. Tire Store <input type="checkbox"/> 17. Restaurant <input type="checkbox"/> 18. Supermarket <input type="checkbox"/> 19. Video/TV/Radio <input type="checkbox"/> 20. Auto Parts <input type="checkbox"/> 21. Bicycle Store <input type="checkbox"/> 22. Clothing Store <input type="checkbox"/> 23. Hardware <input type="checkbox"/> 24. Medical <input type="checkbox"/> 25. Office Building <input type="checkbox"/> 26. Shoe Store <input type="checkbox"/> 27. Warehouse <input type="checkbox"/> 28. Entertainment <input type="checkbox"/> 29. Storage Facility <input type="checkbox"/> 30. Other: (RESIDENCE) <input type="checkbox"/> 31. Apartment <input type="checkbox"/> 32. Condo/Townhouse <input type="checkbox"/> 33. Duplex/Fourplex <input type="checkbox"/> 34. Garage Attached <input type="checkbox"/> 35. Garage Detached <input type="checkbox"/> 36. House <input type="checkbox"/> 37. Mobile Home <input type="checkbox"/> 38. Retirement Home <input type="checkbox"/> 39. Other: (PUBLIC) <input type="checkbox"/> 40. Church <input type="checkbox"/> 41. Hospital <input type="checkbox"/> 42. Park/Playground <input type="checkbox"/> 43. Public Building <input type="checkbox"/> 44. School <input type="checkbox"/> 45. Shopping Center <input type="checkbox"/> 46. Street/Hwy/Fwy <input type="checkbox"/> 47. Pkg Lt/Garage <input type="checkbox"/> 48. Other:	POINT OF ENTRY <input type="checkbox"/> 1. Front <input type="checkbox"/> 2. Rear <input type="checkbox"/> 3. Side <input type="checkbox"/> 4. North <input type="checkbox"/> 5. South <input type="checkbox"/> 6. East <input type="checkbox"/> 7. West <input type="checkbox"/> 8. Window <input type="checkbox"/> 9. Door <input type="checkbox"/> 10. Sliding Glass Door <input type="checkbox"/> 11. Basement <input type="checkbox"/> 12. Roof <input type="checkbox"/> 13. Floor <input type="checkbox"/> 14. Wall <input type="checkbox"/> 15. Duct/Vent <input type="checkbox"/> 16. Garage <input type="checkbox"/> 17. Adj. Building <input type="checkbox"/> 18. Ground Level <input type="checkbox"/> 19. Upper Level <input type="checkbox"/> 20. Other: METHOD OF ENTRY <input type="checkbox"/> 1. No Force Used <input type="checkbox"/> 2. Attempt Only <input type="checkbox"/> 3. Bodily Force <input type="checkbox"/> 4. Bolt Cut/Pliers <input type="checkbox"/> 5. Channel Lock/Pliers Wrench/Vice Grips <input type="checkbox"/> 6. Saw/Drill/Burn <input type="checkbox"/> 7. Screwdriver <input type="checkbox"/> 8. Tire Iron <input type="checkbox"/> 9. Unk Pry Tool <input type="checkbox"/> 10. Coat Hanger/Wire Slim Jim <input type="checkbox"/> 11. Key Slip/Shim <input type="checkbox"/> 12. Punch <input type="checkbox"/> 13. Remove Louvers <input type="checkbox"/> 14. Window Smashed <input type="checkbox"/> 15. Brick/Rock <input type="checkbox"/> 16. Hid in Building <input type="checkbox"/> 17. Lock Box <input type="checkbox"/> 18. Unlocked Door/Window <input type="checkbox"/> 19. Other:	PROPERTY TAKEN (See \$ Amount Below) <input type="checkbox"/> 1. Cash/Notes <input type="checkbox"/> 2. Jewelry/Metals <input type="checkbox"/> 3. Clothing/Furs <input type="checkbox"/> 4. Office Equipment <input type="checkbox"/> 5. TV/Cam/Stereo <input type="checkbox"/> 6. Firearms <input type="checkbox"/> 7. Household Goods <input type="checkbox"/> 8. Consumer Goods <input type="checkbox"/> 9. Livestock <input type="checkbox"/> 10. Misc. <input type="checkbox"/> 11. Car Radio/Spkrs <input type="checkbox"/> 12. Narcotics/Drugs <input type="checkbox"/> 13. Tools <input type="checkbox"/> 14. Other: TYPE OF SECURITY <input type="checkbox"/> 1. Audible Alarm <input type="checkbox"/> 2. Silent Alarm <input type="checkbox"/> 3. Security Patrol <input type="checkbox"/> 4. Dog <input type="checkbox"/> 5. Standard Locks <input type="checkbox"/> 6. Auxiliary Locks <input type="checkbox"/> 7. Deadbolts <input type="checkbox"/> 8. Window