

<input type="checkbox"/> ARREST REPORT <input type="checkbox"/> CRIME REPORT <input checked="" type="checkbox"/> OFFICER REPORT	<input type="checkbox"/> INITIAL REPORT <input checked="" type="checkbox"/> SUPPLEMENTAL REPORT	<input checked="" type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> N/A	<b>HEMET POLICE DEPARTMENT</b> 450 E. LATHAM AVENUE, HEMET, CA.		PAGE 1 OF 3
REPORT ID NUMBER	DR # 20-6129	PROPERTY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE AND TIME OF INCIDENT 8/16/2020 @ 0609 Hours	DISTRICT 506	DATE AND TIME REPORTED 8/16/2020 @ 1246 Hours

OFFICER ID / NAME 10597 / N. SCHROEDER	OFFICER ASSIGNMENT <input checked="" type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> V <input type="checkbox"/> ACO	NCIC CODE / DESCRIPTION SUPP / SUPPLEMENTAL REPORT
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NCIC CODE / DESCRIPTION /	NCIC CODE / DESCRIPTION /	NCIC CODE / DESCRIPTION /
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DISPOSITION <input checked="" type="checkbox"/> EXC <input type="checkbox"/> UNF <input type="checkbox"/> ACT <input type="checkbox"/> INACT	LOCATION OF INCIDENT 500 N. San Jacinto Street, Hemet, Ca 92543	TYPE OF REPORT <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> OFFICE <input type="checkbox"/> PHONE
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<input checked="" type="checkbox"/> N/A <input type="checkbox"/> DAYTIME <input type="checkbox"/> NIGHT TIME <input type="checkbox"/> UNK DAY / NIGHT TIME <input type="checkbox"/> ATTEMPT ONLY <input type="checkbox"/> BODILY FORCE <input type="checkbox"/> BOLT CUTTER <input type="checkbox"/> BREAKS / CUT LOCK <input type="checkbox"/> BREAKS WINDOW <input type="checkbox"/> BRICK / ROCK <input type="checkbox"/> CHANNEL LOCK <input type="checkbox"/> DECEPTION / TRICKERY <input type="checkbox"/> HID IN BUILDING <input type="checkbox"/> NO FORCE / UNLOCKED <input type="checkbox"/> PRY TOOL <input type="checkbox"/> SAW / BURN / DRILL <input type="checkbox"/> UNK METHOD ENTRY	<input type="checkbox"/> UNK TYPE TOOLS <input type="checkbox"/> USED KEYS / PICK <input type="checkbox"/> UNOCCUPIED <input type="checkbox"/> VACANT <input type="checkbox"/> VICTIM PRESENT <input type="checkbox"/> ALARM ACTIVATED <input type="checkbox"/> ATE / DRANK / SMOKED <input type="checkbox"/> ATTEMPT ONLY <input type="checkbox"/> DISABLED ALARM <input type="checkbox"/> DISABLED PHONE <input type="checkbox"/> EMBEZZLED <input type="checkbox"/> FORGED DOCUMENT <input type="checkbox"/> FRAUD <input type="checkbox"/> HAD ACCOMPLICE <input type="checkbox"/> HOT PROWL <input type="checkbox"/> HOT WIRE / PUNCHED IGNITION <input type="checkbox"/> MASTURBATED	<input type="checkbox"/> PARTIALLY DISROBED <input type="checkbox"/> RAN AWAY <input type="checkbox"/> RANSACKED <input type="checkbox"/> SHOPLIFT <input type="checkbox"/> SHUT OFF POWER <input type="checkbox"/> USED DEMAND NOTE <input type="checkbox"/> USED PHONE <input type="checkbox"/> USED VEHICLE <input type="checkbox"/> USED VICTIM'S TOOLS <input type="checkbox"/> VANDALIZED <input type="checkbox"/> DEMANDED MONEY <input type="checkbox"/> PUT PROPERTY IN BAG <input type="checkbox"/> SELECTIVE IN LOOT <input type="checkbox"/> TOOK ONLY CONCEALABLES <input type="checkbox"/> TOOK ONLY MONEY <input type="checkbox"/> TOOK ONLY TV / STEREO / VCR / DVD <input type="checkbox"/> TOOK VICTIM'S VEHICLE	<input type="checkbox"/> SIMULATED / REPLICA WEAPON <input type="checkbox"/> USED FIREARM <input type="checkbox"/> USED HANDS / FEET <input type="checkbox"/> USED KNIFE <input type="checkbox"/> USED OTHER WEAPON <input type="checkbox"/> BLINDFOLDED VICTIM <input type="checkbox"/> BOUND / GAGGED VICTIM <input type="checkbox"/> INFLECTED INJURY <input type="checkbox"/> MADE THREATS <input type="checkbox"/> RIPPED / CUT CLOTHING <input type="checkbox"/> STRUCK VICTIM <input type="checkbox"/> THREATENED RETALIATION <input type="checkbox"/> HAD BEEN DRINKING <input type="checkbox"/> UNDER INFLUENCE OF DRUGS <input type="checkbox"/> OTHER:	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> ALLEY <input type="checkbox"/> APARTMENT <input type="checkbox"/> BANK <input type="checkbox"/> BAR / NIGHT CLUB <input type="checkbox"/> CARPORT <input type="checkbox"/> CHURCH <input type="checkbox"/> COMMERCIAL BUSINESS PARK <input type="checkbox"/> CONSTRUCTION SITE <input type="checkbox"/> CONVENIENCE STORE <input type="checkbox"/> DEPARTMENT STORE <input type="checkbox"/> DRIVEWAY <input type="checkbox"/> DUPLEX <input type="checkbox"/> GARAGE <input type="checkbox"/> GAS STATION <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> JEWELRY STORE <input type="checkbox"/> LIQUOR STORE <input type="checkbox"/> LOT / FIELD <input type="checkbox"/> MEDICAL	<input type="checkbox"/> MOBILE HOME PARK <input type="checkbox"/> MOTEL / HOTEL <input type="checkbox"/> OFFICE <input type="checkbox"/> OUTBUILDING / SHED <input type="checkbox"/> PARK <input type="checkbox"/> PARKING LOT <input type="checkbox"/> RESTAURANT <input type="checkbox"/> RETAIL