

ORIGINAL

1 JOYCE M. HOLCOMB (SBN 244163)
2 Certified Family Law Specialist
3 Attorney at Law
4 215 North D Street, Suite 305
5 San Bernardino, CA 92401
6 Tel: (909) 889-7111
7 Fax: (909) 889-3221

FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF RIVERSIDE

APR 01 2016

N. Escalante

MM 2

APR 07 2016

Attorney for Petitioner, BOBBY DAVID HARRIS III

6 SUPERIOR COURT OF THE STATE OF CALIFORNIA
7 FOR THE COUNTY OF RIVERSIDE

9 In re the Marriage of:)
10 BOBBY DAVID HARRIS III,)
11 Petitioner,)
12 and)
13 ANGELINA HARRIS,)
14 Respondent.)

Case No.: RID 1300823

SUBMISSION OF EVIDENCE
RIVERSIDE COUNTY SHERIFF
SUPPLEMENTAL INCIDENT REPORT
(#EV 153280056)

16 TO ALL CONCERNED PARTIES AND THEIR ATTORNEYS OF RECORD:

17 Attached hereto is a true and correct copy of the RIVERSIDE COUNTY
18 SHERIFF'S SUPPLEMENTAL INCIDENT REPORT.

20 Dated: March 31, 2016

Respectfully submitted,

21
22
23
24 JOYCE M. HOLCOMB
25 Attorney for Petitioner

INCIDENT REPORT

THD

DATE PREPARED: 12-10-15

RIVERSIDE COUNTY SHERIFF CA0330000

INITIAL SUPPLEMENTAL

| | | | | | | |
|---|-----------------------|---------------------------|-------------------------|-------------------------------|--|-----------------------------|
| 1. FILE NUMBER EWIS 328056 | 2. DATE/TIME REPORTED | 3. DATE/TIME ASSIGNED | 4. DATE/TIME INV. START | 5. DATE/TIME INV. TERM | 6. Adm ARR | 7. Juv ARR |
| 8. OFFENSES - CODE SECTION 288 P.C. | | CRIME NO-CHANGE | | COUNTS | | 9. EDP CODE |
| 10. OFFENSES - CODE SECTION (Add or Change to) | | CRIME | | COUNTS | | 11. EDP CODE |
| 12. OFFENSES - CODE SECTION (Add or Change to) | | CRIME | | COUNTS | | 13. EDP CODE |
| 14. LOCATION OF OCCURRENCE 13876 FAIR MEADOWS COURT, EASTVALE | | | 15. REP. DIST. | 16. OCCURRED ON - DATE / TIME | | 17. OR BETWEEN: DATE / TIME |
| 18. BUSINESS NAME | | | 19. BUSINESS PHONE | | 20. CASE STATUS / CLEARANCE OPN/EV-2 | |

VICTIM - REPORTING PARTY - WITNESS - OTHER:

See Additional Persons Report

| | | | | | | | | | | | |
|-----------------------|--|---------|----------|---------|---------|--------|--------|----------|----------------|---------|--|
| 21. INVL | 22. NAME (Last, First, Middle) OTU HARRIS, BOBBY (P/B) | 23. SEX | 24. RACE | 25. DOB | 26. AGE | 27. HT | 28. WT | 29. HAIR | 30. EYES | 31. SKN | |
| 32. RESIDENCE ADDRESS | | | CITY | | | ZIP | | | 33. RES. PHONE | | |
| 34. BUSINESS ADDRESS | | | CITY | | | ZIP | | | 35. BUS. PHONE | | |
| 38. INVL | 37. NAME (Last, First, Middle) DEP BAKER, OLIVIA P/B | 39. SEX | 40. RACE | 41. DOB | 42. AGE | 43. HT | 44. WT | 45. HAIR | 46. EYES | 47. SKN | |
| 47. RESIDENCE ADDRESS | | | CITY | | | ZIP | | | 48. RES. PHONE | | |
| 49. BUSINESS ADDRESS | | | CITY | | | ZIP | | | 50. BUS. PHONE | | |

SUSPECT:

Adult Juvenile Parole Probation See Additional Persons Report ARRESTED

| | | | | | | | | | | | |
|---|--------------------------------|-----------|----------------------------|---------|--|----------------|--------|----------------|----------------|---------|--|
| 61. SUS # | 62. NAME (Last, First, Middle) | 63. SEX | 64. RACE | 65. DOB | 66. AGE | 67. HT | 68. WT | 69. HAIR | 70. EYES | 71. SKN | |
| 62. DRIVER'S LICENSE NUMBER / ID NUMBER | | 63. STATE | 64. SOCIAL SECURITY NUMBER | | | 65. MNI NUMBER | | 66. CII NUMBER | | | |
| 67. RESIDENCE ADDRESS | | | CITY | | | ZIP | | | 68. RES. PHONE | | |
| 69. BUSINESS ADDRESS | | | CITY | | | ZIP | | | 70. BUS. PHONE | | |
| 71. JUVENILE DISPOSITION: <input type="checkbox"/> Other Juris. <input type="checkbox"/> Juv. Cr. Prob. <input type="checkbox"/> W/in Dept. <input type="checkbox"/> Detained <input type="checkbox"/> Not Detained | | | | | | | | | | | |
| 72. GANG DATA | | | | | 73. TATTOOS / SCARS / MARKS / CLOTHING DESCRIPTION | | | | | | |
| Gang Name(s): _____ | | | | | | | | | | | |
| <input type="checkbox"/> Member <input type="checkbox"/> Associate <input type="checkbox"/> Self Admit <input type="checkbox"/> Prior Knowledge | | | | | | | | | | | |
| TATTOOS / SCARS / MARKS | | | | | | | | | | | |
| <input type="checkbox"/> Face <input type="checkbox"/> Neck <input type="checkbox"/> R.Arm <input type="checkbox"/> L.Arm <input type="checkbox"/> Hands <input type="checkbox"/> Torso <input type="checkbox"/> Back <input type="checkbox"/> Legs | | | | | | | | | | | |

