

<input type="checkbox"/> ARREST REPORT <input type="checkbox"/> CRIME REPORT <input checked="" type="checkbox"/> OFFICER REPORT	<input checked="" type="checkbox"/> INITIAL REPORT <input type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input checked="" type="checkbox"/> N/A	HEMET POLICE DEPARTMENT 450 E. LATHAM AVENUE, HEMET, CA.		PAGE 1 OF 3		
IN-CUSTODY ARREST <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		FILE # 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 @ 0609 Hours
CER ID / NAME 10348 / M GOMEZ		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		ASSOCIATED REPORT(S)			
NCIC CODE / DESCRIPTION SUPP / SUPPLEMENTAL REPORT		NCIC CODE / DESCRIPTION /		NCIC CODE / DESCRIPTION /			
DISPOSITION <input type="checkbox"/> EXC <input type="checkbox"/> UNF <input checked="" type="checkbox"/> ACT <input type="checkbox"/> INACT		LOCATION OF INCIDENT 500 N. San Jacinto Ave. Hemet Ca		TYPE OF REPORT <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> OFFICE <input type="checkbox"/> PHONE			
<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 / REPLICIA 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:					
MOTIVE		TYPE OF PROPERTY		DOMESTIC VIOLENCE		NARCOTICS	
<input checked="" type="checkbox"/> N/A <input type="checkbox"/> 11550 H&S <input type="checkbox"/> ALCOHOL RELATED <input type="checkbox"/> CASH <input type="checkbox"/> CHILD ABUSE <input type="checkbox"/> CREATED <input type="checkbox"/> DOMESTIC VIOLENCE <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> DUI <input type="checkbox"/> ELDER ABUSE <input type="checkbox"/> FIREARMS <input type="checkbox"/> FOOD RELATED <input type="checkbox"/> GANG RELATED <input type="checkbox"/> JEWELRY		<input checked="" type="checkbox"/> N/A <input type="checkbox"/> ALCOHOL <input type="checkbox"/> APPLIANCES <input type="checkbox"/> BICYCLE <input type="checkbox"/> BOAT <input type="checkbox"/> CAMERA EQUIPMENT <input type="checkbox"/> CLOTHING / FURS <input type="checkbox"/> CONSUMABLE GOODS <input type="checkbox"/> CREDIT CARDS / CHECKS <input type="checkbox"/> CURRENCY <input type="checkbox"/> DOOR <input type="checkbox"/> FIREARMS <input type="checkbox"/> FURNITURE <input type="checkbox"/> GARDEN EQUIPMENT		<input checked="" type="checkbox"/> N/A <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> HAD CHILD TOGETHER <input type="checkbox"/> COHABITATING <input type="checkbox"/> BOYFRIEND / GIRLFRIEND <input type="checkbox"/> TRAUMATIC INJURY <input type="checkbox"/> 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 <input type="checkbox"/> AMPHETAMINES <input type="checkbox"/> COCAINE <input type="checkbox"/> HALLUCINAGENS <input type="checkbox"/> HEROIN <input type="checkbox"/> MARIJUANA <input type="checkbox"/> CULTIVATION <input type="checkbox"/> 11357(b) ONLY <input type="checkbox"/> PCP <input type="checkbox"/> POSSESSION <input type="checkbox"/> POSSESSION FOR SALE <input type="checkbox"/> SYNTHETICS <input type="checkbox"/> TRANSPORT <input type="checkbox"/> UNDER THE INFLUENCE <input type="checkbox"/> OTHER:	
FOR UCR PURPOSES - PLEASE CHECK APPROPRIATE LETTER(S)							
HOMICIDE		THEFTS & VEHICLE BURGLARY		BURGLARY		RAPE	
<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 <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)	
ROBBERY <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"/> MISCELLANEOUS		CASE INVOLVES DOMESTIC VIOLENCE <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		VICTIM IS A SENIOR CITIZEN (60+) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> HOMICIDE <input type="checkbox"/> RAPE <input type="checkbox"/> ROBBERY <input type="checkbox"/> AGGRAVATED ASSAULT			
WILL VICTIM TESTIFY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		NEIGHBORHOOD CHECKED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATA ENTERED BY		COMPUTER APPROVED BY	
REVIEWED BY MB		ID# 10348		DATE: 8-17-2020			

