

COUNTY OF LOS ANGELES
SHERIFF'S DEPARTMENT
"A Tradition of Service Since 1850"


OFFICE CORRESPONDENCE

DATE: January 4, 2017
FILE:

FROM:  KELLEY S. FRASER, COMMANDER
SOUTH 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.

KSF:TLB:tlb

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SHERIFF'S DEPARTMENT
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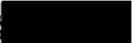
OFFICE CORRESPONDENCE

DATE: January 4, 2017
FILE:

FROM:  KELLEY S. FRASER, COMMANDER
SOUTH 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.

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COUNTY OF LOS ANGELES
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OFFICE CORRESPONDENCE

DATE: January 4, 2017
FILE:

FROM:  KELLEY S. FRASER, COMMANDER
SOUTH 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:

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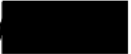
OFFICE CORRESPONDENCE

DATE: January 4, 2017
FILE:

FROM:  KELLEY S. FRASER, COMMANDER
SOUTH PATROL DIVISION

TO: BOBBY S. WYCHE, CAPTAIN
CRIMINAL INTELLIGENCE 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 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.

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KSF:TLB:tlb

COUNTY OF LOS ANGELES
SHERIFF'S DEPARTMENT
"A Tradition of Service Since 1850"


OFFICE CORRESPONDENCE

DATE: January 4, 2017
FILE:

FROM:  KELLEY S. FRASER, COMMANDER
SOUTH 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:

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KSF:TLB:tlb

Los Angeles County Sheriff's Department

Officer Involved Shooting

Page 1 of 6

Report Date: 08/01/2014		Bureau/Station/Facility: South Patrol / Pico Rivera		Admin. Invest. ? <input type="checkbox"/> Hit? <input checked="" type="checkbox"/>	
Incident Information					
URN: 014-05490-1514-011		Date: 08/01/2014		Time: 1729	
City or Station: Pico Rivera		Nature of Incident: Victim [REDACTED] was shot and killed during an on going gunfight between Suspect Ramirez and deputies. Suspect Ramirez was shot and killed when he pointed a handgun at a SEB deputy.			
Location: [REDACTED] Rosehedge Drive, Pico Rivera, CA					
Location Type (check one or more): <input type="checkbox"/> Backyard <input type="checkbox"/> Beach <input type="checkbox"/> Business <input type="checkbox"/> Freeway <input type="checkbox"/> Industrial <input type="checkbox"/> Park <input type="checkbox"/> Parking Lot <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Rural <input type="checkbox"/> School <input type="checkbox"/> Street Other:		Lighting (check only one): <input type="checkbox"/> Darkness <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Other <input type="checkbox"/> Street Lights Weather (circle only one): <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain Distance:		Incident Type (check one or more): <input type="checkbox"/> Accidental <input checked="" type="checkbox"/> Armed Person <input checked="" type="checkbox"/> Fleeing Suspect <input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Gun Take Away <input type="checkbox"/> Moving Vehicle <input type="checkbox"/> Sniper/Ambush <input type="checkbox"/> Startle <input type="checkbox"/> Struggle Involved <input type="checkbox"/> Traffic Stop <input checked="" type="checkbox"/> Unarmed Person <input checked="" type="checkbox"/> Unintentional <input type="checkbox"/> Vehicle Pursuit <input type="checkbox"/> Warrant Service <input type="checkbox"/> Warning Shot Other:	
Initiated by (check only one): <input type="checkbox"/> Arrest Warrant <input checked="" type="checkbox"/> Call <input checked="" type="checkbox"/> Observation <input type="checkbox"/> One Person Unit <input type="checkbox"/> Other <input type="checkbox"/> Search Warrant <input type="checkbox"/> Two Person Unit Prior Activity (check only one): <input type="checkbox"/> Detective <input type="checkbox"/> Inmate Transport <input type="checkbox"/> Other <input checked="" type="checkbox"/> Routine Patrol Aero Unit? <input checked="" type="checkbox"/> Canine Unit? <input type="checkbox"/>		Total # of Shots Fired by Deputy: 34		Total # of Shots Fired by Suspect: 0	
Employee Witnesses					
Employee # [REDACTED]	Last Name: Lopez	First Name: Steven	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee # [REDACTED]	Last Name: Gonzalez	First Name: Cuauhtemoc	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee # [REDACTED]	Last Name: Chapman	First Name: Scott	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Non-Employee Witnesses					
Last Name: [REDACTED]		First Name: [REDACTED]		M.I.: [REDACTED]	
Street Address: 1 Civic Center Cir (Brea PD Officer)		City: Brea	Zip Code: 92821	Work Ph: 714-990-7625	Home Ph:
Last Name:		First Name:		M.I.:	
Street Address:		City:	Zip Code:	Work Ph:	Home Ph:
Last Name:		First Name:		M.I.:	
Street Address:		City:	Zip Code:	Work Ph:	Home Ph:
Supervisors					
Employee # [REDACTED]	Last Name: Chapman	First Name: Scott	M.I.	(check one or more): <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input checked="" type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
Employee # [REDACTED]	Last Name: Nichiporuk	First Name: Donald	M.I.	(check one or more): <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input checked="" type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
Watch Sergeant					
Employee # [REDACTED]	Last Name: Crosthwaite	First Name: Harvey	M.I.		
Watch Commander					
Employee # [REDACTED]	Last Name: Villanueva	First Name: Alexandro	M.I.		