Bars/Grill <input type="checkbox"/> 9. Outside Lights On <input type="checkbox"/> 10. Inside Lights On <input type="checkbox"/> 11. Garage Door Lock <input type="checkbox"/> 12. Obscured Int. View <input type="checkbox"/> 13. Comm/Business <input type="checkbox"/> 14. Other: BURGLARY ONLY Is Victim Member of Neighborhood Watch? <input type="checkbox"/> Yes <input type="checkbox"/> No Interested in Neighborhood Watch? <input type="checkbox"/> Yes <input type="checkbox"/> No	APPROACH <input type="checkbox"/> 1. Taking a Survey <input type="checkbox"/> 2. Customer/Client Delivery <input type="checkbox"/> 3. Person <input type="checkbox"/> 4. Stranded Motorist <input type="checkbox"/> 5. Drunk Employee <input type="checkbox"/> 6. Drunk Employer <input type="checkbox"/> 7. Friend/Relative <input type="checkbox"/> 8. Ill/Injured <input type="checkbox"/> 9. Needed Telephone <input type="checkbox"/> 10. Police/Law Official <input type="checkbox"/> 11. Renter <input type="checkbox"/> 12. Repair Man <input type="checkbox"/> 13. Sales-Lawful Goods <input type="checkbox"/> 14. Sales-Unlawful Goods <input type="checkbox"/> 15. Seeking Assistance <input type="checkbox"/> 16. Seeking Directions <input type="checkbox"/> 17. Seeking Someone <input type="checkbox"/> 18. Other: SOLVABILITY FACTOR <input type="checkbox"/> 1. Will Not Prosecute <input type="checkbox"/> 2. There is a Witness <input type="checkbox"/> 3. Suspect Arrested <input type="checkbox"/> 4. Suspect Named <input type="checkbox"/> 5. Suspect Described <input type="checkbox"/> 6. Suspect Can Be IDed <input type="checkbox"/> 7. Susp Can Be Found <input type="checkbox"/> 8. Susp Veh Can Be IDed <input type="checkbox"/> 9. Identifiable 496 <input type="checkbox"/> 10. Good Phys. Evidence <input type="checkbox"/> 11. Major Inj/Sex Crime <input type="checkbox"/> 12. Significant MO <input type="checkbox"/> 13. Witness Needs Cont. <input type="checkbox"/> 14. ID Called Out <input type="checkbox"/> 15. Inf. Contacted <input type="checkbox"/> 16. Neighbors Checked <input type="checkbox"/> 17. Other: VEHICLE ENTRY <input type="checkbox"/> 1. Door/Lock Forced <input type="checkbox"/> 2. Conv/Top Forced <input type="checkbox"/> 3. Trunk Forced <input type="checkbox"/> 4. Window Broken <input type="checkbox"/> 5. Window Forced <input type="checkbox"/> 6. Window Open <input type="checkbox"/> 7. Unlocked <input type="checkbox"/> 8. Other:	SUSPECT REL/VICTIM <input type="checkbox"/> 1. Husband <input type="checkbox"/> 2. Wife <input type="checkbox"/> 3. Mother <input type="checkbox"/> 4. Father <input type="checkbox"/> 5. Daughter <input type="checkbox"/> 6. Son <input type="checkbox"/> 7. Brother <input type="checkbox"/> 8. Sister <input type="checkbox"/> 9. Other Fam Member <input type="checkbox"/> 10. Acquaintance <input type="checkbox"/> 11. Friend <input type="checkbox"/> 12. Boyfriend <input type="checkbox"/> 13. Girlfriend <input type="checkbox"/> 14. Neighbor <input type="checkbox"/> 15. Business Associate <input type="checkbox"/> 16. Stranger <input type="checkbox"/> 17. Other: VICTIM PHYSICAL CONDITION <input type="checkbox"/> 1. Under Influence <input type="checkbox"/> 2. Sick/Injured <input type="checkbox"/> 3. Senior Citizen <input type="checkbox"/> 4. Blind <input type="checkbox"/> 5. Handicapped <input type="checkbox"/> 6. Deaf <input type="checkbox"/> 7. Mute <input type="checkbox"/> 8. Mentally Impaired <input type="checkbox"/> 9. Other: VEHICLE TYPE <input type="checkbox"/> 1. Passenger Car <input type="checkbox"/> 2. Motorcycle/Moped <input type="checkbox"/> 3. Pickup Truck <input type="checkbox"/> 4. Trailer <input type="checkbox"/> 5. Truck <input type="checkbox"/> 6. Van <input type="checkbox"/> 7. Camper <input type="checkbox"/> 8. Motorhome <input type="checkbox"/> 9. Other:
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TOTAL AMOUNT STOLEN

