



San Diego County Sheriff's Department Crime/Incident Report

Case No. **17135873**

CAD Event No.: **E4275205**

Case Disposition: **Active**

Primary Victim: [REDACTED]

Report No. **17135873.1**

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GENERAL CASE INFORMATION

Primary Charge: 243 (A) - PC - BATTERY ON PERSON (M)			
Special Studies:		Related Cases:	
Location City State ZIP: 1173 Front St, San Diego, CA 92124		Occurred On: 07/09/2017 16:30:00 (Sunday)	
Jurisdiction:	Beat: 021	Call Source: DEPUTY	(and Between):
Means:	Motives:		

VICTIM/S

Victim #1

<input type="checkbox"/> Secured Premise <input type="checkbox"/> Discovered Crime <input type="checkbox"/> Reporting Party <input type="checkbox"/> Law Enforcement Officer			
Name: [REDACTED]		Victim Type: I - Individual	Interpreter Language:

ALIAS / AKA / NICKNAME / MONIKER:				
Name Type:	First:	Middle:	Last:	Suffix:

Victim Of: 243 (A) - PC - BATTERY ON PERSON (M)			County Residence: [REDACTED]
Home Address, City, State, ZIP:		Res. Country:	Place of Birth: [REDACTED]
Undocumented:	Race:	Sex:	Date of Birth / Age:
Height:	Weight:	Hair Color:	Eye Color:
Facial Hair:	Complexion:	Employment Status:	Occupation/Grade:
Employer/School:	Employer Address, City, State, ZIP:		

CONTACT INFORMATION:	
Type:	Number/Address:

IDENTIFICATION:			
Type: BN - Booking Number	Number: [REDACTED]	State:	Country:
Type: JIM - JIMS Number	Number: [REDACTED]	State:	Country:

Attire: Jail issued blues	Injury: N - None	Extent of Treatment:	Violent Crime Circumstances:
LAW ENFORCEMENT OFFICER KILLED OR ASSAULTED INFORMATION	Type:	Type Activity:	Type Assignment:
VICTIM OFFENDER RELATIONSHIPS	Offender: Rivera, Michael	Relationship: AQ - Victim Was Acquaintance	

IBR/UCR OFFENSE/S

Offense Description: 243 (A) - PC - BATTERY ON PERSON (M)	Level: M	Against: PE	Completed?: Yes	Counts:	Using: N - Not Applicable
Location Type: 15 - Jail/Prison	Hate/Bias: 88 - None (No Bias)	Domestic Violence: No		Point of Entry:	
Criminal Activity:	Type Security:	Gang Related: No	Entry:	Targets:	
Weapons/Force: 40 - Personal Weapons (Threats, Hands, Fists, Feet, etc.)	Tools:		Targets:		

ARRESTEE/S

SUSPECT/S (Not Yet Arrested)

Suspect #1

Name: Rivera, Michael	County Residence: N - Nonresident	Interpreter Language:
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Reporting Officer: SH3173 - PARADIS, CHRISTOPHER	Division / Organization: San Diego Central Jail	Reviewed By: SH4865 - BOATRIGHT, WAYNE
Report Date: 7/10/2017 11:27:31 AM	Detective Assigned: SH9879 - PARIS, SCOTT	Reviewed Date: 07/22/2017 09:37:33



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ALIAS / AKA / NICKNAME / MONIKER:										
Name Type		First		Middle			Last		Suffix	
Home Address, City, State, ZIP:					Res. Country:		Place of Birth: United States of America (USA)		Undocumented:	
Race: H	Sex: M	Date of Birth / Age: [REDACTED] - 33	Height: 6' 0"	Weight: 180	Hair Color: BRO	Eye Color: BRO	Facial Hair:		Complexion:	
Hair Style:		Hair Length:		Build:		Teeth:		Suspected User: No		
Employment Status:		Occupation/Grade:		Employer/School:		Employer Address City State ZIP:				

CONTACT INFORMATION			
Type: HP - Home Phone		Number/Address: [REDACTED]	
IDENTIFICATION:			
Type: BN - Booking Number	Number: [REDACTED]	State: CA	Country:
Type: JIM - JIMS Number	Number: [REDACTED]	State:	Country:
Type: CII - CII Number	Number: [REDACTED]	State:	Country:
Type: AFIS - Automated Fingerprint Identification System	Number: [REDACTED]	State:	Country:
Type: DLN - Drivers License Number	Number: [REDACTED]	State: CA	Country:
Type: SSN - SSN	Number: [REDACTED]	State:	Country:

SCARS, MARKS, TATTOOS, ODDITIES:	
Attire: jail issued blues	Suspect Actions:

WITNESSES

Witness #1

Person Code: Secured Premise Discovered Crime Reporting Party Law Enforcement Officer

Witness Type Code: 01-Arresting Officer 06-Other Lay Witness 07-Narc Chemist 12-Other Expert 13-Investigator 14-Other

Name:
Lopez, Jose

Person Code: _____ County Residence: _____

ALIAS / AKA / NICKNAME / MONIKER:										
Name Type:		First		Middle			Last		Suffix	
Home Address, City, State, ZIP:					Res. Country:		Place of Birth:		Undocumented:	
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:		Complexion:	
Employment Status:		Occupation/Grade:		Employer/School:		Employer Address, City, State, ZIP:				
CONTACT INFORMATION:										
Type: WP - Work Phone					Number/Address: [REDACTED]					
IDENTIFICATION:										
Type:		Number:		State:			Country:			
Injury:					Extent of Treatment:					

Reporting Officer SH3173 - PARADIS, CHRISTOPHER	Division / Organization San Diego Central Jail	Reviewed By SH4865 - BOATRIGHT, WAYNE
Report Date 7/10/2017 11:27:31 AM	Detective Assigned SH9879 - PARIS, SCOTT	Reviewed Date 07/22/2017 09:37:33



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CAD Event No.: **E4275205**

Case Disposition: **Active**

Primary Victim: [REDACTED]

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Witness #2

Person Code: <input type="checkbox"/> Secured Premise		<input type="checkbox"/> Discovered Crime		<input type="checkbox"/> Reporting Party		<input type="checkbox"/> Law Enforcement Officer	
Witness Type Code: <input type="checkbox"/> 01-Arresting Officer		<input type="checkbox"/> 06-Other Lay Witness		<input type="checkbox"/> 07-Narc Chemist		<input type="checkbox"/> 12-Other Expert	
<input type="checkbox"/> 13-Investigator		<input type="checkbox"/> 14-Other					
Name: [REDACTED]				Person Code:		County Residence:	
ALIAS / AKA / NICKNAME / MONIKER:							
Name Type:		First:		Middle:		Last:	
Suffix:							
Home Address, City, State, ZIP:				Res. Country:		Place of Birth:	
Undocumented:							
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:
Complexion:							
Employment Status:		Occupation/Grade:		Employer/School:		Employer Address, City, State, ZIP:	
CONTACT INFORMATION:							
Type:				Number/Address:			
IDENTIFICATION:							
Type: BN - Booking Number		Number: [REDACTED]		State:		Country:	
Injury:				Extent of Treatment:			

Witness #3

Person Code: <input type="checkbox"/> Secured Premise		<input type="checkbox"/> Discovered Crime		<input type="checkbox"/> Reporting Party		<input type="checkbox"/> Law Enforcement Officer	
Witness Type Code: <input type="checkbox"/> 01-Arresting Officer		<input type="checkbox"/> 06-Other Lay Witness		<input type="checkbox"/> 07-Narc Chemist		<input type="checkbox"/> 12-Other Expert	
<input type="checkbox"/> 13-Investigator		<input type="checkbox"/> 14-Other					
Name: [REDACTED]				Person Code:		County Residence:	
ALIAS / AKA / NICKNAME / MONIKER:							
Name Type:		First:		Middle:		Last:	
Suffix:							
Home Address, City, State, ZIP:				Res. Country:		Place of Birth:	
Undocumented:							
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:
Complexion:							
Employment Status:		Occupation/Grade:		Employer/School:		Employer Address, City, State, ZIP:	
CONTACT INFORMATION:							
Type:				Number/Address:			
IDENTIFICATION:							
Type: BN - Booking Number		Number: [REDACTED]		State:		Country:	
Injury:				Extent of Treatment:			

Witness #4

Person Code: <input type="checkbox"/> Secured Premise		<input type="checkbox"/> Discovered Crime		<input type="checkbox"/> Reporting Party		<input type="checkbox"/> Law Enforcement Officer	
Witness Type Code: <input type="checkbox"/> 01-Arresting Officer		<input type="checkbox"/> 06-Other Lay Witness		<input type="checkbox"/> 07-Narc Chemist		<input type="checkbox"/> 12-Other Expert	
<input type="checkbox"/> 13-Investigator		<input type="checkbox"/> 14-Other					
Name: [REDACTED]				Person Code:		County Residence:	
ALIAS / AKA / NICKNAME / MONIKER:							
Name Type:		First:		Middle:		Last:	
Suffix:							
Home Address, City, State, ZIP:				Res. Country:		Place of Birth:	
Undocumented:							
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:
Complexion:							
Employment Status:		Occupation/Grade:		Employer/School:		Employer Address, City, State, ZIP:	

Reporting Officer SH3173 - PARADIS, CHRISTOPHER	Division / Organization San Diego Central Jail	Reviewed By SH4865 - BOATRIGHT, WAYNE
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CONTACT INFORMATION:			
Type:		Number/Address:	
IDENTIFICATION:			
Type:	Number:	State:	Country:
BN - Booking Number	[REDACTED]		
Injury:		Extent of Treatment:	

Witness #5

Person Code: <input type="checkbox"/> Secured Premise	<input type="checkbox"/> Discovered Crime	<input type="checkbox"/> Reporting Party	<input type="checkbox"/> Law Enforcement Officer
Witness Type Code: <input type="checkbox"/> 01-Arresting Officer	<input type="checkbox"/> 06-Other Lay Witness	<input type="checkbox"/> 07-Narc Chemist	<input type="checkbox"/> 12-Other Expert <input type="checkbox"/> 13-Investigator <input type="checkbox"/> 14-Other
Name:		Person Code:	County Residence:
[REDACTED]			

ALIAS / AKA / NICKNAME / MONIKER:								
Name Type:		First:	Middle:	Last:	Suffix:			
Home Address, City, State, ZIP:				Res. Country:	Place of Birth:	Undocumented:		
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:	Complexion:
Employment Status:	Occupation/Grade:	Employer/School:	Employer Address, City, State, ZIP:					
CONTACT INFORMATION:								
Type:		Number/Address:						
IDENTIFICATION:								
Type:	Number:	State:	Country:					
BN - Booking Number	[REDACTED]							
Injury:		Extent of Treatment:						

Witness #6

Person Code: <input type="checkbox"/> Secured Premise	<input type="checkbox"/> Discovered Crime	<input type="checkbox"/> Reporting Party	<input type="checkbox"/> Law Enforcement Officer
Witness Type Code: <input type="checkbox"/> 01-Arresting Officer	<input type="checkbox"/> 06-Other Lay Witness	<input type="checkbox"/> 07-Narc Chemist	<input type="checkbox"/> 12-Other Expert <input type="checkbox"/> 13-Investigator <input type="checkbox"/> 14-Other
Name:		Person Code:	County Residence:
[REDACTED]			

ALIAS / AKA / NICKNAME / MONIKER:								
Name Type:		First:	Middle:	Last:	Suffix:			
Home Address, City, State, ZIP:				Res. Country:	Place of Birth:	Undocumented:		
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:	Complexion:
Employment Status:	Occupation/Grade:	Employer/School:	Employer Address, City, State, ZIP:					
CONTACT INFORMATION:								
Type:		Number/Address:						
IDENTIFICATION:								
Type:	Number:	State:	Country:					
BN - Booking Number	[REDACTED]							
Injury:		Extent of Treatment:						

Witness #7

Person Code: <input type="checkbox"/> Secured Premise	<input type="checkbox"/> Discovered Crime	<input type="checkbox"/> Reporting Party	<input type="checkbox"/> Law Enforcement Officer
Witness Type Code: <input type="checkbox"/> 01-Arresting Officer	<input type="checkbox"/> 06-Other Lay Witness	<input type="checkbox"/> 07-Narc Chemist	<input type="checkbox"/> 12-Other Expert <input type="checkbox"/> 13-Investigator <input type="checkbox"/> 14-Other
Name:		Person Code:	County Residence:
[REDACTED]			

Reporting Officer SH3173 - PARADIS, CHRISTOPHER	Division / Organization San Diego Central Jail	Reviewed By SH4865 - BOATRIGHT, WAYNE
Report Date 7/10/2017 11:27:31 AM	Detective Assigned SH9879 - PARIS, SCOTT	Reviewed Date 07/22/2017 09:37:33



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ALIAS / AKA / NICKNAME / MONIKER:										
Name Type:		First:		Middle:			Last:		Suffix:	
Home Address, City, State, ZIP:				Res. Country:			Place of Birth:		Undocumented:	
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:		Complexion:	
Employment Status:		Occupation/Grade:		Employer/School:			Employer Address, City, State, Z P:			
CONTACT INFORMATION:										
Type:					Number/Address:					
IDENTIFICATION:										
Type:		Number:			State:			Country:		
BN - Booking Number		[REDACTED]								
Injury:					Extent of Treatment:					

Witness #8

Person Code:	<input type="checkbox"/> Secured Premise	<input type="checkbox"/> Discovered Crime	<input type="checkbox"/> Reporting Party	<input type="checkbox"/> Law Enforcement Officer		
Witness Type Code:	<input type="checkbox"/> 01-Arresting Officer	<input type="checkbox"/> 06-Other Lay Witness	<input type="checkbox"/> 07-Narc Chemist	<input type="checkbox"/> 12-Other Expert	<input type="checkbox"/> 13-Investigator	<input type="checkbox"/> 14-Other
Name:				Person Code:	County Residence:	
[REDACTED]						

ALIAS / AKA / NICKNAME / MONIKER:										
Name Type:		First:		Middle:			Last:		Suffix:	
Home Address, City, State, ZIP:				Res. Country:			Place of Birth:		Undocumented:	
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:		Complexion:	
Employment Status:		Occupation/Grade:		Employer/School:			Employer Address, City, State, Z P:			
CONTACT INFORMATION:										
Type:					Number/Address:					
IDENTIFICATION:										
Type:		Number:			State:			Country:		
BN - Booking Number		[REDACTED]								
Injury:					Extent of Treatment:					

Witness #9

Person Code:	<input type="checkbox"/> Secured Premise	<input type="checkbox"/> Discovered Crime	<input type="checkbox"/> Reporting Party	<input type="checkbox"/> Law Enforcement Officer		
Witness Type Code:	<input type="checkbox"/> 01-Arresting Officer	<input type="checkbox"/> 06-Other Lay Witness	<input type="checkbox"/> 07-Narc Chemist	<input type="checkbox"/> 12-Other Expert	<input type="checkbox"/> 13-Investigator	<input type="checkbox"/> 14-Other
Name:				Person Code:	County Residence:	
[REDACTED]						

ALIAS / AKA / NICKNAME / MONIKER:										
Name Type:		First:		Middle:			Last:		Suffix:	
Home Address, City, State, ZIP:				Res. Country:			Place of Birth:		Undocumented:	
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:		Complexion:	
Employment Status:		Occupation/Grade:		Employer/School:			Employer Address, City, State, Z P:			
CONTACT INFORMATION:										
Type:					Number/Address:					
IDENTIFICATION:										
Type:		Number:			State:			Country:		
BN - Booking Number		[REDACTED]								
Injury:					Extent of Treatment:					