STORE <input type="checkbox"/> SCHOOL <input type="checkbox"/> SELF STORAGE <input type="checkbox"/> SHOPPING CENTER <input type="checkbox"/> SIDEWALK <input type="checkbox"/> SINGLE FAMILY RESIDENCE <input type="checkbox"/> STREET <input type="checkbox"/> THEATER <input type="checkbox"/> VEHICLE <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> YARD <input type="checkbox"/> OTHER:
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<b>MOTIVE</b>	<b>TYPE OF PROPERTY</b>	<b>DOMESTIC VIOLENCE</b>	<b>NARCOTICS</b>		
<input checked="" type="checkbox"/> N/A 11550 H&S ALCOHOL RELATED CASH CHILD ABUSE CREATED DOMESTIC VIOLENCE DRUG RELATED DUI ELDER ABUSE FIREARMS FOOD RELATED GANG RELATED JEWELRY	<input type="checkbox"/> MALICIOUS MISCHIEF <input type="checkbox"/> OBTAIN TRANSPORTATION <input type="checkbox"/> PERSONAL GAIN <input type="checkbox"/> PERSONAL SATISFACTION <input type="checkbox"/> PHYSICAL HARM <input type="checkbox"/> REVENGE <input type="checkbox"/> SAFE / MONEY BOX <input type="checkbox"/> SEX <input type="checkbox"/> TORTURE <input type="checkbox"/> VANDALISM <input type="checkbox"/> VEHICLE PARTS <input type="checkbox"/> VEHICLE THEFT <input type="checkbox"/> OTHER:	<input checked="" type="checkbox"/> N/A ALCOHOL APPLIANCES BICYCLE BOAT CAMERA EQUIPMENT CLOTHING / FURS CONSUMABLE GOODS CREDIT CARDS / CHECKS CURRENCY DOOR FIREARMS FURNITURE GARDEN EQUIPMENT	<input type="checkbox"/> HOUSEHOLD GOODS <input type="checkbox"/> JEWELRY <input type="checkbox"/> LICENSE PLATE <input type="checkbox"/> LIVESTOCK <input type="checkbox"/> NARCOTICS <input type="checkbox"/> OFFICE EQUIPMENT <input type="checkbox"/> TOOLS <input type="checkbox"/> TV / STEREO / VCR / DVD <input type="checkbox"/> VEHICLE PARTS <input type="checkbox"/> VEHICLE(S) <input type="checkbox"/> WALL / FENCE <input type="checkbox"/> WINDOW <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER:	<input checked="" type="checkbox"/> N/A MARRIED SEPARATED DIVORCED HAD CHILD TOGETHER COHABITATING BOYFRIEND / GIRLFRIEND TRAUMATIC INJURY PROSECUTION DESIRED <input type="checkbox"/> NO PROSECUTION DESIRED INITIALS _____ INITIALS _____ <input type="checkbox"/> COURT ORDER VIOLATED <input type="checkbox"/> TRO SERVED <input type="checkbox"/> PREVIOUSLY RESPONDED <input type="checkbox"/> OTHER:	<input checked="" type="checkbox"/> N/A AMPHETAMINES COCAINE HALLUCINAGENS HEROIN MARIJUANA CULTIVATION 11357(b) ONLY PCP POSSESSION POSSESSION FOR SALE SYNTHETICS TRANSPORT UNDER THE INFLUENCE <input type="checkbox"/> OTHER:

