



SOUTH SAN FRANCISCO POLICE DEPARTMENT  
NEWS RELEASE

CR# 16-6962

DATE/TIME 11/26/16 @ 1700

DISTRIBUTION

Orig.-report; All-Police, City Council, City Mgr.

LOCATION 300 block Grand Avenue, SSF

TYPE OF INCIDENT Attempted Murder of a police officer – 664/187 P.C.

**SUMMARY OF CRIME INCIDENT** (If no arrest, include suspect info.) Information need not be released that: (1) would endanger the safety of a witness or other person; (2) would hamper successful completion of the investigation or related investigation; (3) is an analysis or conclusion of the investigating officer. **The name and address of a victim of any crime defined by Section 261, 264, 264.1, 273a, 273d, 273.5, 286, 288, 288a, 289, 422.6, 422.7, 422.75, or 646.9 of the Penal Code may be withheld at the victim's request or at the request of the victim's parent or guardian if the victim is a minor.**

**South San Francisco Police Officer Assaulted and in Serious Condition**

**\*\*\*3rd UPDATE\*\*\***

This release is just to inform all media stations that there has not been any change in Officer Robby Chon's medical condition. He remains in critical condition in the Intensive Care Unit at this time. An updated press release will be sent out with any significant changes as they arise. Any phone calls should be directed the PIO office at 650-877-8922.

ARREST INFO (OMIT NAMES OF JUVENILES) (cont. on reverse)

NAME <u>Ramos-Coreas, Luis Alberto</u>	NAME _____
CITY OF RESIDENCE <u>South San Francisco</u>	CITY OF RESIDENCE _____
OCCUPATION _____	OCCUPATION _____
DATE OF BIRTH <u>01/24/1988</u> AGE <u>28</u>	DATE OF BIRTH _____      AGE _____
HT <u>5-6</u> WT <u>175</u> HAIR <u>Blk.</u> EYES <u>Brn.</u>	HT _____    WT _____    HAIR _____    EYES _____
BOOKING STATUS <u>San Mateo County Jail – no bail</u>	BOOKING STATUS _____
(bail amount, where held, etc.)	(bail amount, where held, etc.)

CHARGES	<u>664/187 PC // 245 (e) PC // 148.10(A) PC</u>	CHARGES	_____
	<u>243(c)(2) PC.</u>		_____
	(warrants, holds, penal code)		(warrants, holds, penal code)

ACCIDENT AND/OR VICTIM INFO (UNLESS CONFIDENTIALITY REQUESTED)

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ AGE \_\_\_\_\_

INJURIES \_\_\_\_\_ WHERE TAKEN \_\_\_\_\_ OCCUPATION \_\_\_\_\_

SGT'S APPROVAL Chetcuti WC APPROVAL J.K. AUTHOR Chetcuti RELEASED TO: \_\_\_\_\_