Reporting Officer SH3173 - PARADIS, CHRISTOPHER	Division / Organization San Diego Central Jail	Reviewed By SH4865 - BOATRIGHT, WAYNE
Report Date 7/10/2017 11:27:31 AM	Detective Assigned SH9879 - PARIS, SCOTT	Reviewed Date 07/22/2017 09:37:33



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Primary Victim: [REDACTED]

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Witness #10

Person Code: <input type="checkbox"/> Secured Premise		<input type="checkbox"/> Discovered Crime		<input type="checkbox"/> Reporting Party		<input type="checkbox"/> Law Enforcement Officer	
Witness Type Code: <input type="checkbox"/> 01-Arresting Officer		<input type="checkbox"/> 06-Other Lay Witness		<input type="checkbox"/> 07-Narc Chemist		<input type="checkbox"/> 12-Other Expert	
<input type="checkbox"/> 13-Investigator		<input type="checkbox"/> 14-Other					
Name: [REDACTED]				Person Code:		County Residence:	
ALIAS / AKA / NICKNAME / MONIKER:							
Name Type:		First:		Middle:		Last:	
Suffix:							
Home Address, City, State, ZIP:				Res. Country:		Place of Birth:	
Undocumented:							
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:
Complexion:							
Employment Status:		Occupation/Grade:		Employer/School:		Employer Address, City, State, ZIP:	
CONTACT INFORMATION:							
Type:				Number/Address:			
IDENTIFICATION:							
Type: BN - Booking Number		Number: [REDACTED]		State:		Country:	
Injury:				Extent of Treatment:			

Witness #11

Person Code: <input type="checkbox"/> Secured Premise		<input type="checkbox"/> Discovered Crime		<input type="checkbox"/> Reporting Party		<input type="checkbox"/> Law Enforcement Officer	
Witness Type Code: <input type="checkbox"/> 01-Arresting Officer		<input type="checkbox"/> 06-Other Lay Witness		<input type="checkbox"/> 07-Narc Chemist		<input type="checkbox"/> 12-Other Expert	
<input type="checkbox"/> 13-Investigator		<input type="checkbox"/> 14-Other					
Name: [REDACTED]				Person Code:		County Residence:	
ALIAS / AKA / NICKNAME / MONIKER:							
Name Type:		First:		Middle:		Last:	
Suffix:							
Home Address, City, State, ZIP:				Res. Country:		Place of Birth:	
Undocumented:							
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:
Complexion:							
Employment Status:		Occupation/Grade:		Employer/School:		Employer Address, City, State, ZIP:	
CONTACT INFORMATION:							
Type:				Number/Address:			
IDENTIFICATION:							
Type: BN - Booking Number		Number: [REDACTED]		State:		Country:	
Injury:				Extent of Treatment:			

Witness #12

Person Code: <input type="checkbox"/> Secured Premise		<input type="checkbox"/> Discovered Crime		<input type="checkbox"/> Reporting Party		<input type="checkbox"/> Law Enforcement Officer	
Witness Type Code: <input type="checkbox"/> 01-Arresting Officer		<input type="checkbox"/> 06-Other Lay Witness		<input type="checkbox"/> 07-Narc Chemist		<input type="checkbox"/> 12-Other Expert	
<input type="checkbox"/> 13-Investigator		<input type="checkbox"/> 14-Other					
Name: [REDACTED]				Person Code:		County Residence:	
ALIAS / AKA / NICKNAME / MONIKER:							
Name Type:		First:		Middle:		Last:	
Suffix:							
Home Address, City, State, ZIP:				Res. Country:		Place of Birth:	
Undocumented:							
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:
Complexion:							
Employment Status:		Occupation/Grade:		Employer/School:		Employer Address, City, State, ZIP:	

Reporting Officer SH3173 - PARADIS, CHRISTOPHER	Division / Organization San Diego Central Jail	Reviewed By SH4865 - BOATRIGHT, WAYNE
Report Date 7/10/2017 11:27:31 AM	Detective Assigned SH9879 - PARIS, SCOTT	Reviewed Date 07/22/2017 09:37:33



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Case Disposition: **Active**

Primary Victim: [REDACTED]

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CONTACT INFORMATION:			
Type:		Number/Address:	
IDENTIFICATION:			
Type:	Number:	State:	Country:
BN - Booking Number	[REDACTED]		
Injury:		Extent of Treatment:	

Witness #13

Person Code:	<input type="checkbox"/> Secured Premise	<input type="checkbox"/> Discovered Crime	<input type="checkbox"/> Reporting Party	<input type="checkbox"/> Law Enforcement Officer
Witness Type Code:	<input type="checkbox"/> 01-Arresting Officer	<input type="checkbox"/> 06-Other Lay Witness	<input type="checkbox"/> 07-Narc Chemist	<input type="checkbox"/> 12-Other Expert <input type="checkbox"/> 13-Investigator <input type="checkbox"/> 14-Other
Name:		Person Code:	County Residence:	
[REDACTED]				

ALIAS / AKA / NICKNAME / MONIKER:									
Name Type:		First:	Middle:	Last:	Suffix:				
Home Address, City, State, ZIP:				Res. Country:	Place of Birth:	Undocumented:			
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:	Complexion:	
Employment Status:		Occupation/Grade:	Employer/School:		Employer Address, City, State, ZIP:				

CONTACT INFORMATION:			
Type:		Number/Address:	
IDENTIFICATION:			
Type:	Number:	State:	Country:
BN - Booking Number	[REDACTED]		
Injury:		Extent of Treatment:	

Witness #14

Person Code:	<input type="checkbox"/> Secured Premise	<input type="checkbox"/> Discovered Crime	<input type="checkbox"/> Reporting Party	<input type="checkbox"/> Law Enforcement Officer
Witness Type Code:	<input type="checkbox"/> 01-Arresting Officer	<input type="checkbox"/> 06-Other Lay Witness	<input type="checkbox"/> 07-Narc Chemist	<input type="checkbox"/> 12-Other Expert <input type="checkbox"/> 13-Investigator <input type="checkbox"/> 14-Other
Name:		Person Code:	County Residence:	
[REDACTED]				

ALIAS / AKA / NICKNAME / MONIKER:									
Name Type:		First:	Middle:	Last:	Suffix:				
Home Address, City, State, ZIP:				Res. Country:	Place of Birth:	Undocumented:			
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:	Complexion:	
Employment Status:		Occupation/Grade:	Employer/School:		Employer Address, City, State, ZIP:				

CONTACT INFORMATION:			
Type:		Number/Address:	
IDENTIFICATION:			
Type:	Number:	State:	Country:
BN - Booking Number	[REDACTED]		
Injury:		Extent of Treatment:	

Witness #15

Person Code:	<input type="checkbox"/> Secured Premise	<input type="checkbox"/> Discovered Crime	<input type="checkbox"/> Reporting Party	<input type="checkbox"/> Law Enforcement Officer
Witness Type Code:	<input type="checkbox"/> 01-Arresting Officer	<input type="checkbox"/> 06-Other Lay Witness	<input type="checkbox"/> 07-Narc Chemist	<input type="checkbox"/> 12-Other Expert <input type="checkbox"/> 13-Investigator <input type="checkbox"/> 14-Other
Name:		Person Code:	County Residence:	
[REDACTED]				

Reporting Officer SH3173 - PARADIS, CHRISTOPHER	Division / Organization San Diego Central Jail	Reviewed By SH4865 - BOATRIGHT, WAYNE
Report Date 7/10/2017 11:27:31 AM	Detective Assigned SH9879 - PARIS, SCOTT	Reviewed Date 07/22/2017 09:37:33



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Case Disposition: **Active**

Primary Victim: [REDACTED]

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ALIAS / AKA / NICKNAME / MONIKER:											
Name Type:		First:		Middle:			Last:		Suffix:		
Home Address, City, State, ZIP:					Res. Country:		Place of Birth:		Undocumented:		
Race:	Sex:	Date of Birth / Age:		Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:		Complexion:	
Employment Status:		Occupation/Grade:		Employer/School:			Employer Address, City, State, Z P:				
CONTACT INFORMATION:											
Type:					Number/Address:						
IDENTIFICATION:											
Type: BN - Booking Number			Number: [REDACTED]			State:			Country:		
Injury:					Extent of Treatment:						

Witness #16

Person Code:	<input type="checkbox"/> Secured Premise	<input type="checkbox"/> Discovered Crime	<input type="checkbox"/> Reporting Party	<input type="checkbox"/> Law Enforcement Officer		
Witness Type Code:	<input type="checkbox"/> 01-Arresting Officer	<input type="checkbox"/> 06-Other Lay Witness	<input type="checkbox"/> 07-Narc Chemist	<input type="checkbox"/> 12-Other Expert	<input type="checkbox"/> 13-Investigator	<input type="checkbox"/> 14-Other
Name: [REDACTED]				Person Code:	County Residence:	

ALIAS / AKA / NICKNAME / MONIKER:											
Name Type:		First:		Middle:			Last:		Suffix:		
Home Address, City, State, ZIP:					Res. Country:		Place of Birth:		Undocumented:		
Race:	Sex:	Date of Birth / Age:		Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:		Complexion:	
Employment Status:		Occupation/Grade:		Employer/School:			Employer Address, City, State, Z P:				
CONTACT INFORMATION:											
Type:					Number/Address:						
IDENTIFICATION:											
Type: BN - Booking Number			Number: [REDACTED]			State:			Country:		
Injury:					Extent of Treatment:						

Witness #17

Person Code:	<input type="checkbox"/> Secured Premise	<input type="checkbox"/> Discovered Crime	<input type="checkbox"/> Reporting Party	<input type="checkbox"/> Law Enforcement Officer		
Witness Type Code:	<input type="checkbox"/> 01-Arresting Officer	<input type="checkbox"/> 06-Other Lay Witness	<input type="checkbox"/> 07-Narc Chemist	<input type="checkbox"/> 12-Other Expert	<input type="checkbox"/> 13-Investigator	<input type="checkbox"/> 14-Other
Name: [REDACTED]				Person Code:	County Residence:	

ALIAS / AKA / NICKNAME / MONIKER:											
Name Type:		First:		Middle:			Last:		Suffix:		
Home Address, City, State, ZIP:					Res. Country:		Place of Birth:		Undocumented:		
Race:	Sex:	Date of Birth / Age:		Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:		Complexion:	
Employment Status:		Occupation/Grade:		Employer/School:			Employer Address, City, State, Z P:				
CONTACT INFORMATION:											
Type:					Number/Address:						
IDENTIFICATION:											
Type: BN - Booking Number			Number: [REDACTED]			State:			Country:		
Injury:					Extent of Treatment:						

Reporting Officer SH3173 - PARADIS, CHRISTOPHER	Division / Organization San Diego Central Jail	Reviewed By SH4865 - BOATRIGHT, WAYNE
Report Date 7/10/2017 11:27:31 AM	Detective Assigned SH9879 - PARIS, SCOTT	Reviewed Date 07/22/2017 09:37:33



San Diego County Sheriff's Department Crime/Incident Report

Case No. **17135873**

CAD Event No.: **E4275205**

Case Disposition: **Active**

Primary Victim: [REDACTED]

Report No. **17135873.1**

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Witness #18

Person Code: <input type="checkbox"/> Secured Premise		<input type="checkbox"/> Discovered Crime		<input type="checkbox"/> Reporting Party		<input type="checkbox"/> Law Enforcement Officer	
Witness Type Code: <input type="checkbox"/> 01-Arresting Officer		<input type="checkbox"/> 06-Other Lay Witness		<input type="checkbox"/> 07-Narc Chemist		<input type="checkbox"/> 12-Other Expert	
<input type="checkbox"/> 13-Investigator		<input type="checkbox"/> 14-Other					
Name: [REDACTED]				Person Code:		County Residence:	
ALIAS / AKA / NICKNAME / MONIKER:							
Name Type:		First:		Middle:		Last:	
Suffix:							
Home Address, City, State, ZIP:				Res. Country:		Place of Birth:	
Undocumented:							
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:
Complexion:							
Employment Status:		Occupation/Grade:		Employer/School:		Employer Address, City, State, ZIP:	
CONTACT INFORMATION:							
Type:				Number/Address:			
IDENTIFICATION:							
Type: BN - Booking Number		Number: [REDACTED]		State:		Country:	
Injury:				Extent of Treatment:			

Witness #19

Person Code: <input type="checkbox"/> Secured Premise		<input type="checkbox"/> Discovered Crime		<input type="checkbox"/> Reporting Party		<input type="checkbox"/> Law Enforcement Officer	
Witness Type Code: <input type="checkbox"/> 01-Arresting Officer		<input type="checkbox"/> 06-Other Lay Witness		<input type="checkbox"/> 07-Narc Chemist		<input type="checkbox"/> 12-Other Expert	
<input type="checkbox"/> 13-Investigator		<input type="checkbox"/> 14-Other					
Name: [REDACTED]				Person Code:		County Residence:	
ALIAS / AKA / NICKNAME / MONIKER:							
Name Type:		First:		Middle:		Last:	
Suffix:							
Home Address, City, State, ZIP:				Res. Country:		Place of Birth:	
Undocumented:							
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:
Complexion:							
Employment Status:		Occupation/Grade:		Employer/School:		Employer Address, City, State, ZIP:	
CONTACT INFORMATION:							
Type:				Number/Address:			
IDENTIFICATION:							
Type: BN - Booking Number		Number: [REDACTED]		State:		Country:	
Injury:				Extent of Treatment:			

Witness #20

Person Code: <input type="checkbox"/> Secured Premise		<input type="checkbox"/> Discovered Crime		<input type="checkbox"/> Reporting Party		<input type="checkbox"/> Law Enforcement Officer	
Witness Type Code: <input type="checkbox"/> 01-Arresting Officer		<input type="checkbox"/> 06-Other Lay Witness		<input type="checkbox"/> 07-Narc Chemist		<input type="checkbox"/> 12-Other Expert	
<input type="checkbox"/> 13-Investigator		<input type="checkbox"/> 14-Other					
Name: [REDACTED]				Person Code:		County Residence:	
ALIAS / AKA / NICKNAME / MONIKER:							
Name Type:		First:		Middle:		Last:	
Suffix:							
Home Address, City, State, ZIP:				Res. Country:		Place of Birth:	
Undocumented:							
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:
Complexion:							
Employment Status:		Occupation/Grade:		Employer/School:		Employer Address, City, State, ZIP:	

Reporting Officer SH3173 - PARADIS, CHRISTOPHER	Division / Organization San Diego Central Jail	Reviewed By SH4865 - BOATRIGHT, WAYNE
Report Date 7/10/2017 11:27:31 AM	Detective Assigned SH9879 - PARIS, SCOTT	Reviewed Date 07/22/2017 09:37:33



San Diego County Sheriff's Department Crime/Incident Report

Case No. **17135873**

CAD Event No.: **E4275205**

Case Disposition: **Active**

Primary Victim: [REDACTED]

Report No. **17135873.1**

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CONTACT INFORMATION:			
Type:		Number/Address:	
IDENTIFICATION:			
Type:	Number:	State:	Country:
BN - Booking Number	[REDACTED]		
Injury:		Extent of Treatment:	

