"A Tradition of Service Since 1850"

#### OFFICE CORRESPONDENCE

DATE:

January 4, 2017

FILE:

FROM:

EY S. FRASER, COMMANDER H PATROL DIVISION

TO: PATRICK J. VALDEZ, CAPTAIN

PICO RIVERA STATION

SUBJECT: EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS

Case Number:

SH2362639

Incident:

Hit Shooting

Incident Date:

August 1, 2014

Unit:

Pico Rivera Station

Suspect(s):

Ramirez, Cedric MH/102489

Involved Employees:

Deputy Leonardo Avendano #

EFRC Date:

December 22, 2016

The Executive Force Review Committee (EFRC) consisting of Commanders Kelley S. Fraser, John S. Benedict, and David E. Halm met and reviewed the above case.

#### FINDINGS:

The EFRC determined both the use of force and tactics were within Department policy.

#### **RECOMMENDATIONS:**

The EFRC made no recommendations.

"A Tradition of Service Since 1850"

#### OFFICE CORRESPONDENCE

DATE:

January 4, 2017

FILE:

EY S. FRASER, COMMANDER TH PATROL DIVISION

TO: MATTHEW J. BURSON, CAPTAIN

**OPERATION SAFE STREETS** 

SUBJECT: EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS

Case Number:

SH2362639

Incident:

Hit Shooting

Incident Date:

August 1, 2014

Unit:

Pico Rivera Station

Suspect(s):

Ramirez, Cedric MH/102489

Involved Employees:

Deputy Oscar Calderon #

EFRC Date:

December 22, 2016

The Executive Force Review Committee (EFRC) consisting of Commanders Kelley S. Fraser, John S. Benedict, and David E. Halm met and reviewed the above case.

#### FINDINGS:

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#### **RECOMMENDATIONS:**

The EFRC made no recommendations.

"A Tradition of Service Since 1850"

#### OFFICE CORRESPONDENCE

DATE:

January 4, 2017

FILE:

EY S. FRASER, COMMANDER TH PATROL DIVISION

TO: SCOTT W. GAGE, CAPTAIN

TRAINING BUREAU

SUBJECT: EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS

Case Number:

SH2362639

Incident:

Hit Shooting

Incident Date:

August 1, 2014

Unit:

Pico Rivera Station

Suspect(s):

Ramirez, Cedric MH/102489

Involved Employees:

Deputy Venus Felix #

EFRC Date:

December 22, 2016

The Executive Force Review Committee (EFRC) consisting of Commanders Kelley S. Fraser, John S. Benedict, and David E. Halm met and reviewed the above case.

#### FINDINGS:

The EFRC determined both the use of force and tactics were within Department policy.

#### RECOMMENDATIONS:

The EFRC made no recommendations.

"A Tradition of Service Since 1850"

#### OFFICE CORRESPONDENCE

DATE:

January 4, 2017

FILE:

FROM:

Y S. FRASER, COMMANDER

TO: BOBBY S. WYCHE, CAPTAIN

CRIMINAL INTELLIGENCE BUREAL

SUBJECT: EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS

Case Number:

SH2362639

Incident:

Hit Shooting

Incident Date:

August 1, 2014

Unit:

Pico Rivera Station

Suspect(s):

Ramirez, Cedric MH/102489

Involved Employees:

Deputy Anselmo Gonzalez #



EFRC Date:

December 22, 2016

The Executive Force Review Committee (EFRC) consisting of Commanders Kelley S. Fraser, John S. Benedict, and David E. Halm met and reviewed the above case.

#### FINDINGS:

The EFRC determined both the use of force and tactics were within Department policy.

#### **RECOMMENDATIONS:**

The EFRC made no recommendations.

"A Tradition of Service Since 1850"

#### OFFICE CORRESPONDENCE

DATE:

January 4, 2017

FILE:

EY S. FRASER, COMMANDER H PATROL DIVISION

TO: JACK W. EWELL, CAPTAIN

SPECIAL ENFORCEMENT BUREAU

SUBJECT: EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS

Case Number:

SH2362639

Incident:

Hit Shooting

Incident Date:

August 1, 2014

Unit:

Pico Rivera Station

Suspect(s):

Ramirez, Cedric MH/102489

Involved Employees:

Deputy Andrew Toone



EFRC Date:

December 22, 2016

The Executive Force Review Committee (EFRC) consisting of Commanders Kelley S. Fraser, John S. Benedict, and David E. Halm met and reviewed the above case.

