

SUPPLEMENTAL REPORT

Date Prepared: 10-15-12

1. Original File No. F 149530	2. [Redacted]	3. Off. ID 1404	4. NPC C	5. Crime-Ct.	6. Crime-Ct.	7. Crime-Ct.	8. Date / Time Occurred 10-14-12 / 2306	9. Day 7			
10. Date / Time Assigned 10-14-12 / 2302	11. Date / Time Inv. Start 10-14-12 / 2302	12. Date / Time Inv. Term. 10-15-12 / 0130	13. Type Cir. Exc	14. Type Cont. Rec	15. Additional Adults Arr.	16. Additional Juv. Arr.	18. Type of Place apartment				
17. Address of Occurrence (Street No. - Name - City - Zip) 3750 Myers St. #55 Riverside Ca. 92503							For ID USE: V = Victim, I = Informant, W = Witness, O = Other				
19. ID: 0-1	20. Last Name - First - Middle (Firm Name if Business) Ornelas, Tonya Renee						21. Race - Sex W - F	22. DOB [Redacted]			
23. Residence Address 2750 Myers St. #34 Riverside Ca. 92503				24. Business or School Address		25. Home Phone [Redacted]	26. Bus. Phone [Redacted]				
27. ID: 0-2	28. Last Name - First - Middle (Firm Name if Business) Rodriguez, Denise						29. Race - Sex H - F	30. DOB [Redacted]			
31. Residence Address 3750 Myers St. #33 Riverside Ca. 92503				32. Business or School Address		33. Home Phone [Redacted]	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										
5. 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) OIS	61. Original Offenses Changed to (Code - Crime) (1)	58. Stolen Auto Value ASP
(2)	(2)	59. Recovered Auto Value A2

62. Narrative of Supplemental Report
On 10-14-12 at approx. 2302 hours I arrived at the listed location to assist patrol with a subject that was inside his apartment armed with a gun and threatening suicide.

Upon arrival, PSD Flash and I walked up the stairs on the north side and onto the top landing. As I advanced towards the apartment I saw that officers were in a stack just south of apartment #55. I was approx. thirty feet from the officers when I saw a subject begin to step out of the apartment and towards the officers. I then heard approx. 5 shots fired and the subject fall onto the landing. I retreated back to the north stairs and took cover. From the position that I was in I could only see the back of the subject. I could not see his hands and I did not see who fired the gun shots.

I then checked the apartments directly across from where the incident happen to assure that nobody was hurt from the gunfire. I also checked to see if there were any witnesses to the incident.

Reporting Officer
J. Barney
Reviewed By
[Signature]
COPIES TO

VCL0 ()

ACTIONS

APB Sent
APB Cancld.
APR Sent
APR Cancld.

DOJ - NCIC
Entered
Cancld.

ENTERED
STATS ARBK ANI

**RIVERSIDE POLICE DEPARTMENT
CONTINUATION PAGE**

PAGE NO. 2

FILE NO. P12-149530

DATE 10-14-12	TYPE OF REPORT OIS	REPORTING OFFICER J. Barney
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NARRATIVE CONTINUED:

I contacted 0-1 Ornelas (APT.#34) who told me she was not hurt and no bullets went into her apartment. She said she was in her living room studying when she heard 5 to 6 gun shots. She did not see anything and there were no other people in her apartment.

I contacted 0-2 Rodriguez (APT.#33) who told me she was not hurt and no bullets went into her apartment. She said she was watching T.V. in her living room when she heard 7 to 8 gun shots. She did not see anything and her three children were sleeping in the bedroom. I checked the three kids and they were not hurt and they did not hear anything because they were asleep.

I contacted 0-3 Baviello (APT.#36) who told me that he was not hurt and no bullets went into his apartment. He said he was in his family room when he heard 6 to 7 gun shots. He did not see anything and his girlfriend was in the bathroom at the time of the incident.

I contacted 0-4 Rogoff (APT.#36) who told me she was not hurt and no bullets went into the apartment. She said she was in the bathroom when she heard gun shots. She could not tell me how many gun shots she heard. She said she did not see anything and there were no more people inside the apartment.

I contacted 0-5 Soto (APT.#35) who told me he was not hurt and no bullets went into his apartment. He said he was inside his bedroom when he heard gun shots. He could not tell me how many gun shots he heard. He did not see anything and his three children were sleeping in the bedroom when the incident happen. I checked the children and they were not hurt. The children did not see or hear anything because they were sleeping.

I contacted 0-6 Salgado (APT.#35) who told me she was not hurt and no bullets went into the apartment. She said she was inside the bedroom with 0-5 Soto when she heard gun shots. She could not tell me how many gun shots she heard and she did not see anything.

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

PAGE NO: 3

FILE NO. P12-149530

D 10-14-12	TYPE OF REPORT OIS	REPORTING OFFICER J. Barney
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-CONTACT INFORMATION-

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

Code 0-3	Name (Last, First, Middle) Baviello, Randy Michael	Residence Address 3750 Myers St. #36 Riverside Ca. 92503	Res. Phone
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Sex/Race M / W	Height 5-11	Weight 170	Hair BLN	Eyes GRN	D.O.B.	Business Address	Bus. Phone
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If treated for injuries, by whom?	If hospitalized, where?	Date/Time	Nature of injuries
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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
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Code 0-4	Name (Last, First, Middle) Rogoff, Michelle	Residence Address 3750 Myers St. #36 Riverside Ca. 92503	Res. Phone
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Sex/Race F / W	Height 5-3	Weight 130	Hair BRN	Eyes BLU	D.O.B.	Business Address	Bus. Phone
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If treated for injuries, by whom?	If hospitalized, where?	Date/Time	Nature of injuries
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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
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Code 0-5	Name (Last, First, Middle) Soto, Salgado Cruz	Residence Address 3750 Myers St. #35 Riverside Ca. 92503	Res. Phone
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Sex/Race M / H	Height 5-4	Weight 140	Hair BLK	Eyes BRN	D.O.B.	Business Address	Bus. Phone
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If treated for injuries, by whom?	If hospitalized, where?	Date/Time	Nature of injuries
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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
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Code 0-6	Name (Last, First, Middle) Salgado, Esmeralda	Residence Address 3750 Myers St. #35 Riverside Ca. 92503	Res. Phone
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Sex/Race F / H	Height 5-4	Weight 120	Hair BLK	Eyes BRN	D.O.B.	Business Address	Bus. Phone
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If treated for injuries, by whom?	If hospitalized, where?	Date/Time	Nature of injuries
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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
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Code	Name (Last, First, Middle)	Residence Address	Res. Phone
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Sex/Race /	Height	Weight	Hair	Eyes	D.O.B.	Business Address	Bus. Phone
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If treated for injuries, by whom?	If hospitalized, where?	Date/Time	Nature of injuries
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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
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Code	Name (Last, First, Middle)	Residence Address	Res. Phone
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Sex/Race /	Height	Weight	Hair	Eyes	D.O.B.	Business Address	Bus. Phone
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If treated for injuries, by whom?	If hospitalized, where?	Date/Time	Nature of injuries
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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
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Code	Name (Last, First, Middle)	Residence Address	Res. Phone
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Sex/Race /	Height	Weight	Hair	Eyes	D.O.B.	Business Address	Bus. Phone
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If treated for injuries, by whom?	If hospitalized, where?	Date/Time	Nature of injuries
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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
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