


TRAFFIC COLLISION REPORT

SPECIAL CONDITIONS		SFTA <input checked="" type="checkbox"/>	NUMBER INJURED 1	HIT & RUN FELONY <input type="checkbox"/>	CITY GG (FIRESTATION #5) WEST ORANGE	JUDICIAL DISTRICT WEST ORANGE	LOCAL REPORT NUMBER 15-003144		
		LFTA <input type="checkbox"/>	NUMBER KILLED 0	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY ORANGE	REPORTING DISTRICT 054	BEAT 1-1		
LOCATION	COLLISION OCCURRED ON: WESTERN AVE				MO / DAY / YEAR 03/06/2015	TIME (2400) 1227	NCIC # 3009	OFFICER I.D. 4282	
	<input type="checkbox"/> AT INTERSECTION WITH:				DAY OF WEEK S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input checked="" type="checkbox"/> S		TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
	<input checked="" type="checkbox"/> OR: 18 FEET NORTH OF HYDRANT AT 12712 WESTERN						PHOTOGRAPHS BY <input checked="" type="checkbox"/> NONE		
PARTY 1	DRIVER'S LICENSE NUMBER N9716922	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP G	VEH. YEAR 1999	MAKE/MODEL/COLOR TOYOTA TACOMA GREEN	LICENSE NUMBER 8S70532	STATE CA
DRIVER <input checked="" type="checkbox"/>	NAME (FIRST, MIDDLE, LAST) REGINALDO ALDARETE				OWNER'S NAME <input type="checkbox"/> CITY OWNED <input checked="" type="checkbox"/> SAME AS DRIVER				
PEDES-TRIAN <input type="checkbox"/>	STREET ADDRESS 8448 BEECH AVE				OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE <input type="checkbox"/>	CITY FONTANA	STATE CA	ZIP 92335	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER CITIZEN REQUEST					
BICY-CLIST <input type="checkbox"/>	SEX M	HAIR BLK	EYES GRN	HEIGHT 505	WEIGHT 140	BIRTHDATE MO 11 DAY 18 YEAR 50	RACE HISPANIC	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
OTHER <input type="checkbox"/>	HOME PHONE 909-368-6889		BUSINESS PHONE EXT		VEHICLE IDENTIFICATION NUMBER: 4TAVL52N2XZ491868				
INSURANCE CARRIER MERCURY				POLICY NUMBER 0401 04 120157854		VEHICLE TYPE 22		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLLOVER	
DIR OF TRAVEL N		ON STREET OR HIGHWAY WESTERN AVE		SPEED LIMIT 40		CA _____ DOT _____			
PARTY 2	DRIVER'S LICENSE NUMBER B4796555	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP G	VEH. YEAR 2008	MAKE/MODEL/COLOR FORD RANGER WHITE	LICENSE NUMBER 8R24799	STATE CA
DRIVER <input checked="" type="checkbox"/>	NAME (FIRST, MIDDLE, LAST) MIGUEL ANGEL PEREZ				OWNER'S NAME <input type="checkbox"/> CITY OWNED <input type="checkbox"/> SAME AS DRIVER				
PEDES-TRIAN <input type="checkbox"/>	STREET ADDRESS 9755 BIXBY AVE APT D				OWNER'S ADDRESS 2191 BURGANDY PL ONTARIO CA 91761				
PARKED VEHICLE <input type="checkbox"/>	CITY Garden Grove	STATE CA	ZIP 92841	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> OTHER LEFT AT SCENE					
BICY-CLIST <input type="checkbox"/>	SEX M	HAIR BLK	EYES BRN	HEIGHT 601	WEIGHT 217	BIRTHDATE MO 05 DAY 19 YEAR 77	RACE HISPANIC	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
OTHER <input type="checkbox"/>	HOME PHONE 714-271-7810		BUSINESS PHONE EXT		VEHICLE IDENTIFICATION NUMBER: 1FTYR10D48PA41400				
INSURANCE CARRIER OCD REPUBLIC				POLICY NUMBER MWTB302355		VEHICLE TYPE 22		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLLOVER	
DIR OF TRAVEL N		ON STREET OR HIGHWAY WESTERN AVE		SPEED LIMIT 40		CA _____ DOT _____			
PARTY	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
DRIVER <input type="checkbox"/>	NAME (FIRST, MIDDLE, LAST)				OWNER'S NAME <input type="checkbox"/> CITY OWNED <input type="checkbox"/> SAME AS DRIVER				
PEDES-TRIAN <input type="checkbox"/>	STREET ADDRESS				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE <input type="checkbox"/>	CITY	STATE	ZIP	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> OTHER CITIZEN REQUEST					
BICY-CLIST <input type="checkbox"/>	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE MO DAY YEAR	RACE	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
OTHER <input type="checkbox"/>	HOME PHONE		BUSINESS PHONE		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	
DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		CA _____ DOT _____			
OFFICER NAME & I.D. Christopher Shelgren 4282					REVIEWER'S NAME W. ALLISON 0121			DATE REVIEWED 03/07/2015	
<input checked="" type="checkbox"/> NARR.		<input checked="" 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 03/06/2015	TIME (2400) 1227	NCIC # 3009	OFFICER I.D. 4282	NUMBER 15-003144
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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  <p>1 - DRIVER 2 TO 6 PASSENGERS 7 - STATION WAGON REAR 8 - REAR OCC. TRK. OR VAN 9 - POSITION UNKNOWN 0 - OTHER</p>	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(#)	TRAFFIC CONTROL DEVICES	1	2	3	SPECIAL INFORMATION	1	2	3	MOVEMENT PRECEDING COLLISION
1 A VC SECTION VIOLATED 22350	<input type="checkbox"/> A CONTROLS FUNCTIONING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A HAZARDOUS MATERIAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	A STOPPED
B OTHER IMPROPER DRIVING*	<input type="checkbox"/> B CONTROLS NOT FUNCTIONING*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B CELL PHONE HANDHELD IN USE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B PROCEEDING STRAIGHT