PSTD Use Only	
SH #	2362639

Rollout Information				
Arrival Date	08-01-14	Arrival Time	1930	Date Submitted 11/18/2016
Date of Recommendation				
Employee #		Last Name	Flores	First Name David M.I.
Employee #		Last Name	Graham	First Name Scott M.I. A
Employee #		Last Name	Franck	First Name James M.I. A
Shooting / Force Information				

Method

(AW)	Arwen	(OV)	Other Weapon: Vehicle
(BC)	Baton:(Control)	(OB)	Other Weapon: Blunt Object
(BI)	Baton:(Impact)	(OO)	Other Weapon: Other
(BF)	Bodily Fluids	(PK)	Personal Weapon: Feet/Leg: (Kick)
(CN)	Canine	(PS)	Personal Weapon: Feet/Leg: (Sweep)
(CR)	Carotid Restraint	(PH)	Personal Weapon (Hand/Arm)
(CH)	Choke Hold	(PP)	Personal Weapon (Push)
(CT)	Control Holds:(Control Techniques)	(PO)	Personal Weapon (Other)
(TT)	Control Holds:(Team Takedown)	(RS)	Resistance
(TD)	Control Holds:(Takedown)	(CN)	Restraint Device (Capture Net)
(CE)	Chemical	(RH)	Restraint Device (Handcuffs)
(OC)	Chemical Agents (OC Spray)	(HB)	Restraint Device:Hobble (Legs Only)
(TG)	Chemical Agents (Tear Gas)	(TP)	Restraint Device:Hobble (TARP)
(EX)	Explosives	(RE)	Restraint Device: REACT Belt
(FH)	Firearm (Handgun)	(SP)	Sap
(FR)	Firearm (Rifle)	(SH)	Shield
(FS)	Firearm (Shotgun)	(SG)	37mm Stinger
(FO)	Firearm (Other)	(SB)	Sting Ball
(FB)	Flashbang	(ST)	Stun Bag
(FL)	Flashlight	(TR)	Taser
(OE)	Other Weapon: Edged	(UC)	Uncooperative

Type of Injury

(AB)	Abrasion
(BR)	Bruise
(BU)	Burn
(CP)	Complaint of Pain
(CO)	Concussion
(DH)	Death
(DI)	Dislocation
(DB)	Dog Bite
(FR)	Fractures
(GS)	Gunshot
(HB)	Human Bite
(LC)	Lacerations
(ND)	Nerve Damage
(OD)	Organ Damage
(PA)	Paralysis
(PW)	Puncture Wound
(SD)	Soft Tissue Damage
(ST)	Sprain/Twists
(UN)	Unconscious
(RM)	Refused Med Treatment
(NN)	NONE

Body Part Injured

(AD)	Abdomen
(AK)	Ankle
(AR)	Arm
(BK)	Back
(BT)	Buttocks
(CH)	Chest
(EL)	Elbow
(FA)	Face
(FE)	Feet
(FI)	Fingers
(GE)	Genitals
(GR)	Groin
(HD)	Hand
(HE)	Head
(HI)	Hip
(IN)	Internal
(KN)	Knees
(LE)	Leg
(NK)	Neck
(SH)	Shoulder
(WR)	Wrist

Brand

Brand		(IV)	Iver Johnson	(RO)	Rossi
(AK)	AK-47	(JE)	Jennings	(SW)	Smith & Wesson
(BN)	Benelli	(LO)	Lorcin	(SR)	Sturm Ruger
(BR)	Beretta	(LU)	Luger	(SS)	SIG Sauer
(BW)	Browning	(MA)	Marlin	(ST)	Sterling
(CH)	Charter Arms	(MO)	Mossberg	(TA)	Taurus
(CO)	Colt	(NC)	NCI aka SKS	(WE)	Weatherby
(DA)	Davis Industries	(NA)	North American	(WN)	Winchester
(GL)	Glock	(NO)	Norinco	(US)	US Government
(HA)	Harrington & Richardson	(RA)	Raven	(YY)	Handmade (Inmate)
(HI)	Hi Standard	(RM)	Remington	(XX)	Homemade (Non-Inmate)
(HK)	H & K	(RG)	RG	(ZZ)	Other Brand
(IT)	Ithica	(RI)	RGI		