#### FINDINGS:

The EFRC determined both the use of force and tactics were within Department policy.

#### **RECOMMENDATIONS:**

The EFRC made no recommendations.

# Los A eles County Sheriff's Dep ment Officer Involved Shooting

6 1 Page of Bureau/Station/Facility Report Date Hit? Admin, Invest.? South Patrol / Pico Rivera 08/01/2014 Incident Information Date: 1729 URN: 08/01/2014 014-05490-1514-011 Nature of Incident City or Station: Pico Rivera was shot and killed during an on going gunfight Victim between Suspect Ramirez and deputies. Suspect Ramirez was Rosehedge Drive, Pico Rivera, CA shot and killed when he pointed a handgun at a SEB deputy. Initiated by (check only one): Incident Type (check one or more): Location Type Lighting (check only one): Accidental (check one or more): Arrest Warrant Darkness Backyard Armed Person ✓ Call ✓ Daylight Beach Fleeing Suspect Observation Other Foot Pursuit Business One Person Unit Street Lights Gun Take Away Freeway Other Moving Vehicle Industrial Search Warrant Weather (circle only one): Sniper/Ambush Park Two Person Unit ✓ Clear Startle Parking Lot Struggle Involved Prior Activity (check only one): Cloudy Fog Traffic Stop Detective Rural Unarmed Person Rain School Inmate Transport ✓ Unintentional Street Other Distance: Vehicle Pursuit √ Routine Patro! Other Warrant Service Total # of Shots Fired by Deputy | Total # of Shots Fired by Suspect Warning Shot Aero Unit? ✓ Canine Unit? 0 34 Other Employee Witnesses ShiftType (check only one) ShiftTime (check only one) Last Name √ Regular 

☐ Overtime 

☐ Off Duty ■ EM 🗸 PM 🔲 Day Steven Lopez ShiftType (check only one) ShiftTime (check only one) First Name M.I. Last Name Empl Cuauhtemoc ☐ EM 🗸 PM 🗌 Day Regular 🗸 Overtime 🔲 Off Duty Gonzalez ShiftTime (check only one)

EM PM Day ShiftType (check only one) Last Name First Name Regular Overtime Off Duty Scott Chapman Non-Employee Witnesses M.I. First Name Last Name Zip Code 92821 Home Ph Nork Ph 714-990-7625 Street Address 1 Civic Center Cir (Brea PD Officer) City Brea M.I. First Name Last Name Zip Code Work Ph Home Ph City Street Address M.L First Name Last Name Zip Code Work Ph Home Ph City Street Address Supervisors (check one or more): M.I. First Name Last Name Witness to shooting On Duty Scott Chapman Present during shooting Involved in shooting (check one or more): M.I. First Name Last Name Employee # On Duty Witness to shooting Donald Nichiporuk Present during shooting Involved in shooting Watch Sergeant M.I. First Name Last Name Employee: Harvey Crosthwaite Watch Commander First Name Last Name

	PSTD Use Only
SH#	2362639

Villanueva

Alexandro

## Officer Involved Shooting

URN:

014-05490-1514-01

Page 2 of 6

			Rollout Informa	ation			
Arrival Date	08-01-14	Arrival Time 1930	Date Submitted	11/18/2016	Date of Recommendation		
Employee #	Last Name	Flore	es	First Nam	e David	M.I.	
Employee #	Last Name	Graha	am	First Nam	e Scott	M.I.	Α
Employee #	Last Name	Franc	ck	First Nam	e James	M.I.	Α
		Shoot	ing / Force In	formation			