TOTAL AMOUNT RECOVERED

**RIVERSIDE POLICE DEPARTMENT
CONTINUATION PAGE**

PAGE NO. 3

FILE NO. P15-028755

DATE 02-23-15	TYPE OF REPORT Supplemental Report/ Officer Involved Shooting	REPORTING OFFICER C. Camp #1297
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Narrative: (Continued)

Seconds after hearing this sound, a large family ran out of the residence located at 2786 Pleasant, and yelled that the suspect was inside their residence and had a gun. As we were approaching the residence, one of the family members stated that they think the suspect may have shot himself. At this time we were unsure if the suspect had actually shot himself, and we did not know if there were any other people inside the residence that may be at risk. Officer Pap and I were joined by Officer Ouk and Officer Serrato, and we entered the residence to conduct a search for the suspect. Upon entering the residence, we located the suspect lying on the floor in the bedroom along the south side of the residence. The suspect was suffering from a gunshot wound to his face. There was a black pump action shotgun on the ground next to the suspect, who was unresponsive. Upon our request, Fire Department personnel responded to our location, and pronounced the male suspect deceased.

After securing the scene, I assisted with a door to door scene canvass in an attempt to locate potential witnesses. I first responded to the residence located at 2794 Pleasant. I knocked on the front door numerous times, but nobody answered and it appeared that nobody was at the residence.

I then responded to the residence located at [REDACTED] in an attempt to contact the resident at this location. Upon knocking on the front door I was contacted by a male subject, who was identified as Roseleo Morales, who stated the following: O1/Morales said that he lives at the listed location. He stated that he was away from home at work at the time of the incident, and when he arrived home the street was already taped off as a result of the incident. Since he was not home, he did not hear or see anything.

I responded to the residence located at 2770 Pleasant, and found that this was a vacant residence.

I responded to the residence located at [REDACTED] Upon knocking on the front door of the residence I was contacted by a female subject, who was identified as Veronica Castro. She explained the following: O2/Castro said that she lives at the location, but was asleep and did not hear or see anything. She stated that her daughter, who she identified as Alexia Castro, was awake at the time of the incident, and may have witnessed something. I then spoke with O2/Alexia, who explained the following: O2/Alexia said that she was inside her residence studying, and had the television or radio turned up, so she did not hear or see anything.

I responded to the residence located at 2754 Pleasant. I knocked on the front door of the residence, but there was no answer at the residence and it did not appear that anybody was home.

I responded to the residence located at 2746 Pleasant. I knocked on the front door of the residence, but there was no answer at the residence and it did not appear that anybody was home.

We conducted a search of the area in an attempt to locate potential evidence, but found no related evidence.