

Los Angeles County Sheriff's Department

Officer Involved Shooting

Page 1 of 4

Report Date: 07/08/20		Bureau/Station/Facility: Custody Services Division/TTCF		Admin. Invest? <input type="checkbox"/>	Hit? <input checked="" type="checkbox"/>
Incident Information					
URN: 018-00017-3199-057		Date: March 6, 2018		Time: 0336	
City or Station: Lake Elsinore, Riverside County		Nature of Incident: Deputy Campbell was involved in a hit shooting when he attempted to detain vehicle burglary suspects. Deputy Campbell was on his way to work and in uniform at the time of incident.			
Location: McVicker Canyon Park Road / Edgewood Drive					
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 type="checkbox"/> Residence <input type="checkbox"/> Rural <input type="checkbox"/> School <input checked="" type="checkbox"/> Street Other: _____	Lighting (check only one): <input type="checkbox"/> Darkness <input type="checkbox"/> Daylight <input type="checkbox"/> Other <input checked="" 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: 3 Feet	Incident Type (check one or more): <input type="checkbox"/> Accidental <input type="checkbox"/> Armed Person <input checked="" type="checkbox"/> Fleeing Suspect <input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Gun Take Away <input checked="" type="checkbox"/> Moving Vehicle <input type="checkbox"/> Sniper/Ambush <input type="checkbox"/> Startle <input type="checkbox"/> Struggle Involved <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Unarmed Person <input 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 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 checked="" type="checkbox"/> Other <input type="checkbox"/> Routine Patrol Aero Unit? <input type="checkbox"/> Canine Unit? <input type="checkbox"/>	
Total # of Shots Fired by Deputy 1		Total # of Shots Fired by Suspect 0			
Employee Witnesses					
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Non-Employee Witnesses					
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
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Supervisors					
Employee #	Last Name	First Name	M.I.	(check one or more): <input type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
Employee #	Last Name	First Name	M.I.	(check one or more): <input type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
Watch Sergeant					
Employee #	Last Name	First Name	M.I.		
	Castillo	Armando			
Watch Commander					
Employee #	Last Name	First Name	M.I.		
	Pittack	David			

PSTD Use Only

SH # **2450197**

Rollout Information					
Arrival Date	03/06/18	Arrival Time	0800	Date Submitted	07/08/20
Date of Recommendation					
Employee #		Last Name	Arellano	First Name	Thomas
					M.I. M
Employee #		Last Name	Alvarez	First Name	Irys
					M.I. D
Employee #		Last Name	Burse	First Name	Michael
					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 guage
(10)	10 mm	(25)	.25 caliber	(44)	44 caliber
(12)	12 guage	(30)	.308 caliber	(45)	45 caliber
(20)	20 guage	(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: 018-00017-3199-057

Page 3 of 4

Involved Employee										
E 1	Employee #		Last Name			First Name		M.I.		
			Campbell			Todd		A		
	Sex: M	Race: White	Rank: DSG		Unit Assignment: TTCF		Work Assignment (Unit #, Module, etc.): LCMC			
	ShiftTime (circle only one): <input checked="" type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input checked="" 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 checked="" type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age: 5'10"		Height: 200		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: Beretta		Caliber: 9mm		# Shots: 1		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	Employee #		Last Name			First Name		M.I.		
	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 #		Last Name			First Name		M.I.		
Field Training Officer Emp #		Last Name			First Name		M.I.			
E	Employee #		Last Name			First Name		M.I.		
	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 #		Last Name			First Name		M.I.		
Field Training Officer Emp #		Last Name			First Name		M.I.			

Officer Involved Shooting Suspect Information

URN: 018-00017-3199-057

Page 4 of 4

Suspect Information							
S 1	Last Name		Cortez		First Name		Jessica
							M.I. R
	AKA Last Name				First Name		M.I.
	Sex: F	Race: Hispanic	Street Address:		City:	State & Zip Code:	
	Work Phone:		Home Phone:	Social Security #:		Driver's License #:	
	Age: 19	D.O.B. 02/17/99	Height: 503	Weight: 116	FBI #:	CII #:	
	Booking # 201808810		Primary Charge: 245(C) PC		Secondary Charge:		
	Coroner Case? <input type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage? <input checked="" type="checkbox"/>	Substance Used: Marijuana/Alcohol	
	Armed? <input type="checkbox"/>		Apprehended? <input checked="" type="checkbox"/>		Mental Illness? <input type="checkbox"/>	Criminal History? <input type="checkbox"/>	
	Vehicle Make: KIA		Model: Sportage	Year: 2000		Parole:	Probation:
S	Last Name				First Name		M.I.
							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 #:	CII #:	
	Booking #		Primary Charge:		Secondary Charge:		
	Coroner Case? <input type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage? <input type="checkbox"/>	Substance Used:	
	Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>	Criminal History? <input type="checkbox"/>	
	Vehicle Make		Model:	Year:		Parole:	Probation:
S	Last Name				First Name		M.I.
							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 #:	CII #:	
	Booking #		Primary Charge:		Secondary Charge:		
	Coroner Case? <input type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage? <input type="checkbox"/>	Substance Used:	
	Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>	Criminal History? <input type="checkbox"/>	
	Vehicle Make		Model:	Year:		Parole:	Probation:
S	Last Name				First Name		M.I.
							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 #:	CII #:	
	Booking #		Primary Charge:		Secondary Charge:		
	Coroner Case? <input type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage? <input type="checkbox"/>	Substance Used:	
	Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>	Criminal History? <input type="checkbox"/>	
	Vehicle Make		Model:	Year:		Parole:	Probation: