



CORONA POLICE DEPARTMENT
 730 PUBLIC SAFETY WAY
 CORONA, CALIFORNIA 92880-2002
 CA0331500

Initial
 Supplemental

| | | | |
|---|--|---------------------|-------------|
| <input checked="" type="checkbox"/> Arrest | <input type="checkbox"/> Additional Person/Vehicle | 2019 APR 15 AM 6 51 | CR# 19-3826 |
| <input type="checkbox"/> Suspect | <input checked="" type="checkbox"/> Narrative | | |
| <input type="checkbox"/> Unknown Suspect | <input type="checkbox"/> 293(a) PC Advisement | Related Report(s) | |
| <input checked="" type="checkbox"/> Property/Evidence | | | |

| | | | |
|---|--|------------------------------|--------|
| CASE SUMMARY | Primary Code Section/Description | BCS Code(s) | Counts |
| | 2800.2 CVC - Felony evading | 200705 | 1 |
| | Other Code Section/Description | BCS Code(s) | Counts |
| | 148(a)(1) PC - Resisting arrest | 200700 | 1 |
| | Other Code Section/Description | BCS Code(s) | Counts |
| | 23152(a)(b) CVC - DUI | 210411 | 1 |
| | Supplemental Code <input type="checkbox"/> Modify <input checked="" type="checkbox"/> New <input type="checkbox"/> Same <input type="checkbox"/> Add | BCS Code(s) | Counts |
| 1203.2(a) PC - Violation of probation (RIF 1703389) | 210107 | 1 | |
| Location | Business Name <input type="checkbox"/> Victim <input checked="" type="checkbox"/> N/A | | |
| 311 Mt. Vernon Way, Corona | | | |
| Occurrence On/Between | Reported | | |
| Date/Time 4-13-19/2050 hours | Date/Time 4-13-19/2057 hours | Date/Time 4-13-19/2050 hours | |
| Case Status: | If Cleared - Code: | | |

VM = Victim RP = Reporting Party / Informant WT = Witness OT = Other SU = Suspect

OT01

WT01

| | | | | | | | | |
|---|-------|------|--|---------|------------|-------|---|---|
| Vehicle Description | | | | | | | <input type="checkbox"/> Victim's Vehicle | <input checked="" type="checkbox"/> Suspect's Vehicle |
| License | State | Year | Make | Model | Body Style | Color | VIN | |
| 5SDT267 | CA | 2005 | Hyundai | Elantra | 4DR | Gray | KMHDN56D05U177959 | |
| <input type="checkbox"/> Unique Characteristics | | | <input type="checkbox"/> Description of Damage | | | | <input type="checkbox"/> N/A | |

| | |
|--|---|
| Property Loss | Property Damage |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes / Value \$ | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes / Describe: |

| |
|---|
| Video Type |
| <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Body Camera <input checked="" type="checkbox"/> Dash Camera (Include Unit #) 79281 <input type="checkbox"/> Other Video |

| |
|--|
| <input checked="" type="checkbox"/> Additional Officer Video (List Officers and/or Unit #) 79297 |
| 79281 |

| | | | |
|---|---|---|---|
| Use of Force | Hospitalization / Death | Officer Injured? | Officer Killed? |
| <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

| | | |
|--------------------|-----------------------|------------|
| Officer ID# / Name | Reviewed ID# / Name | RMS Entry |
| 003035 / Neff | Sgt. VIEFFANUS #11227 | CLETS/NCIC |

| | | | |
|--------------------------------|--|-----------------------|---------------|
| CPD Form # 04-001 (2016.05.16) | Copies: <input checked="" type="checkbox"/> DA/PD <input type="checkbox"/> Vic/Wit <input type="checkbox"/> Prop <input type="checkbox"/> Officer/Det: <input type="checkbox"/> Risk Mgmt <input type="checkbox"/> CPS <input checked="" type="checkbox"/> P&T <input type="checkbox"/> Other: | Revised By: <i>DM</i> | Page: 1 of 14 |
|--------------------------------|--|-----------------------|---------------|

| Premises Q 1 | Point of Entry Q 2 | Property Taken Q 4 | Evidence Q 7 | Special Crimes Q 10 |
|---|--|---|---|--|
| Business <input type="checkbox"/> 1 Financial Institution <input type="checkbox"/> 2 Bar <input type="checkbox"/> 3 Cleaners/Laundry <input type="checkbox"/> 4 Construction Site <input type="checkbox"/> 5 Theater <input type="checkbox"/> 6 Fast Foods <input type="checkbox"/> 7 Gas Station <input type="checkbox"/> 8 Hotel/Motel <input type="checkbox"/> 9 Dept/Disc Store <input type="checkbox"/> 10 Drug/Pharmacy <input type="checkbox"/> 11 Gun/Sport Store <input type="checkbox"/> 12 Jewelry Store <input type="checkbox"/> 13 Liquor Store <input type="checkbox"/> 14 Convenience Store <input type="checkbox"/> 15 Tire Store <input type="checkbox"/> 16 Restaurant <input type="checkbox"/> 17 Supermarket <input type="checkbox"/> 18 Video/TV/Radio <input type="checkbox"/> 19 Auto Parts <input type="checkbox"/> 20 Bicycle Parts <input type="checkbox"/> 21 Clothing Store <input type="checkbox"/> 22 Hardware <input type="checkbox"/> 23 Medical <input type="checkbox"/> 24 Office Building <input type="checkbox"/> 25 Shoe Store <input type="checkbox"/> 26 Warehouse <input type="checkbox"/> 27 Entertainment <input type="checkbox"/> 28 Storage Facility <input type="checkbox"/> 29 Other Residence <input type="checkbox"/> 30 Apartment <input type="checkbox"/> 31 Condo/Townhouse <input type="checkbox"/> 32 Duplex/Fourplex <input type="checkbox"/> 33 Garage (Attached) <input type="checkbox"/> 34 Garage (Detached) <input type="checkbox"/> 35 House <input type="checkbox"/> 36 Mobile Home <input type="checkbox"/> 37 Retirement Home <input type="checkbox"/> 38 Other Public <input type="checkbox"/> 39 Church <input type="checkbox"/> 40 Hospital <input type="checkbox"/> 41 Park/Playground <input type="checkbox"/> 42 Public Building <input type="checkbox"/> 43 School <input type="checkbox"/> 44 To/From School <input type="checkbox"/> 45 Shopping Center <input checked="" type="checkbox"/> 46 Street/Highway/Fwy <input type="checkbox"/> 47 Other | <input type="checkbox"/> 1 Front <input type="checkbox"/> 2 Rear <input type="checkbox"/> 3 Side <input type="checkbox"/> 4 North <input type="checkbox"/> 5 South <input type="checkbox"/> 6 East <input type="checkbox"/> 7 West <input type="checkbox"/> 8 Window <input type="checkbox"/> 9 Door <input type="checkbox"/> 10 Sliding Glass Door <input type="checkbox"/> 11 Basement <input type="checkbox"/> 12 Roof <input type="checkbox"/> 13 Floor <input type="checkbox"/> 14 Wall <input type="checkbox"/> 15 Duct/Vent <input type="checkbox"/> 16 Garage <input type="checkbox"/> 17 Adjacent Building <input type="checkbox"/> 18 Ground Level <input type="checkbox"/> 19 Upper Level <input type="checkbox"/> 20 Other Method of Entry Q 3 <input type="checkbox"/> 1 Open/Unlocked <input type="checkbox"/> 2 Attempt Only <input type="checkbox"/> 3 Bodily Force <input type="checkbox"/> 4 Bolt Cutters <input type="checkbox"/> 5 Pliers/Wrench <input type="checkbox"/> 6 Saw/Drill/Burn <input type="checkbox"/> 7 Screwdriver <input type="checkbox"/> 8 Tire Iron <input type="checkbox"/> 9 Unknown Pry Bar <input type="checkbox"/> 10 Coat Hanger/Wire <input type="checkbox"/> 11 Key <input type="checkbox"/> 12 Punch <input type="checkbox"/> 13 Remove Louvers <input type="checkbox"/> 14 Window Smash <input type="checkbox"/> 15 Window Forced <input type="checkbox"/> 16 Brick/Rock <input type="checkbox"/> 17 Hid in Building <input type="checkbox"/> 18 Lock Box <input type="checkbox"/> 19 Door/Lock Forced <input type="checkbox"/> 20 Trunk Forced <input type="checkbox"/> 21 Other | <input type="checkbox"/> 1 Cash/Notes <input type="checkbox"/> 2 Jewelry/Metals <input type="checkbox"/> 3 Clothing/Furs <input type="checkbox"/> 4 Office Equip. <input type="checkbox"/> 5 TV/Camera/Stereo <input type="checkbox"/> 6 Firearms <input type="checkbox"/> 7 Household Goods <input type="checkbox"/> 8 Consumable Goods <input type="checkbox"/> 9 Livestock <input type="checkbox"/> 10 Miscellaneous <input type="checkbox"/> 11 Car Radio/Speakers <input type="checkbox"/> 12 Narcotics/Drugs <input type="checkbox"/> 13 Tools <input type="checkbox"/> 14 Checks <input type="checkbox"/> 15 ID Documents <input type="checkbox"/> 16 Other Victim Rel/Susp Q 5 <input type="checkbox"/> 1 Husband <input type="checkbox"/> 2 Wife <input type="checkbox"/> 3 Mother <input type="checkbox"/> 4 Father <input type="checkbox"/> 5 Step <input type="checkbox"/> 6 Daughter <input type="checkbox"/> 7 Son <input type="checkbox"/> 8 Brother <input type="checkbox"/> 9 Sister <input type="checkbox"/> 10 Other Family Member <input type="checkbox"/> 11 Acquaintance <input type="checkbox"/> 12 Friend <input type="checkbox"/> 13 Boyfriend <input type="checkbox"/> 14 Girlfriend <input type="checkbox"/> 15 Neighbor <input type="checkbox"/> 16 Business Associate <input type="checkbox"/> 17 Student <input type="checkbox"/> 18 Teacher <input type="checkbox"/> 19 Stranger <input type="checkbox"/> 20 Other Victim Condition Q 6 <input type="checkbox"/> 1 Under Influence <input type="checkbox"/> 2 Sick/Injured <input type="checkbox"/> 3 Senior Citizen <input type="checkbox"/> 4 Blind <input type="checkbox"/> 5 Handicapped <input type="checkbox"/> 6 Deaf <input type="checkbox"/> 7 Mute <input type="checkbox"/> 8 Mentally Impaired <input type="checkbox"/> 9 Other | <input type="checkbox"/> 1 Blood <input type="checkbox"/> 2 Bullet Casings <input type="checkbox"/> 3 Clothes <input type="checkbox"/> 4 Fingerprints <input type="checkbox"/> 5 Footprints <input type="checkbox"/> 6 Hair/Fibers <input type="checkbox"/> 7 Other Prints <input type="checkbox"/> 8 Paint <input checked="" type="checkbox"/> 9 Photographs <input type="checkbox"/> 10 Rape Kit <input type="checkbox"/> 11 Semen <input type="checkbox"/> 12 Stains <input type="checkbox"/> 13 Tools <input type="checkbox"/> 14 Tool Marks <input type="checkbox"/> 15 Vehicle <input type="checkbox"/> 16 Weapon(s) <input type="checkbox"/> 17 Urine <input type="checkbox"/> 18 Breath <input checked="" type="checkbox"/> 19 Other Video Solvability Factors Q 8 <input type="checkbox"/> 1 Will Not Prosecute <input checked="" type="checkbox"/> 2 There is a Witness <input checked="" type="checkbox"/> 3 Suspect Arrested <input type="checkbox"/> 4 Suspect Named <input type="checkbox"/> 5 Suspect Described <input type="checkbox"/> 6 Suspect Can Be ID'd <input type="checkbox"/> 7 Susp Can be Found <input type="checkbox"/> 8 Susp Veh Can Be ID'd <input type="checkbox"/> 9 Identifiable 496 PC <input checked="" type="checkbox"/> 10 Good Physical Evidence <input type="checkbox"/> 11 Significant MO <input type="checkbox"/> 12 Other Vehicle Type Q 9 <input type="checkbox"/> 1 Passenger Car <input type="checkbox"/> 2 Motorcycle/Moped <input type="checkbox"/> 3 Pickup Truck <input type="checkbox"/> 4 Trailer <input type="checkbox"/> 5 Truck <input type="checkbox"/> 6 Van <input type="checkbox"/> 7 Camper <input type="checkbox"/> 8 Motor Home <input type="checkbox"/> 9 Other | <input type="checkbox"/> 1 Gang Related 777777 <input type="checkbox"/> 2 Hate Crime 888888 Gang Information Q 18 <input type="checkbox"/> Suspect # Gang Affiliation: <input type="checkbox"/> 1 Unknown <input type="checkbox"/> 2 Not Asked <input type="checkbox"/> 3 Yes/Gang Name: <input type="checkbox"/> 4 Moniker/AKA: Identified by: <input type="checkbox"/> 5 Self Admit <input type="checkbox"/> 6 Gang Hand Signs <input type="checkbox"/> 7 Gang Dress <input type="checkbox"/> 8 Arrested w/ Gang Members <input type="checkbox"/> 9 Affiliates w/ Gang Members <input type="checkbox"/> 10 Jail Admit <input type="checkbox"/> 11 Gang Tattoos <input type="checkbox"/> 12 Other Tattoos/Scars/Marks Q 19 <input type="checkbox"/> Suspect # <input type="checkbox"/> 1 Head: <input type="checkbox"/> 2 Face: <input type="checkbox"/> 3 Neck: <input checked="" type="checkbox"/> 4 Back: <input type="checkbox"/> 5 Chest: <input type="checkbox"/> 6 Stomach: <input type="checkbox"/> 7 Right Arm: <input type="checkbox"/> 8 Left Arm: <input type="checkbox"/> 9 Right Leg: <input type="checkbox"/> 10 Left Leg: <input type="checkbox"/> 11 Right Hand: <input type="checkbox"/> 12 Left Hand: <input type="checkbox"/> 13 Other: |

Summary / Narrative: I attempted to conduct a traffic stop on the listed vehicle per 21651 CVC and suspicion of 23152 CVC. The driver, SU01 William Montoya failed to stop and a pursuit ensued. William failed to stop at three red traffic signal lights and one posted stop sign. At the conclusion of the pursuit, William exited his vehicle, clenched his fists, cursed at officers and took steps towards the police vehicle's. William was given a K9 announcement; however, he failed to comply with commands. K9 Duke was used to apprehend William and William was taken into custody. William was medically treated at the scene, CRH and RCH. William was later transported to RCJ on the listed charges. See narrative for further details.