Witness #21

Person Code:	<input type="checkbox"/> Secured Premise	<input type="checkbox"/> Discovered Crime	<input type="checkbox"/> Reporting Party	<input type="checkbox"/> Law Enforcement Officer
Witness Type Code:	<input type="checkbox"/> 01-Arresting Officer	<input type="checkbox"/> 06-Other Lay Witness	<input type="checkbox"/> 07-Narc Chemist	<input type="checkbox"/> 12-Other Expert
	<input type="checkbox"/> 13-Investigator	<input type="checkbox"/> 14-Other		
Name:		Person Code:	County Residence:	
[REDACTED]				

ALIAS / AKA / NICKNAME / MONIKER:									
Name Type:		First:	Middle:	Last:	Suffix:				
Home Address, City, State, ZIP:				Res. Country:		Place of Birth:		Undocumented:	
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:	Complexion:	
Employment Status:	Occupation/Grade:		Employer/School:			Employer Address, City, State, ZIP:			
CONTACT INFORMATION:									
Type:					Number/Address:				
IDENTIFICATION:									
Type:	Number:			State:			Country:		
BN - Booking Number	[REDACTED]								
Injury:					Extent of Treatment:				

Witness #22

Person Code:	<input type="checkbox"/> Secured Premise	<input type="checkbox"/> Discovered Crime	<input type="checkbox"/> Reporting Party	<input type="checkbox"/> Law Enforcement Officer
Witness Type Code:	<input type="checkbox"/> 01-Arresting Officer	<input type="checkbox"/> 06-Other Lay Witness	<input type="checkbox"/> 07-Narc Chemist	<input type="checkbox"/> 12-Other Expert
	<input type="checkbox"/> 13-Investigator	<input type="checkbox"/> 14-Other		
Name:		Person Code:	County Residence:	
[REDACTED]				

ALIAS / AKA / NICKNAME / MONIKER:									
Name Type:		First:	Middle:	Last:	Suffix:				
Home Address, City, State, ZIP:				Res. Country:		Place of Birth:		Undocumented:	
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:	Complexion:	
Employment Status:	Occupation/Grade:		Employer/School:			Employer Address, City, State, ZIP:			
CONTACT INFORMATION:									
Type:					Number/Address:				
IDENTIFICATION:									
Type:	Number:			State:			Country:		
BN - Booking Number	[REDACTED]								
Injury:					Extent of Treatment:				

Witness #23

Person Code:	<input type="checkbox"/> Secured Premise	<input type="checkbox"/> Discovered Crime	<input type="checkbox"/> Reporting Party	<input type="checkbox"/> Law Enforcement Officer
Witness Type Code:	<input type="checkbox"/> 01-Arresting Officer	<input type="checkbox"/> 06-Other Lay Witness	<input type="checkbox"/> 07-Narc Chemist	<input type="checkbox"/> 12-Other Expert
	<input type="checkbox"/> 13-Investigator	<input type="checkbox"/> 14-Other		
Name:		Person Code:	County Residence:	
[REDACTED]				

Reporting Officer SH3173 - PARADIS, CHRISTOPHER	Division / Organization San Diego Central Jail	Reviewed By SH4865 - BOATRIGHT, WAYNE
Report Date 7/10/2017 11:27:31 AM	Detective Assigned SH9879 - PARIS, SCOTT	Reviewed Date 07/22/2017 09:37:33



San Diego County Sheriff's Department Crime/Incident Report

Case No. **17135873**

CAD Event No.: **E4275205**

Case Disposition: **Active**

Primary Victim: [REDACTED]

Report No. **17135873.1**

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ALIAS / AKA / NICKNAME / MONIKER:										
Name Type:		First:			Middle:			Last:		Suffix:
Home Address, City, State, ZIP:					Res. Country:		Place of Birth:		Undocumented:	
Race:	Sex:	Date of Birth / Age:		Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:	Complexion:	
Employment Status:		Occupation/Grade:			Employer/School:			Employer Address, City, State, Z P:		
CONTACT INFORMATION:										
Type:					Number/Address:					
IDENTIFICATION:										
Type: BN - Booking Number			Number: [REDACTED]			State:		Country:		
Injury:					Extent of Treatment:					

Witness #24

Person Code:	<input type="checkbox"/> Secured Premise	<input type="checkbox"/> Discovered Crime	<input type="checkbox"/> Reporting Party	<input type="checkbox"/> Law Enforcement Officer		
Witness Type Code:	<input type="checkbox"/> 01-Arresting Officer	<input type="checkbox"/> 06-Other Lay Witness	<input type="checkbox"/> 07-Narc Chemist	<input type="checkbox"/> 12-Other Expert	<input type="checkbox"/> 13-Investigator	<input type="checkbox"/> 14-Other
Name: [REDACTED]				Person Code:	County Residence:	

ALIAS / AKA / NICKNAME / MONIKER:										
Name Type:		First:			Middle:			Last:		Suffix:
Home Address, City, State, ZIP:					Res. Country:		Place of Birth:		Undocumented:	
Race:	Sex:	Date of Birth / Age:		Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:	Complexion:	
Employment Status:		Occupation/Grade:			Employer/School:			Employer Address, City, State, Z P:		
CONTACT INFORMATION:										
Type:					Number/Address:					
IDENTIFICATION:										
Type: BN - Booking Number			Number: [REDACTED]			State:		Country:		
Injury:					Extent of Treatment:					

Witness #25

Person Code:	<input type="checkbox"/> Secured Premise	<input type="checkbox"/> Discovered Crime	<input type="checkbox"/> Reporting Party	<input type="checkbox"/> Law Enforcement Officer		
Witness Type Code:	<input type="checkbox"/> 01-Arresting Officer	<input type="checkbox"/> 06-Other Lay Witness	<input type="checkbox"/> 07-Narc Chemist	<input type="checkbox"/> 12-Other Expert	<input type="checkbox"/> 13-Investigator	<input type="checkbox"/> 14-Other
Name: [REDACTED]				Person Code:	County Residence:	

ALIAS / AKA / NICKNAME / MONIKER:										
Name Type:		First:			Middle:			Last:		Suffix:
Home Address, City, State, ZIP:					Res. Country:		Place of Birth:		Undocumented:	
Race:	Sex:	Date of Birth / Age:		Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:	Complexion:	
Employment Status:		Occupation/Grade:			Employer/School:			Employer Address, City, State, Z P:		
CONTACT INFORMATION:										
Type:					Number/Address:					
IDENTIFICATION:										
Type: BN - Booking Number			Number: [REDACTED]			State:		Country:		
Injury:					Extent of Treatment:					

Reporting Officer SH3173 - PARADIS, CHRISTOPHER	Division / Organization San Diego Central Jail	Reviewed By SH4865 - BOATRIGHT, WAYNE
Report Date 7/10/2017 11:27:31 AM	Detective Assigned SH9879 - PARIS, SCOTT	Reviewed Date 07/22/2017 09:37:33



San Diego County Sheriff's Department Crime/Incident Report

Case No. **17135873**

CAD Event No.: **E4275205**

Case Disposition: **Active**

Primary Victim: [REDACTED]

Report No. **17135873.1**

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Witness #26

Person Code: <input type="checkbox"/> Secured Premise		<input type="checkbox"/> Discovered Crime		<input type="checkbox"/> Reporting Party		<input type="checkbox"/> Law Enforcement Officer	
Witness Type Code: <input type="checkbox"/> 01-Arresting Officer		<input type="checkbox"/> 06-Other Lay Witness		<input type="checkbox"/> 07-Narc Chemist		<input type="checkbox"/> 12-Other Expert	
<input type="checkbox"/> 13-Investigator		<input type="checkbox"/> 14-Other					
Name: [REDACTED]				Person Code:		County Residence:	
ALIAS / AKA / NICKNAME / MONIKER:							
Name Type:		First:		Middle:		Last:	
Suffix:							
Home Address, City, State, ZIP:				Res. Country:		Place of Birth:	
Undocumented:							
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:
Complexion:							
Employment Status:		Occupation/Grade:		Employer/School:		Employer Address, City, State, ZIP:	
CONTACT INFORMATION:							
Type:				Number/Address:			
IDENTIFICATION:							
Type: BN - Booking Number		Number: [REDACTED]		State:		Country:	
Injury:				Extent of Treatment:			

Witness #27

Person Code: <input type="checkbox"/> Secured Premise		<input type="checkbox"/> Discovered Crime		<input type="checkbox"/> Reporting Party		<input type="checkbox"/> Law Enforcement Officer	
Witness Type Code: <input type="checkbox"/> 01-Arresting Officer		<input type="checkbox"/> 06-Other Lay Witness		<input type="checkbox"/> 07-Narc Chemist		<input type="checkbox"/> 12-Other Expert	
<input type="checkbox"/> 13-Investigator		<input type="checkbox"/> 14-Other					
Name: [REDACTED]				Person Code:		County Residence:	
ALIAS / AKA / NICKNAME / MONIKER:							
Name Type:		First:		Middle:		Last:	
Suffix:							
Home Address, City, State, ZIP:				Res. Country:		Place of Birth:	
Undocumented:							
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:
Complexion:							
Employment Status:		Occupation/Grade:		Employer/School:		Employer Address, City, State, ZIP:	
CONTACT INFORMATION:							
Type:				Number/Address:			
IDENTIFICATION:							
Type: BN - Booking Number		Number: [REDACTED]		State:		Country:	
Injury:				Extent of Treatment:			

Witness #28

Person Code: <input type="checkbox"/> Secured Premise		<input type="checkbox"/> Discovered Crime		<input type="checkbox"/> Reporting Party		<input type="checkbox"/> Law Enforcement Officer	
Witness Type Code: <input type="checkbox"/> 01-Arresting Officer		<input type="checkbox"/> 06-Other Lay Witness		<input type="checkbox"/> 07-Narc Chemist		<input type="checkbox"/> 12-Other Expert	
<input type="checkbox"/> 13-Investigator		<input type="checkbox"/> 14-Other					
Name: [REDACTED]				Person Code:		County Residence:	
ALIAS / AKA / NICKNAME / MONIKER:							
Name Type:		First:		Middle:		Last:	
Suffix:							
Home Address, City, State, ZIP:				Res. Country:		Place of Birth:	
Undocumented:							
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:
Complexion:							
Employment Status:		Occupation/Grade:		Employer/School:		Employer Address, City, State, ZIP:	

Reporting Officer SH3173 - PARADIS, CHRISTOPHER	Division / Organization San Diego Central Jail	Reviewed By SH4865 - BOATRIGHT, WAYNE
Report Date 7/10/2017 11:27:31 AM	Detective Assigned SH9879 - PARIS, SCOTT	Reviewed Date 07/22/2017 09:37:33



San Diego County Sheriff's Department Crime/Incident Report

Case No. **17135873**

CAD Event No.: **E4275205**

Case Disposition: **Active**

Primary Victim: [REDACTED]

Report No. **17135873.1**

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CONTACT INFORMATION:			
Type:		Number/Address:	
IDENTIFICATION:			
Type:	Number:	State:	Country:
BN - Booking Number	[REDACTED]		
Injury:		Extent of Treatment:	

Witness #29

Person Code:	<input type="checkbox"/> Secured Premise	<input type="checkbox"/> Discovered Crime	<input type="checkbox"/> Reporting Party	<input type="checkbox"/> Law Enforcement Officer
Witness Type Code:	<input type="checkbox"/> 01-Arresting Officer	<input type="checkbox"/> 06-Other Lay Witness	<input type="checkbox"/> 07-Narc Chemist	<input type="checkbox"/> 12-Other Expert
	<input type="checkbox"/> 13-Investigator	<input type="checkbox"/> 14-Other		
Name:		Person Code:	County Residence:	
[REDACTED]				

ALIAS / AKA / NICKNAME / MONIKER:									
Name Type:		First:	Middle:	Last:	Suffix:				
Home Address, City, State, ZIP:				Res. Country:		Place of Birth:		Undocumented:	
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:	Complexion:	
Employment Status:		Occupation/Grade:		Employer/School:		Employer Address, City, State, ZIP:			
CONTACT INFORMATION:									
Type:					Number/Address:				
IDENTIFICATION:									
Type:		Number:			State:			Country:	
BN - Booking Number		[REDACTED]							
Injury:					Extent of Treatment:				

Witness #30

Person Code:	<input type="checkbox"/> Secured Premise	<input type="checkbox"/> Discovered Crime	<input type="checkbox"/> Reporting Party	<input type="checkbox"/> Law Enforcement Officer
Witness Type Code:	<input type="checkbox"/> 01-Arresting Officer	<input type="checkbox"/> 06-Other Lay Witness	<input type="checkbox"/> 07-Narc Chemist	<input type="checkbox"/> 12-Other Expert
	<input type="checkbox"/> 13-Investigator	<input type="checkbox"/> 14-Other		
Name:		Person Code:	County Residence:	
[REDACTED]				

ALIAS / AKA / NICKNAME / MONIKER:									
Name Type:		First:	Middle:	Last:	Suffix:				
Home Address, City, State, ZIP:				Res. Country:		Place of Birth:		Undocumented:	
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:	Complexion:	
Employment Status:		Occupation/Grade:		Employer/School:		Employer Address, City, State, ZIP:			
CONTACT INFORMATION:									
Type:					Number/Address:				
IDENTIFICATION:									
Type:		Number:			State:			Country:	
BN - Booking Number		[REDACTED]							
Injury:					Extent of Treatment:				

Witness #31

Person Code:	<input type="checkbox"/> Secured Premise	<input type="checkbox"/> Discovered Crime	<input type="checkbox"/> Reporting Party	<input type="checkbox"/> Law Enforcement Officer
Witness Type Code:	<input type="checkbox"/> 01-Arresting Officer	<input type="checkbox"/> 06-Other Lay Witness	<input type="checkbox"/> 07-Narc Chemist	<input type="checkbox"/> 12-Other Expert
	<input type="checkbox"/> 13-Investigator	<input type="checkbox"/> 14-Other		
Name:		Person Code:	County Residence:	
[REDACTED]				

Reporting Officer SH3173 - PARADIS, CHRISTOPHER	Division / Organization San Diego Central Jail	Reviewed By SH4865 - BOATRIGHT, WAYNE
Report Date 7/10/2017 11:27:31 AM	Detective Assigned SH9879 - PARIS, SCOTT	Reviewed Date 07/22/2017 09:37:33



San Diego County Sheriff's Department Crime/Incident Report

Case No. **17135873**

CAD Event No.: **E4275205**

Case Disposition: **Active**

Primary Victim: [REDACTED]

Report No. **17135873.1**

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ALIAS / AKA / NICKNAME / MONIKER:										
Name Type:		First:			Middle:			Last:		Suffix:
Home Address, City, State, ZIP:					Res. Country:		Place of Birth:		Undocumented:	
Race:	Sex:	Date of Birth / Age:		Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:	Complexion:	
Employment Status:		Occupation/Grade:			Employer/School:			Employer Address, City, State, Z P:		
CONTACT INFORMATION:										
Type:					Number/Address:					
IDENTIFICATION:										
Type: BN - Booking Number			Number: [REDACTED]			State:		Country:		
Injury:					Extent of Treatment:					

Witness #32

Person Code:	<input type="checkbox"/> Secured Premise	<input type="checkbox"/> Discovered Crime	<input type="checkbox"/> Reporting Party	<input type="checkbox"/> Law Enforcement Officer		
Witness Type Code:	<input type="checkbox"/> 01-Arresting Officer	<input type="checkbox"/> 06-Other Lay Witness	<input type="checkbox"/> 07-Narc Chemist	<input type="checkbox"/> 12-Other Expert	<input type="checkbox"/> 13-Investigator	<input type="checkbox"/> 14-Other
Name: [REDACTED]				Person Code:	County Residence:	