				Shoot	ting / Force Inform	ation						
Meth	od					T	ype of In	jury		Bod	y Pai	rt Injured
(AW) (BC) (BI) (CR) (CR) (CH) (CT) (TD) (CE) (OC) (FR) (FS) (FO) (FB) (FL) (OE)	Arwen Baton: (Control) Baton: (Impact) Bodily Fluids Canine Carotid Restraint Choke Hold Control Holds: (Control Tec Control Holds: (Takedown) Chemical Chemical Agents (OC Spr Chemical Agents (Tear Ga Explosives Firearm (Handgun) Firearm (Rifle) Firearm (Shotgun) Firearm (Other) Flashbang Flashlight Other Weapon: Edged	ay)	(OV) (OB) (OB) (OB) (PK) (PS) (PH) (PP) (RS) (CN) (RH) (TP) (RE) (SP) (ST) (SG) (ST) (TR) (UC)	Other Weapon Personal We Personal We Personal We Personal We Personal We Resistance Restraint Der Re	on: Blunt Object on: Other apon: Feet/Leg: (Kick) apon: Feet/Leg: (Sweep) apon (Hand/Arm) apon (Push) apon (Other) vice (Capture Net) vice (Handcuffs) vice:Hobble (Legs Only) vice:REACT Belt		B) Abras R) Bruise U) Burn P) Comp Concu H) Death I) Disloc B) Dog B R) Fractu S) Gunst BB Huma C) Lacere D) Nerve D) Organ A) Paraly W) Punct D) Soft T D) Soft T T) Sprair	ion  alaint of Pair ussion  ation lite ures not n Bite ations Damage Damage vsis ure Wound issue Dama n/Twists sscious	age	(AD) (AK) (AK) (BK) (BT) (CH) (FA) (FE) (FI) (GE) (HD) (HE) (KN) (LE) (NK) (SH)	Ati An An Ba Bu Fa Fir Ge Ge He Hij Int Kn Lee Sh	edomen akle m ck tttocks neest noow ce et ngers enitals ooin and ead p ernal nees g
(AK) (BN) (BR) (CH) (CO) (DA) (GL) (HA) (HI) (HK) (IT)	AK-47 Benelli Beretta Browning Charter Arms Colt Davis Industries Glock Harrington & Richardson Hi Standard H & K Ithica	(IV) (JE) (LO) (LU) (MA) (MC) (NA) (NA) (RA) (RG) (RI)	Iver Johnson Jennings Lorcin Luger Marlin Mossberg NCI aka SKS North Americ Norinco Raven Remington RG RGI		Rossi Smith & Wesson Sturm Ruger SIG Sauer Sterling Taurus Weatherby Winchester US Government Handmade (Inmate) Homemade (Non-Inmate) Other Brand	(R) (N) (9) (10) (12) (20) (21) (22) (23)	,	(24) (25) (30) (35) (36) (38)	.243 cal .25 calit .308 cal .357 cal 30-60 c .38 calit .40 calit	ber liber liber aliber ber	(41) (44) (45) (50) (SL) (WW)	.410 guage .44 caliber .45 caliber 50 mm Slug Other caliber

### FORCE APPLIED (one code per block)

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Brand (Code)	Caliber (Code)	Authorized Weapon? (Y/N)	Authorized Ammunition? (Y/N)	Type of Injury (Code)	Body Part (Code)
S	E1	FH	SW	38			NN	
E1	S1	FH	BR	9	Υ	Υ	NN	
S	E1	FH	SW	38			NN	
S	E2	FH	SW	38			NN	
E1	S2	FH	BR	9	Y	Υ	NN	
E2	S1	FH	SS	9	Y	Y	NN	
E3	S2	FH	SW	9	Y	Υ	NN	HE
E2	N/A	FS	RM	12	Y	Υ	NN	
E4	N/A	FS	RM	12	Y	Υ	NN	
E5	S1	FH	SW	9	Y	Y	GS	HE

## Officer Involved Shooting

Involved Employee Information

014-05490-1514-011

URN:

