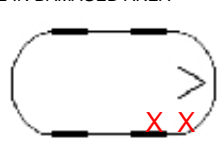
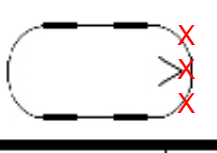




# TRAFFIC COLLISION REPORT

SPECIAL CONDITIONS		SFTA <input checked="" type="checkbox"/>	NUMBER INJURED 2	HIT & RUN FELONY <input type="checkbox"/>	CITY GARDEN GROVE	JUDICIAL DISTRICT WEST ORANGE	LOCAL REPORT NUMBER 15-003193		
		LFTA <input type="checkbox"/>	NUMBER KILLED 0	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY ORANGE	REPORTING DISTRICT 44	BEAT 1-1		
<b>LOCATION</b>	COLLISION OCCURRED ON: <b>KNOTT ST.</b>				MO / DAY / YEAR 03/07/2015	TIME (2400) 1037	NCIC # 3009	OFFICER I.D. 4049	
	<input type="checkbox"/> AT INTERSECTION WITH:				DAY OF WEEK S M T W T F S		TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> OR:				S M T W T F S		STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
							PHOTOGRAPHS BY <input checked="" type="checkbox"/> NONE		
<b>PARTY 1</b>	DRIVER'S LICENSE NUMBER A4968640	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP G	VEH. YEAR 2011	MAKE/MODEL/COLOR TOYOTA CAMRY GRAY	LICENSE NUMBER 6PGW237	STATE CA
<b>DRIVER</b> <input checked="" type="checkbox"/>	NAME (FIRST, MIDDLE, LAST) MARION MARIE HOWELL				OWNER'S NAME <input type="checkbox"/> CITY OWNED <input checked="" type="checkbox"/> SAME AS DRIVER				
<b>PEDES-TRIAN</b> <input type="checkbox"/>	STREET ADDRESS 889 VICTOR AVE #4				OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER				
<b>PARKED VEHICLE</b> <input type="checkbox"/>	CITY INGLEWOOD	STATE CA	ZIP 90302	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
<b>BICY-CLIST</b> <input type="checkbox"/>	SEX F	HAIR BRN	EYES BRN	HEIGHT 509	WEIGHT 150	BIRTHDATE MO DAY YEAR 05 07 1967	RACE BLACK	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
<b>OTHER</b> <input type="checkbox"/>	HOME PHONE (310)897-6604		BUSINESS PHONE EXT		VEHICLE IDENTIFICATION NUMBER: 4T1BF3EK9BU172411				
INSURANCE CARRIER GEICO		POLICY NUMBER 4367295625			VEHICLE TYPE 01		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		SHADE IN DAMAGED AREA 
DIR OF TRAVEL N		ON STREET OR HIGHWAY KNOTT ST.		SPEED LIMIT		CA _____ DOT _____		CAL-T _____ TCP/PSC _____ MC/MX _____	
<b>PARTY 2</b>	DRIVER'S LICENSE NUMBER X0591590	STATE CA	CLASS N/A	AIR BAG M	SAFETY EQUIP G	VEH. YEAR 2000	MAKE/MODEL/COLOR PONTIAC GRAND WHITE	LICENSE NUMBER 7BRJ985	STATE CA
<b>DRIVER</b> <input checked="" type="checkbox"/>	NAME (FIRST, MIDDLE, LAST) GERSON MARTINEZ				OWNER'S NAME <input type="checkbox"/> CITY OWNED <input checked="" type="checkbox"/> SAME AS DRIVER				
<b>PEDES-TRIAN</b> <input type="checkbox"/>	STREET ADDRESS 628 E. 53RD STREET				OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER				
<b>PARKED VEHICLE</b> <input type="checkbox"/>	CITY LONG BEACH	STATE CA	ZIP 90805	DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
<b>BICY-CLIST</b> <input type="checkbox"/>	SEX M	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE MO DAY YEAR 02 04 1992	RACE HISPANIC	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
<b>OTHER</b> <input type="checkbox"/>	HOME PHONE (562)388-1079		BUSINESS PHONE EXT		VEHICLE IDENTIFICATION NUMBER: 1G2NF52E6YC512113				
INSURANCE CARRIER ACCESS		POLICY NUMBER ACA003252985			VEHICLE TYPE 01		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		SHADE IN DAMAGED AREA 
DIR OF TRAVEL N		ON STREET OR HIGHWAY KNOTT ST.		SPEED LIMIT		CA _____ DOT _____		CAL-T _____ TCP/PSC _____ MC/MX _____	
<b>PARTY</b>	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
<b>DRIVER</b> <input type="checkbox"/>	NAME (FIRST, MIDDLE, LAST)				OWNER'S NAME <input type="checkbox"/> CITY OWNED <input type="checkbox"/> SAME AS DRIVER				
<b>PEDES-TRIAN</b> <input type="checkbox"/>	STREET ADDRESS				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER				
<b>PARKED VEHICLE</b> <input type="checkbox"/>	CITY	STATE	ZIP	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
<b>BICY-CLIST</b> <input type="checkbox"/>	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE MO DAY YEAR	RACE	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
<b>OTHER</b> <input type="checkbox"/>	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. A. HERNANDEZ 4049					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 checked="" type="checkbox"/> STORED VEH. RPT.		<input type="checkbox"/> P & F <input type="checkbox"/> OTHER	