ALIAS / AKA / NICKNAME / MONIKER:										
Name Type:		First:			Middle:			Last:		Suffix:
Home Address, City, State, ZIP:					Res. Country:		Place of Birth:		Undocumented:	
Race:	Sex:	Date of Birth / Age:		Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:	Complexion:	
Employment Status:		Occupation/Grade:			Employer/School:			Employer Address, City, State, Z P:		
CONTACT INFORMATION:										
Type:					Number/Address:					
IDENTIFICATION:										
Type: BN - Booking Number			Number: [REDACTED]			State:		Country:		
Injury:					Extent of Treatment:					

Witness #33

Person Code:	<input type="checkbox"/> Secured Premise	<input type="checkbox"/> Discovered Crime	<input type="checkbox"/> Reporting Party	<input type="checkbox"/> Law Enforcement Officer		
Witness Type Code:	<input type="checkbox"/> 01-Arresting Officer	<input type="checkbox"/> 06-Other Lay Witness	<input type="checkbox"/> 07-Narc Chemist	<input type="checkbox"/> 12-Other Expert	<input type="checkbox"/> 13-Investigator	<input type="checkbox"/> 14-Other
Name: [REDACTED]				Person Code:	County Residence:	

ALIAS / AKA / NICKNAME / MONIKER:										
Name Type:		First:			Middle:			Last:		Suffix:
Home Address, City, State, ZIP:					Res. Country:		Place of Birth:		Undocumented:	
Race:	Sex:	Date of Birth / Age:		Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:	Complexion:	
Employment Status:		Occupation/Grade:			Employer/School:			Employer Address, City, State, Z P:		
CONTACT INFORMATION:										
Type:					Number/Address:					
IDENTIFICATION:										
Type: BN - Booking Number			Number: [REDACTED]			State:		Country:		
Injury:					Extent of Treatment:					

Reporting Officer SH3173 - PARADIS, CHRISTOPHER	Division / Organization San Diego Central Jail	Reviewed By SH4865 - BOATRIGHT, WAYNE
Report Date 7/10/2017 11:27:31 AM	Detective Assigned SH9879 - PARIS, SCOTT	Reviewed Date 07/22/2017 09:37:33



San Diego County Sheriff's Department Crime/Incident Report

Case No. **17135873**

CAD Event No.: **E4275205**

Case Disposition: **Active**

Primary Victim: [REDACTED]

Report No. **17135873.1**

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Witness #34

Person Code: <input type="checkbox"/> Secured Premise		<input type="checkbox"/> Discovered Crime		<input type="checkbox"/> Reporting Party		<input type="checkbox"/> Law Enforcement Officer	
Witness Type Code: <input type="checkbox"/> 01-Arresting Officer		<input type="checkbox"/> 06-Other Lay Witness		<input type="checkbox"/> 07-Narc Chemist		<input type="checkbox"/> 12-Other Expert	
<input type="checkbox"/> 13-Investigator		<input type="checkbox"/> 14-Other					
Name: [REDACTED]				Person Code:		County Residence:	
ALIAS / AKA / NICKNAME / MONIKER:							
Name Type:		First:		Middle:		Last:	
Suffix:							
Home Address, City, State, ZIP:				Res. Country:		Place of Birth:	
Undocumented:							
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:
Complexion:							
Employment Status:		Occupation/Grade:		Employer/School:		Employer Address, City, State, ZIP:	
CONTACT INFORMATION:							
Type:				Number/Address:			
IDENTIFICATION:							
Type: BN - Booking Number		Number: [REDACTED]		State:		Country:	
Injury:				Extent of Treatment:			

Witness #35

Person Code: <input type="checkbox"/> Secured Premise		<input type="checkbox"/> Discovered Crime		<input type="checkbox"/> Reporting Party		<input type="checkbox"/> Law Enforcement Officer	
Witness Type Code: <input type="checkbox"/> 01-Arresting Officer		<input type="checkbox"/> 06-Other Lay Witness		<input type="checkbox"/> 07-Narc Chemist		<input type="checkbox"/> 12-Other Expert	
<input type="checkbox"/> 13-Investigator		<input type="checkbox"/> 14-Other					
Name: [REDACTED]				Person Code:		County Residence:	
ALIAS / AKA / NICKNAME / MONIKER:							
Name Type:		First:		Middle:		Last:	
Suffix:							
Home Address, City, State, ZIP:				Res. Country:		Place of Birth:	
Undocumented:							
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:
Complexion:							
Employment Status:		Occupation/Grade:		Employer/School:		Employer Address, City, State, ZIP:	
CONTACT INFORMATION:							
Type:				Number/Address:			
IDENTIFICATION:							
Type: BN - Booking Number		Number: [REDACTED]		State:		Country:	
Injury:				Extent of Treatment:			

Witness #36

Person Code: <input type="checkbox"/> Secured Premise		<input type="checkbox"/> Discovered Crime		<input type="checkbox"/> Reporting Party		<input type="checkbox"/> Law Enforcement Officer	
Witness Type Code: <input type="checkbox"/> 01-Arresting Officer		<input type="checkbox"/> 06-Other Lay Witness		<input type="checkbox"/> 07-Narc Chemist		<input type="checkbox"/> 12-Other Expert	
<input type="checkbox"/> 13-Investigator		<input type="checkbox"/> 14-Other					
Name: [REDACTED]				Person Code:		County Residence:	
ALIAS / AKA / NICKNAME / MONIKER:							
Name Type:		First:		Middle:		Last:	
Suffix:							
Home Address, City, State, ZIP:				Res. Country:		Place of Birth:	
Undocumented:							
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:
Complexion:							
Employment Status:		Occupation/Grade:		Employer/School:		Employer Address, City, State, ZIP:	

Reporting Officer SH3173 - PARADIS, CHRISTOPHER	Division / Organization San Diego Central Jail	Reviewed By SH4865 - BOATRIGHT, WAYNE
Report Date 7/10/2017 11:27:31 AM	Detective Assigned SH9879 - PARIS, SCOTT	Reviewed Date 07/22/2017 09:37:33



San Diego County Sheriff's Department Crime/Incident Report

Case No. **17135873**

CAD Event No.: **E4275205**

Case Disposition: **Active**

Primary Victim: [REDACTED]

Report No. **17135873.1**

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CONTACT INFORMATION:			
Type:		Number/Address:	
IDENTIFICATION:			
Type:	Number:	State:	Country:
BN - Booking Number	[REDACTED]		
Injury:		Extent of Treatment:	

Witness #37

Person Code:	<input type="checkbox"/> Secured Premise	<input type="checkbox"/> Discovered Crime	<input type="checkbox"/> Reporting Party	<input type="checkbox"/> Law Enforcement Officer
Witness Type Code:	<input type="checkbox"/> 01-Arresting Officer	<input type="checkbox"/> 06-Other Lay Witness	<input type="checkbox"/> 07-Narc Chemist	<input type="checkbox"/> 12-Other Expert
	<input type="checkbox"/> 13-Investigator	<input type="checkbox"/> 14-Other		
Name:		Person Code:	County Residence:	
[REDACTED]				

ALIAS / AKA / NICKNAME / MONIKER:									
Name Type:		First:	Middle:	Last:	Suffix:				
Home Address, City, State, ZIP:				Res. Country:	Place of Birth:	Undocumented:			
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:	Complexion:	
Employment Status:		Occupation/Grade:	Employer/School:			Employer Address, City, State, ZIP:			
CONTACT INFORMATION:									
Type:					Number/Address:				
IDENTIFICATION:									
Type:	Number:	State:	Country:						
BN - Booking Number	[REDACTED]								
Injury:					Extent of Treatment:				

Witness #38

Person Code:	<input type="checkbox"/> Secured Premise	<input type="checkbox"/> Discovered Crime	<input type="checkbox"/> Reporting Party	<input type="checkbox"/> Law Enforcement Officer
Witness Type Code:	<input type="checkbox"/> 01-Arresting Officer	<input type="checkbox"/> 06-Other Lay Witness	<input type="checkbox"/> 07-Narc Chemist	<input type="checkbox"/> 12-Other Expert
	<input type="checkbox"/> 13-Investigator	<input type="checkbox"/> 14-Other		
Name:		Person Code:	County Residence:	
[REDACTED]				

ALIAS / AKA / NICKNAME / MONIKER:									
Name Type:		First:	Middle:	Last:	Suffix:				
Home Address, City, State, ZIP:				Res. Country:	Place of Birth:	Undocumented:			
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:	Complexion:	
Employment Status:		Occupation/Grade:	Employer/School:			Employer Address, City, State, ZIP:			
CONTACT INFORMATION:									
Type:					Number/Address:				
IDENTIFICATION:									
Type:	Number:	State:	Country:						
BN - Booking Number	[REDACTED]								
Injury:					Extent of Treatment:				

Witness #39

Person Code:	<input type="checkbox"/> Secured Premise	<input type="checkbox"/> Discovered Crime	<input type="checkbox"/> Reporting Party	<input type="checkbox"/> Law Enforcement Officer
Witness Type Code:	<input type="checkbox"/> 01-Arresting Officer	<input type="checkbox"/> 06-Other Lay Witness	<input type="checkbox"/> 07-Narc Chemist	<input type="checkbox"/> 12-Other Expert
	<input type="checkbox"/> 13-Investigator	<input type="checkbox"/> 14-Other		
Name:		Person Code:	County Residence:	
[REDACTED]				

Reporting Officer SH3173 - PARADIS, CHRISTOPHER	Division / Organization San Diego Central Jail	Reviewed By SH4865 - BOATRIGHT, WAYNE
Report Date 7/10/2017 11:27:31 AM	Detective Assigned SH9879 - PARIS, SCOTT	Reviewed Date 07/22/2017 09:37:33



San Diego County Sheriff's Department Crime/Incident Report

Case No. **17135873**

CAD Event No.: **E4275205**

Case Disposition: **Active**

Primary Victim: [REDACTED]

Report No. **17135873.1**

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ALIAS / AKA / NICKNAME / MONIKER:										
Name Type:		First:		Middle:			Last:		Suffix:	
Home Address, City, State, ZIP:				Res. Country:		Place of Birth:		Undocumented:		
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:	Complexion:		
Employment Status:		Occupation/Grade:		Employer/School:		Employer Address, City, State, Z P:				
CONTACT INFORMATION:										
Type:					Number/Address:					
IDENTIFICATION:										
Type:		Number:			State:			Country:		
BN - Booking Number		[REDACTED]								
Injury:					Extent of Treatment:					

Witness #40

Person Code:	<input type="checkbox"/> Secured Premise	<input type="checkbox"/> Discovered Crime	<input type="checkbox"/> Reporting Party	<input type="checkbox"/> Law Enforcement Officer		
Witness Type Code:	<input type="checkbox"/> 01-Arresting Officer	<input type="checkbox"/> 06-Other Lay Witness	<input type="checkbox"/> 07-Narc Chemist	<input type="checkbox"/> 12-Other Expert	<input type="checkbox"/> 13-Investigator	<input type="checkbox"/> 14-Other
Name:			Person Code:	County Residence:		
[REDACTED]						

ALIAS / AKA / NICKNAME / MONIKER:										
Name Type:		First:		Middle:			Last:		Suffix:	
Home Address, City, State, ZIP:				Res. Country:		Place of Birth:		Undocumented:		
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:	Complexion:		
Employment Status:		Occupation/Grade:		Employer/School:		Employer Address, City, State, Z P:				
CONTACT INFORMATION:										
Type:					Number/Address:					
IDENTIFICATION:										
Type:		Number:			State:			Country:		
BN - Booking Number		[REDACTED]								
Injury:					Extent of Treatment:					

Witness #41

Person Code:	<input type="checkbox"/> Secured Premise	<input type="checkbox"/> Discovered Crime	<input type="checkbox"/> Reporting Party	<input type="checkbox"/> Law Enforcement Officer		
Witness Type Code:	<input type="checkbox"/> 01-Arresting Officer	<input type="checkbox"/> 06-Other Lay Witness	<input type="checkbox"/> 07-Narc Chemist	<input type="checkbox"/> 12-Other Expert	<input type="checkbox"/> 13-Investigator	<input type="checkbox"/> 14-Other
Name:			Person Code:	County Residence:		
[REDACTED]						

ALIAS / AKA / NICKNAME / MONIKER:										
Name Type:		First:		Middle:			Last:		Suffix:	
Home Address, City, State, ZIP:				Res. Country:		Place of Birth:		Undocumented:		
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:	Complexion:		
Employment Status:		Occupation/Grade:		Employer/School:		Employer Address, City, State, Z P:				
CONTACT INFORMATION:										
Type:					Number/Address:					
IDENTIFICATION:										
Type:		Number:			State:			Country:		
BN - Booking Number		[REDACTED]								
Injury:					Extent of Treatment:					

Reporting Officer SH3173 - PARADIS, CHRISTOPHER	Division / Organization San Diego Central Jail	Reviewed By SH4865 - BOATRIGHT, WAYNE
Report Date 7/10/2017 11:27:31 AM	Detective Assigned SH9879 - PARIS, SCOTT	Reviewed Date 07/22/2017 09:37:33



San Diego County Sheriff's Department Crime/Incident Report

Case No. **17135873**

CAD Event No.: **E4275205**

Case Disposition: **Active**

Primary Victim: [REDACTED]

Report No. **17135873.1**

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Witness #42

Person Code: <input type="checkbox"/> Secured Premise		<input type="checkbox"/> Discovered Crime		<input type="checkbox"/> Reporting Party		<input type="checkbox"/> Law Enforcement Officer	
Witness Type Code: <input type="checkbox"/> 01-Arresting Officer		<input type="checkbox"/> 06-Other Lay Witness		<input type="checkbox"/> 07-Narc Chemist		<input type="checkbox"/> 12-Other Expert	
<input type="checkbox"/> 13-Investigator		<input type="checkbox"/> 14-Other					
Name: [REDACTED]				Person Code:		County Residence:	
ALIAS / AKA / NICKNAME / MONIKER:							
Name Type:		First:		Middle:		Last:	
Suffix:							
Home Address, City, State, ZIP:				Res. Country:		Place of Birth:	
Undocumented:							
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:
Complexion:							
Employment Status:		Occupation/Grade:		Employer/School:		Employer Address, City, State, ZIP:	
CONTACT INFORMATION:							
Type:				Number/Address:			
IDENTIFICATION:							
Type: BN - Booking Number		Number: [REDACTED]		State:		Country:	
Injury:				Extent of Treatment:			

Witness #43

Person Code: <input type="checkbox"/> Secured Premise		<input type="checkbox"/> Discovered Crime		<input type="checkbox"/> Reporting Party		<input type="checkbox"/> Law Enforcement Officer	
Witness Type Code: <input type="checkbox"/> 01-Arresting Officer		<input type="checkbox"/> 06-Other Lay Witness		<input type="checkbox"/> 07-Narc Chemist		<input type="checkbox"/> 12-Other Expert	
<input type="checkbox"/> 13-Investigator		<input type="checkbox"/> 14-Other					
Name: [REDACTED]				Person Code:		County Residence:	
ALIAS / AKA / NICKNAME / MONIKER:							
Name Type:		First:		Middle:		Last:	
Suffix:							
Home Address, City, State, ZIP:				Res. Country:		Place of Birth:	
Undocumented:							
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:
Complexion:							
Employment Status:		Occupation/Grade:		Employer/School:		Employer Address, City, State, ZIP:	
CONTACT INFORMATION:							
Type:				Number/Address:			
IDENTIFICATION:							
Type: BN - Booking Number		Number: [REDACTED]		State:		Country:	
Injury:				Extent of Treatment:			