CORONA POLICE DEPARTMENT

730 PUBLIC SAFETY WAY
CORONA, CALIFORNIA 92880-2002
CA0331500

Suspect

Arrest

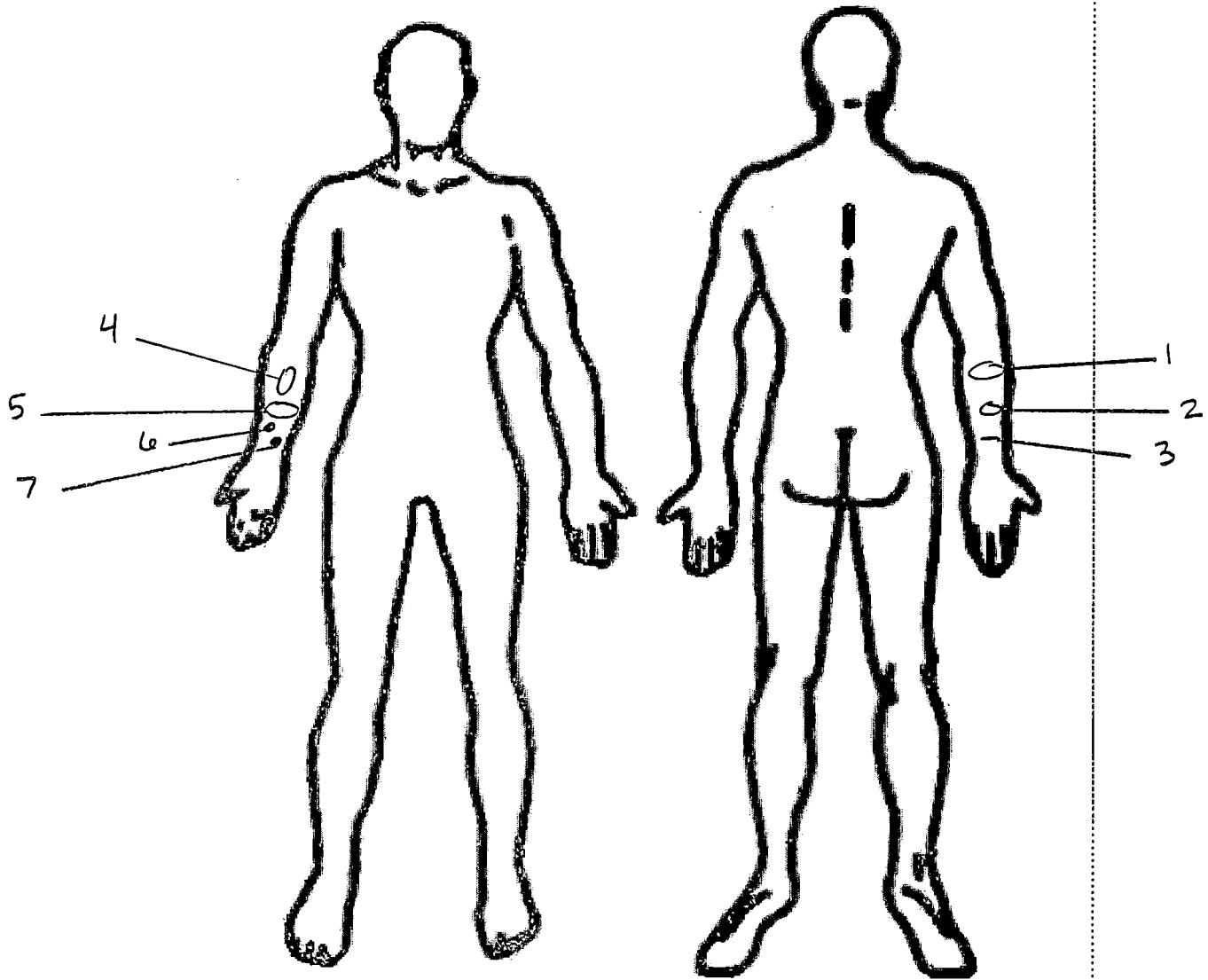
| AR # (Booking#) 19-1152 | | Gang Information: <input type="checkbox"/> Known <input type="checkbox"/> Suspected Gang: | | Re Other Reports | | CR# 19-3826 | | |
|--|------------------|---|--|--|--|--|---|---------------|
| Name (Last, First, Middle) Montoya, William, Daniel | | | Age 34 | DOB 02-09-85 | Occupation Unknown | | | |
| AKA's ---- | | | Tattoos / Scars Back - "Elaine", Left arm is fully sleeved, Chest- "Michael Montoya" and stomach- Jesus | | | | | |
| Residence Address 311 Mt. Vernon Way | | Apt# | City / State Corona / CA | | Zip Code 92882 | Phone # (951) 358-7500 | | |
| Business Address Unknown | | Apt# | City / State | | Zip Code | Phone # ---- | | |
| Sex M | Race H | Height 510 | Weight 165 | Build Med | Hair BRO | Eyes BLU | Clothing Blue shirt. black pants | |
| Driver's License # [REDACTED] | | State [REDACTED] | SSN# [REDACTED] | | Place of Birth Unknown | | Consular Notified <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | |
| Vehicle License # 5SDT267 | | State CA | Year 2005 | Make Hyundai | Model Elantra | Body Style 4dr | Color(s) Gray | |
| Disposition of vehicle <input checked="" type="checkbox"/> Left parked at scene <input type="checkbox"/> N/A | | Release at scene to: <input type="checkbox"/> N/A Mother [REDACTED] | | | Impounded/stored at: <input type="checkbox"/> Other: <input type="checkbox"/> C.City <input type="checkbox"/> Specialty <input type="checkbox"/> Hamner <input checked="" type="checkbox"/> N/A | | | |
| Date / Time of Arrest 4-13-19 / 2055 hours | | Arresting Officer (Name / ID) Neff / 003035 | | | Location of Arrest 311 Mt. Vernon Way, Corona | | | |
| Date / Time / Booking Officer NA | | | | Date / Time / Searching Officer NA | | | | |
| <input type="checkbox"/> Address Book <input type="checkbox"/> Credit Cards <input type="checkbox"/> Purse <input type="checkbox"/> Belt <input type="checkbox"/> Keys <input type="checkbox"/> Shoes <input type="checkbox"/> Billfold <input type="checkbox"/> Knife <input type="checkbox"/> Wallet <input type="checkbox"/> Brush <input type="checkbox"/> Lighter <input type="checkbox"/> Additional Prop (Prop Report) <input type="checkbox"/> Cigarette <input type="checkbox"/> Make-up <input type="checkbox"/> Money/Amount \$ _____ <input type="checkbox"/> Comb <input type="checkbox"/> Medicine <input type="checkbox"/> Armory <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Jewelry / Other Property: | | | | |
| Property Inventory By ---- | | Verified By ---- | | Prop Loc ---- | Cell # --- | Prisoner's Signature Property OK | | |
| Code Violation | M/F | Cts. | Description / Warrant # | | | | Bail Amount | BCS Code # |
| 1. 2800.2 CVC | F | 1 | Felony evading | | | | | 260705 |
| 2. 148(a)(1) PC | M | 1 | Resisting arrest | | | | | 260700 |
| 3. 23152(a)(b) CVC | M | 1 | DUI alcohol | | | | | 210411 |
| 4. 1203.2(a) PC | M | 1 | Violation of robaton (RIF1703389) | | | | | 261107 |
| 5. | | | | | | | | |
| 6. | | | | | | | | |
| <input type="checkbox"/> Booked at CPD | | <input checked="" type="checkbox"/> RCJ | | <input type="checkbox"/> Bailed | | <input type="checkbox"/> 853.6 PC <input type="checkbox"/> Cite # / Date | | |
| <input type="checkbox"/> Juvenile Petition | | <input type="checkbox"/> 849(b)() PC | | <input type="checkbox"/> Other | | | | |
| Prisoner Released By: Date / Time: | | | | Property Released By: Date / Time: | | | | |
| WC's Remarks for Prisoner's Release: | | | | WC's Signature Date / Time | | | | |
| Received of Chief of Police and Jailer all property and money belonging to me. (Prisoner's Signature) | | | | | | | | |
| Signature of Arresting Officer / ID # Neff / 003035 | | | Reviewed by Name / ID # | | | Case Status | If Cleared - Code | |
| CPD30-045 (2015.11.24) | | Copies: <input type="checkbox"/> DET <input type="checkbox"/> Traf <input type="checkbox"/> Prop <input type="checkbox"/> Officer: <input checked="" type="checkbox"/> DA <input type="checkbox"/> PD <input type="checkbox"/> DOJ <input type="checkbox"/> Crime Prev <input type="checkbox"/> Other: | | | Routed By | RMS Clet/NCIC | Page 3 of 14 | |

| Hair Length | | Facial Hair | | Teeth | | Modus Operandi | |
|---|-----|--|-----|--|-----|---|-----|
| 1 <input type="checkbox"/> Bald | Q20 | 1 <input type="checkbox"/> Beard - scraggly | Q25 | 1 <input type="checkbox"/> Braces | Q30 | Suspect pretends to be: Q34 | |
| 2 <input type="checkbox"/> Collar | | 2 <input type="checkbox"/> Beard - short | | 2 <input type="checkbox"/> Bucked | | 1 <input type="checkbox"/> Taking a survey | |
| 3 <input type="checkbox"/> Receding | | 3 <input type="checkbox"/> Beard - full | | 3 <input type="checkbox"/> Chipped | | 2 <input type="checkbox"/> Customer/client | |
| 4 <input type="checkbox"/> Shaved | | 4 <input checked="" type="checkbox"/> Clean shaven | | 4 <input checked="" type="checkbox"/> Crooked | | 3 <input type="checkbox"/> Delivery person | |
| 5 <input checked="" type="checkbox"/> Short | | 5 <input type="checkbox"/> Fumanchu | | 5 <input type="checkbox"/> Gaps between | | 4 <input type="checkbox"/> Stranded motorist | |
| 6 <input type="checkbox"/> Shoulder | | 6 <input type="checkbox"/> Goatee | | 6 <input type="checkbox"/> Gold/Silver capped | | 5 <input type="checkbox"/> Intoxicated | |
| 7 <input type="checkbox"/> Other: | | 7 <input type="checkbox"/> Mustache - thin | | 7 <input type="checkbox"/> Jewel studded | | 6 <input type="checkbox"/> Employee/employer | |
| Hair Type | | Complexion | | Unique Clothing | | Suspect's Actions | |
| 1 <input type="checkbox"/> Coarse | Q21 | 1 <input type="checkbox"/> Acne | Q26 | 1 <input type="checkbox"/> Baseball cap | Q31 | 1 <input type="checkbox"/> Climaxed | Q35 |
| 2 <input type="checkbox"/> Fine | | 2 <input type="checkbox"/> Pocked marked | | 2 <input type="checkbox"/> Cowboy hat | | 2 <input type="checkbox"/> Unknown if climaxed | |
| 3 <input type="checkbox"/> Thick | | 3 <input type="checkbox"/> Albino | | 3 <input type="checkbox"/> Leather hat | | 3 <input type="checkbox"/> Ties or binds victim | |
| 4 <input checked="" type="checkbox"/> Thinning | | 4 <input type="checkbox"/> Dark | | 4 <input type="checkbox"/> Other hat | | 4 <input type="checkbox"/> Covers victim's face | |
| 5 <input type="checkbox"/> Wig | | 5 <input type="checkbox"/> Freckled | | 5 <input type="checkbox"/> Ski mask | | 5 <input type="checkbox"/> Photographs victim | |
| 6 <input type="checkbox"/> Wiry | | 6 <input type="checkbox"/> Light/fair | | 6 <input type="checkbox"/> Nylon mask | | 6 <input type="checkbox"/> Forces oral copulation | |
| 7 <input type="checkbox"/> Other: | | 7 <input checked="" type="checkbox"/> Medium | | 7 <input type="checkbox"/> Gloves | | 7 <input type="checkbox"/> Orally copulates victim | |
| Hair Condition | | Glasses/Lenses | | Weapon | | 8 <input type="checkbox"/> Military jacket | |
| 1 <input type="checkbox"/> Clean | Q22 | 1 <input type="checkbox"/> Yes - unknown type | Q27 | 1 <input type="checkbox"/> Club | Q32 | 8 <input type="checkbox"/> Rapes with foreign object | |
| 2 <input checked="" type="checkbox"/> Dirty | | 2 <input type="checkbox"/> Prescription glasses | | 2 <input type="checkbox"/> Hand gun | | 9 <input type="checkbox"/> Sodomatized victim | |
| 3 <input type="checkbox"/> Greasy | | 3 <input type="checkbox"/> Sun glasses | | 3 <input type="checkbox"/> Other unknown gun | | 10 <input type="checkbox"/> Suggested lewd act | |
| 4 <input type="checkbox"/> Matted | | 4 <input type="checkbox"/> Wire frames | | 4 <input type="checkbox"/> Rifle | | 11 <input type="checkbox"/> Inserted finger | |
| 5 <input type="checkbox"/> Odor | | 5 <input type="checkbox"/> Plastic frames | | 5 <input type="checkbox"/> Shot gun | | 12 <input type="checkbox"/> Forced to fondle | |
| 6 <input type="checkbox"/> Other: | | 6 <input type="checkbox"/> Lens ornamentation | | 6 <input type="checkbox"/> Toy gun | | 13 <input type="checkbox"/> Masturbated self | |
| Hair Style | | RT / LT Handed | | 7 <input type="checkbox"/> Simulated | | 14 <input type="checkbox"/> Rapes more than once | |
| 1 <input type="checkbox"/> Afro/natural | Q23 | 0 <input checked="" type="checkbox"/> Unknown | Q28 | 8 <input type="checkbox"/> Pocket knife | | 15 <input type="checkbox"/> Forces to disrobe | |
| 2 <input type="checkbox"/> Braided | | 1 <input type="checkbox"/> Right-handed | | 9 <input type="checkbox"/> Butcher knife | | 16 <input type="checkbox"/> Follows victim | |
| 3 <input type="checkbox"/> Bushy | | 2 <input type="checkbox"/> Left-handed | | 10 <input type="checkbox"/> Other cutting instrument | | 17 <input type="checkbox"/> Forces vehicle off the road | |
| 4 <input type="checkbox"/> Butch | | Speech / Voice | | 11 <input type="checkbox"/> Hands/feet | | 18 <input type="checkbox"/> Strikes victim | |
| 5 <input type="checkbox"/> Combed back | | 0 <input type="checkbox"/> NA | Q29 | 12 <input type="checkbox"/> Bodily force | | 19 <input type="checkbox"/> Stabs victim | |
| 6 <input type="checkbox"/> Corn-row | | 1 <input type="checkbox"/> Eastern US accent | | 13 <input type="checkbox"/> Strangulation | | 20 <input type="checkbox"/> Shoots victim | |
| 7 <input type="checkbox"/> Curlers | | 2 <input type="checkbox"/> Southern US accent | | 14 <input type="checkbox"/> Tire iron | | 21 <input type="checkbox"/> Fires weapon | |
| 8 <input type="checkbox"/> Curly | | 3 <input type="checkbox"/> Foreign accent | | 15 <input type="checkbox"/> Vehicle | | 22 <input type="checkbox"/> Uses demand note | |
| 9 <input type="checkbox"/> Flattop | | 4 <input type="checkbox"/> Deep | | 16 <input type="checkbox"/> Explosive device | | 23 <input type="checkbox"/> Wears gloves | |
| 10 <input type="checkbox"/> Military | | 5 <input type="checkbox"/> Disguised | | 17 <input type="checkbox"/> Other: | | 24 <input type="checkbox"/> Hides in bushes | |
| 11 <input type="checkbox"/> Mohawk | | 6 <input type="checkbox"/> High | | Tattoos / Marks / Scars | | 25 <input type="checkbox"/> Has accomplice(s) | |
| 12 <input type="checkbox"/> Ponytail | | 7 <input type="checkbox"/> Slurred | | 1 <input type="checkbox"/> Face | Q33 | 26 <input type="checkbox"/> Claims an accomplice | |
| 13 <input type="checkbox"/> Punk | | 8 <input type="checkbox"/> Soft | | 2 <input type="checkbox"/> Neck | | 27 <input type="checkbox"/> Snatches victim's purse | |
| 14 <input checked="" type="checkbox"/> Straight | | 9 <input type="checkbox"/> Speech impediment | | 3 <input checked="" type="checkbox"/> Arms | | 28 <input type="checkbox"/> Under the influence | |
| 15 <input type="checkbox"/> Styles | | 10 <input type="checkbox"/> Other: | | 4 <input type="checkbox"/> Hands | | 29 <input type="checkbox"/> Demands/steals vehicle | |
| 16 <input type="checkbox"/> Center parted | | Distinct Feature | | 5 <input type="checkbox"/> Legs | | 30 <input type="checkbox"/> Demands narcotics | |
| 17 <input type="checkbox"/> Left parted | | 1 <input type="checkbox"/> Amputation | Q24 | 6 <input type="checkbox"/> Shoulders | | 31 <input type="checkbox"/> Blindfolds victim | |
| 18 <input type="checkbox"/> Right parted | | 2 <input type="checkbox"/> Artificial limb | | 7 <input checked="" type="checkbox"/> Chest | | 32 <input type="checkbox"/> Forces to lie down | |
| 19 <input type="checkbox"/> Unkempt | | 3 <input type="checkbox"/> Crane/crutch | | 8 <input checked="" type="checkbox"/> Back | | 33 <input type="checkbox"/> Forces to rear of store | |
| 20 <input type="checkbox"/> Wavy | | 4 <input type="checkbox"/> Cast - arm/leg | | 9 <input type="checkbox"/> Scar feature | | 34 <input type="checkbox"/> Locks in room/office | |
| 21 <input type="checkbox"/> Widows peak | | 5 <input type="checkbox"/> Crippled | | 10 <input type="checkbox"/> Mark feature | | 35 <input type="checkbox"/> Kidnaps victim | |
| 22 <input type="checkbox"/> Other: | | 6 <input type="checkbox"/> Deformed | | 11 <input type="checkbox"/> Other: | | 36 <input type="checkbox"/> Makes victim count | |
| | | 7 <input type="checkbox"/> Growth/mole | | | | 37 <input type="checkbox"/> Handcuffs victim | |
| | | 8 <input type="checkbox"/> Hearing aid | | | | 38 <input type="checkbox"/> Tortures victim | |
| | | 9 <input type="checkbox"/> Limp | | | | 39 <input type="checkbox"/> Other: | |
| | | 10 <input type="checkbox"/> Skin discolored | | | | | |
| | | 11 <input type="checkbox"/> Spastic movements | | | | | |
| | | 12 <input type="checkbox"/> Earring/left ear | | | | | |
| | | 13 <input type="checkbox"/> Earring/right ear | | | | | |
| | | 14 <input type="checkbox"/> Other: | | | | | |