Caliber

(9)	9 mm	(24)	.243 caliber	(41)	.410 gauge
(10)	10 mm	(25)	.25 caliber	(44)	.44 caliber
(12)	12 gauge	(30)	.308 caliber	(45)	.45 caliber
(20)	20 gauge	(35)	.357 caliber	(50)	50 mm
(21)	.22-250	(36)	30-60 caliber	(SL)	Slug
(22)	.22 caliber	(38)	.38 caliber	(WWW)	Other caliber
(23)	.223 caliber	(40)	.40 caliber		

FORCE APPLIED (one code per block)

[illegible]

Officer Involved Shooting Involved Employee Information

URN: 014-05490-1514-011

Page 3 of 6

Involved Employee										
E 1	Employee #		Last Name			First Name		M.I.		
			Calderon			Oscar				
	Sex: M	Race: H	Rank: Deputy		Unit Assignment: OSS / PRV		Work Assignment (Unit #, Module, etc.): Pico OSS			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>	
	Hrs of sleep prior to shooting: 7		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input checked="" type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age:	Height: 505	Weight: 200							
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used?		Patrol Certification?		Certification Unit:	Prior Shootings? <input checked="" type="checkbox"/>	Number of Prior Shootings: 1	Directed Force:		
	Weapons Fired Brand: Beretta		Caliber: 9MM	# Shots: 12	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.	
E 2	Employee #		Last Name			First Name		M.I.		
			Avendano			Leonardo				
	Sex: M	Race: H	Rank: Deputy		Unit Assignment: PRV		Work Assignment (Unit #, Module, etc.): 153A			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>	
	Hrs of sleep prior to shooting: 6-7		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age:	Height: 509	Weight: 205							
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used?		Patrol Certification?		Certification Unit:	Prior Shootings?	Number of Prior Shootings:	Directed Force:		
	Weapons Fired Brand: Sig Sauer		Caliber: 9MM	# Shots: 6	Weapons Fired Brand: Remington 870		Caliber: 12 G	# Shots: 5		
Field Training Officer Emp #		Last Name			First Name				M.I.	
Field Training Officer Emp #		Last Name			First Name				M.I.	
E 3	Employee #		Last Name			First Name		M.I.		
			Gonzalez			Anselmo				
	Sex: M	Race: H	Rank: Deputy		Unit Assignment: PRV		Work Assignment (Unit #, Module, etc.): 151K			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>	
	Hrs of sleep prior to shooting: 6-7		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age:	Height: 600	Weight: 215							
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used?		Patrol Certification?		Certification Unit:	Prior Shootings?	Number of Prior Shootings:	Directed Force:		
	Weapons Fired Brand: S&W M&P		Caliber: 9MM	# Shots: 2	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 Involved Employee Information

URN: 014-05490-1514-011

Page 4 of 6

Involved Employee											
E 4	Employee # [REDACTED]		Last Name Felix			First Name Venus		M.I.			
	Sex: F	Race: H	Rank: Deputy		Unit Assignment: PRV		Work Assignment (Unit #, Module, etc.): 151A				
	ShiftTime (circle only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:				
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>		
	Hrs of sleep prior to shooting: 6-8		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Uniform w/ Vest		Other Factors:				
	Age: [REDACTED]	Height: 508	Weight: 160								
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:						
	Certified with Weapon Used?		Patrol Certification?		Certification Unit:	Prior Shootings? <input checked="" type="checkbox"/>	Number of Prior Shootings: 1	Directed Force:			
	Weapons Fired Brand: Remington 870		Caliber: 12G	# Shots: 4		Weapons Fired Brand:		Caliber:	# Shots:		
	Field Training Officer Emp # [REDACTED]			Last Name [REDACTED]			First Name [REDACTED]		M.I. [REDACTED]		
Field Training Officer Emp # [REDACTED]			Last Name [REDACTED]			First Name [REDACTED]		M.I. [REDACTED]			

E 5	Employee # [REDACTED]		Last Name Toone			First Name Andrew		M.I.			
	Sex: M	Race: H	Rank: Deputy		Unit Assignment: SEB		Work Assignment (Unit #, Module, etc.): Tan				
	ShiftTime (circle only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:				
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>		
	Hrs of sleep prior to shooting: 6 1/2		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Uniform w/ Vest		Other Factors:				
	Age: [REDACTED]	Height: 600	Weight: 195								
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:						
	Certified with Weapon Used?		Patrol Certification?		Certification Unit:	Prior Shootings? <input checked="" type="checkbox"/>	Number of Prior Shootings: 2	Directed Force:			
	Weapons Fired Brand: S&W M&P		Caliber: 9MM	# Shots: 5		Weapons Fired Brand:		Caliber:	# Shots:		
	Field Training Officer Emp # [REDACTED]			Last Name [REDACTED]			First Name [REDACTED]		M.I. [REDACTED]		
Field Training Officer Emp # [REDACTED]			Last Name [REDACTED]			First Name [REDACTED]		M.I. [REDACTED]			