Witness #44

Person Code: <input type="checkbox"/> Secured Premise		<input type="checkbox"/> Discovered Crime		<input type="checkbox"/> Reporting Party		<input type="checkbox"/> Law Enforcement Officer	
Witness Type Code: <input type="checkbox"/> 01-Arresting Officer		<input type="checkbox"/> 06-Other Lay Witness		<input type="checkbox"/> 07-Narc Chemist		<input type="checkbox"/> 12-Other Expert	
<input type="checkbox"/> 13-Investigator		<input type="checkbox"/> 14-Other					
Name: [REDACTED]				Person Code:		County Residence:	
ALIAS / AKA / NICKNAME / MONIKER:							
Name Type:		First:		Middle:		Last:	
Suffix:							
Home Address, City, State, ZIP:				Res. Country:		Place of Birth:	
Undocumented:							
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:
Complexion:							
Employment Status:		Occupation/Grade:		Employer/School:		Employer Address, City, State, ZIP:	

Reporting Officer SH3173 - PARADIS, CHRISTOPHER	Division / Organization San Diego Central Jail	Reviewed By SH4865 - BOATRIGHT, WAYNE
Report Date 7/10/2017 11:27:31 AM	Detective Assigned SH9879 - PARIS, SCOTT	Reviewed Date 07/22/2017 09:37:33



San Diego County Sheriff's Department Crime/Incident Report

Case No. **17135873**

CAD Event No.: **E4275205**

Case Disposition: **Active**

Primary Victim: [REDACTED]

Report No. **17135873.1**

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CONTACT INFORMATION:			
Type:		Number/Address:	
IDENTIFICATION:			
Type:	Number:	State:	Country:
BN - Booking Number	[REDACTED]		
Injury:		Extent of Treatment:	

Witness #45

Person Code:	<input type="checkbox"/> Secured Premise	<input type="checkbox"/> Discovered Crime	<input type="checkbox"/> Reporting Party	<input type="checkbox"/> Law Enforcement Officer
Witness Type Code:	<input type="checkbox"/> 01-Arresting Officer	<input type="checkbox"/> 06-Other Lay Witness	<input type="checkbox"/> 07-Narc Chemist	<input type="checkbox"/> 12-Other Expert <input type="checkbox"/> 13-Investigator <input type="checkbox"/> 14-Other
Name:	Person Code:		County Residence:	
[REDACTED]				

ALIAS / AKA / NICKNAME / MONIKER:									
Name Type:		First:	Middle:	Last:	Suffix:				
Home Address, City, State, ZIP:				Res. Country:		Place of Birth:		Undocumented:	
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:	Complexion:	
Employment Status:		Occupation/Grade:		Employer/School:		Employer Address, City, State, ZIP:			
CONTACT INFORMATION:									
Type:					Number/Address:				
IDENTIFICATION:									
Type:		Number:			State:			Country:	
BN - Booking Number		[REDACTED]							
Injury:					Extent of Treatment:				

Witness #46

Person Code:	<input type="checkbox"/> Secured Premise	<input type="checkbox"/> Discovered Crime	<input type="checkbox"/> Reporting Party	<input type="checkbox"/> Law Enforcement Officer
Witness Type Code:	<input type="checkbox"/> 01-Arresting Officer	<input type="checkbox"/> 06-Other Lay Witness	<input type="checkbox"/> 07-Narc Chemist	<input type="checkbox"/> 12-Other Expert <input type="checkbox"/> 13-Investigator <input type="checkbox"/> 14-Other
Name:	Person Code:		County Residence:	
[REDACTED]				

ALIAS / AKA / NICKNAME / MONIKER:									
Name Type:		First:	Middle:	Last:	Suffix:				
Home Address, City, State, ZIP:				Res. Country:		Place of Birth:		Undocumented:	
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:	Complexion:	
Employment Status:		Occupation/Grade:		Employer/School:		Employer Address, City, State, ZIP:			
CONTACT INFORMATION:									
Type:					Number/Address:				
IDENTIFICATION:									
Type:		Number:			State:			Country:	
BN - Booking Number		[REDACTED]							
Injury:					Extent of Treatment:				

Witness #47

Person Code:	<input type="checkbox"/> Secured Premise	<input type="checkbox"/> Discovered Crime	<input type="checkbox"/> Reporting Party	<input type="checkbox"/> Law Enforcement Officer
Witness Type Code:	<input type="checkbox"/> 01-Arresting Officer	<input type="checkbox"/> 06-Other Lay Witness	<input type="checkbox"/> 07-Narc Chemist	<input type="checkbox"/> 12-Other Expert <input type="checkbox"/> 13-Investigator <input type="checkbox"/> 14-Other
Name:	Person Code:		County Residence:	
[REDACTED]				

Reporting Officer SH3173 - PARADIS, CHRISTOPHER	Division / Organization San Diego Central Jail	Reviewed By SH4865 - BOATRIGHT, WAYNE
Report Date 7/10/2017 11:27:31 AM	Detective Assigned SH9879 - PARIS, SCOTT	Reviewed Date 07/22/2017 09:37:33



San Diego County Sheriff's Department Crime/Incident Report

Case No. **17135873**

CAD Event No.: **E4275205**

Case Disposition: **Active**

Primary Victim: [REDACTED]

Report No. **17135873.1**

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ALIAS / AKA / NICKNAME / MONIKER:										
Name Type:		First:			Middle:			Last:		Suffix:
Home Address, City, State, ZIP:					Res. Country:		Place of Birth:		Undocumented:	
Race:	Sex:	Date of Birth / Age:		Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:	Complexion:	
Employment Status:		Occupation/Grade:			Employer/School:			Employer Address, City, State, Z P:		
CONTACT INFORMATION:										
Type:					Number/Address:					
IDENTIFICATION:										
Type: BN - Booking Number			Number: [REDACTED]			State:		Country:		
Injury:					Extent of Treatment:					

Witness #48

Person Code:	<input type="checkbox"/> Secured Premise	<input type="checkbox"/> Discovered Crime	<input type="checkbox"/> Reporting Party	<input type="checkbox"/> Law Enforcement Officer		
Witness Type Code:	<input type="checkbox"/> 01-Arresting Officer	<input type="checkbox"/> 06-Other Lay Witness	<input type="checkbox"/> 07-Narc Chemist	<input type="checkbox"/> 12-Other Expert	<input type="checkbox"/> 13-Investigator	<input type="checkbox"/> 14-Other
Name: [REDACTED]				Person Code:	County Residence:	

ALIAS / AKA / NICKNAME / MONIKER:										
Name Type:		First:			Middle:			Last:		Suffix:
Home Address, City, State, ZIP:					Res. Country:		Place of Birth:		Undocumented:	
Race:	Sex:	Date of Birth / Age:		Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:	Complexion:	
Employment Status:		Occupation/Grade:			Employer/School:			Employer Address, City, State, Z P:		
CONTACT INFORMATION:										
Type:					Number/Address:					
IDENTIFICATION:										
Type: BN - Booking Number			Number: [REDACTED]			State:		Country:		
Injury:					Extent of Treatment:					

Witness #49

Person Code:	<input type="checkbox"/> Secured Premise	<input type="checkbox"/> Discovered Crime	<input type="checkbox"/> Reporting Party	<input type="checkbox"/> Law Enforcement Officer		
Witness Type Code:	<input type="checkbox"/> 01-Arresting Officer	<input type="checkbox"/> 06-Other Lay Witness	<input type="checkbox"/> 07-Narc Chemist	<input type="checkbox"/> 12-Other Expert	<input type="checkbox"/> 13-Investigator	<input type="checkbox"/> 14-Other
Name: [REDACTED]				Person Code:	County Residence:	

ALIAS / AKA / NICKNAME / MONIKER:										
Name Type:		First:			Middle:			Last:		Suffix:
Home Address, City, State, ZIP:					Res. Country:		Place of Birth:		Undocumented:	
Race:	Sex:	Date of Birth / Age:		Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:	Complexion:	
Employment Status:		Occupation/Grade:			Employer/School:			Employer Address, City, State, Z P:		
CONTACT INFORMATION:										
Type:					Number/Address:					
IDENTIFICATION:										
Type: BN - Booking Number			Number: [REDACTED]			State:		Country:		
Injury:					Extent of Treatment:					

Reporting Officer SH3173 - PARADIS, CHRISTOPHER	Division / Organization San Diego Central Jail	Reviewed By SH4865 - BOATRIGHT, WAYNE
Report Date 7/10/2017 11:27:31 AM	Detective Assigned SH9879 - PARIS, SCOTT	Reviewed Date 07/22/2017 09:37:33



San Diego County Sheriff's Department Crime/Incident Report

Case No. **17135873**

CAD Event No.: **E4275205**

Case Disposition: **Active**

Primary Victim: [REDACTED]

Report No. **17135873.1**

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Witness #50

Person Code: <input type="checkbox"/> Secured Premise		<input type="checkbox"/> Discovered Crime		<input type="checkbox"/> Reporting Party		<input type="checkbox"/> Law Enforcement Officer	
Witness Type Code: <input type="checkbox"/> 01-Arresting Officer		<input type="checkbox"/> 06-Other Lay Witness		<input type="checkbox"/> 07-Narc Chemist		<input type="checkbox"/> 12-Other Expert	
<input type="checkbox"/> 13-Investigator		<input type="checkbox"/> 14-Other					
Name: [REDACTED]				Person Code:		County Residence:	
ALIAS / AKA / NICKNAME / MONIKER:							
Name Type:		First:		Middle:		Last:	
Suffix:							
Home Address, City, State, ZIP:				Res. Country:		Place of Birth:	
Undocumented:							
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:
Complexion:							
Employment Status:		Occupation/Grade:		Employer/School:		Employer Address, City, State, ZIP:	
CONTACT INFORMATION:							
Type:				Number/Address:			
IDENTIFICATION:							
Type: BN - Booking Number		Number: [REDACTED]		State:		Country:	
Injury:				Extent of Treatment:			

Witness #51

Person Code: <input type="checkbox"/> Secured Premise		<input type="checkbox"/> Discovered Crime		<input type="checkbox"/> Reporting Party		<input type="checkbox"/> Law Enforcement Officer	
Witness Type Code: <input type="checkbox"/> 01-Arresting Officer		<input type="checkbox"/> 06-Other Lay Witness		<input type="checkbox"/> 07-Narc Chemist		<input type="checkbox"/> 12-Other Expert	
<input type="checkbox"/> 13-Investigator		<input type="checkbox"/> 14-Other					
Name: [REDACTED]				Person Code:		County Residence:	
ALIAS / AKA / NICKNAME / MONIKER:							
Name Type:		First:		Middle:		Last:	
Suffix:							
Home Address, City, State, ZIP:				Res. Country:		Place of Birth:	
Undocumented:							
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:
Complexion:							
Employment Status:		Occupation/Grade:		Employer/School:		Employer Address, City, State, ZIP:	
CONTACT INFORMATION:							
Type:				Number/Address:			
IDENTIFICATION:							
Type: BN - Booking Number		Number: [REDACTED]		State:		Country:	
Injury:				Extent of Treatment:			

Witness #52

Person Code: <input type="checkbox"/> Secured Premise		<input type="checkbox"/> Discovered Crime		<input type="checkbox"/> Reporting Party		<input type="checkbox"/> Law Enforcement Officer	
Witness Type Code: <input type="checkbox"/> 01-Arresting Officer		<input type="checkbox"/> 06-Other Lay Witness		<input type="checkbox"/> 07-Narc Chemist		<input type="checkbox"/> 12-Other Expert	
<input type="checkbox"/> 13-Investigator		<input type="checkbox"/> 14-Other					
Name: [REDACTED]				Person Code:		County Residence:	
ALIAS / AKA / NICKNAME / MONIKER:							
Name Type:		First:		Middle:		Last:	
Suffix:							
Home Address, City, State, ZIP:				Res. Country:		Place of Birth:	
Undocumented:							
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:
Complexion:							
Employment Status:		Occupation/Grade:		Employer/School:		Employer Address, City, State, ZIP:	

Reporting Officer SH3173 - PARADIS, CHRISTOPHER	Division / Organization San Diego Central Jail	Reviewed By SH4865 - BOATRIGHT, WAYNE
Report Date 7/10/2017 11:27:31 AM	Detective Assigned SH9879 - PARIS, SCOTT	Reviewed Date 07/22/2017 09:37:33



San Diego County Sheriff's Department Crime/Incident Report

Case No. **17135873**

CAD Event No.: **E4275205**

Case Disposition: **Active**

Primary Victim: [REDACTED]

Report No. **17135873.1**

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CONTACT INFORMATION:			
Type:		Number/Address:	
IDENTIFICATION:			
Type:	Number:	State:	Country:
BN - Booking Number	[REDACTED]		
Injury:		Extent of Treatment:	

Witness #53

Person Code:	<input type="checkbox"/> Secured Premise	<input type="checkbox"/> Discovered Crime	<input type="checkbox"/> Reporting Party	<input type="checkbox"/> Law Enforcement Officer
Witness Type Code:	<input type="checkbox"/> 01-Arresting Officer	<input type="checkbox"/> 06-Other Lay Witness	<input type="checkbox"/> 07-Narc Chemist	<input type="checkbox"/> 12-Other Expert <input type="checkbox"/> 13-Investigator <input type="checkbox"/> 14-Other
Name:		Person Code:	County Residence:	
[REDACTED]				

ALIAS / AKA / NICKNAME / MONIKER:									
Name Type:		First:	Middle:	Last:	Suffix:				
Home Address, City, State, ZIP:				Res. Country:	Place of Birth:	Undocumented:			
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:	Complexion:	
Employment Status:		Occupation/Grade:	Employer/School:			Employer Address, City, State, ZIP:			

CONTACT INFORMATION:			
Type:		Number/Address:	
IDENTIFICATION:			
Type:	Number:	State:	Country:
BN - Booking Number	[REDACTED]		
Injury:		Extent of Treatment:	

Witness #54

Person Code:	<input type="checkbox"/> Secured Premise	<input type="checkbox"/> Discovered Crime	<input type="checkbox"/> Reporting Party	<input type="checkbox"/> Law Enforcement Officer
Witness Type Code:	<input type="checkbox"/> 01-Arresting Officer	<input type="checkbox"/> 06-Other Lay Witness	<input type="checkbox"/> 07-Narc Chemist	<input type="checkbox"/> 12-Other Expert <input type="checkbox"/> 13-Investigator <input type="checkbox"/> 14-Other
Name:		Person Code:	County Residence:	
[REDACTED]				

ALIAS / AKA / NICKNAME / MONIKER:									
Name Type:		First:	Middle:	Last:	Suffix:				
Home Address, City, State, ZIP:				Res. Country:	Place of Birth:	Undocumented:			
Race:	Sex:	Date of Birth / Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:	Complexion:	
Employment Status:		Occupation/Grade:	Employer/School:			Employer Address, City, State, ZIP:			

CONTACT INFORMATION:			
Type:		Number/Address:	
IDENTIFICATION:			
Type:	Number:	State:	Country:
BN - Booking Number	[REDACTED]		
Injury:		Extent of Treatment:	

Reporting Officer SH3173 - PARADIS, CHRISTOPHER	Division / Organization San Diego Central Jail	Reviewed By SH4865 - BOATRIGHT, WAYNE
Report Date 7/10/2017 11:27:31 AM	Detective Assigned SH9879 - PARIS, SCOTT	Reviewed Date 07/22/2017 09:37:33



San Diego County Sheriff's Department Crime/Incident Report

Case No. **17135873**

CAD Event No.: **E4275205**

Case Disposition: **Active**

Primary Victim: [REDACTED]

Report No. **17135873.1**

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OTHER ENTITIES

PROPERTY

Property Item #1.000 - Discs containing photographs and video

Derivative No.: 0	Property Category: 1311 - Recording - Interview or Case related - Video/Photo CD, DVD, Tape, Film, Digital storage, Negative		
Status: ES - Evidence (Seized)	Count: 2	Value:	
Manufacturer:	Model:		
Serial No.:	Model Year:	OAN:	
Color:	Caliber:		
Body Style:	Recovered/ Seized Date: 07/09/2017		
Owner:	Disposition: SDCJ Evidence Locker #33		
Evidence Tag:	Alert(s):		
Drug Type:	Drug Quantity:		
Search Warrant:			
Notes:			

REPORT NARRATIVE

Synopsis:

Inmate Rivera, Michael BN [REDACTED] admitted to provoking a physical altercation with inmate [REDACTED] BN [REDACTED] while housed on the 8th Floor D Module at San Diego Central Jail (SDCJ). A use of force ensued when I entered the module to break up the altercation. Rivera sustained a broken nose as a result of the use of force. [REDACTED] does not wish to press charges.