Narrative:

CORONA POLICE DEPARTMENT
CANINE USE REPORT

CR# 19-3826



NOTES: All measurements are approximate in inches

| | |
|----|--|
| 1 | THREE INCH OPEN WOUND LACERATION TO HIS UPPER OUTER RIGHT FOREARM |
| 2 | TWO INCH OPEN WOUND LACERATION TO HIS OUTER RIGHT FOREARM |
| 3 | THREE INCH LACERATION TO HIS LOWER OUTER RIGHT FOREARM |
| 4 | TWO AND A HALF INCH OPEN WOUND LACERATION TO HIS UPPER INNER RIGHT FOREARM |
| 5 | TWO INCH OPEN WOUND LACERATION TO HIS INNER RIGHT FOREARM |
| 6 | QUARTER INCH PUNCTURE WOUND TO HIS LOWER INNER RIGHT FOREARM |
| 7 | HALF INCH PUNCTURE WOUND TO HIS LOWER INNER RIGHT FOREARM |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | |
| 13 | |
| 14 | |
| 15 | |

1 **ASSISTING PERSONNEL:**

- 2 1. Sergeant Viefhaus – Scene supervisor
- 3 2. Corporal Montanez
- 4 3. Officer Kushner
- 5 4. Officer Najmulski
- 6 5. Corona Fire Engine #6
- 7 6. AMR 355

8 **INJURIES:**

9 See page 5

10 **EVIDENCE:**

- 11 1. CD containing photographs of the scene and of (SU01) William Montoya
- 12 See property sheet for further details.

13 **NOTE:**

14 On 4-13-19, I was wearing a full Corona Police K9 uniform consisting of a vest
15 carrier with visible POLICE letters attached to the front right area and a cloth badge
16 attached to the left chest. Attached to the back of the carrier is the word POLICE K9 in
17 large white visible letters. I was also driving a marked black and white Corona Police K9
18 unit 79281. My K9 partner Duke was wearing a green tactical K9 harness with POLICE
19 written on both sides. This incident was captured by my patrol vehicle and my body worn
20 Watch Guard camera.

21 **DETAILS:**

22 On 4-13-19, at 2050 hours, I was traveling southbound on S. Main Street / Burr
23 Street when I noticed a gray vehicle, approximately 200 feet in front of me, that swerved
24 to its right almost colliding into a black vehicle that was legally parked on the west curb
25 line on S. Main just north of Burr Street.

1 I continued to observe the gray Hyundai, CA license plate of 5SDT267, and the
2 driver of the vehicle, later identified as (SU01) William Montoya, swerved to his left
3 driving on the wrong side of the road, in violation of 21651 CVC, in order to pass three
4 vehicle's at the intersection of S. Main Street / Citron Street. While William drove on the
5 wrong side of the road, I saw there were vehicles traveling northbound on S. Main Street
6 / Citron Street.

7 Due to William's erratic driving by swerving and driving on the wrong side of the
8 road, I suspected he was driving while intoxicated of an alcoholic beverage (Based on my
9 training and experience). I activated my patrol vehicles forward and rear facing red and
10 blue emergency lights as well as my vehicle's siren at the intersection of S. Main Street /
11 Ontario Avenue.

12 William failed to yield and continued southbound through the intersection of S.
13 Main Street / Ontario avenue failing to stop at the red traffic signal light in violation of
14 21453 CVC. William continued southbound and failed to stop at the red traffic signal
15 light at S. Main Street / Montoya Drive.

16 At this time, I advised Corona PD's dispatch that I was in pursuit. William
17 continued southbound and failed to stop at the red traffic signal light at S. Main Street /
18 Citrus Way. Once at S. Main / E. Chase Drive, William made a left hand turn and failed
19 to stop at the red traffic signal light. William continued eastbound on E. Chase Way and
20 failed to stop at a posted stop sign at E. Chase Way / Garretson Avenue in violation of
21 22450(a) CVC. William made a right hand turn to proceed southbound onto Garretson
22 Avenue.

1 Corona PD's dispatch advised over the radio the records check of the vehicle
2 returned to 311 Mt. Vernon Way, Corona and there is a history of 242 PC – Battery calls
3 for service; however, they did not specify any involved parties.

4 William proceeded southbound on Garretson Avenue and when he approached
5 Mt. Vernon Way, he made a right hand turn to proceed westbound on Mt. Vernon Way.
6 Once on Mt. Vernon Way, Corporal Montanez arrived on scene and joined the pursuit
7 following behind me. William then pulled into the driveway of 311 Mt. Vernon Way
8 partially on the grass. The vehicle pursuit lasted approximately 1.6 miles, two minutes
9 and 20 seconds, and speeds did not exceed 64 miles per hour while on city streets.

10 Once the vehicle was stopped, I heard Corporal Montanez yell at William to stay
11 in his vehicle or he was going to get bit by the dog due to the front driver's side door
12 opening. William failed to obey commands and he got out of his vehicle through the
13 driver's side door. Once William exited his vehicle, he quickly took two steps towards
14 my police vehicle which was stopped approximately five feet from his vehicle. William
15 stopped advancing towards me and Corporal Montanez; however, I saw William's left
16 and right hands clenched in a fist. I also noticed William's facial appearance appeared to
17 be angry.

18 Due to William's aggressive manor and body language, I got K9 Duke out from
19 the back seat through the rear passenger door. While doing so, I heard William yell,
20 "Fuck you" as he took a boxing stance with his left and right hand clenched in a fist down
21 by his waist area. I then yelled at William, "Hey you're gonna get bit by the dog" while
22 holding onto K9 Duke's harness. I then gave K9 Duke the bite command to apprehend
23 William for the following reasons:

- 1 1) At this point, William was wanted for 2800.2 PC – Felony evading.
2 William failed to stop at three red traffic signal lights, failed to stop at a
3 posted stop sign, and drove on the wrong side of the road.
- 4 2) William was also wanted per 148(a)(1) PC – Resisting arrest/ evading due
5 to him failing to comply with verbal commands to stay in the vehicle.
6 Prior to deploying K9 Duke, I believed William was going to physically
7 fight with me or Corporal Montanez due to him clenching his fists, taking
8 steps towards my patrol vehicle and his body language.
- 9 3) It was unknown if William had any weapons on his person due to him not
10 being searched or if he had any weapons in his vehicle. I did not want to
11 close the distance between William and I or have Corporal Montanez have
12 to go hands on. It was also unknown if there were any weapons inside
13 William’s vehicle. I feared if Corporal Montanez and I approached
14 William, he could have turned around and have had the opportunity to get
15 back into the vehicle and arm himself with a weapon.
- 16 4) I did not want William to have the opportunity to get back into his vehicle
17 and drive away. William had proved his wanton and dis-regard to the
18 public demonstrated by his erratic driving during the vehicle pursuit.
- 19 5) I did not want William to have the opportunity to run into the residence
20 giving him the opportunity to barricade himself, arm himself, or take any
21 hostages from inside the residence.
- 22 6) Since I was using the front driver’s side panel as cover, other available
23 options reasonably, such as a taser or pepper spray appeared ineffective

1 due to him taking steps towards me and me not having time due to the
2 close distance between William and I.

3 Once K9 Duke was given the verbal command to apprehend William, William
4 yelled, "I didn't do jack." K9 Duke bit and held onto William's right forearm. I then saw
5 William's left-hand reach towards the middle portion of his waistband. I told William
6 three times, "On the ground." William failed to get on the ground as ordered and he
7 began walking towards me with his left hand still near his waist.

8 Due to William advancing towards me, still not knowing if he was armed with a
9 weapon, him not following my verbal commands, and me seeing William raising his left
10 arm upward in an apparent motion to physically assault me, I punched William one time
11 in his chin area with my closed right fist. The punch to William's chin was effective
12 causing him to immediately stop advancing towards me and his left hand also
13 immediately moved away from the front portion of his waist area. William fell to the
14 ground landing on his back and he appeared to be unconscious. As soon as I bent down
15 towards William, I smelled a strong alcoholic beverage odor emitting from his breath and
16 person.

17 Due to the visible injury and blood coming from William's right forearm area, I
18 took K9 Duke off from the bite. Corporal Montanez immediately rendered medical
19 treatment to William by applying his department issued tourniquet. While Corporal
20 Montanez rendered medical treatment, I advised Corona PD's dispatch over the radio to
21 have the Corona Fire Department respond to the scene. Corporal Montanez was able to
22 stop the bleeding from William's right forearm and he was taken into custody without
23 further incident.

1 Once additional officers arrived on scene, I walked K9 Duke back to my patrol
2 vehicle and I physically checked K-9 Duke for any injuries which he had none. I placed
3 K9 Duke in the back seat of my patrol vehicle where he was safely secured. K9 Duke
4 was on the bite for 45 seconds and Corona Fire Engine 6 arrived on scene along with
5 AMR #555 who took over medical treatment to William. Photographs of the scene were
6 taken and later logged into Corona PD's evidence locker.

7 I met with William's mother, identified as (OT01) [REDACTED] outside the
8 residence of 311 Mt. Vernon Way which was when she told me the following:

9 [REDACTED] stated William is diagnosed with Schizophrenia, personality disorder,
10 depression, anxiety and PTSD. [REDACTED] stated William is prescribed with Mirtazpine
11 45mg, Olanzapine 20mg, Bupropion SR 150mg, and Burispone 30mg. [REDACTED] said
12 William is supposed to take his prescribed medication daily; however, he has been off his
13 medication for the past four days. [REDACTED] was very apologetic for William's actions and
14 understood the force used to arrest William.

15 Once at Corona PD's station, I contacted (WT01) [REDACTED] who resides at
16 [REDACTED] [REDACTED] stated he saw the ending of the pursuit and
17 watched William exit the vehicle. [REDACTED] said William was "Completely belligerent" and
18 he heard William yell, "Fuck cops" and "Why are you fucking with me." [REDACTED] said the
19 incident was "All good" and "You guys are awesome." [REDACTED] made no further
20 statements.

21 William was medically treated at the scene and was initially transported to Corona
22 Regional Medical Facility. Once at CRH, William's primary doctor was Dr. Rouleau
23 [REDACTED] While at CRH, Officer Kushner and I took photographs of William which

1 were later logged into Corona PD's evidence locker. William was later transported to
2 Riverside Community Hospital by AMR and his primary medical doctor was Dr. Alex
3 [REDACTED]

4 While at RCH, William's right forearm was wrapped and bandaged. William's
5 doctor did not want to stich or have any surgery at this time due to the possibility of
6 infection. William was given medication for pain and antibiotics to prevent infection. See
7 page 5 reference William's injuries.

8 [REDACTED]

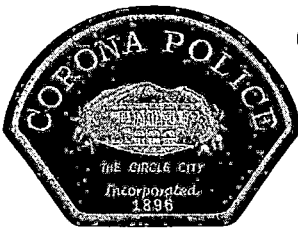
9 [REDACTED] Once William received his ok to book, he was
10 transported to Riverside County Jail by Officer Kushner. William was charged per 2800.2
11 CVC- Felony evading, 148(a)(1) PC – Resisting arrest, 23152(a)(b)- DUI and 1203.2(a)
12 PC – Violation of probation.