E	Employee # [REDACTED]		Last Name [REDACTED]			First Name [REDACTED]		M.I. [REDACTED]			
	Sex:	Race:	Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):				
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:				
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>		
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:				
	Age:	Height:	Weight:								
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:						
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:	Prior Shootings? <input type="checkbox"/>	Number of Prior Shootings:	Directed Force: <input type="checkbox"/>			
	Weapons Fired Brand:		Caliber:	# Shots:		Weapons Fired Brand:		Caliber:	# Shots:		
	Field Training Officer Emp # [REDACTED]			Last Name [REDACTED]			First Name [REDACTED]		M.I. [REDACTED]		
Field Training Officer Emp # [REDACTED]			Last Name [REDACTED]			First Name [REDACTED]		M.I. [REDACTED]			

Officer Involved Shooting Suspect Information

URN: 014-05490-1514-011

Page 5 of 6

Suspect Information

S 1	Last Name		Ramirez		First Name		Cedric		M.I.		O	
	AKA Last Name				First Name				M.I.			
	Sex:	M	Race:	H	Street Address				City		Zip	
	Work Phone:		N/A		Home Phone:				Driver's License			
	Age:	24	D.O.B.	10/24/89	Height:	509	Weight:	155	FBI #		CL #	
	Booking #		4049970		Primary Charge:		Murder - 187(a) PC		Secondary Charge:		Attempt Murder on PO - 664/187 (a) PC	
	Coroner Case?		<input checked="" type="checkbox"/>		Coroner Case #		2014-05322		Intoxication/Drug Usage?		<input checked="" type="checkbox"/>	
	Armed?		<input checked="" type="checkbox"/>		Apprehended?		<input checked="" type="checkbox"/>		Mental Illness?		<input type="checkbox"/>	
	Vehicle Make		Honda CRV		Model:		SUV		Year:		2007	
	Substance Used:		Methamphetamine									

S 2	Last Name				First Name				M.I.			
	AKA Last Name				First Name				M.I.			
	Sex:	M	Race:	H	Street Address				City		Zip	
	Work Phone:				Home Phone:				Driver's License			
	Age:	54	D.O.B.		Height:	507	Weight:	219	FBI #		CL #	
	Booking #				Primary Charge:				Secondary Charge:			
	Coroner Case?		<input type="checkbox"/>		Coroner Case #				Intoxication/Drug Usage?		<input type="checkbox"/>	
	Armed?		<input type="checkbox"/>		Apprehended?		<input type="checkbox"/>		Mental Illness?		<input type="checkbox"/>	
	Vehicle Make				Model:				Year:			
	Substance Used:											

S	Last Name				First Name				M.I.			
	AKA Last Name				First Name				M.I.			
	Sex:		Race:		Street Address:				City		State & Zip Code:	
	Work Phone:				Home Phone:				Social Security #:		Driver's License #:	
	Age:		D.O.B.		Height:		Weight:		FBI #		CL #	
	Booking #				Primary Charge:				Secondary Charge:			
	Coroner Case?		<input type="checkbox"/>		Coroner Case #				Intoxication/Drug Usage?		<input type="checkbox"/>	
	Armed?		<input type="checkbox"/>		Apprehended?		<input type="checkbox"/>		Mental Illness?		<input type="checkbox"/>	
	Vehicle Make				Model:				Year:			
	Substance Used:											

S	Last Name				First Name				M.I.			
	AKA Last Name				First Name				M.I.			
	Sex:		Race:		Street Address:				City		State & Zip Code:	
	Work Phone:				Home Phone:				Social Security #:		Driver's License #:	
	Age:		D.O.B.		Height:		Weight:		FBI #		CL #	
	Booking #				Primary Charge:				Secondary Charge:			
	Coroner Case?		<input type="checkbox"/>		Coroner Case #				Intoxication/Drug Usage?		<input type="checkbox"/>	
	Armed?		<input type="checkbox"/>		Apprehended?		<input type="checkbox"/>		Mental Illness?		<input type="checkbox"/>	
	Vehicle Make				Model:				Year:			
	Substance Used:											

SUPPLEMENTAL EMPLOYEE WITNESSES

Los Angeles County Sheriff's Department

Page 6 of 6

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