<b>FOR UCR PURPOSES - PLEASE CHECK APPROPRIATE LETTER(S)</b>			
<b>HOMICIDE</b>	<b>THEFTS &amp; VEHICLE BURGLARY</b>	<b>BURGLARY</b>	<b>RAPE</b>
<input checked="" type="checkbox"/> N/A <input type="checkbox"/> A - MURDER <input type="checkbox"/> B - NON-NEGLIGENT MANSLAUGHTER  <input type="checkbox"/> A - SINGLE VICTIM / SINGLE OFFENDER <input type="checkbox"/> B - SINGLE VICTIM / UNKNOWN OFFENDER(S) <input type="checkbox"/> C - SINGLE VICTIM / MULTIPLE OFFENDERS <input type="checkbox"/> D - MULTIPLE VICTIM / SINGLE OFFENDER <input type="checkbox"/> E - MULTIPLE VICTIM / MULTIPLE OFFENDERS <input type="checkbox"/> F - MULTIPLE VICTIM / UNKNOWN OFFENDER(S)	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> A - OVER \$400 <input type="checkbox"/> B - \$201 TO \$400 <input type="checkbox"/> C - \$50 TO \$200 <input type="checkbox"/> D - UNDER \$50  <input type="checkbox"/> A - PICK POCKET <input type="checkbox"/> B - PURSE SNATCHING <input type="checkbox"/> C - SHOPLIFTING <input type="checkbox"/> D - THEFT FROM VEHICLE (EXCEPT B) <input type="checkbox"/> E - THEFT OF VEHICLE PARTS / ACCESSORIES <input type="checkbox"/> F - BICYCLES <input type="checkbox"/> G - FROM BUILDINGS (EXCEPT C & H) <input type="checkbox"/> H - FROM COIN OPERATED MACHINES <input type="checkbox"/> I - ALL OTHERS	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> A - FORCIBLE ENTRY <input type="checkbox"/> B - UNLAWFUL ENTRY - NO FORCE <input type="checkbox"/> C - ATTEMPTED FORCIBLE ENTRY <input type="checkbox"/> A - COMMITTED DURING NIGHT (6 PM - 6 AM) - RESIDENCE <input type="checkbox"/> B - COMMITTED DURING DAY (6 AM - 6 PM) - RESIDENCE <input type="checkbox"/> C - UNKNOWN - RESIDENCE <input type="checkbox"/> D - COMMITTED DURING NIGHT (6 PM - 6 AM) - NON-RESIDENCE <input type="checkbox"/> E - COMMITTED DURING DAY (6 AM - 6 PM) - NON-RESIDENCE <input type="checkbox"/> F - UNKNOWN, NON-RESIDENCE	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> A - RAPE BY FORCE <input type="checkbox"/> B - ATTEMPTED RAPE BY FORCE  <b>ASSAULT</b> <input checked="" type="checkbox"/> N/A <input type="checkbox"/> A - FIREARMS <input type="checkbox"/> B - KNIFE / CUTTING INSTRUMENT <input type="checkbox"/> C - OTHER DANGEROUS WEAPON <input type="checkbox"/> D - STRONG ARM (HANDS / FISTS / FEET / ETC) <input type="checkbox"/> E - OTHER ASSAULTS (SIMPLE, NOT AGGRAVATED)
<b>ROBBERY</b> <input checked="" type="checkbox"/> N/A <input type="checkbox"/> A - FIREARMS <input type="checkbox"/> B - KNIFE / CUTTING INSTRUMENT <input type="checkbox"/> C - OTHER DANGEROUS WEAPON <input type="checkbox"/> D - STRONG ARM (HANDS / FISTS / FEET / ETC) <input type="checkbox"/> A - HIGHWAY <input type="checkbox"/> B - COMMERCIAL HOUSE <input type="checkbox"/> C - GAS / SERVICE STATION <input type="checkbox"/> D - CONVENIENCE STORE <input type="checkbox"/> E - RESIDENCE <input type="checkbox"/> F - BANK <input type="checkbox"/> G - MISCELLANEOUS	<b>CASE INVOLVES DOMESTIC VIOLENCE</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OTHER ASSAULTS <input type="checkbox"/> FIREARM <input type="checkbox"/> KNIFE <input type="checkbox"/> OTHER WEAPONS <input type="checkbox"/> STRONG		
<b>VICTIM IS A SENIOR CITIZEN (60+)</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<b>HOMICIDE</b> <input type="checkbox"/> <b>RAPE</b> <input type="checkbox"/> <b>ROBBERY</b> <input type="checkbox"/> <b>AGGRAVATED ASSAULT</b> <input type="checkbox"/>	