13 Refer to Officer Najmulski's supplemental report reference William being under
14 the influence of an alcoholic beverage while operating a motor vehicle. Refer to Corporal
15 Montanez' supplemental report reference William's arrest and medical aid rendered to
16 him.

17 **DISPOSITION:** Closed by arrest.

18

19




CORONA POLICE DEPARTMENT

730 Public Safety Way
Corona CA 92880

| |
|--|
| CASE NO. : 19-3826 |
| DATE OF OFFENSE: 04/13/2019 |
| SUSPECT LAST NAME: MONTOYA SUSPECT FIRST NAME: WILLIAM <input type="checkbox"/> JUVENILE <input type="checkbox"/> SEARCH WARRANT |
| VICTIM: , |
| ASSOCIATED CASES |

PROPERTY REPORT

| | | | | | |
|--|-------------------------------|--|--|-------------------|--|
| COLLECTED BY NEFF, MICHAEL (003035) | | DATE/TIME COLLECTED 04/13/2019 | LOCATION COLLECTED 311 MT VERNON CORONA | COLLECTED ADDRESS | |
| ITEM # MN01 | TYPE Evidence | BRAND | SERIAL NO. | TOTAL VALUE | |
| QTY. 1 | MEASURE | PRESUMPTIVE DRUG | | COLOR | |
| CALIBER | BRL LENGTH | GUN TYPE CODE | GUN CAT CODE | | |
| BIKE SPEED | <input type="checkbox"/> BOYS | <input type="checkbox"/> GIRLS | MODEL | | |
|  201902681 | | DESCRIPTION PHOTO(S)/DIGITAL PHOTOS - PHOTOS OF THE SCENE AND OF SU01 | | | |
| OWNER: , | | ADDRESS: | | | |
| REPORTING OFFICER NEFF, MICHAEL (003035) | ID# | DATE 04/14/2019 | | | |

ALLIED AGENCY PURSUIT REPORT
CHP 187A (Rev. 5-16) OPI 033

SUPERVISOR'S INITIALS

VEHICLE PURSUIT NUMBER
(For your agency's use only, if applicable)

19-3826

ALL MOTOR VEHICLE PURSUIT DATA SHALL BE SUBMITTED NO LATER THAN 30 DAYS AFTER PURSUIT. SEE PAGE TWO FOR DETAILED INSTRUCTIONS.

SECTION I - Mandatory for all California Law Enforcement Agencies involved in vehicle pursuit.

| | | | | | | | |
|--|--|--|----------------|--|--|--|--|
| 1. AGENCY NCIC 3 3 1 5 | | 2. AGENCY NAME (Specify district, i.e., LAPD Newton) Corona PD | | 3. DATE VEHICLE PURSUIT WAS INITIATED 4-13-19 | | 4. TIME VEHICLE PURSUIT WAS INITIATED (24 hr., e.g., 1430) 2050 | |
| 5. PURSUED VEHICLE LICENSE PLATE NUMBER 5SDT267 | | | 6. STATE CA | 7. VIN NUMBER (Complete only if 'cold plated' or no license plate available) KMHDN56D05U177959 | | 8. TIME YOUR AGENCY BECAME INVOLVED IN VEHICLE PURSUIT (24 hr., e.g., 1430) 2050 | |
| 9. CHECK THE CATEGORY THAT BEST DESCRIBES THE VEHICLE TYPE <input checked="" type="checkbox"/> Passenger Vehicle (Car, SUV, Mini-Van) <input type="checkbox"/> Passenger Vehicle (Car, SUV, Mini-Van) with Trailer <input type="checkbox"/> Motorcycle, Motor Driven Cycle, Motor Scooter <input type="checkbox"/> Pickup Truck <input type="checkbox"/> Pickup Truck with Trailer <input type="checkbox"/> Truck Tractor <input type="checkbox"/> Truck Tractor with Trailer <input type="checkbox"/> School Bus <input type="checkbox"/> Other Bus <input type="checkbox"/> Emergency Vehicle <input type="checkbox"/> Other | | | | | | | |
| 10. TOTAL TIME YOUR AGENCY WAS INVOLVED VEHICLE PURSUIT (Minutes) 2 minutes | | | | 11. TOTAL DISTANCE YOUR AGENCY WAS INVOLVED IN VEHICLE PURSUIT (Miles) 1 | | 12. COUNTY WHERE YOUR AREA INVOLVEMENT BEGAN Riverside | |
| 13. AGENCY INITIATING VEHICLE PURSUIT Corona | | | | 14. DID YOUR AGENCY TURN THE PURSUIT OVER? (If yes, indicate agency below) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: | | 15. DID YOUR AGENCY CONCLUDE VEHICLE PURSUIT? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (complete SECTION II) | |
| 16. LIST I.D. NUMBERS OF YOUR AGENCY'S OFFICERS INVOLVED IN VEHICLE PURSUIT (Do not list names) 003035 1607 | | | | | | | |
| 17. HIGHEST NUMBER OF INVOLVED UNITS AT ONE TIME IN YOUR AREA Ground: 64 Air: | | 18. CHECK ONE CONDITION THAT BEST DESCRIBES WEATHER DURING THE PURSUIT <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Fog <input type="checkbox"/> Windy <input type="checkbox"/> Other (Specify): | | | | 19. MAXIMUM SPEEDS ATTAINED Freeway: Surface Streets: 64 | |
| 20. INDICATE ATTEMPTED FORCIBLE STOP(S) AND NUMBER OF TIMES ATTEMPTED Spike Strip: PIT: Other Ramming: Boxed In: Remote Engine Disabler: Other (Specify): | | | | 21. INDICATE THE NUMBER OF COLLISIONS THAT OCCURRED IN YOUR AREA Fatal: 0 Injury: 0 Property Damage Only: 0 | | | |
| 22. ORIGINAL VIOLATION OBSERVED BY AGENCY INITIATING THE VEHICLE PURSUIT (Leave blank if your agency did not initiate pursuit) Section & Code: 21651 CVC <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input checked="" type="checkbox"/> Infraction <input type="checkbox"/> BOL / Warrant / Wanted <input type="checkbox"/> Other (Specify): | | | | | | | |

If injuries were incurred as a result of collision during your agency's involvement in the vehicle pursuit and your agency did not conclude the pursuit, complete only item 23 in Section II below.

SECTION II - Complete only if your agency brought vehicle pursuit to conclusion (includes aborting of pursuit).

| | | | | | | | | | | | |
|---|-------------------------------------|-------------------------------------|--|---|--|---|--------------------------|----------------|----------------------|----------------|----------------------|
| 23. WERE INJURIES INCURRED AS A RESULT OF A COLLISION? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, indicate number of each type below) | | | | 24. WERE INJURIES INCURRED AFTER THE VEHICLE PURSUIT? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, indicate the number of each type below) | | | | | | | |
| Police Officer(s) | | Suspect Driver | Suspect Passenger(s) | Uninvolved 3rd Party | Police Officer(s) | | Suspect Driver | Self-Inflicted | Suspect Passenger(s) | Self-Inflicted | Uninvolved 3rd Party |
| Fatal Injury | | | | | Fatal Injury | | | | | | |
| Severe Injury | | | | | Severe Injury | | | | | | |
| Other Visible Injury | | | | | Other Visible Injury | | | | | | |
| Complaint of Injury | | | | | Complaint of Injury | | | | | | |
| 25. SUSPECT <input checked="" type="checkbox"/> WAS <input type="checkbox"/> WAS NOT APPREHENDED. WHICH ONE OF THE FOLLOWING MOST NEARLY DESCRIBES THE EVENT CONCLUDING THE VEHICLE PURSUIT? <input checked="" type="checkbox"/> Suspect vehicle voluntarily stopped <input type="checkbox"/> Pursuit aborted by law enforcement agency <input type="checkbox"/> Suspect vehicle escaped patrol vehicle <input type="checkbox"/> Forcible stop <input type="checkbox"/> Suspect vehicle and patrol vehicle collided <input type="checkbox"/> Suspect abandoned vehicle and fled on foot <input type="checkbox"/> Suspect vehicle became disabled <input type="checkbox"/> Suspect vehicle became involved in a collision <input type="checkbox"/> Other (Specify): <input type="checkbox"/> Patrol vehicle became disabled <input type="checkbox"/> Patrol vehicle became involved in a collision | | | | | | | | | | | |
| 26. VIOLATION(S) SUSPECT(S) CHARGED WITH UPON CONCLUSION OF VEHICLE PURSUIT (List most serious offense first followed by additional charges) | | | | | | | | | | | |
| Section / Code | | Felony | Misdemeanor | Infraction | BOL / Warrant / Wanted | | Other (Specify) | | | | |
| 2800.2 CVC | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | | | |
| 148(a)(1) PC | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | | | |
| 23152(a)(b) CVC | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | | | |
| 1203.2(a) PC (RIF1703389) | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | | | |
| 27. D.O.B. OF PERSON PURSUED 02-29-85 | | | 28. GENDER <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | | 29. DRIVING UNDER THE INFLUENCE? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Specify): <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Combination of both | | | | | | |
| 30. ETHNICITY | | | | | | | | | | | |
| <input type="checkbox"/> White | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Other Not Listed | | | | | |
| <input type="checkbox"/> Black | <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Filipino | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> American Indian | | | | | | |
| <input checked="" type="checkbox"/> Hispanic | <input type="checkbox"/> Chinese | <input type="checkbox"/> Laotian | <input type="checkbox"/> Samoan | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Alaskan | | | | | | |



CORONA POLICE DEPARTMENT
 730 PUBLIC SAFETY WAY
 CORONA, CALIFORNIA 92880-2002
 CA0331500

Initial
 Supplemental

2019 APR 15 AM 6 51

| | | | | | |
|--|--|--|--|---|--|
| <input type="checkbox"/> Arrest <input type="checkbox"/> Suspect <input type="checkbox"/> Unknown Suspect <input type="checkbox"/> Property/Evidence | | <input type="checkbox"/> Additional Person/Vehicle <input checked="" type="checkbox"/> Narrative <input type="checkbox"/> 293(a) PC Advisement | | CR# 19-3826 Related Report(s) | |
| CASE SUMMARY | Primary Code Section/Description | | | BCS Code(s) Counts | |
| | Other Code Section/Description | | | BCS Code(s) Counts | |
| | Other Code Section/Description | | | BCS Code(s) Counts | |
| | Supplemental Code <input type="checkbox"/> Modify <input type="checkbox"/> New <input checked="" type="checkbox"/> Same <input type="checkbox"/> Add | | | BCS Code(s) Counts 260705 01 | |
| | Location 311 Mt. Vernon Way - Corona | | | Business Name <input type="checkbox"/> Victim <input checked="" type="checkbox"/> N/A | |
| | Occurrence On/Between Date/Time | | | Reported Date/Time 04/13/19 / 2050 Hours | |
| Case Status: P | | If Cleared - Code: E | | | |
| VM = Victim RP = Reporting Party / Informant WT = Witness OT = Other SU = Suspect | | | | | |
| N/A | Name (L, F, M) | | DOB/Age | Occupation | Residential Phone () |
| Residence Address | | City | Zip | | Cellular Phone () |
| Business <input type="checkbox"/> Same as Residence | | City | Zip | | Business Phone () |
| Sex | Race | Height | Weight | Build | Hair |
| | | | | | Eyes |
| | | | | Social Security # | ID/Driver's License # & State |
| Clothing: | | | | Email | |
| N/A | Name (L, F, M) | | DOB/Age | Occupation | Residential Phone () |
| Residence Address | | City | Zip | | Cellular Phone () |
| Business <input type="checkbox"/> Same as Residence | | City | Zip | | Business Phone () |
| Sex | Race | Height | Weight | Build | Hair |
| | | | | | Eyes |
| | | | | Social Security # | ID/Driver's License # & State |
| Clothing: | | | | Email | |
| Vehicle Description | | | <input type="checkbox"/> Victim's Vehicle | | <input type="checkbox"/> Suspect's Vehicle |
| License N/A | State | Year | Make | Model | Body Style |
| | | | | | Color |
| | | | | | VIN |
| <input type="checkbox"/> Unique Characteristics | | | <input type="checkbox"/> Description of Damage | | <input checked="" type="checkbox"/> N/A |
| Property Loss | | Property Damage | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes / Value \$ | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes / Describe: | | | |
| Video Type | | | | | |
| <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Body Camera <input checked="" type="checkbox"/> Dash Camera (Include Unit #) 79295 <input type="checkbox"/> Other Video | | | | | |
| <input type="checkbox"/> Additional Officer Video (List Officers and/or Unit #) | | | | | |
| Use of Force | | Hospitalization / Death | | Officer Injured? | |
| <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| Officer ID# / Name #001607 / Montanez | | | Reviewed ID# / Name Sgt. VIEHHAUS #11227 | | |
| CPD Form # 04-001 (2016.05.16) | | | Copies: <input checked="" type="checkbox"/> DA/PD <input type="checkbox"/> Vic/Wit <input type="checkbox"/> Prop <input type="checkbox"/> Officer/Det: <input type="checkbox"/> Risk Mgmt <input type="checkbox"/> CPS <input type="checkbox"/> P&T <input type="checkbox"/> Other: | | Reuted By: |
| | | | | RMS Entry _____ CLETS/NCIC | |
| | | | | Page: 1 of 4 | |

| Premises | Q 1 | Point of Entry | Q 2 | Property Taken | Q 4 | Evidence | Q 7 | Special Crimes | Q 10 |
|--|-----|--|-----|---|-----|--|-----|---|------|
| Business | | <input type="checkbox"/> 1 Front | | <input type="checkbox"/> 1 Cash/Notes | | <input type="checkbox"/> 1 Blood | | <input type="checkbox"/> 1 Gang Related 777777 | |
| <input type="checkbox"/> 1 Financial Institution | | <input type="checkbox"/> 2 Rear | | <input type="checkbox"/> 2 Jewelry/Metals | | <input type="checkbox"/> 2 Bullet Casings | | <input type="checkbox"/> 2 Hate Crime 888888 | |
| <input type="checkbox"/> 2 Bar | | <input type="checkbox"/> 3 Side | | <input type="checkbox"/> 3 Clothing/Furs | | <input type="checkbox"/> 3 Clothes | | Gang Information Q 18 | |
| <input type="checkbox"/> 3 Cleaners/Laundry | | <input type="checkbox"/> 4 North | | <input type="checkbox"/> 4 Office Equip. | | <input type="checkbox"/> 4 Fingerprints | | <input type="checkbox"/> Suspect # | |
| <input type="checkbox"/> 4 Construction Site | | <input type="checkbox"/> 5 South | | <input type="checkbox"/> 5 TV/Camera/Stereo | | <input type="checkbox"/> 5 Footprints | | Gang Affiliation: | |
| <input type="checkbox"/> 5 Theater | | <input type="checkbox"/> 6 East | | <input type="checkbox"/> 6 Firearms | | <input type="checkbox"/> 6 Hair/Fibers | | <input type="checkbox"/> 1 Unknown | |
| <input type="checkbox"/> 6 Fast Foods | | <input type="checkbox"/> 7 West | | <input type="checkbox"/> 7 Household Goods | | <input type="checkbox"/> 7 Other Prints | | <input type="checkbox"/> 2 Not Asked | |
| <input type="checkbox"/> 7 Gas Station | | <input type="checkbox"/> 8 Window | | <input type="checkbox"/> 8 Consumable Goods | | <input type="checkbox"/> 8 Paint | | <input type="checkbox"/> 3 Yes/Gang Name: | |
| <input type="checkbox"/> 8 Hotel/Motel | | <input type="checkbox"/> 9 Door | | <input type="checkbox"/> 9 Livestock | | <input type="checkbox"/> 9 Photographs | | <input type="checkbox"/> 4 Moniker/AKA: | |
| <input type="checkbox"/> 9 Dept/Disc Store | | <input type="checkbox"/> 10 Sliding Glass Door | | <input type="checkbox"/> 10 Miscellaneous | | <input type="checkbox"/> 10 Rape Kit | | Identified by: | |
| <input type="checkbox"/> 10 Drug/Pharmacy | | <input type="checkbox"/> 11 Basement | | <input type="checkbox"/> 11 Car Radio/Speakers | | <input type="checkbox"/> 11 Semen | | <input type="checkbox"/> 5 Self Admit | |
| <input type="checkbox"/> 11 Gun/Sport Store | | <input type="checkbox"/> 12 Roof | | <input type="checkbox"/> 12 Narcotics/Drugs | | <input type="checkbox"/> 12 Stains | | <input type="checkbox"/> 6 Gang Hand Signs | |
| <input type="checkbox"/> 12 Jewelry Store | | <input type="checkbox"/> 13 Floor | | <input type="checkbox"/> 13 Tools | | <input type="checkbox"/> 13 Tools | | <input type="checkbox"/> 7 Gang Dress | |
| <input type="checkbox"/> 13 Liquor Store | | <input type="checkbox"/> 14 Wall | | <input type="checkbox"/> 14 Checks | | <input type="checkbox"/> 14 Tool Marks | | <input type="checkbox"/> 8 Arrested w/ Gang Members | |
| <input type="checkbox"/> 14 Convenience Store | | <input type="checkbox"/> 15 Duct/Vent | | <input type="checkbox"/> 15 ID Documents | | <input type="checkbox"/> 15 Vehicle | | <input type="checkbox"/> 9 Affiliates w/ Gang Members | |
| <input type="checkbox"/> 15 Tire Store | | <input type="checkbox"/> 16 Garage | | <input type="checkbox"/> 16 Other | | <input type="checkbox"/> 16 Weapon(s) | | <input type="checkbox"/> 10 Jail Admit | |
| <input type="checkbox"/> 16 Restaurant | | <input type="checkbox"/> 17 Adjacent Building | | Victim Rel/Susp Q 5 | | <input type="checkbox"/> 17 Urine | | <input type="checkbox"/> 11 Gang Tattoos | |
| <input type="checkbox"/> 17 Supermarket | | <input type="checkbox"/> 18 Ground Level | | <input type="checkbox"/> 1 Husband | | <input type="checkbox"/> 18 Breath | | <input type="checkbox"/> 12 Other | |
| <input type="checkbox"/> 18 Video/TV/Radio | | <input type="checkbox"/> 19 Upper Level | | <input type="checkbox"/> 2 Wife | | Solvability Factors Q 8 | | Tattoos/Scars/Marks Q 19 | |
| <input type="checkbox"/> 19 Auto Parts | | <input type="checkbox"/> 20 Other | | <input type="checkbox"/> 3 Mother | | <input type="checkbox"/> 1 Will Not Prosecute | | <input type="checkbox"/> Suspect # | |
| <input type="checkbox"/> 20 Bicycle Parts | | Method of Entry Q 3 | | <input type="checkbox"/> 4 Father | | <input type="checkbox"/> 2 There is a Witness | | <input type="checkbox"/> 1 Head: | |
| <input type="checkbox"/> 21 Clothing Store | | <input type="checkbox"/> 1 Open/Unlocked | | <input type="checkbox"/> 5 Step | | <input type="checkbox"/> 3 Suspect Arrested | | <input type="checkbox"/> 2 Face: | |
| <input type="checkbox"/> 22 Hardware | | <input type="checkbox"/> 2 Attempt Only | | <input type="checkbox"/> 6 Daughter | | <input type="checkbox"/> 4 Suspect Named | | <input type="checkbox"/> 3 Neck: | |
| <input type="checkbox"/> 23 Medical | | <input type="checkbox"/> 3 Bodily Force | | <input type="checkbox"/> 7 Son | | <input type="checkbox"/> 5 Suspect Described | | <input type="checkbox"/> 4 Back: | |
| <input type="checkbox"/> 24 Office Building | | <input type="checkbox"/> 4 Bolt Cutters | | <input type="checkbox"/> 8 Brother | | <input type="checkbox"/> 6 Suspect Can Be ID'd | | <input type="checkbox"/> 5 Chest: | |
| <input type="checkbox"/> 25 Shoe Store | | <input type="checkbox"/> 5 Pliers/Wrench | | <input type="checkbox"/> 9 Sister | | <input type="checkbox"/> 7 Susp Can be Found | | <input type="checkbox"/> 6 Stomach: | |
| <input type="checkbox"/> 26 Warehouse | | <input type="checkbox"/> 6 Saw/Drill/Burn | | <input type="checkbox"/> 10 Other Family Member | | <input type="checkbox"/> 8 Susp Veh Can Be ID'd | | <input type="checkbox"/> 7 Right Arm: | |
| <input type="checkbox"/> 27 Entertainment | | <input type="checkbox"/> 7 Screwdriver | | <input type="checkbox"/> 11 Acquaintance | | <input type="checkbox"/> 9 Identifiable 496 PC | | <input type="checkbox"/> 8 Left Arm: | |
| <input type="checkbox"/> 28 Storage Facility | | <input type="checkbox"/> 8 Tire Iron | | <input type="checkbox"/> 12 Friend | | <input type="checkbox"/> 10 Good Physical Evidence | | <input type="checkbox"/> 9 Right Leg: | |
| <input type="checkbox"/> 29 Other | | <input type="checkbox"/> 9 Unknown Pry Bar | | <input type="checkbox"/> 14 Girlfriend | | <input type="checkbox"/> 11 Significant MO | | <input type="checkbox"/> 10 Left Leg: | |
| Residence | | <input type="checkbox"/> 10 Coat Hanger/Wire | | <input type="checkbox"/> 15 Neighbor | | <input type="checkbox"/> 12 Other | | <input type="checkbox"/> 11 Right Hand: | |
| <input type="checkbox"/> 30 Apartment | | <input type="checkbox"/> 11 Key | | <input type="checkbox"/> 16 Business Associate | | Vehicle Type Q 9 | | <input type="checkbox"/> 12 Left Hand: | |
| <input type="checkbox"/> 31 Condo/Townhouse | | <input type="checkbox"/> 12 Punch | | <input type="checkbox"/> 17 Student | | <input type="checkbox"/> 1 Passenger Car | | <input type="checkbox"/> 13 Other: | |
| <input type="checkbox"/> 32 Duplex/Fourplex | | <input type="checkbox"/> 13 Remove Louvers | | <input type="checkbox"/> 18 Teacher | | <input type="checkbox"/> 2 Motorcycle/Moped | | | |
| <input type="checkbox"/> 33 Garage (Attached) | | <input type="checkbox"/> 14 Window Smash | | <input type="checkbox"/> 19 Stranger | | <input type="checkbox"/> 3 Pickup Truck | | | |
| <input type="checkbox"/> 34 Garage (Detached) | | <input type="checkbox"/> 15 Window Forced | | <input type="checkbox"/> 20 Other | | <input type="checkbox"/> 4 Trailer | | | |
| <input type="checkbox"/> 35 House | | <input type="checkbox"/> 16 Brick/Rock | | Victim Condition Q 6 | | <input type="checkbox"/> 5 Truck | | | |
| <input type="checkbox"/> 36 Mobile Home | | <input type="checkbox"/> 17 Hid in Building | | <input type="checkbox"/> 1 Under Influence | | <input type="checkbox"/> 6 Van | | | |
| <input type="checkbox"/> 37 Retirement Home | | <input type="checkbox"/> 18 Lock Box | | <input type="checkbox"/> 2 Sick/Injured | | <input type="checkbox"/> 7 Camper | | | |
| <input type="checkbox"/> 38 Other | | <input type="checkbox"/> 19 Door/Lock Forced | | <input type="checkbox"/> 3 Senior Citizen | | <input type="checkbox"/> 8 Motor Home | | | |
| Public | | <input type="checkbox"/> 20 Trunk Forced | | <input type="checkbox"/> 4 Blind | | <input type="checkbox"/> 9 Other | | | |
| <input type="checkbox"/> 39 Church | | <input type="checkbox"/> 21 Other | | <input type="checkbox"/> 5 Handicapped | | | | | |
| <input type="checkbox"/> 40 Hospital | | | | <input type="checkbox"/> 6 Deaf | | | | | |
| <input type="checkbox"/> 41 Park/Playground | | | | <input type="checkbox"/> 7 Mute | | | | | |
| <input type="checkbox"/> 42 Public Building | | | | <input type="checkbox"/> 8 Mentally Impaired | | | | | |
| <input type="checkbox"/> 43 School | | | | <input type="checkbox"/> 9 Other | | | | | |
| <input type="checkbox"/> 44 To/From School | | | | | | | | | |
| <input type="checkbox"/> 45 Shopping Center | | | | | | | | | |
| <input type="checkbox"/> 46 Street/Highway/Fwy | | | | | | | | | |
| <input type="checkbox"/> 47 Other | | | | | | | | | |

Summary / Narrative: *** See attached sheet ***

DETAILS:

1
2 On 04/13/19 at approximately 2050 hours, I was working as a police corporal for the
3 City of Corona Police Department. I was assigned to the Field Services Division and working
4 Patrol. I was wearing my full Corona Police uniform, which consists of a black outer vest with a
5 police badge patch on the left chest, "POLICE" on the right chest and "POLICE" in large letters
6 on the back. I also had Corona Police patches on each of my shoulders.

7
8 I was driving a marked Corona Police Ford Explorer (Unit #79295), which is equipped
9 with a forward-facing dash camera. At the beginning of the incident my department issued body-
10 worn camera was charging in the docking station in the car.

11
12 I heard K9 Officer M. Neff call out a traffic stop via the police radio around Main St. and
13 Ontario Ave., Corona. The vehicle failed to yield, and Officer Neff advised that he was pursuing
14 the car southbound on Main St., approaching Citrus Ave. I was near Fullerton Ave. and Foothill
15 Pkwy., Corona, and knew that I was likely the officer closest to the ongoing pursuit.

16
17 I turned on my overhead emergency lights and sirens and proceeded westbound on
18 Foothill Parkway as Officer Neff advised the vehicle was southbound on Garretson Ave. Corona
19 Police Dispatch ran the license plate and [REDACTED]

20 [REDACTED] Dispatch also advised [REDACTED]
21 [REDACTED] Because of his direction of travel, I knew that the suspect was likely driving home and
22 drove into the same neighborhood.

23
24 I saw the suspect's vehicle as it went westbound Mt. Vernon Way and saw Officer Neff
25 immediately behind it. I pulled behind Officer Neff as the car slowed in the 300 block of Mt.
26 Vernon Way. The car then pulled into the driveway and stopped at 311 Mt. Vernon Way.

27
28 I stopped my car to the right of Officer Neff's and exited my vehicle. I yelled for the
29 subject to stay in the car or he was going to get bit, but the suspect, (SU01) William Montoya,
30 exited the driver's seat and yelled at me and Officer Neff. He yelled several different things, but I
31 heard "fuck you" or "mother fucker" as a portion of one of the things he said. I was unable to
32 determine what else William said, but distinctly heard him cuss at me and Officer Neff. William
33 was clearly defiant, and his aggressive behavior made me concerned that he might physically
34 attack me and Officer Neff.

35
36 As he yelled he turned to face us and took several steps towards Officer Neff. I knew that
37 Officer Neff had K9 Duke with him and could see that Officer Neff was at the backdoor of his
38 car, likely taking K9 Duke out of the backseat. I moved to the front of Officer Neff's car as I saw
39 Officer Neff release K9 Duke and K9 Duke bit William on his right forearm.

40
41 Officer Neff yelled several times for him to get on the ground, but William still refused to
42 comply and dragged K9 Duke towards Officer Neff. Officer Neff then punched William in the
43 face with his right, closed fist. The punch was effective at stopping William and he fell to the
44 ground.

1 I put on clean nitrile gloves, so I could handcuff William once K9 Duke was taken off the
2 bite. As I moved around to the other side of William, I noticed that the wound was bleeding and
3 determined that a tourniquet would likely be the most effective way of stopping the bleed. I
4 pulled my tourniquet from the front of my vest and applied it to the upper part of William's right
5 arm. It was dark and difficult to tell if it had stopped the flow of blood, so it took me several
6 moments to ensure the tourniquet was properly applied.
7

8 William was still being uncooperative and tried to stand up or move around on several
9 occasions. I told him to stop moving around and that I was trying to help him. He continued to
10 move, and other officers soon arrived to help me detain William. Officer Kushner applied a large
11 bandage to William's forearm and Officer Newell applied an Israeli emergency bandage over the
12 top of the first. I had another officer shine his flashlight on William's arm to confirm that the
13 blood flow had stopped.
14

15 As we were treating William his behavior fluctuated and at one point he started kicking
16 his legs. Officer Hungerford had to hold William's ankles to prevent him from kicking anyone;
17 William eventually calmed down. Corona Fire Department personnel arrived at our location and
18 assumed responsibility for Williams' care. Please refer to Officer Neff's report for further.
19

20 **DISPOSITION/RECOMMENDATIONS:** *Case Status:* Refer to initial.



