



PHOENIX POLICE DEPARTMENT (0723)

Case Report

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| CASE FOLDER NUMBER 202600120622 | CFS INCIDENT # PH26000120622 |
| CASE REPORT NUMBER 202600120622-001 | Page 1 of 3 |
| DATE / TIME OCCURRED 1/26/2026 6:18:00 PM | DATE / TIME REPORTED 1/26/2026 6:19:58 PM |

INCIDENT OVERVIEW

| | | | | | | | | |
|------------------------|--------------------------|-----------------------|--------------|--------------------|---------------|------------|---------------|------------------|
| ARRESTED SUSPECTS 0 | ADDITIONAL SUSPECTS 1 | UNKNOWN SUSPECTS 0 | VICTIMS 1 | OTHER PERSONS 0 | VEHICLES 0 | ITEMS 0 | EVIDENCE 0 | LEOKA COUNT 0 |
|------------------------|--------------------------|-----------------------|--------------|--------------------|---------------|------------|---------------|------------------|

| | | | | | |
|--|---|-------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> DOMESTIC VIOLENCE | <input type="checkbox"/> INTIMATE PARTNER | <input type="checkbox"/> BIAS | <input type="checkbox"/> GRAFFITI | <input type="checkbox"/> GANG INVOLVED | <input type="checkbox"/> HOME INVASION |
|--|---|-------------------------------|-----------------------------------|--|--|

| | | | |
|---|---|--|--|
| PHOTO, AUDIO, VIDEO: PHOTOS TAKEN: <input type="checkbox"/> No | AUDIO RECORDED: AUDIO STORED: PHOTOGRAPHER: | BODY CAMERA ACTIVE: SQUAD: <input type="checkbox"/> Yes | BODY CAMERA UPLOADED: INTERVIEW VIDEO: <input type="checkbox"/> Yes |
|---|---|--|--|

| | | |
|------------------|----------------|--------------|
| RELATED REPORT # | CRASH REPORT # | HEXAGON IR # |
|------------------|----------------|--------------|

INCIDENT ADDRESS

| | | | |
|------------------------------|-----------------|-------------|-----|
| STREET ADDRESS [REDACTED] | CITY PHOENIX | STATE AZ | ZIP |
|------------------------------|-----------------|-------------|-----|

ADMINISTRATIVE INFORMATION

| | | |
|--|-------------------|--------------|
| REPORTING OFFICER CORONADO, FRANCISCO | SERIAL # 10205 | SQUAD C34 |
| ASSISTING OFFICER(S) | | |

| | | | |
|--------|---------------------------------|----------------------|----------------------------|
| STATUS | CLEARANCE DISPOSITION Active | CLEARED BY EXCEPTION | EXCEPTIONAL CLEARANCE DATE |
|--------|---------------------------------|----------------------|----------------------------|

OFFENSE INFORMATION

| | | | | | |
|-------------|-----------------|---------------------------------------|----------------|-------------------------|-------------|
| OFFENSE # 1 | IBR CODE 13A | IBR DESCRIPTION AGGRAVATED ASSAULT | IBR GROUP A | CRIME AGAINST Person | CARGO THEFT |
|-------------|-----------------|---------------------------------------|----------------|-------------------------|-------------|

| | | | | | |
|---------------|----------------------------------|--|--|--|--|
| STATUTE CODE: | ARS 13-1204 - AGGRAVATED ASSAULT | | | | |
|---------------|----------------------------------|--|--|--|--|

| | | | | |
|------------------|-------------------------------------|--------------------|-------|--------------------|
| COMPLETED Yes | PREMISE TYPE Single Family House | # PREMISES ENTERED | ENTRY | WEAPONS Shotgun |
|------------------|-------------------------------------|--------------------|-------|--------------------|

| | |
|------------------------|----------------------------------|
| BIAS None (No Bias) | OFFENDER USING Not Applicable |
|------------------------|----------------------------------|

| | |
|-----------------------------------|---------------------------|
| CRIMINAL ACTIVITY None/Unknown | SECURITY MEASURES PRESENT |
|-----------------------------------|---------------------------|

| | |
|-------|--|
| TOOLS | |
|-------|--|

| | |
|--------------------------------|---------------------------------|
| VEHICLE TYPE - ATTEMPTED THEFT | PROPERTY TYPE - ATTEMPTED ARSON |
|--------------------------------|---------------------------------|

SUSPECT INFORMATION

| | | | | |
|-------------|--------------------------------|--------|----------|------------------|
| SUSPECT # 1 | TITLE Ledezma Garcia, Edgar | SUFFIX | JUVENILE | PRIMARY LANGUAGE |
|-------------|--------------------------------|--------|----------|------------------|

| | | | | | | | | | |
|-----------|-------------|---------------------------------|-----------------------|-----------|-------------------|-----------------|---------------|--|--------------------|
| RACE W | SEX Male | ETHNICITY Hispanic or Latino | DATE OF BIRTH 1992 | AGE 33 | SSN [REDACTED] | HEIGHT 6' 0" | WEIGHT 250 | HAIR COLOR Unknown or Completely Bald | EYE COLOR Brown |
|-----------|-------------|---------------------------------|-----------------------|-----------|-------------------|-----------------|---------------|--|--------------------|

