


TRAFFIC COLLISION REPORT

SPECIAL CONDITIONS		SFTA <input checked="" type="checkbox"/>	NUMBER INJURED 0	HIT & RUN FELONY <input type="checkbox"/>	CITY GARDEN GROVE	JUDICIAL DISTRICT WEST ORANGE	LOCAL REPORT NUMBER 15-002980		
		LFTA <input type="checkbox"/>	NUMBER KILLED 0	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY ORANGE	REPORTING DISTRICT 44	BEAT 1-1		
LOCATION	COLLISION OCCURRED ON: WESTERN AVE				MO / DAY / YEAR 03/03/2015	TIME (2400) 1451	NCIC # 3009		
	<input type="checkbox"/> AT INTERSECTION WITH:				DAY OF WEEK S M T W T F S <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		OFFICER I.D. 3713		
	<input checked="" type="checkbox"/> OR: 1212 FEET SOUTH OF LAMPSON AVE				TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PHOTOGRAPHS BY <input checked="" type="checkbox"/> NONE		
					STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
PARTY 1	DRIVER'S LICENSE NUMBER F2554419	STATE CA	CLASS C	AIR BAG L	SAFETY EQUIP G	VEH. YEAR 2015	MAKE/MODEL/COLOR TOYOTA PRIUS BLACK	LICENSE NUMBER 7H2P737	STATE CA
DRIVER	NAME (FIRST, MIDDLE, LAST) SAID HANNA IBRAHIM				OWNER'S NAME		<input type="checkbox"/> CITY OWNED <input checked="" type="checkbox"/> SAME AS DRIVER		
PEDES-TRIAN	STREET ADDRESS 17320 EUCLID ST 33				OWNER'S ADDRESS		<input checked="" type="checkbox"/> SAME AS DRIVER		
PARKED VEHICLE	CITY FOUNTAIN VALLEY		STATE CA	ZIP 92708		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER CITIZEN REQUEST COUNTRY CITY			
BICY-CLIST	SEX M	HAIR BLK	EYES BRN	HEIGHT 503	WEIGHT 150	BIRTHDATE MO DAY YEAR 12 15 1979	RACE OTHER	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
OTHER	HOME PHONE (714)388-9639		BUSINESS PHONE EXT		VEHICLE IDENTIFICATION NUMBER:				
INSURANCE CARRIER FARMERS INS CO				POLICY NUMBER 194616771		VEHICLE TYPE 01	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> ROLLOVER		SHADE IN DAMAGED AREA
DIR OF TRAVEL EAST		ON STREET OR HIGHWAY WESTERN AVE		SPEED LIMIT 40		CA _____ DOT _____		CAL-T _____ TCP/PSC _____ MC/MX _____	
PARTY 2	DRIVER'S LICENSE NUMBER E2639936	STATE CA	CLASS C	AIR BAG L	SAFETY EQUIP G	VEH. YEAR 2013	MAKE/MODEL/COLOR DODGE CHARGE WHITE	LICENSE NUMBER 6ZNE138	STATE CA
DRIVER	NAME (FIRST, MIDDLE, LAST) NICHOLAS MYRON JONES				OWNER'S NAME		<input type="checkbox"/> CITY OWNED <input checked="" type="checkbox"/> SAME AS DRIVER		
PEDES-TRIAN	STREET ADDRESS 1380 W 48TH ST				OWNER'S ADDRESS		<input checked="" type="checkbox"/> SAME AS DRIVER		
PARKED VEHICLE	CITY SAN BERNARDINO		STATE CA	ZIP 92407		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER CITIZEN REQUEST COUNTRY CITY			
BICY-CLIST	SEX M	HAIR BLK	EYES BRN	HEIGHT 511	WEIGHT 315	BIRTHDATE MO DAY YEAR 08 03 1990	RACE BLACK	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
OTHER	HOME PHONE (909)486-5577		BUSINESS PHONE EXT		VEHICLE IDENTIFICATION NUMBER:				
INSURANCE CARRIER CARNEGIE GENERAL				POLICY NUMBER NE 000040287		VEHICLE TYPE 01	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLLOVER		SHADE IN DAMAGED AREA
DIR OF TRAVEL SOUTH		ON STREET OR HIGHWAY WESTERN AVE		SPEED LIMIT 40		CA _____ DOT _____		CAL-T _____ TCP/PSC _____ MC/MX _____	
PARTY	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
DRIVER	NAME (FIRST, MIDDLE, LAST)				OWNER'S NAME		<input type="checkbox"/> CITY OWNED <input type="checkbox"/> SAME AS DRIVER		
PEDES-TRIAN	STREET ADDRESS				OWNER'S ADDRESS		<input type="checkbox"/> SAME AS DRIVER		
PARKED VEHICLE	CITY		STATE	ZIP		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER			
BICY-CLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE MO DAY YEAR	RACE	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
OTHER	HOME PHONE		BUSINESS PHONE EXT		VEHICLE IDENTIFICATION NUMBER:				
INSURANCE CARRIER				POLICY NUMBER		VEHICLE TYPE	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLLOVER		SHADE IN DAMAGED AREA
DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		CA _____ DOT _____		CAL-T _____ TCP/PSC _____ MC/MX _____	
OFFICER NAME & I.D. W. HOLLOWAY					REVIEWER'S NAME SGT. ELFARRA			DATE REVIEWED 03/03/2015	
<input type="checkbox"/> NARR.		<input type="checkbox"/> PASS.WIT.		<input type="checkbox"/> CSI		<input type="checkbox"/> STORED VEH. RPT.		<input type="checkbox"/> P&F <input type="checkbox"/> OTHER	