CORONA POLICE DEPARTMENT

730 PUBLIC SAFETY WAY
CORONA, CALIFORNIA 92880-2002
CA0331500

Initial
 Supplemental

ALCOHOL / DRUG INFLUENCE / DUI INVESTIGATION

| | | |
|---|--|--------------------|
| <input checked="" type="checkbox"/> Arrest | <input type="checkbox"/> Additional Person/Vehicle | CR# 19-3826 |
| <input checked="" type="checkbox"/> Suspect | <input checked="" type="checkbox"/> Narrative | |
| <input type="checkbox"/> Unknown Suspect | <input type="checkbox"/> 293(a) PC Advisement | Related Report(s) |
| <input type="checkbox"/> Property/Evidence | | -N/A- |

| | | | | |
|---------------------|---|------------------------------|--|------------------------------|
| CASE SUMMARY | Primary Code Section/Description VC 23152(g) - DUI (Alcohol / Drugs) | BCS Code(s) 210411 | Counts 01 | |
| | Other Code Section/Description | BCS Code(s) | Counts | |
| | Supplemental Code <input type="checkbox"/> Modify <input type="checkbox"/> New <input type="checkbox"/> Same <input type="checkbox"/> Add | BCS Code(s) | Counts | |
| | Location 311 Mount Vernon Way, Corona | Business Name | <input type="checkbox"/> Victim | <input type="checkbox"/> N/A |
| | Occurrence on/between Date/Time 04-13-19 / 2050 | Date/Time | Reported Date/Time 04-13-19 / 2050 | |
| Case Status: | If Cleared - Code: | | | |

VM = Victim RP = Reporting Party / Informant WT = Witness OT = Other SU = Suspect

| | | | | |
|-----------|---|---------|------------|------------------------|
| VM | Name (L, F, M) State of California | DOB/Age | Occupation | Residence Phone () |
| | Residence Address | City | Zip | Cellular Phone () |
| | Business Address <input type="checkbox"/> Same as Residential | City | Zip | Business Phone () |

I Other: saw the suspect:

Walking Standing Sitting Laying In a vehicle Other:

At (location)

I Other: **Officer Neff** saw the vehicle driven by **SU-MONTOYA** do the following:

| | | |
|---|---|---|
| <input type="checkbox"/> Speeding (in a zone) | <input type="checkbox"/> Improper turn/position | <input type="checkbox"/> Weaving in/between |
| <input checked="" type="checkbox"/> Wrong side of roadway | <input type="checkbox"/> Following too closely | <input checked="" type="checkbox"/> Unsafe movement right/left |
| <input type="checkbox"/> Violated right-of-way | <input type="checkbox"/> Parking lights only on | <input type="checkbox"/> Straddling lane marker |
| <input type="checkbox"/> Braking erratically | <input checked="" type="checkbox"/> Disregarded stop/signal | <input type="checkbox"/> High beam on illegally |
| <input type="checkbox"/> Stop without cause in traffic | <input type="checkbox"/> Rapid acceleration/deceleration | <input checked="" type="checkbox"/> Violation of traffic signs |
| <input type="checkbox"/> Involved in collision | <input type="checkbox"/> Faulty equipment | <input checked="" type="checkbox"/> Other: Vehicle Pursuit |

Stopped by the use of: Lights Siren Hand Signals Failure to Yield Other:

At (Location) **311 Mount Vernon Way, Corona**

As I spoke with **SU-MONTOYA** I noted the following intoxication objective symptoms;

| Pupillary Response | Breath | Eyes | Speech | Coordination | Clothing | Appearance | Behavior |
|--|---|---|---|--|--|---|--|
| <input type="checkbox"/> Normal | <input checked="" type="checkbox"/> Alcoholic | <input checked="" type="checkbox"/> Bloodshot | <input checked="" type="checkbox"/> Slurred | <input type="checkbox"/> Unsteady | <input type="checkbox"/> Disheveled | <input type="checkbox"/> Unkempt | <input type="checkbox"/> Anger |
| <input checked="" type="checkbox"/> Slow | <input type="checkbox"/> Marijuana | <input checked="" type="checkbox"/> Watery | <input type="checkbox"/> Loud | <input type="checkbox"/> High Stepping | <input type="checkbox"/> Stained/Dirty | <input type="checkbox"/> Vomitus | <input type="checkbox"/> Laughing |
| <input type="checkbox"/> None | <input type="checkbox"/> PCP | <input checked="" type="checkbox"/> Droopy | <input type="checkbox"/> Soft/Quiet | <input type="checkbox"/> Staggered | <input type="checkbox"/> Wet | <input type="checkbox"/> Hair Messed | <input type="checkbox"/> Crying |
| <input type="checkbox"/> Hipus/Bounce | <input type="checkbox"/> Other | <input type="checkbox"/> Nystagmus | <input type="checkbox"/> Mumbled | <input type="checkbox"/> Stumbling | <input type="checkbox"/> Unbuttoned | <input checked="" type="checkbox"/> Dry Mouth | <input type="checkbox"/> Belligerent |
| <input type="checkbox"/> Other | | <input type="checkbox"/> Pupils Dilated | <input type="checkbox"/> Spitting | <input type="checkbox"/> Used Support | <input type="checkbox"/> Unzipped | <input type="checkbox"/> Other | <input checked="" type="checkbox"/> Aggressive |
| | | <input type="checkbox"/> Pupils Const | <input type="checkbox"/> Rapid | <input type="checkbox"/> Fell | <input type="checkbox"/> Other | | <input type="checkbox"/> Arrogant |
| | | <input type="checkbox"/> Other | <input type="checkbox"/> Abusive | <input type="checkbox"/> Fumbled I.D. | | | <input type="checkbox"/> Remorseful |
| | | | <input type="checkbox"/> Talkative | <input type="checkbox"/> Lax Face/Jaw | | | <input type="checkbox"/> Indifferent |
| | | | <input type="checkbox"/> Other | <input type="checkbox"/> Other | | | <input type="checkbox"/> Fluctuating |

Video/Audio Type

No Yes Body Camera Dash Camera (Include Unit #) Other Video


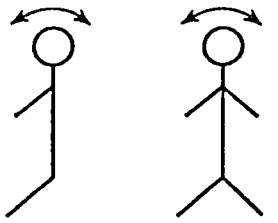
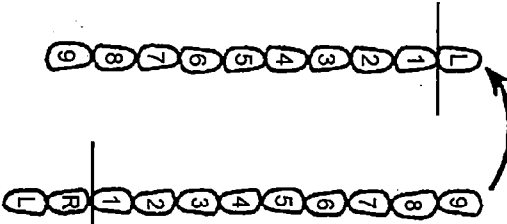
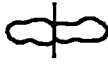


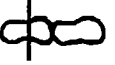
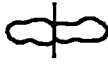


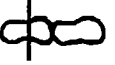
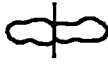


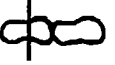
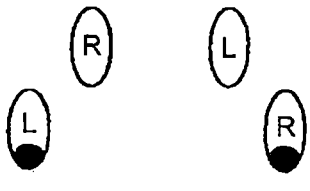
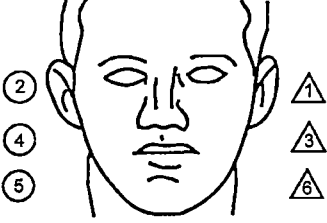
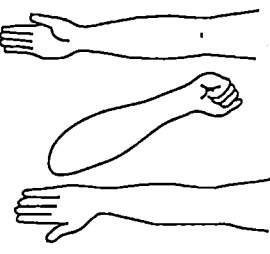
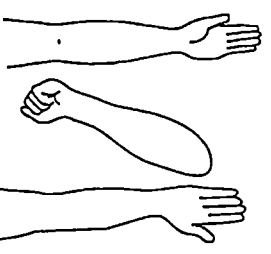
Additional Officer Video (List Officers and/or Unit #) **Officer Neff**

| | | | |
|---|--|---|--|
| Use of Force <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Hospitalization / Death <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Officer Injured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Officer Killed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|---|--|---|--|

| | | |
|---|--|-------------------------|
| Officer ID# / Name 002661 / Najmowski | Reviewed ID# / Name Sgt. V. J. [Signature] #1227 | RMS Entry CLETS/NCIC |
|---|--|-------------------------|

CPD Form # 17-002 (2017.07.06) Copies: DA/PA Vic/Wit Prop Officer/Det. Risk Mgmt CPS P&T Other:

Reported By: **[Signature]** Page 1 of 7

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|--|---|---|--------------------------|--|---|---|---|--------------------|-------------|--|---------------|--|------------------|-----------|--|-------------|--|--------|--------------------|---------|----------|-------------------|--|---|---|--|--------|--|
| Subject's name (Last, First, M.) MONTOYA, William Daniel | | DOB 02-09-85 | Sex M | Date/Time 4-13-19 / 2120 | Location of examination 311 Mount Vernon Way, Corona | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What have you been drinking? How much? With whom? Where? | | | Time of last drink? | Time now? | Actual time: | When did you last sleep? | How long? | | | | | | | | | | | | | | | | | | | | | | | | | |
| What have you eaten today? | | When? | Are you sick or injured? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have any physical defects? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe: | | | | Are you epileptic or diabetic? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Do you take insulin? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you under the care of a doctor or dentist? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Are you taking any medication or drugs? <input type="checkbox"/> YES <input type="checkbox"/> NO | | What kind? | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have high blood pressure or heart disease? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain: | | | Have you ever had a severe head injury? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Do you have brain damage? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Normally wears corrective lenses? <input type="checkbox"/> YES <input type="checkbox"/> NO Worn during test? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | | If yes, type: <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts: <input type="checkbox"/> Hard <input type="checkbox"/> Soft | | | Blindness <input type="checkbox"/> None <input type="checkbox"/> Right eye <input type="checkbox"/> Left eye | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pupil size <input type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain) | | | Able to follow stimulus? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | Eyelids <input type="checkbox"/> Retracted <input checked="" type="checkbox"/> Droopy <input type="checkbox"/> Flutter <input type="checkbox"/> Normal | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pulse & Time | | Nystagmus | | Right Eye | Left Eye | Convergence | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. 112 / 2105 | | <input type="checkbox"/> Lack of smooth pursuit | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | Right eye Left eye | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. / | | <input type="checkbox"/> Max. deviation | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. / | | Angle of onset | | <input type="checkbox"/> Resting <input type="checkbox"/> Immediate | <input type="checkbox"/> Extreme <input type="checkbox"/> Vertical | <input type="checkbox"/> None | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (1) Balance Eyes Closed | | (2) Walk and Turn | | | | Cannot keep balance: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Front to back Side to side  | |  | | | | Started too soon: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td>First nine</td> <td>Second nine</td> </tr> <tr> <td>Stopped walking</td> <td></td> <td></td> </tr> <tr> <td>Missed heel-toe</td> <td></td> <td></td> </tr> <tr> <td>Stepped off line</td> <td></td> <td></td> </tr> <tr> <td>Raised arms</td> <td></td> <td></td> </tr> <tr> <td>Actual steps taken</td> <td></td> <td></td> </tr> </table> | | | First nine | Second nine | Stopped walking | | | Missed heel-toe | | | Stepped off line | | | Raised arms | | | Actual steps taken | | | | | | | | | |
| | First nine | Second nine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stopped walking | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Missed heel-toe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stepped off line | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Raised arms | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Actual steps taken | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Misses Heel to Toe</td> <td>Raises Arms</td> <td>Steps Off Line</td> <td>Stops Walking</td> </tr> </table> | |  |  |  |  | Misses Heel to Toe | Raises Arms | Steps Off Line | Stops Walking | | | | | | | | | | | | | | | | | |
|  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Misses Heel to Toe | Raises Arms | Steps Off Line | Stops Walking | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Romberg Estimated 30 seconds: | | Describe turn: | | Cannot do test (explain): | | Type of footwear: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (3) One Leg Stand | | (4) Finger to Nose | | Right Arm | | Left Arm | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Right Left  | | ○ Right △ Left  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>L</td> <td>R</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | | L | R | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Note: | | Attach photographs of fresh puncture marks | | | | | | | | | | | | | | | | | | |
| L | R | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Pupil size</td> <td>Room light</td> <td>Darkness</td> <td>Indirect</td> <td>Direct</td> </tr> <tr> <td>Left eye</td> <td></td> <td></td> <td></td> <td>3.5 mm</td> </tr> <tr> <td>Right eye</td> <td></td> <td></td> <td></td> <td>3.5 mm</td> </tr> <tr> <td>Hippus</td> <td>Rebound</td> <td>Dilation</td> <td colspan="2">Reaction to Light</td> </tr> <tr> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td colspan="2">-Slow-</td> </tr> </table> | | | | Pupil size | Room light | Darkness | Indirect | Direct | Left eye | | | | 3.5 mm | Right eye | | | | 3.5 mm | Hippus | Rebound | Dilation | Reaction to Light | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | -Slow- | |
| Pupil size | Room light | Darkness | Indirect | Direct | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Left eye | | | | 3.5 mm | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Right eye | | | | 3.5 mm | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hippus | Rebound | Dilation | Reaction to Light | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | -Slow- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Blood Pressure 162/84 | Temperature | Muscle Tone <input checked="" type="checkbox"/> Near Normal <input type="checkbox"/> Flaccid <input type="checkbox"/> Rigid | Nasal Area -Clear- | Oral Cavity -Clear- | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Blood Test Administered By: AFN - Lewis #1132 | | Location: Corona Regional Hospital | | Time Specimen Obtained: 2307 / 2308 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Breath Test Administered By: | | Location: | | Time First Sample Taken: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Arrestee Observed 15 Minutes Before Sample Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Samples: | 1 % | 2 . % | 3 % | 4 % | 5 % | | | | | | | | | | | | | | | | | | | | | | | | |
| Urine Test Administered By: | | Time of First Void: | Time Specimen Obtained: | Analyzed By: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Assisting Personnel:

Officer Neff.....Corona Police Department

Officer Kushner.....Corona Police Department

Location of Occurrence: This occurred on a public highway; located in the downtown portion of the City of Corona, as a result of a vehicle pursuit.

Body Worn Camera: This event was captured my Watch Guard BWC and later downloaded into a secured server at the Corona Police Department. This event can be reviewed at a later date.

Details:

I have been employed as a full-time Police Officer for the past eighteen (18) years. I was previously employed by the City of Cypress as a full-time Police Officer for approximately eight and a half (8 ½) years. I am currently employed by the City of Corona as a full-time Police Officer assigned to the Traffic Division as a motorcycle officer.

During my tenure with City of Cypress, I received hundreds of hours of formal and informal training relating to narcotics investigations. This training consisted of the following: individuals who were under the influence of a controlled substance; possession of a controlled substance; possession of a controlled substance for sales; transportation of a controlled substance; narcotics paraphernalia; weighing and packaging of narcotics; as well as, methods of hiding and transporting upon a highway utilizing vehicles, containers, etc.

While employed as a Police Officer, I worked as a K9 handler for the City of Cypress, working with a Police Service Dog trained to locate the odor of controlled substances and their respective derivatives. These substances included methamphetamine, cocaine, heroin, marijuana, and ecstasy. While working in this capacity, I was directly involved in utilizing my Police Service Dog in conducting numerous narcotics searches involving vehicles and buildings. Additionally, I worked with detectives assigned to narcotics investigations utilizing my Police Service Dog in the execution of numerous

search warrants, as well as, obtaining narcotics related search warrants based upon utilizing my Police Service Dog in locating the odor of controlled substances.