ORIGIN:

On 07/09/2017, at approximately 1630 hours, I was assigned to the 8th Floor Security Deputy Position at SDCJ. Deputy Lopez #3343 notified me of a physical altercation taking place in D Module. Deputy Westphal #3892 and I responded to D Module.

INVESTIGATION:

BACKGROUND INFORMATION:

Rivera, Michael BN [REDACTED] was arrested by the San Diego Police Department on 03/07/2017 for four charges of 273.6(A) PC, violation of a restraining order, and 246.9(A) PC, Stalking.

INVESTIGATION (CONTINUED):

I arrived at the 8D Module Gate and saw Rivera surrounded by multiple inmates. Deputy Westphal and I entered the module and made contact with Rivera. I instructed Rivera to face the wall and put his hands

Reporting Officer SH3173 - PARADIS, CHRISTOPHER	Division / Organization San Diego Central Jail	Reviewed By SH4865 - BOATRIGHT, WAYNE
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San Diego County Sheriff's Department Crime/Incident Report

Case No. **17135873**

CAD Event No.: **E4275205**

Case Disposition: **Active**

Primary Victim: [REDACTED]

Report No. **17135873.1**

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behind his back. Rivera walked over to the wall and placed his hands behind his back. I approached Rivera and attempted to hand-cuff him. Rivera pulled his hands away from me in order to prevent me from placing him in hand-cuffs.

Rivera turned off of the wall toward me. I instructed Rivera to face the wall and allow me to hand-cuff him. Rivera faced the wall again but would not put his hands behind his back. I grabbed ahold of Rivera's left hand to place it behind his back. Rivera used his body weight to push back against me to prevent me from hand-cuffing him. Rivera attempted to head-butt Deputy Westphal. In order to prevent Rivera from head-butting Deputy Westphal, I grabbed Rivera's right shoulder with my right hand and I grabbed Rivera's left shoulder with my left hand. I pushed Rivera into the wall and then used my body weight to pull Rivera to the floor. Had I not pulled Rivera to the floor, Rivera would have struck Deputy Westphal.

When Rivera landed on the floor on his back, Rivera raised his hands in a fighting position and had his right hand clenched in a fist. Rivera had already attempted to head-butt Deputy Westphal in the face and was yelling that he wanted to fight us. Rivera was actively resisting and had his hands up ready to continue his assault. I was standing over Rivera's upper body. Due to my position, Rivera's head was the closest, effective target I could aim for. In order to prevent Rivera from striking Deputy Westphal or me, I used my right fist to strike Rivera one time in the head. Had I not punched Rivera, Rivera could have continued his assault by kicking or punching on of us causing potentially injury. The strike struck Rivera in the nose, breaking his nose. The strike was ineffective. Rivera continued to thrash his body and continued attempting to get back on his feet and continue fighting.

I instructed Rivera to roll onto his stomach and place his hands behind his back. Rivera did not comply. Rivera said we needed to stand him up so he could fight us one on one. Rivera was thrashing his body and attempting to get up to his feet. In order to prevent Rivera from getting to his feet I placed my right knee and my right hand on Rivera's head and used my body weight to apply downward pressure, pinning Rivera to the floor. Had I not done so, Rivera would have gotten back up to his feet and attempted to fight Deputy Westphal and me. I maintained downward pressure for approximately 20 seconds. I continued to instruct Rivera to calm down and to relax. I told Rivera I did not want to punch him again but I would if he continued to resist. Once Rivera stopped resisting our attempts to hold him on the floor I relieved the pressure.

Deputy Chen #3627 arrived and placed leg chains on Rivera's ankles. Rivera rolled onto his stomach. I placed my hand-cuffs on Rivera's wrists. Deputies Westphal, Hann #3492, and I lifted Rivera off of the floor and placed him on a gurney. Deputies Huerta #3370, Lamont #3277, and Krieg #5998 escorted Rivera to 3rd Floor Medical. I had no further contact with Rivera.

While riding the elevator from the 8th Floor to the 3rd Floor Deputy Huerta was present and heard Rivera spontaneously state that he had "fucked up" and that he "put his head into the deputy"

Reporting Officer SH3173 - PARADIS, CHRISTOPHER	Division / Organization San Diego Central Jail	Reviewed By SH4865 - BOATRIGHT, WAYNE
Report Date 7/10/2017 11:27:31 AM	Detective Assigned SH9879 - PARIS, SCOTT	Reviewed Date 07/22/2017 09:37:33



San Diego County Sheriff's Department Crime/Incident Report

Case No. **17135873**

CAD Event No.: **E4275205**

Case Disposition: **Active**

Primary Victim: [REDACTED]

Report No. **17135873.1**

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Rivera was seen by Nurse Practitioner [REDACTED] and Nurse [REDACTED]. Nurse Practitioner [REDACTED] determined that Rivera had a broken nose. Deputy Huerta photographed Rivera's injuries.

STATEMENT of Rivera, Michael BN [REDACTED] (Suspect)

While being seen by the medical staff, Deputy Huerta video recorded Rivera as he continued to make statements about the incident. In the video, Rivera states he started a fight with the entire module. Rivera said "I picked the fight, OK." Rivera said "I challenged the inmates to fight." Sergeant Brewer #5398 asked Rivera if he had tried to head-butt a deputy. Rivera stated "I rammed my forehead into the deputy."

INVESTIGATION (CONTINUED):

Due to Rivera's violent behavior and his expressed desire to want to fight with inmates and deputies, it was determined by Sergeant Brewer that Rivera needed to be placed into a safety cell (see incident #174028067).

Deputy Lake #3304 canvassed Module 8D in order to take witness statements from the inmates housed in the module. No witnesses wished to make a statement to Deputy Lake.

During the incident, I noticed that inmate [REDACTED] BN [REDACTED] was advising Rivera to comply with our instructions and to stop fighting. I removed [REDACTED] from 8D Module and escorted him to the 8th Floor Multi-Purpose Room.

STATEMENT of [REDACTED] BN [REDACTED] (witness)

I asked [REDACTED] to tell me what happened. [REDACTED] said that Rivera has been in the module for the last month. [REDACTED] said that Rivera has some psychological issues but is a nice guy. [REDACTED] stated that Rivera was acting strange and was fixated on being released today. [REDACTED] said that Rivera threatened to fight all of the inmates in the module and was trying to pick a fight with anyone. [REDACTED] said that Rivera got into another inmates face which led to Rivera being pushed. [REDACTED] said that nobody wanted to fight with Rivera because they know that he is mentally ill.

INVESTIGATION (CONTINUED):

I reviewed CCT footage of the incident and saw what appeared to be Rivera yelling in the face of an inmate. Inmate [REDACTED] BN [REDACTED] pushed Rivera to the floor and then backed away. I escorted [REDACTED] from Module 8D to the 8th Floor Multi-Purpose Room for questioning.

STATEMENT of [REDACTED] BN [REDACTED] (Victim)

Reporting Officer SH3173 - PARADIS, CHRISTOPHER	Division / Organization San Diego Central Jail	Reviewed By SH4865 - BOATRIGHT, WAYNE
Report Date 7/10/2017 11:27:31 AM	Detective Assigned SH9879 - PARIS, SCOTT	Reviewed Date 07/22/2017 09:37:33



San Diego County Sheriff's Department Crime/Incident Report

Case No. **17135873**

CAD Event No.: **E4275205**

Case Disposition: **Active**

Primary Victim: [REDACTED]

Report No. **17135873.1**

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I asked [REDACTED] what happened. [REDACTED] was hesitant to speak to me. I told [REDACTED] that I knew he pushed or punched Rivera, but that I believed that Rivera had instigated it and that [REDACTED] was the victim. [REDACTED] told me he pushed Rivera to the floor because he did not want Rivera to fight him or any of the other inmates in the module. [REDACTED] said that Rivera was threatening to "take them all on." I asked [REDACTED] if he wished to press charges. [REDACTED] said "No."

INVESTIGATION (CONTINUED):

Based on the statements of the inmates involved in the incident, including Rivera admitting that he started the fight, I determined that Rivera had instigated the entire incident resulting in a 243(a).

EVIDENCE:

1 DVD containing video of the incident placed it into SDCJ Evidence.

1 DVD containing photographs of the suspect placed into SDCJ Evidence.

INJURIES:

Rivera sustained a broken nose as a result of the use of force. Rivera was treated by SDCJ medical staff.

PROPERTY DAMAGE:

None

FOLLOW-UP:

To be conducted by the Jail Investigation Unit

RELATED REPORTS:

Deputy Westphal's Deputy Report.

WITNESSES:

Deputy Lopez #3343

Inmate [REDACTED] BN [REDACTED]

Inmat [REDACTED] BN [REDACTED]

Reporting Officer SH3173 - PARADIS, CHRISTOPHER	Division / Organization San Diego Central Jail	Reviewed By SH4865 - BOATRIGHT, WAYNE
Report Date 7/10/2017 11:27:31 AM	Detective Assigned SH9879 - PARIS, SCOTT	Reviewed Date 07/22/2017 09:37:33



San Diego County Sheriff's Department Crime/Incident Report

Case No. **17135873**

CAD Event No.: **E4275205**

Case Disposition: **Active**

Primary Victim: [REDACTED]

Report No. **17135873.1**

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- Inmate [REDACTED] BN [REDACTED]
- Inmate [REDACTED] BN [REDACTED]
- Inmate [REDACTED] BN [REDACTED]
- Inmate [REDACTED] [REDACTED]
- Inmate [REDACTED] BN [REDACTED]
- Inmate [REDACTED] BN [REDACTED]
- Inmate [REDACTED] BN [REDACTED]
- Inmate [REDACTED] BN [REDACTED]
- Inmate [REDACTED] BN [REDACTED]
- Inmat [REDACTED] BN [REDACTED]
- Inmate [REDACTED] BN [REDACTED]
- Inmate [REDACTED] BN [REDACTED]
- Inmate [REDACTED] BN [REDACTED]
- Inmate [REDACTED] BN [REDACTED]
- Inmate [REDACTED] BN [REDACTED]
- Inmate [REDACTED] BN [REDACTED]
- Inmate [REDACTED] BN [REDACTED]
- Inmate [REDACTED] BN [REDACTED]
- Inmate [REDACTED] BN [REDACTED]

Reporting Officer SH3173 - PARADIS, CHRISTOPHER	Division / Organization San Diego Central Jail	Reviewed By SH4865 - BOATRIGHT, WAYNE
Report Date 7/10/2017 11:27:31 AM	Detective Assigned SH9879 - PARIS, SCOTT	Reviewed Date 07/22/2017 09:37:33



San Diego County Sheriff's Department Crime/Incident Report

Case No. **17135873**

CAD Event No.: **E4275205**

Case Disposition: **Active**

Primary Victim: [REDACTED]

Report No. **17135873.1**

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Inmate [REDACTED] BN [REDACTED]

Inmate [REDACTED] BN [REDACTED]

Inmate [REDACTED] [REDACTED]

Inmate [REDACTED] [REDACTED]

Inmate [REDACTED] BN [REDACTED]

Inmate [REDACTED] BN [REDACTED]

Inmate [REDACTED] BN [REDACTED]

Inmate [REDACTED] [REDACTED]

Inmate [REDACTED] BN [REDACTED]

Inmate [REDACTED] BN [REDACTED]

Inmate [REDACTED] BN [REDACTED]

Inmate [REDACTED] BN [REDACTED]

Inmate [REDACTED] BN [REDACTED]

Inmate [REDACTED] BN [REDACTED]

Inmate [REDACTED] BN [REDACTED]

Inmate [REDACTED] BN [REDACTED]

Inmate [REDACTED] BN [REDACTED]

Inmate [REDACTED] BN [REDACTED]

Inmate [REDACTED] BN [REDACTED]

Inmate [REDACTED] BN [REDACTED]

Inmate [REDACTED] BN [REDACTED]

Reporting Officer SH3173 - PARADIS, CHRISTOPHER	Division / Organization San Diego Central Jail	Reviewed By SH4865 - BOATRIGHT, WAYNE
Report Date 7/10/2017 11:27:31 AM	Detective Assigned SH9879 - PARIS, SCOTT	Reviewed Date 07/22/2017 09:37:33



San Diego County Sheriff's Department Crime/Incident Report

Case No. **17135873**

CAD Event No.: **E4275205**

Case Disposition: **Active**

Primary Victim: [REDACTED]

Report No. **17135873.1**

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Inmate [REDACTED] BN [REDACTED]

Inmate [REDACTED] BN [REDACTED]

Inmate [REDACTED] [REDACTED]

Inmate [REDACTED] BN [REDACTED]

Inmate [REDACTED] [REDACTED]

Inmate [REDACTED] BN [REDACTED]

Inmate [REDACTED] BN [REDACTED]

Inmate [REDACTED] BN [REDACTED]

Inmate [REDACTED] BN [REDACTED]

Reporting Officer SH3173 - PARADIS, CHRISTOPHER	Division / Organization San Diego Central Jail	Reviewed By SH4865 - BOATRIGHT, WAYNE
Report Date 7/10/2017 11:27:31 AM	Detective Assigned SH9879 - PARIS, SCOTT	Reviewed Date 07/22/2017 09:37:33



San Diego County Sheriff's Department Evidence Report

Case No: **17135873**

Evidence Sheet No: **001**

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GENERAL CASE INFORMATION

REPORTING AGENCY: SH - Sheriff				
CALL FOR SERVICE NUMBER (CAD): E4275205	OFFENSE TYPE: 243 (A) - PC - BATTERY ON PERSON (M)	DIVISION: JPMU - Jail Population Management Unit	BILL NG CODE: SDSO - SD Sheriff's Office	SEARCH WARRANT NUMBER:
DATE OF INCIDENT: 7/9/2017	INCIDENT LOCATION (CITY, STATE, Z P): 1173 FRONT ST SAN DIEGO CA 92101			KEY CASE NUMBER:
REPORTING OFFICER: SH3173 - PARADIS, CHRISTOPHER		ID: SH3173	DIVISION: Alpine Station	
ASSIGNED DETECTIVE: SH9879 - PARIS, SCOTT		ID: SH9879	DIVISION: Detentions Investigations Unit	