							F	Page _	3 of	6
Name of the last o				Involved	Employee					
E 1	Employee #	Last Name		Calderon		First Name	Oscar		M.1.	
	Sex: M Race:	Rank: Dep		Unit Assignment	t: S / PRV	Work Assignmen	nt (Unit #, Module, etc.): Pico OSS	*		
	ShiftTime (circle only one):	ShiftType (circle only o		Intoxication/Dru	ig Usage?	Substance Used	ŗ			
	Hospital Admission?	Hospital Name:	, On Buty	Coroner Case?	· 🗍	Coroner Case #		Inte	erviewed	15 🔲
	Hrs of sleep prior to shooting	g: Duty Time (hrs):	I	(circle only one)	7	Other Factors:				
	Age: Height:	Weight:	✓ Plain C	Clothes no Vest	Raid Jacket w/ Ves Uniform no Vest	st				
	Range Qualification Date:	505 20		acket no Vest alification Date:	Uniform w/ Vest	Laser T	raining Date:			
	Certified with Weapon	Patrol Certification?	Certifica	ation Unit:	Prior Sho	Journa :	4	irected Fo	orce:	
	Used? Weapons Fired	retta Caliber	9MM # Sh	nots 12	Weapons Fired Brand:	Sn.	Caliber	# Sho	its	
	Brand: Del Field Training Officer Emp #			12	Brano.	First Name			M.I.	
	Field Training Officer Emp	# Last Name				First Name	***************************************		M.I.	
E 2	Employee #	Last Name	,	Avendano		First Name	Leonardo		M.I.	
	Sex: M Race: H	Rank: Dep	utv	Unit Assignmen F	t: PRV	Work Assignmen	nt (Unit #, Module, etc.): 153A			
1	ShiftTime (circle only one):	ShiftType (circle only o	one):	Intoxication/Dru	ıg Usage?	Substance Used	]:			
	EM	Hospital Name:	3 Oil Duty	Coroner Case?		Coroner Case #		Inte	erviewed	1?
	Hrs of sleep prior to shooting	g: Duty Time (bee)	Clothing	(circle only one):		Other Factors:				
	6-7 Age: Height:	Weight: 20	Plain (	Clothes no Vest Clothes w/ Vest	Raid Jacket w/ Ves Uniform no Vest	st				
	Range Qualification Date:	509 20		Jacket no Vest valification Date:	/ Uniform w/ Vest	Laser T	raining Date:			
	Certified with Weapo	Patrol Certification	Certifica	ation Unit:	Prior St		umber of Prior	Directed I	Force:	
	Weapons Fired Sig	Sauer Caliber	9MM # St	hots 6	Weapons Fired Brand:	Remington 8	Calibas	# Sho	ots 5	_
	Field Training Officer Emp a			Ĵ	Branu.	First Name			М.І.	
	Field Training Officer Emp	# st Name				First Name			M.I.	
	Employee #	Last Name				First Name			M.I.	
E_3	, -	Rank:		Gonzalez Unit Assignmen	11:	Work Assignmer	Anselmo nt (Unit #, Module, etc.)	):		
	IVI H	Dep ShiftType (circle only	,	F	PRV	Substance Used	151K			
	ShiftTime (circle only one):  EM PM Day	Regular Overtime		Intoxication/Dru	ug Usage?					
	Hospital Admission?	Hospital Name:		Coroner Case	7	Coroner Case #	<u>:</u>	Inte	erviewed	₫? 🔲
	Hrs of sleep prior to shootin 6-7	ig: Duty Time (bra):		(circle only one): Clothes no Vest	Raid Jacket w/ Ve	Other Factors:				
	Age: Height:	600 Weight: 21		Clothes w/ Vest Jacket no Vest	Uniform no Vest Uniform w/ Vest					
	Range Qualification Date:		PPC Qu	ralification Date:			Training Date:			
	Certified with Weapo Used?	Patrol Certification	Certifica	ation Unit:			nootings:	Directed I		-700
	Weapons Fired S&V	V M&P Caliber	9MM # S	hots 2	Weapons Fired Brand:		Caliber	# Sho		
	Field Training Officer Emp	# st Name				First Name			M.I.	
	Field Training Officer Emp	# .ast Name				First Name			M.I.	