I have successfully completed forty (40) hours of formal and informal training relating to the identification of DUI drivers. I attended the sixteen (16) hour Advanced Roadside Impaired Driver Enforcement class presented by the California Highway Patrol in 2013. In 2014, I attended the twenty-four (24) hour Standardized Field Sobriety Testing course presented by the California Highway Patrol. I have also successfully completed eighty (80) hours of DRE training presented by the California Highway Patrol.

I have spoken with thousands of drivers whom I suspected being under the influence of alcohol and/or drugs while operating a motor vehicle on a public highway. Of those individuals whom I suspected of being under the influence of alcohol and/or drugs while operating a motor vehicle, I have arrested over seven hundred (700) persons.

On 04-13-19, at approximately 2050 hours, I was working in and for the City of Corona as a full-time Police Officer while wearing a Department issued uniform and driving a marked black and white, Corona Police Department patrol vehicle.

I heard Officer Neff advise he was in pursuit of a silver Hyundai Elantra (CA-5SDI217) in the area of Main Street and Ontario Avenue after witnessing the vehicle travel on the wrong side of the road while traveling southbound on Main Street. He went on to advise he suspected the driver; later identified as SU-MONTOYA, of the Hyundai to possibly be a DUI based upon the driving he had observed.

The pursuit terminated in the driveway of 311 Mount Vernon Way; where the vehicle was registered to [REDACTED] MONTOYA was taken into custody with the use of a police service dog.

Upon my arrival, at approximately 2059 hours, I found a silver Hyundai parked in the driveway of 311 Mount Vernon Way. MONTOYA was lying on his back and being treated by paramedics from the Corona Fire Department for an injury sustained to his right arm as a result of being bitten by the police service dog while being taken into

custody. As I stood over MONTOYA, I could smell the odor of an alcoholic beverage emitting from his person as he was exhaling. I could see his eyes were red and watery.

Officer Neff told me MONTOYA was in custody for felony evading and resisting arrest. He relayed to me the circumstances leading up to the termination of the vehicle pursuit and the apprehension of MONTOYA with the assistance of the police service dog.

I found a female; later identified as [REDACTED] MONTOYA's mother, standing outside the front door watching what was occurring. I asked if I could speak with her. She said, "Yes". She identified herself as MONTOYA's mother. I asked if he lived with her. She said he did. I asked if he was currently taking any prescription medications. She stated he was taking medications due to the fact he had been diagnosed as being Schizophrenic. I asked if she had a list of the medications he was currently taking. She said she did. She walked into the residence and returned with the medication bottles. I noted the names of the prescription medications and dosage;

- Mirtazapine – 45 mg
- Clanzapine – 20 mg
- Bupropion – 150 mg
- Burspone – 30 mg

I asked her if MONTOYA's behavior this evening was consistent with his taking his medications. She said he had not taken them since yesterday morning. The behavior he was exhibiting this evening was not consistent when he took them. She went on to say the above listed medications were to control personality disorder, Schizophrenia, depression, and anxiety.

MONTOYA was placed onto a gurney; using a four-point restraint due to his aggressive behavior and put into the back of an AMR ambulance. I walked to the back of the ambulance and identified myself as a Corona Police Officer. I went on to tell him he was currently under arrest for felony evading, resisting arrest, and being under the influence of an alcoholic beverage and medications. I read his Miranda Rights using a Miranda Rights Admonishment card I had in my shirt pocket. I asked MONTOYA if he had

anything to drink or was currently taking medications. He told me to get away from him. I asked if he would submit to a breath test and/or voluntarily submit to a blood draw to determine the alcohol content of his blood. He told me to get away from him. I explained to him I would seek a search warrant from the on-call magistrate allowing me to obtain a blood sample from him in a medically approved manner. He did not respond.

Standardized Field Sobriety Tests (SFST's)

Due to MONTROYA's aggressive behavior, he was placed in a four-point restraint while lying on a gurney. SFST's were not conducted at the scene. Due to his being uncooperative, I was unable to perform the HGN test, as he looked from side to side to avoid eye contact with me.

Based upon my eighteen (18) years of law enforcement experience in the area of DUI investigations; including over fifty (50) hours of DUI investigation related training, more than one thousand (1,000) separate DUI investigations, which led to over seven hundred (700) separate DUI arrests, I was of the opinion that MONTROYA was impaired, due to being under the influence of ***an Alcoholic Beverage and a CNS Depressant*** while operating a motor vehicle as was evident by his displayed objective symptomology.

MONTROYA was transported by AMR ambulance to Corona Regional Hospital for assessment and treatment of his injuries. Officer Kushner followed the ambulance and remained with MONTROYA.

Chemical Testing

At approximately 2215 hours, I obtained a signed search warrant from the on-call magistrate; The Honorable Judge Burke Strunsky, to obtain a sample of MONTROYA's blood in a medically approved manner. I went into Corona Regional Hospital and told MONTROYA I had obtained a signed search warrant from the on-call magistrate to obtain a sample of his blood in a medically approved manner. While lying on the hospital bed, I witnessed the blood draw administered by a forensic phlebotomist; employed by American Forensic Nurses, Incorporated at approximately 2307 and 2308 hours. After obtaining his blood, I watched the phlebotomist slowly invert the two glass vials

containing MONTROYA's blood several times before it was placed into a manila envelope and sealed in my presence. I took possession of the manila envelope and later placed it into a secured refrigerator located in the jail at the Corona Police Department.

Driving a motor vehicle is a complex operation, requiring MONTROYA to drive a vehicle as an ordinarily cautious person in full possession of his faculties. I found his altered state; due to his being under the influence of ***an Alcoholic Beverage and a CNS Depressant*** affected his nervous system, the brain, and/or muscles as to impair him to an appreciable degree to operate a motor vehicle as was evident by the objective symptomology of his being under the influence along with being impaired and his driving as witnessed by Officer Neff.

Disposition: Forward to Officer Neff's original arrest report.



CORONA POLICE DEPARTMENT

730 PUBLIC SAFETY WAY
CORONA, CALIFORNIA 92880-2002
CA0331500

Initial
 Supplemental

| | | | | | | | | |
|---|---|---|--|--|---|------------------------------|--|-------------------------------|
| <input type="checkbox"/> Arrest <input type="checkbox"/> Suspect <input type="checkbox"/> Unknown Suspect <input checked="" type="checkbox"/> Property/Evidence | | <input type="checkbox"/> Additional Person/Vehicle <input type="checkbox"/> Narrative <input type="checkbox"/> 293(a) PC Advisement | | CR# 19-3826 Related Report(s) -N/A- | | | | |
| CASE SUMMARY | Primary Code Section/Description Property Booked as Evidence | | | BCS Code(s) Counts | | | | |
| | Other Code Section/Description | | | BCS Code(s) Counts | | | | |
| | Other Code Section/Description | | | BCS Code(s) Counts | | | | |
| | Supplemental Code <input type="checkbox"/> Modify <input type="checkbox"/> New <input type="checkbox"/> Same <input type="checkbox"/> Add | | | BCS Code(s) Counts | | | | |
| | Location 730 Public Safety Way, Corona | | | Business Name <input type="checkbox"/> Victim <input type="checkbox"/> N/A Corona Police Department | | | | |
| | Occurrence On/Between Date/Time 04-13-19 / 2215 Date/Time | | | Reported Date/Time 04-13-19 / 2215 | | | | |
| Case Status: | | If Cleared - Code: | | | | | | |
| VM = Victim RP = Reporting Party / Informant WT = Witness OT = Other SU = Suspect | | | | | | | | |
| Name (L, F, M) | | DOB/Age | Occupation | | Residential Phone () | | | |
| Residence Address | | City | | Zip | Cellular Phone () | | | |
| Business <input type="checkbox"/> Same as Residence | | City | | Zip | Business Phone () | | | |
| Sex | Race | Height | Weight | Build | Hair | Eyes | Social Security # | ID/Driver's License # & State |
| Clothing: | | | | | | Email: | | |
| Name (L, F, M) | | DOB/Age | Occupation | | Residential Phone () | | | |
| Residence Address | | City | | Zip | Cellular Phone () | | | |
| Business <input type="checkbox"/> Same as Residence | | City | | Zip | Business Phone () | | | |
| Sex | Race | Height | Weight | Build | Hair | Eyes | Social Security # | ID/Driver's License # & State |
| Clothing: | | | | | | Email: | | |
| Vehicle Description | | | <input type="checkbox"/> Victim's Vehicle | | <input type="checkbox"/> Suspect's Vehicle | | | |
| License | State | Year | Make | Model | Body Style | Color | VIN | |
| <input type="checkbox"/> Unique Characteristics | | | <input type="checkbox"/> Description of Damage | | | <input type="checkbox"/> N/A | | |
| Property Loss <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes / Value \$ | | | Property Damage <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes / Describe: | | | | | |
| Video Type <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Body Camera <input type="checkbox"/> Dash Camera (Include Unit #) <input type="checkbox"/> Other Video | | | | | | | | |
| <input type="checkbox"/> Additional Officer Video (List Officers and/or Unit #) | | | | | | | | |
| Use of Force <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | Hospitalization / Death <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | Officer Injured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | Officer Killed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| Officer ID# / Name 002661 / Najmulski (TD) | | | | Reviewed ID# / Name 002235 / Brown | | | | RMS Entry _____ |
| CPD Form # 04-001 (2016.05.16) | | | | Copies: <input type="checkbox"/> DA/PPD <input type="checkbox"/> Vic/Wit <input type="checkbox"/> Prop <input type="checkbox"/> Officer/Det: <input type="checkbox"/> Risk Mgmt <input type="checkbox"/> CPS <input type="checkbox"/> P&T <input type="checkbox"/> Other: | | Routed By: | | Page: 1 of 3 |