IDENTIFICATION INFORMATION

| | | | | | | |
|--------------------------|----------|---------------|-----------------|----------|-----------------|----------------|
| DRIVER'S LICENSE D057 | DL STATE | DL CLASS D | DL RESTRICTIONS | OTHER ID | OTHER ID NUMBER | ISSUING ENTITY |
|--------------------------|----------|---------------|-----------------|----------|-----------------|----------------|

CONTACT INFORMATION

| | | | | |
|------------|------------|-------------|---------------------|---------------|
| HOME PHONE | CELL PHONE | OTHER PHONE | INTERNATIONAL PHONE | EMAIL ADDRESS |
|------------|------------|-------------|---------------------|---------------|

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| SOCIAL MEDIA HANDLE (SOCIAL MEDIA TYPES) | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

SUSPECT ADDRESS INFORMATION

| | |
|------------------------------|----------------------|
| STREET ADDRESS [REDACTED] | ADDRESS TYPE Home |
|------------------------------|----------------------|

| | | | |
|-----------------|-------------|--------------|--------------------|
| CITY PHOENIX | STATE AZ | ZIP 85041 | COUNTRY CODE US |
|-----------------|-------------|--------------|--------------------|

EMPLOYER / SCHOOL INFORMATION

| | |
|-------------------|--------------------|
| EMPLOYER / SCHOOL | OCCUPATION / GRADE |
|-------------------|--------------------|

| | |
|----------------|--|
| STREET ADDRESS | |
|----------------|--|

| | | | |
|------|-------|-----|------------|
| CITY | STATE | ZIP | WORK PHONE |
|------|-------|-----|------------|

SECONDARY CHARACTERISTICS

| | | | | |
|------------|-------------|-------------|-------------------|----------------|
| HAIR STYLE | HAIR LENGTH | FACIAL HAIR | FACIAL HAIR COLOR | MARITAL STATUS |
|------------|-------------|-------------|-------------------|----------------|

| | | | | |
|-------|------------|-------|---------|------|
| BUILD | COMPLEXION | TEETH | GLASSES | HAND |
|-------|------------|-------|---------|------|

| | | | | |
|-----------------|--|--|--|--------------------|
| SPEECH / ACCENT | | | | SECONDARY LANGUAGE |
|-----------------|--|--|--|--------------------|

| | | | | |
|----------------------|--|--|--|--|
| CLOTHING DESCRIPTION | | | | |
|----------------------|--|--|--|--|

NATIONAL ORIGIN

| | | |
|----------------|-------------|--------------------|
| PLACE OF BIRTH | NATIONALITY | IMMIGRATION STATUS |
|----------------|-------------|--------------------|

SCARS, MARKS, TATTOOS

| | | |
|--------------------|--------------|-------------|
| SCAR, MARK, TATTOO | SMT LOCATION | DESCRIPTION |
|--------------------|--------------|-------------|



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Case Report

CASE FOLDER NUMBER
202600120622CFS INCIDENT #
PH26000120622CASE REPORT NUMBER
202600120622-001

Page 2 of 3

DATE / TIME OCCURRED
1/26/2026 6:18:00 PMDATE / TIME REPORTED
1/26/2026 6:19:58 PM

ALIAS / NICKNAME

| | | | | | |
|------------------|-----------|-----------|------------|-----------------|-----------------------|
| ALIAS / NICKNAME | ALIAS DOB | ALIAS SEX | ALIAS RACE | ALIAS ETHNICITY | ALIAS SOCIAL SECURITY |
|------------------|-----------|-----------|------------|-----------------|-----------------------|

M.O. / HABITUAL OFFENDER INFORMATION

| | |
|------|--------------------------|
| M.O. | HABITUAL OFFENDER STATUS |
|------|--------------------------|

SUSPECT INJURY / HOSPITAL INFORMATION

| | | | |
|--------------|---------------------|-----------------------------|----------|
| HOSPITALIZED | HOSPITAL / FACILITY | FIRE DEPARTMENT INFORMATION | DECEASED |
|--------------|---------------------|-----------------------------|----------|

VICTIM INFORMATION

| | | | | | | |
|------------|-------|---------------------------|------------------------|--------|----------|------------------|
| VICTIM # 1 | TITLE | NAME (LAST, FIRST MIDDLE) | Diaz Rendon, Christian | SUFFIX | JUVENILE | PRIMARY LANGUAGE |
|------------|-------|---------------------------|------------------------|--------|----------|------------------|

| | | | | | | | | | |
|------|-----|-----------|---------------|-----|-----|--------|--------|------------|-----------|
| RACE | SEX | ETHNICITY | DATE OF BIRTH | AGE | SSN | HEIGHT | WEIGHT | HAIR COLOR | EYE COLOR |
|------|-----|-----------|---------------|-----|-----|--------|--------|------------|-----------|

| | | | | | | | | |
|---|------|--------------------|------|----|--|--|--|--|
| W | Male | Hispanic or Latino | 1989 | 36 | | | | |
|---|------|--------------------|------|----|--|--|--|--|