## Officer Involved Shooting Involved Employee Information

URN: 014-05490-1514-011

			Involves	l Employee		
	Employee #	Last Name		Limpleyee	First Name	M.I.
E_4_			Felix Unit Assignmen		Ven Work Assignment (Unit #, Module	
	Sex: F Race: H	Rank: Deputy	Unit Assignme	PRV	15	1A
	ShiftTime (circle only one):  BM PM Day	ShiftType (circle only one):  Regular Overtime C	Off Duty Intoxication/Dr	ug Usage?	Substance Used:	
	Hospital Admission?	Hospital Name:	Coroner Case	?	Coroner Case #	Interviewed?
	Hrs of sleep prior to shooting 6-8		Clothing (circle only one): Plain Clothes no Vest	Raid Jacket w/ Vest	Other Factors:	
	Age: Height:	508 Weight: 160	Plain Clothes w/ Vest Raid Jacket no Vest	Uniform no Vest ✓ Uniform w/ Vest		
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:	
	Certified with Weapon Used?		Certification Unit:	Prior Shoo	✓ Shootings:	1 Directed Force: # Shots
	Diana.	gton 870 Caliber 12G	# Shots 4	Weapons Fired Brand:	Caliber First Name	# Shots
	Field Training Officer Emp #	ast Name				
	Field Training Officer Emp #	ast Name			First Name	M.I.
	Employee #	Last Name			First Name	M.I.
E_5	, .		Toone	ni-	And Work Assignment (Unit #, Modul	
	Sex: M Race:	Rank: Deputy	Unit Assignme	SEB	Ta	an
	ShiftTime (circle only one):  BM PM Day	ShiftType (circle only one): Regular Overtime	Off Duty Intoxication/Dr	rug Usage?	Substance Used:	
	Hospital Admission?	Hospital Name:	Coroner Case	?	Coroner Case #	Interviewed?
	Hrs of sleep prior to shooting 6 1/2	g: Duty Time (hrs):	Clothing (circle only one) Plain Clothes no Vest	Raid Jacket w/ Vest	Other Factors:	
	Age: Height:	600 Weight: 195	Plain Clothes w/ Vest	Uniform no Vest ✓ Uniform w/ Vest		
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:	
	Certified with Weapo Used?	Patrol Certification?	Certification Unit:		otings? Number of Prior Shootings:	2 Directed Force:
	brariu.	/M&P Caliber 9MN	1 # Shots 5	Weapons Fired Brand:	Caliber	# Shots
	Field Training Officer Emp #	t Name			First Name	
	Field Training Officer Emp #	ast Name			First Name	М.І.
E	Employee #	Last Name			First Name	M.I.
	Sex: Race:	Rank:	Unit Assignme	ent:	Work Assignment (Unit #, Modu	le, etc.):
	ShiftTime (circle only one):	ShiftType (circle only one):  Regular Overtime	Off Duty Intoxication/D	rug Usage?	Substance Used:	
	Hospital Admission?	Hospital Name:	Coroner Case	e?	Coroner Case #	Interviewed?
	Hrs of sleep prior to shootin	g: Duty Time (hrs):	Clothing (circle only one) Plain Clothes no Vest	Raid Jacket w/ Vest	Other Factors:	
	Age: Height:	Weight:	Plain Clothes w/ Vest Raid Jacket no Vest	Uniform no Vest Uniform w/ Vest		
	Range Qualification Date:		PPC Qualification Date		Laser Training Date:	
	Certified with Weapon Used?	Patrol Certification?	Certification Unit:	Prior Sho	ootings? Number of Prior Shootings:	Directed Force:
	Weapons Fired Brand:	Caliber	# Shots	Weapons Fired Brand:	Caliber	# Shots
	Field Training Officer Emp	£ Last Name			First Name	M.I.
	Field Training Officer Emp :	£ Last Name			First Name	M.I.