VICTIM TESTIFY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	NEIGHBORHOOD CHECKED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATA ENTERED BY	COMPUTER APPROVED BY
REVIEWED BY B. L. TRANSON	ID# 6744	DATE: 09-03-20	

DR# <b>20-6129</b>		<b>PARTIES</b>		I = INFORMANT V = VICTIM W = WITNESS O = OTHER						PAGE 2		
CODE	NAME (LAST, FIRST, MIDDLE)				RESIDENCE ADDRESS						RESIDENCE PHONE	
<b>O 1</b>	<b>N. Schroeder</b>											
VICTIM CRIME CODE	RACE	SEX	AGE	DOB	BUSINESS / SCHOOL ADDRESS						BUSINESS PHONE	
CODE	NAME (LAST, FIRST, MIDDLE)				RESIDENCE ADDRESS						RESIDENCE PHONE	
VICTIM CRIME CODE	RACE	SEX	AGE	DOB	BUSINESS / SCHOOL ADDRESS						BUSINESS PHONE	
CODE	NAME (LAST, FIRST, MIDDLE)				RESIDENCE ADDRESS						RESIDENCE PHONE	
VICTIM CRIME CODE	RACE	SEX	AGE	DOB	BUSINESS / SCHOOL ADDRESS						BUSINESS PHONE	
CODE	NAME (LAST, FIRST, MIDDLE)				RESIDENCE ADDRESS						RESIDENCE PHONE	
VICTIM CRIME CODE	RACE	SEX	AGE	DOB	BUSINESS / SCHOOL ADDRESS						BUSINESS PHONE	
VIC VEH YEAR		MAKE		MODEL		COLOR(S)		LICENSE NUMBER		STATE	VIN / MISC	
<b>SUSPECT INFORMATION</b>				S = SUSPECT A = ADULT SUSPECT ARRESTED J = JUVENILE SUSPECT ARRESTED								
CODE	NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	DOB	HEIGHT	WEIGHT	HAIR	EYES
NICKNAME / AKA		ADDRESS						PHONE		ID <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK BY:		
BOOKING #		MISCELLANEOUS										
FATHER		ADDRESS			MOTHER			ADDRESS			TIME LIVED IN: CITY OF HEMET _____ COUNTY OF RIVERSIDE _____ STATE OF CALIFORNIA _____	
WHERE BORN		PARENT'S MARITAL STATUS			GRADE		LIVES WITH					
CODE	NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	DOB	HEIGHT	WEIGHT	HAIR	EYES
NICKNAME / AKA		ADDRESS						PHONE		ID <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK BY:		
BOOKING #		MISCELLANEOUS										
FATHER		ADDRESS			MOTHER			ADDRESS			TIME LIVED IN: CITY OF HEMET _____ COUNTY OF RIVERSIDE _____ STATE OF CALIFORNIA _____	
WHERE BORN		PARENT'S MARITAL STATUS			GRADE		LIVES WITH					
SUSP VEH YEAR	MAKE	MODEL	COLOR(S)	LICENSE NUMBER	STATE	VIN / MISC						
<b>SUSPECT DISPOSITION</b>												
<input type="checkbox"/> IN CUSTODY / TRANSPORTED TO RSO				<input type="checkbox"/> RELEASED PER 849(b)				<input type="checkbox"/> DETAIN JUVENILE HALL				<input type="checkbox"/> PETITION FILED
<input type="checkbox"/> CITE RELEASED / CITATION #				<input type="checkbox"/> BAIL POSTED				<input type="checkbox"/> RELEASED TO TIME				
Status: D=Damaged L=Lost F=Found E=Evidence S= Stolen R=Recovered B=Both stolen & recovered K=Safekeeping 1=None (info only) 2=Burned 3=Counterfeit/forged 6=Seized				Category: A=Currency B=Jewelry C=Clothing D=Computer Disk E=Office Equip F=TV, Radio, Cameras G=Firearms H=Household Goods I=Consumable Goods J=Livestock K=Misc. S=Sample blood/urine								
STATUS	CATEGORY	QTY	ARTICLE	DESCRIPTION				OWNER CODE	VALUE			
E-Evidence	K-Misc	2	Casings	2 9mm Speer Luger				HPD	0.00			
***	***											
***	***											
***	***											
***	***											
***	***											
***	***											
*****See attached narrative*****												
OFFICER N. SCHROEDER		ID# 10597	DATE 9/3/2020									

1 **Narrative:**

2 On 8-26-20 at approximately 1630 hours, I went to the Hemet Police Department located at 450 E.  
3 Latham Avenue (City of Hemet, County of Riverside) to retrieve my marked Hemet Police  
4 Department unit from the incident on 8-16-20. Once at the department, I activated my windshield  
5 wipers to clean the windshield and I heard a metallic sound on the ground. I exited my vehicle and  
6 located one "9mm Speer Luger" shell casing and also observed another "9mm Speer Luger" shell  
7 casing underneath the driver's windshield wiper. I collected both shell casings in a glove and notified  
8 the Hemet Police Department Investigations Bureau supervision.

9  
10 On 9-3-20, at approximately 0220 hours, I booked both shell casings into HPD evidence. I request this  
11 report be forwarded to Investigator Klinzing.

12  
13 **Evidence:**

14 2 x shell casings

15  
16 **Case Status:**

17 Active

Officer Name	ID #	Date	Reviewed By	ID #	Date
N. SCHROEDER	10597	9/3/2020	B. (unintelligible)	8411	09-08-20