

SUPPLEMENTAL REPORT

Date Prepared: 11-18-14

1. Original File No. P14-175586	2. [Redacted]	3. Off. ID 1571	4. NPC W	5. Crime-Ct.	6. Crime-Ct.	7. Crime-Ct.	8. Date / Time Occurred 11-18-14 / 1431	9. Day 3			
10. Date / Time Assigned 11 14 / 1431	11. Date / Time Inv. Start 11-18-14 / 1431	12. Date / Time Inv. Term. 11-18-14 / 1800	13. Type Clr.	14. Type Cont.	15. Additional Adults Arr.	16. Additional Juv. Arr.					
17. Address of Occurrence (Street No. - Name - City - Zip) 5433 Bushnell, Riverside 92505							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) Snively, Barbara Ann						21. Race - Sex W - F	22. DOB [Redacted]			
23. Residence Address				24. Business or School Address			25. Home Phone	26. Bus. Phone			
[Redacted]											
27. ID: O2	28. Last Name - First - Middle (Firm Name if Business) Santana, Maria Inez						29. Race - Sex H - F	30. DOB [Redacted]			
31. Residence Address				32. Business or School Address			33. Home Phone	34. Bus. Phone			
[Redacted]											
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 Disp. Juris.		Juv. Ct. () 5 Prob.		Within () 6 Dept.		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 Disp. Juris.		Juv. Ct. () 5 Prob.		Within () 6 Dept.		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) FTY (2)					61. Original Offenses Changed to (Code - Crime) (1) OIS (2)					58. Stolen Auto Value ASP: 59. Recovered Auto Value A2	
62. Narrative of Supplemental Report 62a. Audio Recording Available? No 62b. Incident Number: On 11-18-14, at about 1431 hours, I responded to 5433 Bushnell to assist fellow officers reference a FTY and OIS at the residence. Upon arrival, I secured the area just north of the location and began to get statements from the neighbors. O1/Snively said she was inside her residence which sits about 180' back from the street when she heard the sounds of sirens in the area of her residence. Shortly afterwards she head about 5 gunshots. She ran to the back of her residence for safety. O2/Maria stated she was inside her residence at her computer when she heard the sounds of sirens in the area. She then stated she head a male voice yelling. "Get Down, Get Down, Get Down, Get Down!" and then heard about seven (7) gunshots. O3/Veronica stated she was at her residence at [Redacted] and heard about 3 gunshots close to her residence and then the sounds of sirens. She did not hear any voices because she was on the phone at										Reporting Officer Sepulveda #1571 Reviewed By <i>T. Renks</i> COPIES TO VCL0 () ACTIONS APB Sent APB Cancld. APR Sent APR Cancld. Entered DOJ - NCIC Cancld. ENTERED STATS ARBK ANI	

**RIVERSIDE POLICE DEPT.
INITIAL REPORT
ADDITIONAL CONTACTS**

PAGE NO: 2

FILE NO. P14-175586

DATE 11-18-14	TYPE OF REPORT OIS	REPORTING OFFICER J. Sepulveda #1571
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-CONTACT INFORMATION-

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

Code O3	Name (Last, First, Middle) Santana, Veronica Irene					Residence Address			Res. Phone
Sex/Race F / H	Height 5-04	Weight 150	Hair BRN	Eyes BRN	D.O.B.	Business Address			Bus. Phone
If treated for injuries, by whom?			If hospitalized, where?			Date/Time	Nature of injuries		
Veh Info	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
Code	Name (Last, First, Middle)					Residence Address			Res. Phone

If treated for injuries, by whom?			If hospitalized, where?			Date/Time	Nature of injuries		
Veh Info	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
Code	Name (Last, First, Middle)					Residence Address			Res. Phone

Code O5	Name (Last, First, Middle) Suarez, Audrey Deshon					Residence Address			Res. Phone
Sex/Race F / H	Height 5-05	Weight 140	Hair BRN	Eyes BRN	D.O.B.	Business Address			Bus. Phone
If treated for injuries, by whom?			If hospitalized, where?			Date/Time	Nature of injuries		
Veh Info	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
Code	Name (Last, First, Middle)					Residence Address			Res. Phone

Code O6	Name (Last, First, Middle) Ruvalcaba, Fernando					Residence Address			Res. Phone
Sex/Race M / H	Height 5-10	Weight 220	Hair BLK	Eyes BRN	D.O.B.	Business Address			Bus. Phone
If treated for injuries, by whom?			If hospitalized, where?			Date/Time	Nature of injuries		
Veh Info	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
Code	Name (Last, First, Middle)					Residence Address			Res. Phone

Code O7	Name (Last, First, Middle) Meier, Donna Jane					Residence Address			Res. Phone
Sex/Race F / W	Height 5-02	Weight 140	Hair GRY	Eyes BLU	D.O.B.	Business Address			Bus. Phone
If treated for injuries, by whom?			If hospitalized, where?			Date/Time	Nature of injuries		
Veh Info	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
Code	Name (Last, First, Middle)					Residence Address			Res. Phone

Code O8	Name (Last, First, Middle) Jewel, Dominique					Residence Address			Res. Phone
Sex/Race F / B	Height 5-05	Weight 130	Hair BRN	Eyes BRN	D.O.B.	Business Address			Bus. Phone
If treated for injuries, by whom?			If hospitalized, where?			Date/Time	Nature of injuries		
Veh Info	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
Code	Name (Last, First, Middle)					Residence Address			Res. Phone

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	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

RIVERSIDE POLICE DEPT.
CONTINUATION PAGE

PAGE NO:

FILE NO: P14-175586

DATE
11/19/2014

Supplemental
OIS

INVESTIGATING OFFICER
J. Sepulveda #1571

1 Narrative: (Continued)

2 the time the incidence occurred.

3
4 O4/ [REDACTED] stated he was at the his aunt's residence located at [REDACTED] when he heard about 5-6
5 gunshots then the sound of sirens in the area. He did not hear any voices at the time of the gunfire.

6
7 O5 Suarez stated she was at her residence located at [REDACTED] when she heard about 5-7 gunshots in
8 the area. She did not hear the sounds of sirens and she did not see anything.

9
10 O6/Ruvalcaba stated he did not hear anything because he was watching TV.

11
12 O7/Meier stated she is the owner of the properties located at [REDACTED]. She stated she left
13 her residence at 1130 and did not know what happened. O7/Meier also said her niece O8/Jewel lives with
14 her and O8/Jewel left the residence at about 1430 hours and was not aware of any incidents at their
15 residence. O7/Meier gave permission to conduct a search of check her residence. O7/Meier provided me
16 the keys to the residence which I gave to Det. S. Levesque.

17
18 All statements were paraphrased and captured on my department issued audio recorder. I downloaded all
19 the recordings at Lincoln St. Station

20
21 No further information available

RIVERSIDE POLICE DEPT. Restricted Information Request Case PROHIBITED
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