FILE# 20-6129		PARTIES		RP = REPORTING PARTY V = VICTIM W = WITNESS O = OTHER OI = OFFICER INVOLVED				PAGE 2					
CODE	NAME (LAST, FIRST, MIDDLE)			RESIDENCE ADDRESS (STREET, CITY, STATE, ZIP CODE)				RESIDENCE PHONE					
M CRIME CODE		RACE	SEX	AGE	DOB	BUSINESS / SCHOOL ADDRESS			BUSINESS PHONE				
CODE	NAME (LAST, FIRST, MIDDLE)			RESIDENCE ADDRESS (STREET, CITY, STATE, ZIP CODE)				RESIDENCE PHONE					
VICTIM CRIME CODE		RACE	SEX	AGE	DOB	BUSINESS / SCHOOL ADDRESS			BUSINESS PHONE				
CODE	NAME (LAST, FIRST, MIDDLE)			RESIDENCE ADDRESS (STREET, CITY, STATE, ZIP CODE)				RESIDENCE PHONE					
VICTIM CRIME CODE		RACE	SEX	AGE	DOB	BUSINESS / SCHOOL ADDRESS			BUSINESS PHONE				
CODE	NAME (LAST, FIRST, MIDDLE)			RESIDENCE ADDRESS (STREET, CITY, STATE, ZIP CODE)				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					
SUSPECT INFORMATION					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:					
ARREST #		MISCELLANEOUS / CLOTHING DESCRIPTION											
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:					
ARREST #		MISCELLANEOUS / CLOTHING DESCRIPTION											
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					
SUSPECT DISPOSITION													
<input type="checkbox"/> IN CUSTODY / TRANSPORTED TO RSO				<input type="checkbox"/> RELEASED PER 849(b)				<input type="checkbox"/> DETAIN JUVENILE HALL				<input type="checkbox"/> JUV. PETITION FILED	
<input type="checkbox"/> CITE RELEASED / CITATION #				<input type="checkbox"/> BAIL POSTED				<input type="checkbox"/> RELEASED TO TIME				<input type="checkbox"/> ARREST WARRANT DEC	
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		D-HPD Digital Media		1	DISC		Disc containing sUAS Footage		HPD				
***		***											
***		***											
***		***											
***		***											
***		***											
***		***											
*****See attached narrative*****													
OFFICER M GOMEZ		ID# 10348		DATE 8/16/2020									

1 **INVESTIGATION:**

2
3 On 08/16/2020, at approximately 0609 hours, Officers from the Hemet Police Department were
4 involved in a vehicle pursuit which traversed several miles through the Cities of Hemet and San
5 Jacinto. The vehicle pursuit concluded in the 500 block of N. San Jacinto Ave. in the City of Hemet,
6 where an officer involved shooting occurred. I was notified of the Officer Involved Shooting by
7 Sergeant M. Hall at approximately 0800 hours and responded to the scene to assist in evidence
8 collection.
9

10 As a member of the Hemet Police Department's sUAS team, I responded with my department issued
11 DJI Phantom 4 Pro sUAS. I conducted 3 overall videos of the scene, as well as 82 photos of the scene.
12 The videos and photos were given to Detective Corporal G. Alvarez, as well as booked into Hemet
13 Police Department Evidence.
14

15 Please attach this report to Detective Willison's original crime report.
16

17 **EVIDENCE:**

18
19 sUAS Footage and Photos
20

21 **CASE STATUS:**

22
23 Active

Officer Name	ID #	Date	Reviewed By	ID #	Date
M GOMEZ	10348	8/16/2020	MG	10348	8-17-2020