2018 APR 22 11 16

Jan

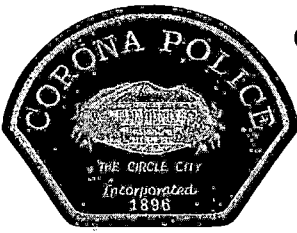
| Premises | Q 1 | Point of Entry | Q 2 | Property Taken | Q 4 | Evidence | Q 7 | Special Crimes | Q 10 |
|--|-----|--|-----|---|-----|--|-----|---|------|
| Business | | <input type="checkbox"/> 1 Front | | <input type="checkbox"/> 1 Cash/Notes | | <input type="checkbox"/> 1 Blood | | <input type="checkbox"/> 1 Gang Related 777777 | |
| <input type="checkbox"/> 1 Financial Institution | | <input type="checkbox"/> 2 Rear | | <input type="checkbox"/> 2 Jewelry/Metals | | <input type="checkbox"/> 2 Bullet Casings | | <input type="checkbox"/> 2 Hate Crime 888888 | |
| <input type="checkbox"/> 2 Bar | | <input type="checkbox"/> 3 Side | | <input type="checkbox"/> 3 Clothing/Furs | | <input type="checkbox"/> 3 Clothes | | Gang Information Q 18 | |
| <input type="checkbox"/> 3 Cleaners/Laundry | | <input type="checkbox"/> 4 North | | <input type="checkbox"/> 4 Office Equip. | | <input type="checkbox"/> 4 Fingerprints | | <input type="checkbox"/> Suspect # | |
| <input type="checkbox"/> 4 Construction Site | | <input type="checkbox"/> 5 South | | <input type="checkbox"/> 5 TV/Camera/Stereo | | <input type="checkbox"/> 5 Footprints | | Gang Affiliation: | |
| <input type="checkbox"/> 5 Theater | | <input type="checkbox"/> 6 East | | <input type="checkbox"/> 6 Firearms | | <input type="checkbox"/> 6 Hair/Fibers | | <input type="checkbox"/> 1 Unknown | |
| <input type="checkbox"/> 6 Fast Foods | | <input type="checkbox"/> 7 West | | <input type="checkbox"/> 7 Household Goods | | <input type="checkbox"/> 7 Other Prints | | <input type="checkbox"/> 2 Not Asked | |
| <input type="checkbox"/> 7 Gas Station | | <input type="checkbox"/> 8 Window | | <input type="checkbox"/> 8 Consumable Goods | | <input type="checkbox"/> 8 Paint | | <input type="checkbox"/> 3 Yes/Gang Name: | |
| <input type="checkbox"/> 8 Hotel/Motel | | <input type="checkbox"/> 9 Door | | <input type="checkbox"/> 9 Livestock | | <input type="checkbox"/> 9 Photographs | | <input type="checkbox"/> 4 Moniker/AKA: | |
| <input type="checkbox"/> 9 Dept/Disc Store | | <input type="checkbox"/> 10 Sliding Glass Door | | <input type="checkbox"/> 10 Miscellaneous | | <input type="checkbox"/> 10 Rape Kit | | Identified by: | |
| <input type="checkbox"/> 10 Drug/Pharmacy | | <input type="checkbox"/> 11 Basement | | <input type="checkbox"/> 11 Car Radio/Speakers | | <input type="checkbox"/> 11 Semen | | <input type="checkbox"/> 5 Self Admit | |
| <input type="checkbox"/> 11 Gun/Sport Store | | <input type="checkbox"/> 12 Roof | | <input type="checkbox"/> 12 Narcotics/Drugs | | <input type="checkbox"/> 12 Stains | | <input type="checkbox"/> 6 Gang Hand Signs | |
| <input type="checkbox"/> 12 Jewelry Store | | <input type="checkbox"/> 13 Floor | | <input type="checkbox"/> 13 Tools | | <input type="checkbox"/> 13 Tools | | <input type="checkbox"/> 7 Gang Dress | |
| <input type="checkbox"/> 13 Liquor Store | | <input type="checkbox"/> 14 Wall | | <input type="checkbox"/> 14 Checks | | <input type="checkbox"/> 14 Tool Marks | | <input type="checkbox"/> 8 Arrested w/ Gang Members | |
| <input type="checkbox"/> 14 Convenience Store | | <input type="checkbox"/> 15 Duct/Vent | | <input type="checkbox"/> 15 ID Documents | | <input type="checkbox"/> 15 Vehicle | | <input type="checkbox"/> 9 Affiliates w/ Gang Members | |
| <input type="checkbox"/> 15 Tire Store | | <input type="checkbox"/> 16 Garage | | <input type="checkbox"/> 16 Other | | <input type="checkbox"/> 16 Weapon(s) | | <input type="checkbox"/> 10 Jail Admit | |
| <input type="checkbox"/> 16 Restaurant | | <input type="checkbox"/> 17 Adjacent Building | | Victim Rel/Susp Q 5 | | <input type="checkbox"/> 17 Urine | | <input type="checkbox"/> 11 Gang Tattoos | |
| <input type="checkbox"/> 17 Supermarket | | <input type="checkbox"/> 18 Ground Level | | <input type="checkbox"/> 1 Husband | | <input type="checkbox"/> 18 Breath | | <input type="checkbox"/> 12 Other | |
| <input type="checkbox"/> 18 Video/TV/Radio | | <input type="checkbox"/> 19 Upper Level | | <input type="checkbox"/> 2 Wife | | Solvability Factors Q 8 | | | |
| <input type="checkbox"/> 19 Auto Parts | | <input type="checkbox"/> 20 Other | | <input type="checkbox"/> 3 Mother | | <input type="checkbox"/> 1 Will Not Prosecute | | | |
| <input type="checkbox"/> 20 Bicycle Parts | | Method of Entry Q 3 | | <input type="checkbox"/> 4 Father | | <input type="checkbox"/> 2 There is a Witness | | | |
| <input type="checkbox"/> 21 Clothing Store | | <input type="checkbox"/> 1 Open/Unlocked | | <input type="checkbox"/> 5 Step | | <input type="checkbox"/> 3 Suspect Arrested | | | |
| <input type="checkbox"/> 22 Hardware | | <input type="checkbox"/> 2 Attempt Only | | <input type="checkbox"/> 6 Daughter | | <input type="checkbox"/> 4 Suspect Named | | | |
| <input type="checkbox"/> 23 Medical | | <input type="checkbox"/> 3 Bodily Force | | <input type="checkbox"/> 7 Son | | <input type="checkbox"/> 5 Suspect Described | | | |
| <input type="checkbox"/> 24 Office Building | | <input type="checkbox"/> 4 Bolt Cutters | | <input type="checkbox"/> 8 Brother | | <input type="checkbox"/> 6 Suspect Can Be ID'd | | | |
| <input type="checkbox"/> 25 Shoe Store | | <input type="checkbox"/> 5 Pliers/Wrench | | <input type="checkbox"/> 9 Sister | | <input type="checkbox"/> 7 Susp Can be Found | | | |
| <input type="checkbox"/> 26 Warehouse | | <input type="checkbox"/> 6 Saw/Drill/Burn | | <input type="checkbox"/> 10 Other Family Member | | <input type="checkbox"/> 8 Susp Veh Can Be ID'd | | | |
| <input type="checkbox"/> 27 Entertainment | | <input type="checkbox"/> 7 Screwdriver | | <input type="checkbox"/> 11 Acquaintance | | <input type="checkbox"/> 9 Identifiable 496 PC | | | |
| <input type="checkbox"/> 28 Storage Facility | | <input type="checkbox"/> 8 Tire Iron | | <input type="checkbox"/> 12 Friend | | <input type="checkbox"/> 10 Good Physical Evidence | | | |
| <input type="checkbox"/> 29 Other | | <input type="checkbox"/> 9 Unknown Pry Bar | | <input type="checkbox"/> 13 Boyfriend | | <input type="checkbox"/> 11 Significant MO | | | |
| Residence | | <input type="checkbox"/> 10 Coat Hanger/Wire | | <input type="checkbox"/> 14 Girlfriend | | <input type="checkbox"/> 12 Other | | | |
| <input type="checkbox"/> 30 Apartment | | <input type="checkbox"/> 11 Key | | <input type="checkbox"/> 15 Neighbor | | Vehicle Type Q 9 | | | |
| <input type="checkbox"/> 31 Condo/Townhouse | | <input type="checkbox"/> 12 Punch | | <input type="checkbox"/> 16 Business Associate | | <input type="checkbox"/> 1 Passenger Car | | | |
| <input type="checkbox"/> 32 Duplex/Fourplex | | <input type="checkbox"/> 13 Remove Louvers | | <input type="checkbox"/> 17 Student | | <input type="checkbox"/> 2 Motorcycle/Moped | | | |
| <input type="checkbox"/> 33 Garage (Attached) | | <input type="checkbox"/> 14 Window Smash | | <input type="checkbox"/> 18 Teacher | | <input type="checkbox"/> 3 Pickup Truck | | | |
| <input type="checkbox"/> 34 Garage (Detached) | | <input type="checkbox"/> 15 Window Forced | | <input type="checkbox"/> 19 Stranger | | <input type="checkbox"/> 4 Trailer | | | |
| <input type="checkbox"/> 35 House | | <input type="checkbox"/> 16 Brick/Rock | | <input type="checkbox"/> 20 Other | | <input type="checkbox"/> 5 Truck | | | |
| <input type="checkbox"/> 36 Mobile Home | | <input type="checkbox"/> 17 Hid in Building | | Victim Condition Q 6 | | <input type="checkbox"/> 6 Van | | | |
| <input type="checkbox"/> 37 Retirement Home | | <input type="checkbox"/> 18 Lock Box | | <input type="checkbox"/> 1 Under Influence | | <input type="checkbox"/> 7 Camper | | | |
| <input type="checkbox"/> 38 Other | | <input type="checkbox"/> 19 Door/Lock Forced | | <input type="checkbox"/> 2 Sick/Injured | | <input type="checkbox"/> 8 Motor Home | | | |
| Public | | <input type="checkbox"/> 20 Trunk Forced | | <input type="checkbox"/> 3 Senior Citizen | | <input type="checkbox"/> 9 Other | | | |
| <input type="checkbox"/> 39 Church | | <input type="checkbox"/> 21 Other | | <input type="checkbox"/> 4 Blind | | | | | |
| <input type="checkbox"/> 40 Hospital | | | | <input type="checkbox"/> 5 Handicapped | | | | | |
| <input type="checkbox"/> 41 Park/Playground | | | | <input type="checkbox"/> 6 Deaf | | | | | |
| <input type="checkbox"/> 42 Public Building | | | | <input type="checkbox"/> 7 Mute | | | | | |
| <input type="checkbox"/> 43 School | | | | <input type="checkbox"/> 8 Mentally Impaired | | | | | |
| <input type="checkbox"/> 44 To/From School | | | | <input type="checkbox"/> 9 Other | | | | | |
| <input type="checkbox"/> 45 Shopping Center | | | | | | | | | |
| <input type="checkbox"/> 46 Street/Highway/Fwy | | | | | | | | | |
| <input type="checkbox"/> 47 Other | | | | | | | | | |

Summary / Narrative: On the listed date and time, I obtained a search warrant from the on-call magistrate to obtain a blood sample from SU-MONTOYA.

On 04-19-19, I drove to the Riverside County Superior Court to have the original search warrant and search warrant return filed with the court (RI041820197).

I booked the original search warrant and return into the Corona Police Department Property unit as evidence. See attached property report.

Forward to the original arrest report.




CORONA POLICE DEPARTMENT

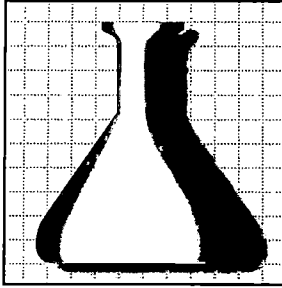
730 Public Safety Way
Corona CA 92880

PROPERTY REPORT

| |
|--|
| CASE NO. : 19-3826 |
| DATE OF OFFENSE: 04/13/2019 |
| SUSPECT LAST NAME: MONTOYA SUSPECT FIRST NAME: <input type="checkbox"/> JUVENILE <input type="checkbox"/> SEARCH WARRANT |
| VICTIM: , |
| ASSOCIATED CASES |

| | | | | | |
|--|-------------------------------|--|----------------------------|--------------------------------|-------------|
| COLLECTED BY NAJMULSKI TIM (002661) | | DATE/TIME COLLECTED 04/13/2019 2215 | LOCATION COLLECTED SAME | COLLECTED ADDRESS CORONA PD | |
| ITEM # TN1 | TYPE Evidence | BRAND | | SERIAL NO. | TOTAL VALUE |
| QTY. | MEASURE | PRESUMPTIVE DRUG | | | COLOR |
| CALIBER | BRL LENGTH | GUN TYPE CODE | | GUN CAT CODE | |
| BIKE SPEED | <input type="checkbox"/> BOYS | <input type="checkbox"/> GIRLS | MODEL | | |
|  201902841 | | DESCRIPTION DOCUMENT/LETTER/NOTE - ORIGINAL SEARCH WARRANT AND RETURN | | | |
| OWNER: , | | ADDRESS: | | | |
| REPORTING OFFICER NAJMULSKI TIM (002661) | | ID# | DATE 04/18/2019 | | |

BIO-TOX



Bio-Tox LABORATORIES



Laboratory Director
Erin Crabtree, M.S., D-ABFT-FT

Toxicologist
Ola Bawardi, M.S.

Toxicologist
Kristen Steward, M.S., D-ABFT-FT

CORONA POLICE DEPARTMENT
730 CORPORATION YARD
CORONA, CA 92880

193826
MONTROYA, WILLIAM D.

2800.2 VC
148 (a)(1) PC
23152 (a)(b) VC
1203.2 (a) PC

| PATIENT NAME | SEX | DATE OF BIRTH |
|-------------------------------|------------|-------------------|
| ----- MONTROYA, WILLIAM D. | ----- M | ----- 02/09/85 |

| BTL NUMBER | REQUESTING AGENCY | REQUESTED BY | AGENCY NUMBER |
|--------------------|-------------------|------------------------------------|-----------------|
| ----- 9-16600-0 | ----- 1004D | ----- NAJMUJSKI NEFF | ----- 193826 |

| SPECIMEN | DATE COLLECTED | TIME TAKEN | DATE RECEIVED | DATE REPORTED |
|----------------|-------------------|----------------|-------------------|-------------------|
| ----- BLOOD | ----- 04/13/19 | ----- 23:07 | ----- 04/18/19 | ----- 04/24/19 |

I CERTIFY, UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE BELOW ANALYSIS WAS PERFORMED DURING THE REGULAR COURSE OF MY DUTIES AND IS A TRUE AND CORRECT REPRESENTATION OF THE RESULTS OF THE ANALYSIS. I FURTHER CERTIFY THAT I AM QUALIFIED TO PERFORM THE ANALYSIS PURSUANT TO TITLE 17 OF THE CALIFORNIA CODE OF REGULATIONS, THAT THE EQUIPMENT USED WAS IN PROPER WORKING ORDER AT THE TIME THE ANALYSIS WAS PERFORMED, THAT THE RECORDING OF THE ANALYSIS WAS DONE AT OR NEAR THE TIME OF THE ANALYSIS AND THAT THE TRANSFER OF THE DATA FOR REPORTING PURPOSES WAS PERFORMED ELECTRONICALLY IN ACCORD WITH THE LABORATORY'S POLICIES AND PROCEDURES.

| TEST | RESULTS |
|---------------|--------------|
| ETHYL ALCOHOL | 0.089% (W/V) |

ANALYSIS BY: ERIN CRABTREE

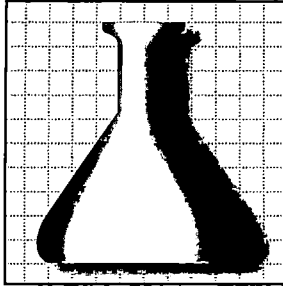
NOTE: NAME ON SAMPLE IS

MONTROYA, WILLIAM

BIO-TOX COPIES

DA: DA/DPD
 OFR: Officer NEFF
 OTH:
 BY: SJD DATE: 5-9-19

APR 24 9 10 17

BIO-TOX

Bio-Tox LABORATORIES



Laboratory Director
Erin Crabtree, M.S., D-ABFT-FT

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Ola Bawardi, M.S.

Toxicologist
Kristen Steward, M.S., D-ABFT-FT

CORONA POLICE DEPARTMENT
730 CORPORATION YARD
CORONA, CA 92880

193826
MONTOYA, WILLIAM D.

| PATIENT NAME | SEX | DATE OF BIRTH |
|---------------------|-----|---------------|
| MONTOYA, WILLIAM D. | M | 02/09/85 |

| BTL NUMBER | REQUESTING AGENCY | REQUESTED BY | AGENCY NUMBER |
|------------|-------------------|--------------|---------------|
| 9-16600-1 | 1004D | NAJMULSKI | 193826 |

| SPECIMEN | DATE COLLECTED | TIME TAKEN | DATE RECEIVED | DATE REPORTED |
|----------|----------------|------------|---------------|---------------|
| BLOOD | 04/13/19 | 23:07 | 04/18/19 | 05/01/19 |

10-PANEL IMMUNOASSAY DRUG SCREEN

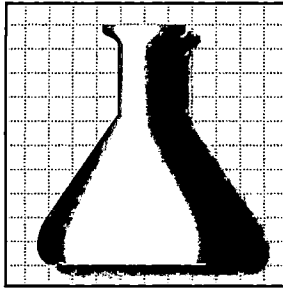
BLOOD SCREENED FOR:
AMPHETAMINES, BENZODIAZEPINES, CANNABINOIDS, COCAINE AND/OR METABOLITE,
OPIATES, PHENCYCLIDINE (PCP), CARISOPRODOL, FENTANYL, OXYCODONE AND ZOLPIDEM

| TEST | RESULTS |
|-------------------------------------|-------------|
| CANNABINOIDS | DETECTED* |
| DELTA-9-THC, LC/MS/MS | 2.1 ng/mL** |
| 11-HYDROXY-DELTA-9-THC, LC/MS/MS | 1.1 ng/mL** |
| 11-CARBOXY-DELTA-9-THC, LC/MS/MS | 6 ng/mL** |

*ANALYSIS BY: ANSON TSANG

**ANALYSIS BY: OLA BAWARDI

2019 MAY 9 AM 10 17

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193826
MONTROYA, WILLIAM D.

| PATIENT NAME | | SEX | DATE OF BIRTH | |
|-------------------------------|-------------------|--------------------|-------------------|-------------------|
| ----- MONTROYA, WILLIAM D. | | M | 02/09/85 | |
| BTL NUMBER | REQUESTING AGENCY | REQUESTED BY | AGENCY NUMBER | |
| ----- 9-16600-2 | ----- 1004D | ----- NAJMULSKI | ----- 193826 | |
| SPECIMEN | DATE COLLECTED | TIME TAKEN | DATE RECEIVED | DATE REPORTED |
| ----- BLOOD | ----- 04/13/19 | ----- 23:07 | ----- 04/18/19 | ----- 05/01/19 |

| TEST | RESULTS |
|------------------------------|---------------|
| BUPROPION, LC/MS/MS | 95 ng/mL |
| HYDROXYBUPROPION, LC/MS/MS | 576 ng/mL |
| MIRTAZAPINE, LC/MS/MS | 9 ng/mL |
| BUSPIRONE, LC/MS/MS | NONE DETECTED |
| ANALYSIS BY: KRISTEN STEWARD | |

2019 MAY 9 PM 1 17