IDENTIFICATION INFORMATION

| | | | | |
|------------------|----------|----------|-----------------|----------------|
| DRIVER'S LICENSE | DL STATE | OTHER ID | OTHER ID NUMBER | ISSUING ENTITY |
|------------------|----------|----------|-----------------|----------------|

CONTACT INFORMATION

| | | | | |
|------------|------------|-------------|---------------------|---------------|
| HOME PHONE | CELL PHONE | OTHER PHONE | INTERNATIONAL PHONE | EMAIL ADDRESS |
|------------|------------|-------------|---------------------|---------------|

| | | | | |
|--|----------------------------|--|--|--|
| SOCIAL MEDIA HANDLE (SOCIAL MEDIA TYPES) | VICTIM ADDRESS INFORMATION | | | |
|--|----------------------------|--|--|--|

| | | | | |
|----------------|-------|-----|--------------|--------------|
| STREET ADDRESS | STATE | ZIP | COUNTRY CODE | ADDRESS TYPE |
|----------------|-------|-----|--------------|--------------|

| | | | | | |
|------|---------|----|-------|----|------|
| CITY | PHOENIX | AZ | 85043 | US | Home |
|------|---------|----|-------|----|------|

| | | |
|-------------------|-------------------------------|--------------------|
| EMPLOYER / SCHOOL | EMPLOYER / SCHOOL INFORMATION | OCCUPATION / GRADE |
|-------------------|-------------------------------|--------------------|

| | | |
|----------------|-----|------------|
| STREET ADDRESS | ZIP | WORK PHONE |
|----------------|-----|------------|

| | | | |
|------|-------|-----|------------|
| CITY | STATE | ZIP | WORK PHONE |
|------|-------|-----|------------|

| | | | |
|-------------|------------|------|----------------|
| FACIAL HAIR | COMPLEXION | HAND | MARITAL STATUS |
|-------------|------------|------|----------------|

| | |
|-----------------|--------------------|
| SPEECH / ACCENT | SECONDARY LANGUAGE |
|-----------------|--------------------|

| | |
|----------------------|-----------------|
| CLOTHING DESCRIPTION | NATIONAL ORIGIN |
|----------------------|-----------------|

| | | |
|----------------|-------------|--------------------|
| PLACE OF BIRTH | NATIONALITY | IMMIGRATION STATUS |
|----------------|-------------|--------------------|

| | | |
|--------------------|--------------|-------------|
| SCAR, MARK, TATTOO | SMT LOCATION | DESCRIPTION |
|--------------------|--------------|-------------|

| | | | | | |
|------------------|-----------|-----------|------------|-----------------|-----------------------|
| ALIAS / NICKNAME | ALIAS DOB | ALIAS SEX | ALIAS RACE | ALIAS ETHNICITY | ALIAS SOCIAL SECURITY |
|------------------|-----------|-----------|------------|-----------------|-----------------------|

| | | | | | |
|--------------------------------------|--|--|--|--|--|
| VICTIM INJURY / HOSPITAL INFORMATION | | | | | |
|--------------------------------------|--|--|--|--|--|

| | | |
|---------------|------------------------------|----------|
| VICTIM INJURY | Wounded by Gunfire - Single; | DECEASED |
|---------------|------------------------------|----------|

| | | | |
|--------------|---------------------|-----------------------------|----------|
| HOSPITALIZED | HOSPITAL / FACILITY | FIRE DEPARTMENT INFORMATION | DECEASED |
|--------------|---------------------|-----------------------------|----------|

| | |
|----|-----|
| No | Yes |
|----|-----|

ID / TESTIFY / RIGHTS

| | | | | |
|--------|---------|-----------------------------|--------------|------------------------|
| CAN ID | TESTIFY | VICTIM RIGHTS INFO PROVIDED | HOW RECEIVED | VICTIM RIGHTS DECISION |
|--------|---------|-----------------------------|--------------|------------------------|

NARRATIVES

| | | | |
|---------------|--|--------------------------|-----------------------------------|
| NARRATIVE # 1 | OFFICER 10205 - CORONADO, FRANCISCO | DATE ENTERED 2/6/2026 | PRIMARY / SUPPLEMENTAL Primary |
|---------------|--|--------------------------|-----------------------------------|

PLEASE REFER TO ARIZONA DEPARTMENT OF PUBLIC SAFETY OFFICER-INVOLVED SHOOTING INVESTIGATION I26005277 FOR DETAILS.



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SLEUTH INTUITION