VEHICLE:

REFER TO CHP 180 FORM FOR STOLEN, RECOVERED, TOWED OR IMPOUNDED

| | | | | | | | |
|----------------------------|-------------|-----------|----------------------|-----------------------|-----------|----------------|--------------------------|
| 74. INVL | 75. LICENSE | 76. STATE | 77. YEAR | 78. MAKE | 79. MODEL | 80. BODY STYLE | 81. STN / RCV AUTO VALUE |
| 82. COLOR/COLOR | | 83. VIN # | | 84. OTHER IDENTIFIERS | | | 81. \$ |
| 85. DISPOSITION OF VEHICLE | | | 86. REGISTERED OWNER | | | 87. ADDRESS | |
| 88. PHONE | | | CITY | | | STATE ZIP | |

PROPERTY REPORT ATTACHED FOR STOLEN, RECOVERED, OR DAMAGED PROPERTY

89. DAMAGED PROPERTY VALUE \$

| | | | | | |
|--|------------------------|--|--------------------------------------|-------------------|--------------------|
| REPORTING OFFICER B. JACKSON | OFF. ID 3603 | REVIEWED BY / DATE 1890 12/11/15 | ENTERED BY / DATE MA 12/15 | ENTERED BY / DATE | |
| COPIES TO: JURADA VALLEY DETECTIVE (DET. BORTO) / CCAP | | APR SENT: | APR CANCELED: | DOJ-NCIG ENTERED: | DOJ-NCIG CANCELED: |

ADDITIONAL PERSONS REPORT

FILE NUMBER: EVIS 328056

RIVERSIDE COUNTY SHERIFF CA0330000

INITIAL

SUPPLEMENTAL

VICTIM - REPORTING PARTY - WITNESS - OTHER:

PAGE 2 OF 4

| | | | | | | | |
|--------------------------------|----------------------------|------|------|------------|--|--|--|
| INVL | NAME (Last, First, Middle) | SEX | RACE | DOB | | | |
| OTH | HARRIS, ANGELO P/B | | | | | | |
| RESIDENCE ADDRESS | | CITY | ZIP | RES. PHONE | | | |
| BUSINESS ADDRESS | | CITY | ZIP | BUS. PHONE | | | |
| DA USE ONLY: C PH I MX U J C W | | | | | | | |
| INVL | NAME (Last, First, Middle) | SEX | RACE | DOB | | | |
| RESIDENCE ADDRESS | | CITY | ZIP | RES. PHONE | | | |
| BUSINESS ADDRESS | | CITY | ZIP | BUS. PHONE | | | |
| DA USE ONLY: C PH I MX U J C W | | | | | | | |
| INVL | NAME (Last, First, Middle) | SEX | RACE | DOB | | | |
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| INVL | NAME (Last, First, Middle) | SEX | RACE | DOB | | | |
| RESIDENCE ADDRESS | | CITY | ZIP | RES. PHONE | | | |
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| INVL | NAME (Last, First, Middle) | SEX | RACE | DOB | | | |
| RESIDENCE ADDRESS | | CITY | ZIP | RES. PHONE | | | |
| BUSINESS ADDRESS | | CITY | ZIP | BUS. PHONE | | | |
| DA USE ONLY: C PH I MX U J C W | | | | | | | |

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3 [REDACTED] [REDACTED] [REDACTED]
4 [REDACTED] [REDACTED] [REDACTED]
5 [REDACTED]
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7 [REDACTED]
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9 [REDACTED]
10 [REDACTED] [REDACTED] [REDACTED]
11 [REDACTED] [REDACTED] [REDACTED]
12 [REDACTED]
13 [REDACTED]
14 [REDACTED]
15 [REDACTED] [REDACTED] [REDACTED]
16 [REDACTED] [REDACTED] [REDACTED]
17

18 **DETAILS:**

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20 On Wednesday, December 9, 2015, at 1836 hours, I responded to 13876 Fair Meadows Lane, Eastvale,
21 reference conducting a follow up. I spoke with (OTH) Bobby Harris. I explained to Harris that I needed to
22 check his garage due to allegations of sexual abuse occurring at his residence. Harris was very
23 forthcoming and immediately let me in his residence. Harris led me to the garage where I saw that it was
24 made into an area to work out. There were weights, a television on the wall, and various work out
25 equipment. There was also a room that Mr. Harris made for his pit bull. I did not see anything suspicious
26 or out of the ordinary in his garage. Harris asked if I wanted to check any other area of his residence and I
27 advised that would be all. I left the residence at 1845 hours, with no further incident.

28
29 I called CPS Worker, (REP) Olivia Baker to let her know my findings.
30

| Deputy | I.D. Number | Date | Reviewer Name |
|-------------------|-------------|------|---------------|
| B. JACKSON | 3603 | | |

1 On Thursday, December 10, 2015, at 1711 hours, I received an email from Harris of information regarding
2 the case between he and his ex-wife (OTH) Angelina Harris (Refer to the attached).

3
4 This report will be forwarded to Baker with CPS and Detective Boyd at the Jurupa Valley Station for their
5 records.

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7 **CASE STATUS:**
8 **OPN./EV-2**

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| Deputy | I.D. Number | Date | Reviewer Name |
|-------------------|-------------|------|---------------|
| B. JACKSON | 3603 | | |