TRAFFIC COLLISION CODING

DATE OF COLLISION 03/03/2015	TIME (2400) 1451	NCIC # 3009	OFFICER I.D. 3713	NUMBER 15-002980
PROPERTY DAMAGE	OWNER'S NAME	OWNER'S ADDRESS	NOTIFIED <input type="radio"/> YES <input type="radio"/> NO	
DESCRIPTION OF DAMAGE			<input type="checkbox"/> City Property Damage	

SEATING POSITION  1 - DRIVER 2 TO 6 PASSENGERS 7 - STATION WAGON REAR 8 - REAR OCC. TRK. OR VAN 9 - POSITION UNKNOWN 0 - OTHER	OCCUPANTS A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULD HARNESS NOT USED G - LAP/SHOULDER HARNESS USED H - LAP/SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED	SAFETY EQUIPMENT L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED CHILD RESTRAINT Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE	M / C BICYCLE-HELMET DRIVER PASSENGER V - NO X - NO W - YES Y - YES EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	INATTENTION CODES A - CELLPHONE HANDHELD B - CELLPHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONAL HYGIENE J - READING K - OTHER
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ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE

PRIMARY COLLISION FACTOR LIST NUMBER(#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	SPECIAL INFORMATION			MOVEMENT PRECEDING COLLISION
		1	2	3	
<input checked="" type="checkbox"/> A VC SECTION VIOLATED 21804(a) <input type="radio"/> CITED YES <input type="radio"/> NO	<input checked="" type="checkbox"/> A CONTROLS FUNCTIONING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A STOPPED
<input type="checkbox"/> B OTHER IMPROPER DRIVING*	<input type="checkbox"/> B CONTROLS NOT FUNCTIONING*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B PROCEEDING STRAIGHT
	<input type="checkbox"/> C CONTROLS OBSCURED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C RAN OFF ROAD
	<input type="checkbox"/> D NO CONTROLS PRESENT / FACTOR*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D MAKING RIGHT TURN
<input type="checkbox"/> C OTHER THAN DRIVER*	TYPE OF COLLISION			<input type="checkbox"/>	E MAKING LEFT TURN
<input type="checkbox"/> D UNKNOWN*	<input type="checkbox"/> A HEAD - ON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F MAKING U TURN
	<input type="checkbox"/> B SIDE SWIPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G BACKING
	<input type="checkbox"/> C REAR END	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H SLOWING / STOPPING
<input checked="" type="checkbox"/> WEATHER (MARK 1 TO 2 ITEMS)	<input checked="" type="checkbox"/> D BROADSIDE				I PASSING OTHER VEHICLE
<input checked="" type="checkbox"/> A CLEAR	<input type="checkbox"/> E HIT OBJECT				J CHANGING LANES
<input type="checkbox"/> B CLOUDY	<input type="checkbox"/> F OVERTURNED				K PARKING MANEUVER
<input type="checkbox"/> C RAINING	<input type="checkbox"/> G VEHICLE / PEDESTRIAN				L ENTERING TRAFFIC
<input type="checkbox"/> D SNOWING	<input type="checkbox"/> H OTHER*				M OTHER UNSAFE TURNING
<input type="checkbox"/> E FOG / VISIBILITY FT.	MOTOR VEHICLE INVOLVED WITH			<input type="checkbox"/>	N XING INTO OPPOSING LANE
<input type="checkbox"/> F OTHER*	<input type="checkbox"/> A NON - COLLISION				O PARKED