## Officer Involved Shooting ( Suspect Information

URN:

014-05490-1514-011

Page \_5 of \_6

		S	uspect l	nformation		
s 1	Last Name	Ramirez		First Name	Cedric	M.I. O
	AKA Last Name	AV 34W		First Name		M.I.
	Sex: M Race: H	Street Address		City	•	Zip
	Work Phone: N/A	Home Phases	S	ta tf	Driver's Licer	
	Age: 24 D.O.B. 10/24/89	Height: 509 Weight: 155	FBI#		CII #	<u> </u>
	Booking #	Primary Charge:		Secondary Charge:		
	4049970	Primary Charge: Murder - 18	37(a) PC	Attempt M	lurder on PO - 664/18	
	Coroner Case?	Coroner Case # 2014-05322		Intoxication/Drug Usage?	Substance Used: Methampheta	amine
	Armed? 🗸	Apprehended? ✓		Mental Illness?	Criminal History?	
	Vehicle Make			Model:	Year:	
	Н	onda CRV		SUV	2007	
S 2	Last Name			First Name		M.I.
	AKA Last Name			First Name		M.I.
					····	
	Sex: M Race: H	Street Addres		City		k Zip
	Work P	Home Pt	Social Sec	curity #	Driver's Licen	
	Age: D.O.	Height: 507 Weight: 219	FBI#		CII#	
	Booking #	Primary Charge:		Secondary Charge:	J.,	
				occordary ordange.		
	Coroner Case?	Coroner Case #		Intoxication/Drug Usage?	Substance Used:	
	Armed?	Apprehended?		Mental Illness?	Criminal History?	
:	Vehicle Make			Model:	Year:	
s	Last Name			First Name		M.I.
s	Last Name  AKA Last Name			First Name First Name		M.I.
S	AKA Last Name	Street Address:		First Name	Stati	
S	AKA Last Name Sex: Race:		Social Sec	First Name City		M.I.
S	AKA Last Name	Street Address: Home Phone:	Social Sec	First Name City	State  Driver's License #:	M.I.
S	AKA Last Name Sex: Race:		Social Sec	First Name City		M.I.
S	AKA Last Name  Sex: Race:  Work Phone:	Home Phone:		First Name City	Driver's License #:	M.I.
S	AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #	Home Phone:  Height: Weight:  Primary Charge:		First Name  City  urity #:  Secondary Charge:	Driver's License #:	M.I.
S	AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.	Home Phone:  Height: Weight:		First Name City surity #:	Driver's License #:	M.I.
S	AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?	Home Phone:  Height: Weight:  Primary Charge:		First Name  City  urity #:  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?	Driver's License #:  CII #  Substance Used:  Criminal History?	M.I.
S	AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?	Home Phone:  Height: Weight:  Primary Charge:  Coroner Case #		First Name  City  urity #:  Secondary Charge:  Intoxication/Drug Usage?	Driver's License #:  CII #  Substance Used:	M.I.
	AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make	Home Phone:  Height: Weight:  Primary Charge:  Coroner Case #		First Name  City  urity #:  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?  Model:	Driver's License #:  CII #  Substance Used:  Criminal History?	M.I. e & Zip Code:
S	AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make  Last Name	Home Phone:  Height: Weight:  Primary Charge:  Coroner Case #		First Name  City  urity #:  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?  Model:  First Name	Driver's License #:  CII #  Substance Used:  Criminal History?	M.I.
	AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make	Home Phone:  Height: Weight:  Primary Charge:  Coroner Case #		First Name  City  urity #:  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?  Model:	Driver's License #:  CII #  Substance Used:  Criminal History?	M.I. e & Zip Code:
	AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make  Last Name	Home Phone:  Height: Weight:  Primary Charge:  Coroner Case #		First Name  City  urity #:  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?  Model:  First Name	Driver's License #:  CII #  Substance Used:  Criminal History?  Year:	M.I.
	AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make  Last Name  AKA Last Name  Sex: Race:	Home Phone:  Height: Weight:  Primary Charge:  Coroner Case #  Apprehended?		First Name  City  urity #:  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?  Model:  First Name  First Name  City	Driver's License #:  CII #  Substance Used:  Criminal History?  Year:	M.I. e & Zip Code:  M.I.  M.I.
	AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make  Last Name  AKA Last Name  Sex: Race:  Work Phone:	Home Phone:  Height: Weight:  Primary Charge:  Coroner Case #  Apprehended?  Street Address:  Home Phone:	FBI#	First Name  City  urity #:  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?  Model:  First Name  First Name  City	Driver's License #:  CII #  Substance Used:  Criminal History?  Year:  State  Driver's License #:	M.I. e & Zip Code:  M.I.  M.I.
	AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make  Last Name  AKA Last Name  Sex: Race:	Home Phone:  Height: Weight:  Primary Charge:  Coroner Case #  Apprehended?	FBI#	First Name  City  urity #:  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?  Model:  First Name  First Name  City	Driver's License #:  CII #  Substance Used:  Criminal History?  Year:	M.I. e & Zip Code:  M.I.  M.I.
	AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make  Last Name  AKA Last Name  Sex: Race:  Work Phone:	Home Phone:  Height: Weight:  Primary Charge:  Coroner Case #  Apprehended?  Street Address:  Home Phone:	FBI#	First Name  City  urity #:  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?  Model:  First Name  First Name  City	Driver's License #:  CII #  Substance Used:  Criminal History?  Year:  State  Driver's License #:	M.I. e & Zip Code:  M.I.  M.I.
	Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Vehicle Make  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #	Home Phone:  Height: Weight:  Primary Charge:  Coroner Case #  Apprehended?  Street Address:  Home Phone:  Height: Weight:	FBI#	First Name  City  urity #:  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?  Model:  First Name  First Name  City  curity #:  Secondary Charge:	Driver's License #:  CII #  Substance Used:  Criminal History?  Year:  State  Driver's License #:	M.I. e & Zip Code:  M.I.  M.I.
	AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?	Home Phone: Height: Weight: Primary Charge: Coroner Case #  Apprehended?  Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case #	FBI#	First Name  City  urity #:  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?  Model:  First Name  First Name  City  urity #:  Secondary Charge:	Driver's License #:  CII #  Substance Used:  Criminal History?  Year:  State  Driver's License #:  CII #	M.I. e & Zip Code:  M.I.  M.I.
	Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Vehicle Make  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #	Home Phone:  Height: Weight:  Primary Charge:  Coroner Case #  Apprehended?  Street Address:  Home Phone:  Height: Weight:  Primary Charge:	FBI#	First Name  City  urity #:  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?  Model:  First Name  First Name  City  curity #:  Secondary Charge:	Driver's License #:  CII #  Substance Used:  Criminal History?  Year:  State  Driver's License #:  CII #	M.I. e & Zip Code:  M.I.  M.I.