OUTSIDE AGENCY

OA CASE NUMBER:	AGENCY NAME:	ASSIGNED DETECTIVE:	CONTACT PHONE:
AGENCY ADDRESS (CITY, STATE, ZIP):			

INVOLVED PEOPLE

AFFILIATION: VIC1	NAME (Last, First, Middle): [REDACTED]	DOB: [REDACTED]	AGE: [REDACTED]	SEX: [REDACTED]	RACE:
HOME ADDRESS (CITY, STATE, Z P):			HOME PHONE:		
AFFILIATION: SUS2	NAME (Last, First, Middle): RIVERA, MICHAEL	DOB: [REDACTED]	AGE: 33	SEX: M - Male	RACE:
HOME ADDRESS (CITY, STATE, Z P):			HOME PHONE:		

EVIDENCE INFORMATION SECTION

F N 1.1	OA Item/TAG #	PROPERTY DESCRIPTION COMPACT DISK (CD W/ PHOTOS AND VIDEOS)				 * I 1 8 9 0 0 0 7 *
VALUE:	QUANTITY: 2	MAKE / MANUFACTURER:	MODEL:			
CAL BER:	SERIAL NUMBER:	PROPERTY TYPE: 1302 - Compact Disc Player				
PROPERTY STATUS: ES - Evidence (Seized)		SEARCH WARRANT:				
PROPERTY DISPOSITION: Stored		DATE/TIME RECVRD / SEIZED: 7/9/2017	CSI	PFIN		
DRUG TYPE:		DRUG QUANTITY:	DRUG MEASURE:			
NOTES:						



San Diego County Sheriff's Department Officer Report

CAD Event No. **E4275205**

Case No. **17135873**

Report No. **49006**

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GENERAL CASE INFORMATION

Special Studies:		Related Cases:	
Location, City, State, ZIP: 1173 Front Street Sdcj, San Diego, CA 92124		Occurred On: 7/9/2017 4:30:00 PM (Sunday)	
Jurisdiction: DETENTION FACILITY - CENTRAL	Beat: 021	Call Source:	(and Between):

INDIVIDUAL/S

Name: Rivera, Michael		Person Code:	Interpreter Language:
ALIAS / AKA / NICKNAME / MONIKER:			
Home Address, City, State, ZIP:		Res. Country:	County Residence:
Undocumented:			
Race: H	Sex: M	Date of Birth / Age: [REDACTED] - 33	Height: 6' 0"
Weight: 180 lbs	Hair Color: BRO	Eye Color: BRO	Facial Hair:
Complexion:			
Employment Status:	Occupation/Grade:	Employer/School:	Employer Address City State Z P:

CONTACT INFORMATION

Type: HP - Home Phone	Number/Address: [REDACTED]
---------------------------------	--------------------------------------

IDENTIFICATION:

Type: BN - Booking Number	Number: [REDACTED]	State:	Country:
Type: JIM - JIMS Number	Number: [REDACTED]	State:	Country:
Type: CII - CII Number	Number: [REDACTED]	State:	Country:
Type: AFIS - Automated Fingerprint Identification System	Number: [REDACTED]	State:	Country:
Type: SSN - SSN	Number: [REDACTED]	State:	Country:

Attire: Jail issued blues	Injury: Yes	Extent Of Treatment: 2 - Treated at Scene	Violent Crime Circumstances:
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REPORT NARRATIVE

See Case Report # 17135873

Reporting Officer SH3173 - PARADIS, CHRISTOPHER	Division / Organization SDCJ / SDCJ - San Diego Central Jail	Reviewed By SH4865 - BOATRIGHT, WAYNE
Report Date 7/10/2017 1:46:59 PM	Detective Assigned SH9879 - PARIS, SCOTT	Reviewed Date 7/18/2017 5:42:31 AM



San Diego County Sheriff's Department Officer Report

CAD Event No. **E4275205**

Case No. **17135873**

Report No. **48898**

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GENERAL CASE INFORMATION

Special Studies:		Related Cases:	
Location, City, State, ZIP: 1173 Front St, San Diego, CA 92101		Occurred On: 7/9/2017 4:30:00 PM (Sunday)	
Jurisdiction: DETENTION FACILITY - CENTRAL	Beat: 021	Call Source: (and Between):	

INDIVIDUAL/S

Name: Rivera, Michael Richard				Person Code:		Interpreter Language:	
ALIAS / AKA / NICKNAME / MONIKER:							
Home Address, City, State, ZIP:				Res. Country:		County Residence:	
Undocumented:							
Race: H	Sex: M	Date of Birth / Age: [REDACTED] - 33	Height: 6' 0"	Weight: 180 lbs	Hair Color: BRO	Eye Color: BRO	Facial Hair:
Complexion:							
Employment Status:		Occupation/Grade:		Employer/School:		Employer Address City State Z P:	
CONTACT INFORMATION							
Type: HP - Home Phone				Number/Address: [REDACTED]			
IDENTIFICATION:							
Type: JIM - JIMS Number	Number: [REDACTED]			State:		Country:	
Type: CII - CII Number	Number: [REDACTED]			State:		Country:	
Type: FBI - FBI No.	Number: [REDACTED]			State:		Country:	
Type: AFIS - Automated Fingerprint Identification System	Number: [REDACTED]			State:		Country:	
Type: SCN - System Control Number	Number: [REDACTED]			State:		Country:	
Type: DLN - Drivers License Number	Number: [REDACTED]			State: CA - California		Country:	
Type: SSN - SSN	Number: [REDACTED]			State:		Country:	
Attire: Jail issued blue pants and white shirt		Injury: Yes		Extent Of Treatment: 2 - Treated at Scene		Violent Crime Circumstances:	

REPORT NARRATIVE

ORIGIN

On 7/9/2017, at approximately 1630 hours, I was working as the 8th Floor Housing Deputy position when Deputy Lopez #3343 informed me of a 243 (inmates fighting) in "D" Module on the 8th Floor at San Diego Central Jail (SDCJ).

INVESTIGATION

At approximately 1630 hours, Deputy Paradis #3173 and I entered "D" Module and instructed all inmates to get behind the red line. All inmates complied with our instructions. Deputy Paradis and I approached inmate Rivera, Michael ([REDACTED]) and instructed him to face the wall under the stairs and place his hands behind his back. Rivera complied with these instructions.

As Deputy Paradis was attempting to place Rivera in handcuffs he began to turn his head and pull his hands away preventing Deputy Paradis from handcuffing him. I grabbed Rivera's right upper arm and pinned it against the wall with my right hand. I grabbed Rivera's right wrist with my left hand placed him in a wrist lock. Had I not placed Rivera in a wrist lock he would have had that hand free to assault Deputy Paradis or myself.

Rivera turned his head toward me and attempted to head-butt me. I leaned backward to avoid being struck by Rivera and I observed Deputy Paradis push Rivera towards the wall pinning him against the wall. Rivera continued to move his body back and forth trying to break Deputy Paradis' hold on him. I observed Deputy Paradis take Rivera to the ground.

Reporting Officer SH3892 - WESTPHAL, JOSHUA	Division / Organization SDCJ / SDCJ - San Diego Central Jail	Reviewed By SH4865 - BOATRIGHT, WAYNE
Report Date 7/10/2017 7:30:03 AM	Detective Assigned SH9879 - PARIS, SCOTT	Reviewed Date 7/11/2017 2:18:52 PM



San Diego County Sheriff's Department Officer Report

CAD Event No. **E4275205**

Case No. **17135873**

Report No. **48898**

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Rivera landed on his back with his hands up and his fists clinched. I observed Deputy Paradis throw 1 punch to Rivera's facial area as I applied downward pressure with my right knee across Rivera's legs, I also grabbed Rivera's right arm with both of my hands and pinned it to his body to gain control of Rivera and prevent any assault on Deputy Paradis.

Rivera began yelling that he loves [REDACTED] and that we should let him up so he could fight us one on one. Deputy Paradis and I held Rivera pinned to the ground until additional deputies arrived. Deputy Hann #3492 was the first to arrive. Deputy Hann took control of Rivera's feet as Deputy Paradis and I placed Rivera into a prone position. When Deputy Paradis and I transitioned Rivera to his stomach, we switched control of his arms. I now had control of Rivera's left arm. I assisted Deputy Paradis in placing Rivera in handcuffs. Deputy Chen #3627 gave me a spit sock and I placed it over Rivera's head to ensure he did not spit on any deputies. I assisted Deputies Paradis and Hann in placing Rivera on the gurney. I supported Rivera's left arm and shoulder when picking him up and placing him on the gurney as Deputy Paradis supported Rivera's right arm and shoulder and Deputy Hann supported Rivera's legs.

I had no further contact with Rivera.

Reporting Officer SH3892 - WESTPHAL, JOSHUA	Division / Organization SDCJ / SDCJ - San Diego Central Jail	Reviewed By SH4865 - BOATRIGHT, WAYNE
Report Date 7/10/2017 7:30:03 AM	Detective Assigned SH9879 - PARIS, SCOTT	Reviewed Date 7/11/2017 2:18:52 PM



San Diego County Sheriff's Department Follow-Up Report

Case No. **17135873**

CAD Event No.: **E4275205**

Case Disposition: **Exception**

Primary Victim: **State of California**

Report No. **17135873.2**

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GENERAL CASE INFORMATION

Primary Charge: 243 (A) - PC - BATTERY ON PERSON (M)			
Special Studies:		Related Cases:	
Location City State ZIP: 1173 Front St, San Diego, CA 92124		Occurred On: 07/09/2017 16:30:00 (Sunday)	
Jurisdiction:	Beat: 021	Call Source: DEPUTY	(and Between):
Means:	Motives:		

VICTIM/S

IBR/UCR OFFENSE/S

Offense Description: 243 (A) - PC - BATTERY ON PERSON (M)	Level: M	Against: PE	Completed? Yes	Counts	Using: N - Not Applicable
Location Type: 15 - Jail/Prison	Hate/Bias: 88 - None (No Bias)		Domestic Violence: No		
Criminal Activity:	Type Security:	Gang Related: No	Entry:	Point of Entry:	
Weapons/Force: 40 - Personal Weapons (Threats, Hands, Fists, Feet, etc.)	Tools:		Targets:		

ARRESTEE/S

SUSPECT/S (Not Yet Arrested)

WITNESSES

OTHER ENTITIES

PROPERTY

REPORT NARRATIVE

Case Disposition: CLOSED BY EXCEPTION

SYNOPSIS:

Inmate Rivera, Michael BN [REDACTED] admitted to provoking a physical altercation with inmate [REDACTED] BN [REDACTED] while housed on the 8th Floor D Module at San Diego Central Jail (SDCJ). A use of force ensued when deputies entered the module to break up the altercation. Rivera sustained a broken nose as a result of the use of force. [REDACTED] does not wish to press charges for the battery.

On 07/24/2017, I conducted follow up with [REDACTED] at the SDCJ. [REDACTED] informed me he still did not desire prosecution for the battery.

Based on the aforementioned circumstances, such as [REDACTED] not desiring prosecution and the fact he sustained only minor injuries, this case is being closed by Exception.

Origin:

Reporting Officer SH9879 - PARIS, SCOTT	Division / Organization Jail Population Management Unit DETENTIONS INVESTIGATIONS UNIT	Reviewed By SH2932 - MICHALKE, PAUL
Report Date 7/24/2017 10:24:11 AM	Detective Assigned SH9879 - PARIS, SCOTT	Reviewed Date 07/24/2017 11:15:30



San Diego County Sheriff's Department Follow-Up Report

CAD Event No.: **E4275205**

Primary Victim: **State of California**

Case No. **17135873**

Case Disposition: **Exception**

Report No. **17135873.2**

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On 07/24/2017, while working as a Law Enforcement Detective with the Detention's Investigations Unit, I received a report of a battery that occurred at the San Diego Central Jail for follow up investigation.

Investigation:

After reviewing this case I determined the following: Inmate Rivera, Michael BN [REDACTED] admitted to provoking a physical altercation with inmate [REDACTED] BN [REDACTED] while housed on the 8th Floor D Module at San Diego Central Jail (SDCJ). A use of force ensued when deputies entered the module to break up the altercation. Rivera sustained a broken nose as a result of the use of force. [REDACTED] does not wish to press charges for the battery.

On 07/24/2017, I conducted follow up with [REDACTED] at the SDCJ. [REDACTED] informed me he still did not desire prosecution for the battery.

Based on the aforementioned circumstances, such as [REDACTED] not desiring prosecution and the fact he sustained only minor injuries, this case is being closed by Exception.

Reporting Officer SH9879 - PARIS, SCOTT	Division / Organization Jail Population Management Unit DETENTIONS INVESTIGATIONS UNIT	Reviewed By SH2932 - MICHALKE, PAUL
Report Date 7/24/2017 10:24:11 AM	Detective Assigned SH9879 - PARIS, SCOTT	Reviewed Date 07/24/2017 11:15:30