C OTHER THAN DRIVER*	<input type="checkbox"/> C CONTROLS OBSCURED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C CELL PHONE HANDSFREE IN USE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C RAN OFF ROAD
D UNKNOWN*	<input checked="" type="checkbox"/> D NO CONTROLS PRESENT / FACTOR*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D CELL PHONE NOT IN USE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D MAKING RIGHT TURN
	TYPE OF COLLISION				E SCHOOL BUS RELATED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E MAKING LEFT TURN
	<input type="checkbox"/> A HEAD - ON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F 75 FT MOTORTRUCK COMBO	<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 32 FT TRAILER COMBO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G BACKING
	<input checked="" type="checkbox"/> C REAR END				H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H SLOWING / STOPPING
	<input type="checkbox"/> D BROADSIDE				I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I PASSING OTHER VEHICLE
<input checked="" type="checkbox"/> A CLEAR	<input type="checkbox"/> E HIT OBJECT				J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	J CHANGING LANES
<input type="checkbox"/> B CLOUDY	<input type="checkbox"/> F OVERTURNED				K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K PARKING MANEUVER
<input type="checkbox"/> C RAINING	<input type="checkbox"/> G VEHICLE / PEDESTRIAN				L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L ENTERING TRAFFIC
<input type="checkbox"/> D SNOWING	<input type="checkbox"/> H OTHER*				M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M OTHER UNSAFE TURNING
<input type="checkbox"/> E FOG / VISIBILITY FT.					N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N XING INTO OPPOSING LANE
<input type="checkbox"/> F OTHER*	MOTOR VEHICLE INVOLVED WITH				O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O PARKED
<input type="checkbox"/> G WIND	<input type="checkbox"/> A NON - COLLISION					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P MERGING
	<input type="checkbox"/> B PEDESTRIAN					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Q TRAVELING WRONG WAY
<input checked="" type="checkbox"/> A DAYLIGHT	<input checked="" type="checkbox"/> C OTHER MOTOR VEHICLE	1	2	3	OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)				R OTHER*
<input type="checkbox"/> B DUSK - DAWN	<input type="checkbox"/> D MOTOR VEHICLE ON OTHER ROADWAY	<input type="checkbox"/>			A VC SECTION VIOLATED CITED YES NO				
<input type="checkbox"/> C DARK - STREET LIGHTS	<input type="checkbox"/> E PARKED MOTOR VEHICLE		<input type="checkbox"/>		B VC SECTION VIOLATED CITED YES NO				
<input type="checkbox"/> D DARK - NO STREET LIGHTS	<input type="checkbox"/> F TRAIN				C VC SECTION VIOLATED CITED YES NO	1	2	3	SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)
<input type="checkbox"/> E DARK - STREET LIGHTS NOT FUNCTIONING*	<input type="checkbox"/> G BICYCLE								A HAD NOT BEEN DRINKING
	<input type="checkbox"/> H ANIMAL:								B HBD - UNDER INFLUENCE
<input checked="" type="checkbox"/> A DRY	<input type="checkbox"/> I FIXED OBJECT:				D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C HBD - NOT UNDER INFLUENCE*
<input type="checkbox"/> B WET	<input type="checkbox"/> J OTHER OBJECT:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E VISION OBSCUREMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D HBD - IMPAIRMENT UNKNOWN*
<input type="checkbox"/> C SNOWY - ICY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F INATTENTION*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E UNDER DRUG INFLUENCE*
<input type="checkbox"/> D SLIPPERY (MUDDY, OILY, ETC)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G STOP & GO TRAFFIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F IMPAIRMENT - PHYSICAL*
	PEDESTRIAN'S ACTIONS				H ENTERING / LEAVING RAMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G IMPAIRMENT NOT KNOWN
	<input checked="" type="checkbox"/> A NO PEDESTRIANS INVOLVED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I PREVIOUS COLLISION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H NOT APPLICABLE
<input type="checkbox"/> A HOLES, DEEP RUT*	<input type="checkbox"/> B CROSSING IN CROSSWALK AT INTERSECTION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	J UNFAMILIAR WITH ROAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I SLEEPY / FATIGUED*
<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"/>	K DEFECTIVE VEH. EQUIP: CITED YES NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<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"/>	L UNINVOLVED VEHICLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> D CONSTRUCTION - REPAIR ZONE	<input type="checkbox"/> E IN ROAD - INCLUDES SHOULDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M OTHER*				
<input type="checkbox"/> E REDUCED ROADWAY WIDTH	<input type="checkbox"/> F NOT IN ROAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N NONE APPARENT				
<input type="checkbox"/> F FLOODED*	<input type="checkbox"/> G APPROACHING / LEAVING SCHOOL BUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O RUNAWAY VEHICLE				
<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