## SUPPLEM NTAL EMPLOYEE V TNESSES Los Angeles County Sheriff's Department

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**Employee Witnesses** M.I. First Name Last Name Galvez Gonzalo Home Ph Zip Code Work Ph Street Address Los Angeles County Deputy Sheriff # M.I. First Name Last Name Juan Guillen Home Ph Zip Code Work Ph Street Address Los Angeles County Deputy Sheriff # M.I. First Name Last Name Donald Nichiporuk Zip Code Work Ph Home Ph Los Angeles County Deputy Sheriff - Sergeant # First Name Michael Home Ph Zip Code Work Ph Street Address Los Angeles County Deputy Sheriff # Μ. First Name Last Name Zip Code Home Ph Street Address Los Angeles County M.I. First Name Last Name Andrew DeBondt Work Ph Home Ph Zip Code Street Address Los Angeles County Deputy Sheriff # M.I. First Name Last Name Home Ph Zip Code Work Ph Street Address First Name Last Name Home Ph Zip Code Work Ph Street Address First Name M.I. Last Name Work Ph Home Ph Zip Code Street Address First Name Last Name Home Ph Zip Code Work Ph Street Address First Name Last Name Zip Code Work Ph Home Ph Street Address M.I. First Name Last Name Home Ph Work Ph Zip Code Street Address First Name Last Name Home Ph Zip Code Work Ph Street Address M.I. First Name Last Name Work Ph Home Ph Zip Code Street Address M.I. First Name Last Name Zip Code Work Ph Street Address M.I. First Name Last Name Home Ph Zip Code Work Ph Street Address