San Diego County Sheriff's Department

Use of Force Supplemental

UFO DATE AND TIME 7/9/2017 16:30	EVENT NUMBER E4275205	CASE NUMBER 17135873	DOCUMENT NUMBER 49006	STATION/FACILITY SDCJ - San Diego Central Jail	
INCIDENT DESCRIPTION / OFFENSES 243 Suspect Rivera					
SUBJECT'S NAME (LAST, FIRST, MI) Rivera, Michael		DATE OF BIRTH [REDACTED]	ARRESTED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SUPERVISOR PRESENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DATE/TIME SUPERVISOR NOTIFIED 07/09/2017 16:35
REASON(S) FOR USING FORCE: <input type="checkbox"/> Necessary to effect an arrest <input checked="" type="checkbox"/> Necessary to prevent a violent forcible felony <input type="checkbox"/> Delaying Jail Operations <input checked="" type="checkbox"/> Necessary to defend self or another <input type="checkbox"/> Necessary to restrain for subject's safety <input type="checkbox"/> Necessary to prevent escape/evasion <input type="checkbox"/> Necessary during high-risk incident <input type="checkbox"/> Necessary to effect a lawful detention <input type="checkbox"/> Necessary during riot					
SUBJECT APPEARED TO BE <input type="checkbox"/> Under the influence of alcohol and/or drugs <input checked="" type="checkbox"/> Mentally impaired		NUMBER OF OFFICERS ON SCENE 2		NUMBER OF OFFICERS USING FORCE 1	
LEVEL(S) OF RESISTANCE ENCOUNTERED <input type="checkbox"/> NONE (subject cooperated/complied) <input type="checkbox"/> PSYCHOLOGICAL INTIMIDATION (non-verbal cues indicating subject's attitude or physical readiness to resist) <input checked="" type="checkbox"/> VERBAL NON-COMPLIANCE (subject's expressed unwillingness to comply with the officer's commands) <input type="checkbox"/> PASSIVE RESISTANCE (represents by a refusal to respond to verbal commands but also offers no form of physical resistance) <input checked="" type="checkbox"/> ACTIVE RESISTANCE (pushing, pulling or running away from the officer to avoid control; not attempting to harm the officer) <input checked="" type="checkbox"/> ASSAULTIVE BEHAVIOR (physical actions of assault) <input type="checkbox"/> AGGRAVATED ACTIVE AGGRESSION (potential injury or death)					
LAW ENFORCEMENT TOOL/TECHNIQUE USED TO GAIN COMPLIANCE OR OVERCOME RESISTANCE (CHECK ALL THAT APPLY)					
<input checked="" type="checkbox"/> Verbal Commands: <u>Face the wall and place your hands behind your back. Relax. Calm Down.</u> <input checked="" type="checkbox"/> Empty Hand Control <input checked="" type="checkbox"/> Grab, Push, Pull, or Body Weight <input type="checkbox"/> Control Hold (Duration:) <input type="checkbox"/> Pressure Point (Duration:) (# of Contacts:) <input checked="" type="checkbox"/> Strike (Body part used: <u>I used my right hand to punch Rivera in the</u> <input checked="" type="checkbox"/> Takedown Type: <u>I grabbed his shoulders with both hands</u> <input type="checkbox"/> Carotid (Rendered Unconscious? <input type="checkbox"/> Yes <input type="checkbox"/> No) (Duration:) <input checked="" type="checkbox"/> Tool/Device/Weapon <input type="checkbox"/> OC Agent (Duration:) (# of Contacts:) <input type="checkbox"/> Decontaminated <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cord Cuff Restraint Device (Duration:) <input type="checkbox"/> Impact Weapon (# of Contacts:) Type: _____ <input type="checkbox"/> Canine (Duration:) (# of Contacts:) <input type="checkbox"/> Vehicle/Forcible Stop <input type="checkbox"/> Weapon Pointed at Subject (Duration:) Type: _____ <input checked="" type="checkbox"/> Spit Sock (Duration: 15 minutes) <input type="checkbox"/> Pro-Strait Chair <input type="checkbox"/> Tactical Shield <input type="checkbox"/> WRAP <input type="checkbox"/> Less-Lethal Weapon System <input type="checkbox"/> PepperBall - OC Powder <input type="checkbox"/> PepperBall - Water <input type="checkbox"/> 37 mm Rifle - Standard <input type="checkbox"/> 37 mm Rifle - Low Energy <input type="checkbox"/> 40 mm Rifle - Bean Bag <input type="checkbox"/> 40 mm Rifle - Sponge <input type="checkbox"/> Taser - Probes <input type="checkbox"/> Taser - Drive Stuns <input type="checkbox"/> Stingball Grenade <input type="checkbox"/> Sound/Light device <input type="checkbox"/> 12-Gauge Super Sock <input type="checkbox"/> Ultron/NOVA Shield <input type="checkbox"/> REACT Belt <input type="checkbox"/> Firearm <input type="checkbox"/> Type: _____ <input type="checkbox"/> Other: _____					
WAS INITIAL USE OF FORCE EFFECTIVE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		WAS ADDITIONAL CONTROL OR FORCE NEEDED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
SUBJECT INJURED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	EXTENT OF TREATMENT <input type="checkbox"/> None <input type="checkbox"/> Treated at hospital <input checked="" type="checkbox"/> Treated at scene <input type="checkbox"/> Hospitalized <input type="checkbox"/> Refused treatment	OFFICER(S) INJURED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	EXTENT OF TREATMENT <input checked="" type="checkbox"/> None <input type="checkbox"/> Treated at hospital <input type="checkbox"/> Treated at scene <input type="checkbox"/> Hospitalized <input type="checkbox"/> Refused treatment		
SUBJECT INJURY DESCRIPTION		OFFICER INJURY DESCRIPTION			
OTHER FORCE USED/COMMENTS/EQUIPMENT PERFORMANCE: 3173 - PARADIS		<p>MARK FIGURE TO INDICATE CONTACT POINT(S)</p>			
SERGEANT		ARJIS	DATE		
LIEUTENANT		ARJIS	DATE		
CAPTAIN		ARJIS	DATE		



San Diego County Sheriff's Department

Use of Force Supplemental

Use of Force Supplemental Instructions

Lines 1 & 3: Fill in the blanks.

Line 2: If the suspect was committing a crime and force was used to stop or apprehend the subject, document the appropriate penal code. If the UOF occurred in the performance of the officer's duties, document the incident description, i.e. officer transport, officer escort, making arrest, detaining suspect, cell extraction etc.

Primary Reason for Using Force: Check appropriate box(s).

Subject Appeared To Be: Check if applicable.

Number of Officers on Scene: List number of officers present.

Number of Officers Using Force: List number of officers that used force.

Level(s) of Resistance Encountered: Check appropriate box(s).

L.E. Tool/Technique Used: Check appropriate box(s). If known and/or applicable, include duration (approximate length of time) tool/technique was used. If known and/or applicable, include the number of contacts (approximate number of strikes, impacts, etc.) when requested on form.

Was Initial Use of Force Effective? If initial force used was effective, check "Yes." If initial force used was ineffective and additional force was necessary, check "No."

Was Additional Control or Force Needed: If initial force used was ineffective and additional force was necessary, check "Yes." If initial force used was effective, check "No."

Target Distance: If applicable (refers primarily to less lethal weapon systems), approximate distance or provide range (i.e. 7-15 feet, 15-20 yards, etc.) from subject during application of force.

Subject Injured: Check "Yes" if medically treated for injury sustained as a possible result of force applied by a officer(s) – does not include previous injuries suffered prior to officer contact. Check "No" if subject was not injured or simply complains of injury/pain suffered as a result of force applied by an officer(s) and refuses medical attention. Any complaints of pain shall be documented in the use of force report narrative (whenever any physical force used by a officer results in a complaint of injury or an injury that necessitates medical treatment of a subject, a supervisor will be notified immediately).

Extent of Treatment: Check appropriate box. Check none if subject was evaluated and no treatment was required. Specifically, check "Treated at Scene" if subject was treated at scene by EMS for injuries that may have resulted due to force applied by officer(s). Check "Treated at Hospital" if subject was transported to hospital for treatment of injuries that may have been sustained as an apparent result of force applied by officer(s). Check "Hospitalized" if subject was admitted to the Hospital as a result of injuries that were sustained as a result of force applied by officer(s).

Officer Injured: Check appropriate box (see above).

Extent of Treatment: Check appropriate box. Check none if officer was evaluated and no treatment was required. Specifically, check "Treated at Scene" if officer was treated at scene by EMS for injuries. Check "Treated at Hospital" if officer was transported to hospital for treatment of injuries. Check "Hospitalized" if officer was admitted to the Hospital as a result of injuries.

Other Force Used/Comments/Equipment Performance: This section can be used to document other force options not listed on the form; relevant comments about the incident such as complaints of pain/injury (room permitting) and negative/positive comments regarding equipment performance.

Mark Figure to Indicate Contact Points: When applicable, mark the areas on the figure where applied force contacted the subject's body.

Sergeant: Sign, list ARJIS number and date reviewed.

Lieutenant: Sign, list ARJIS number and date reviewed.

Captain: Sign, list ARJIS number and date reviewed.



San Diego County Sheriff's Department

Use of Force Supplemental

UFO DATE AND TIME 7/9/2017 16:30	EVENT NUMBER E4275205	CASE NUMBER 17135873	DOCUMENT NUMBER 48898	STATION/FACILITY SDCJ - San Diego Central Jail	
INCIDENT DESCRIPTION / OFFENSES 243 - Suspect Rivera UoF					
SUBJECT'S NAME (LAST, FIRST, MI) Rivera, Michael Richard		DATE OF BIRTH [REDACTED]	ARRESTED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SUPERVISOR PRESENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DATE/TIME SUPERVISOR NOTIFIED 07/09/2017 16:33
REASON(S) FOR USING FORCE: <input type="checkbox"/> Necessary to effect an arrest <input type="checkbox"/> Necessary to prevent a violent forcible felony <input type="checkbox"/> Delaying Jail Operations <input checked="" type="checkbox"/> Necessary to defend self or another <input checked="" type="checkbox"/> Necessary to restrain for subject's safety <input type="checkbox"/> Necessary to prevent escape/evasion <input type="checkbox"/> Necessary during high-risk incident <input type="checkbox"/> Necessary to effect a lawful detention <input type="checkbox"/> Necessary during riot					
SUBJECT APPEARED TO BE <input type="checkbox"/> Under the influence of alcohol and/or drugs <input checked="" type="checkbox"/> Mentally impaired			NUMBER OF OFFICERS ON SCENE 2	NUMBER OF OFFICERS USING FORCE 1	
LEVEL(S) OF RESISTANCE ENCOUNTERED <input type="checkbox"/> NONE (subject cooperated/complied) <input type="checkbox"/> PSYCHOLOGICAL INTIMIDATION (non-verbal cues indicating subject's attitude or physical readiness to resist) <input checked="" type="checkbox"/> VERBAL NON-COMPLIANCE (subject's expressed unwillingness to comply with the officer's commands) <input type="checkbox"/> PASSIVE RESISTANCE (represents by a refusal to respond to verbal commands but also offers no form of physical resistance) <input checked="" type="checkbox"/> ACTIVE RESISTANCE (pushing, pulling or running away from the officer to avoid control; not attempting to harm the officer) <input checked="" type="checkbox"/> ASSAULTIVE BEHAVIOR (physical actions of assault) <input type="checkbox"/> AGGRAVATED ACTIVE AGGRESSION (potential injury or death)					
LAW ENFORCEMENT TOOL/TECHNIQUE USED TO GAIN COMPLIANCE OR OVERCOME RESISTANCE (CHECK ALL THAT APPLY)					
<input checked="" type="checkbox"/> Verbal Commands: "Stop Resisting" "Put your hands behind your back" <input checked="" type="checkbox"/> Empty Hand Control <input checked="" type="checkbox"/> Grab, Push, Pull, or Body Weight <input checked="" type="checkbox"/> Control Hold (Duration: 5 sec) <input type="checkbox"/> Pressure Point (Duration:) (# of Contacts:) <input type="checkbox"/> Strike (Body part used:) (# of Contacts:) <input type="checkbox"/> Takedown Type: _____ <input type="checkbox"/> Carotid (Rendered Unconscious? <input type="checkbox"/> Yes <input type="checkbox"/> No) (Duration:) <input type="checkbox"/> Tool/Device/Weapon <input type="checkbox"/> OC Agent (Duration:) (# of Contacts:) <input type="checkbox"/> Decontaminated <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cord Cuff Restraint Device (Duration:) <input type="checkbox"/> Impact Weapon (# of Contacts:) Type: _____ <input type="checkbox"/> Canine (Duration:) (# of Contacts:) <input type="checkbox"/> Vehicle/Forcible Stop <input type="checkbox"/> Weapon Pointed at Subject (Duration:) Type: _____ <input type="checkbox"/> Spit Sock (Duration:) <input type="checkbox"/> Pro-Straint Chair <input type="checkbox"/> Tactical Shield <input type="checkbox"/> WRAP <input type="checkbox"/> Less-Lethal Weapon System <input type="checkbox"/> PepperBall - OC Powder <input type="checkbox"/> PepperBall - Water <input type="checkbox"/> 37 mm Rifle - Standard <input type="checkbox"/> 37 mm Rifle - Low Energy <input type="checkbox"/> 40 mm Rifle - Bean Bag <input type="checkbox"/> 40 mm Rifle - Sponge <input type="checkbox"/> Taser - Probes <input type="checkbox"/> Taser - Drive Stuns <input type="checkbox"/> Stingball Grenade <input type="checkbox"/> Sound/Light device <input type="checkbox"/> 12-Gauge Super Sock <input type="checkbox"/> Ultron/NOVA Shield <input type="checkbox"/> REACT Belt <input type="checkbox"/> Firearm <input type="checkbox"/> Type: _____ <input type="checkbox"/> Other: _____					
WAS INITIAL USE OF FORCE EFFECTIVE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			WAS ADDITIONAL CONTROL OR FORCE NEEDED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
SUBJECT INJURED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		EXTENT OF TREATMENT <input type="checkbox"/> None <input type="checkbox"/> Treated at hospital <input checked="" type="checkbox"/> Treated at scene <input type="checkbox"/> Hospitalized <input type="checkbox"/> Refused treatment		OFFICER(S) INJURED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	EXTENT OF TREATMENT <input checked="" type="checkbox"/> None <input type="checkbox"/> Treated at hospital <input type="checkbox"/> Treated at scene <input type="checkbox"/> Hospitalized <input type="checkbox"/> Refused treatment
SUBJECT INJURY DESCRIPTION			OFFICER INJURY DESCRIPTION		
OTHER FORCE USED/COMMENTS/EQUIPMENT PERFORMANCE: Westphal 3892			<p>MARK FIGURE TO INDICATE CONTACT POINT(S)</p>		
SERGEANT		ARJIS			DATE
LIEUTENANT		ARJIS			DATE
CAPTAIN		ARJIS			DATE



San Diego County Sheriff's Department

Use of Force Supplemental

Use of Force Supplemental Instructions

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Subject Appeared To Be: Check if applicable.

Number of Officers on Scene: List number of officers present.

Number of Officers Using Force: List number of officers that used force.

Level(s) of Resistance Encountered: Check appropriate box(s).

L.E. Tool/Technique Used: Check appropriate box(s). If known and/or applicable, include duration (approximate length of time) tool/technique was used. If known and/or applicable, include the number of contacts (approximate number of strikes, impacts, etc.) when requested on form.

Was Initial Use of Force Effective? If initial force used was effective, check "Yes." If initial force used was ineffective and additional force was necessary, check "No."

Was Additional Control or Force Needed: If initial force used was ineffective and additional force was necessary, check "Yes." If initial force used was effective, check "No."

Target Distance: If applicable (refers primarily to less lethal weapon systems), approximate distance or provide range (i.e. 7-15 feet, 15-20 yards, etc.) from subject during application of force.

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Extent of Treatment: Check appropriate box. Check none if subject was evaluated and no treatment was required. Specifically, check "Treated at Scene" if subject was treated at scene by EMS for injuries that may have resulted due to force applied by officer(s). Check "Treated at Hospital" if subject was transported to hospital for treatment of injuries that may have been sustained as an apparent result of force applied by officer(s). Check "Hospitalized" if subject was admitted to the Hospital as a result of injuries that were sustained as a result of force applied by officer(s).

Officer Injured: Check appropriate box (see above).

Extent of Treatment: Check appropriate box. Check none if officer was evaluated and no treatment was required. Specifically, check "Treated at Scene" if officer was treated at scene by EMS for injuries. Check "Treated at Hospital" if officer was transported to hospital for treatment of injuries. Check "Hospitalized" if officer was admitted to the Hospital as a result of injuries.

Other Force Used/Comments/Equipment Performance: This section can be used to document other force options not listed on the form; relevant comments about the incident such as complaints of pain/injury (room permitting) and negative/positive comments regarding equipment performance.

Mark Figure to Indicate Contact Points: When applicable, mark the areas on the figure where applied force contacted the subject's body.

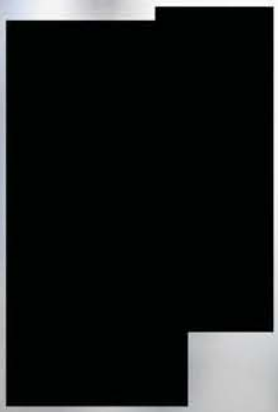
Sergeant: Sign, list ARJIS number and date reviewed.

Lieutenant: Sign, list ARJIS number and date reviewed.

Captain: Sign, list ARJIS number and date reviewed.







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XXXXXXXXXX



RIVERA, MICHAEL



RIVERA, MICHAEL