INDICATE NORTH

MISCELLANEOUS
 Both D2(Perez)and W1(Hale)said V2 was stopped in the #2 lane n/b Western Ave. waiting for a semi-truck to pull into 12712 Western Ave. when V1 struck V2 from behind. D1(Aldarete) said he was n/b Western Ave in the #2 lane traveling approximately 35 mph when he noticed V2 stopped and was unable to stop in time to avoid the collision.

**STATE OF CALIFORNIA
INJURED / WITNESS / PASSENGERS**

DATE OF COLLISION (MO. DAY YEAR) 03/06/2015				TIME (2400) 1227		NCIC# 3009		OFFICER I.D. 4282				NUMBER 15-003144					
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)					PARTY NUMBER	SEAT POS.	SAFETY EQUIP.	EJECTED	
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER					
<input checked="" type="checkbox"/> # 1	<input type="checkbox"/>	58	F	<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"/>	<input type="checkbox"/>				
NAME / D.O.B. / ADDRESS MARY HALE 10/30/1956 22523 FRIES AVE CARSON CA 90745												TELEPHONE 310-629-6013		EXT			
(INJURED ONLY) TRANSPORTED BY:								TAKEN TO:									
DESCRIBE INJURIES														VICTIM OF VIOLENT CRIME NOTIFIED <input type="checkbox"/>			
<input type="checkbox"/> #	<input type="checkbox"/>	37	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	1-DR	G	NO
NAME / D.O.B. / ADDRESS MIGUEL PEREZ 05/19/1977 9755 BIXBY AVE APT D Garden Grove CA 92841												TELEPHONE 714-271-7810		EXT			
(INJURED ONLY) TRANSPORTED BY: CARE AMBULANCE								TAKEN TO: WEST ANAHEIM MEDICAL									
DESCRIBE INJURIES COMPLAINT OF PAIN TO BACK														VICTIM OF VIOLENT CRIME NOTIFIED <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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
NAME / D.O.B. / ADDRESS												TELEPHONE		EXT			
(INJURED ONLY) TRANSPORTED BY:								TAKEN TO:									
DESCRIBE INJURIES														VICTIM OF VIOLENT CRIME NOTIFIED <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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
NAME / D.O.B. / ADDRESS												TELEPHONE		EXT			
(INJURED ONLY) TRANSPORTED BY:								TAKEN TO:									
DESCRIBE INJURIES														VICTIM OF VIOLENT CRIME NOTIFIED <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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
NAME / D.O.B. / ADDRESS												TELEPHONE		EXT			
(INJURED ONLY) TRANSPORTED BY:								TAKEN TO:									
DESCRIBE INJURIES														VICTIM OF VIOLENT CRIME NOTIFIED <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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
NAME / D.O.B. / ADDRESS												TELEPHONE		EXT			
(INJURED ONLY) TRANSPORTED BY:								TAKEN TO:									
DESCRIBE INJURIES														VICTIM OF VIOLENT CRIME NOTIFIED <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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
NAME / D.O.B. / ADDRESS												TELEPHONE		EXT			
(INJURED ONLY) TRANSPORTED BY:								TAKEN TO:									
DESCRIBE INJURIES														VICTIM OF VIOLENT CRIME NOTIFIED <input type="checkbox"/>			
PREPARER'S NAME Christopher Shelgren				I.D. NUMBER 4282		MO. DAY YEAR 03/06/2015		REVIEWER'S NAME W. ALLISON				MO. DAY YEAR 03/07/2015					