<input type="checkbox"/> G WIND	<input type="checkbox"/> B PEDESTRIAN				P MERGING
<input checked="" type="checkbox"/> LIGHTING	<input checked="" type="checkbox"/> C OTHER MOTOR VEHICLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Q TRAVELING WRONG WAY
<input type="checkbox"/> A DAYLIGHT	<input type="checkbox"/> D MOTOR VEHICLE ON OTHER ROADWAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R OTHER*
<input type="checkbox"/> B DUSK - DAWN	<input type="checkbox"/> E PARKED MOTOR VEHICLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)
<input type="checkbox"/> C DARK - STREET LIGHTS	<input type="checkbox"/> F TRAIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> D DARK - NO STREET LIGHTS	<input type="checkbox"/> G BICYCLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> E DARK - STREET LIGHTS NOT FUNCTIONING*	<input type="checkbox"/> H ANIMAL:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> ROADWAY SURFACE	<input type="checkbox"/> I FIXED OBJECT:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A HAD NOT BEEN DRINKING
<input type="checkbox"/> A DRY	<input type="checkbox"/> J OTHER OBJECT:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B HBD - UNDER INFLUENCE
<input type="checkbox"/> B WET		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C HBD - NOT UNDER INFLUENCE*
<input type="checkbox"/> C SNOWY - ICY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D HBD - IMPAIRMENT UNKNOWN*
<input type="checkbox"/> D SLIPPERY (MUDDY, OILY, ETC)	PEDESTRIAN'S ACTIONS			<input type="checkbox"/>	E UNDER DRUG INFLUENCE*
<input type="checkbox"/> ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS)	<input checked="" type="checkbox"/> A NO PEDESTRIANS INVOLVED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F IMPAIRMENT - PHYSICAL*
<input type="checkbox"/> A HOLES, DEEP RUT*	<input type="checkbox"/> B CROSSING IN CROSSWALK AT INTERSECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G IMPAIRMENT NOT KNOWN
<input type="checkbox"/> B LOOSE MATERIAL ON ROADWAY*	<input type="checkbox"/> C CROSSING IN CROSSWALK - NOT AT INTERSECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H NOT APPLICABLE
<input type="checkbox"/> C OBSTRUCTION ON ROADWAY*	<input type="checkbox"/> D CROSSING - NOT IN CROSSWALK ZONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I SLEEPY / FATIGUED*
<input type="checkbox"/> D CONSTRUCTION - REPAIR ZONE	<input type="checkbox"/> E IN ROAD - INCLUDES SHOULDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> E REDUCED ROADWAY WIDTH	<input type="checkbox"/> F NOT IN ROAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> F FLOODED*	<input type="checkbox"/> G APPROACHING / LEAVING SCHOOL BUS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> G OTHER*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> H NO UNUSUAL CONDITIONS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SKETCH	MISCELLANEOUS AOI: 1,212' S SCL Lampson / 25' E WCL Western INDICATE NORTH 
	Synopssi: V1 made wide right turn out of private driveway of 12711 Western Ave directly into #1 lane, in front of V2, which was s/b Western Ave in 31 lane.