# TRAFFIC COLLISION CODING

DATE OF COLLISION <b>03/07/2015</b>	TIME (2400) <b>1037</b>	NCIC # <b>3009</b>	OFFICER I.D. <b>4049</b>	NUMBER <b>15-003193</b>
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<b>PROPERTY DAMAGE</b>	OWNER'S NAME	OWNER'S ADDRESS	NOTIFIED <input type="radio"/> YES <input type="radio"/> NO
	DESCRIPTION OF DAMAGE		<input type="checkbox"/> City Property Damage

<b>SEATING POSITION</b>  <p>1 - DRIVER 2 TO 6 PASSENGERS 7 - STATION WAGON REAR 8 - REAR OCC. TRK. OR VAN 9 - POSITION UNKNOWN 0 - OTHER</p>	<b>OCCUPANTS</b> 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	<b>SAFETY EQUIPMENT</b> L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED <b>CHILD RESTRAINT</b> Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE	<b>M / C BICYCLE-HELMET</b> DRIVER PASSENGER V - NO X - NO W - YES Y - YES <b>EJECTED FROM VEHICLE</b> 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	<b>INATTENTION CODES</b> 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	
1 A VC SECTION VIOLATED <b>VC 21801 (A)</b>	<input 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 OTHER THAN DRIVER*	<input type="checkbox"/> C CONTROLS OBSCURED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C RAN OFF ROAD
<input type="checkbox"/> D UNKNOWN*	<input checked="" type="checkbox"/> D NO CONTROLS PRESENT / FACTOR*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D MAKING RIGHT TURN
<b>TYPE OF COLLISION</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E MAKING LEFT TURN
<input type="checkbox"/> A CLEAR	<input type="checkbox"/> A HEAD - ON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F MAKING U TURN
<input type="checkbox"/> B CLOUDY	<input type="checkbox"/> B SIDE SWIPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G BACKING
<input type="checkbox"/> C RAINING	<input type="checkbox"/> C REAR END	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H SLOWING / STOPPING
<input type="checkbox"/> D SNOWING	<input checked="" type="checkbox"/> D BROADSIDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I PASSING OTHER VEHICLE
<input type="checkbox"/> E FOG / VISIBILITY FT.	<input type="checkbox"/> E HIT OBJECT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	J CHANGING LANES
<input type="checkbox"/> F OTHER*	<input type="checkbox"/> F OVERTURNED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K PARKING MANEUVER
<input type="checkbox"/> G WIND	<input type="checkbox"/> G VEHICLE / PEDESTRIAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L ENTERING TRAFFIC
<b>MOTOR VEHICLE INVOLVED WITH</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M OTHER UNSAFE TURNING
<input type="checkbox"/> A DAYLIGHT	<input type="checkbox"/> A NON - COLLISION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N XING INTO OPPOSING LANE
<input type="checkbox"/> B DUSK - DAWN	<input type="checkbox"/> B PEDESTRIAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O PARKED
<input type="checkbox"/> C DARK - STREET LIGHTS	<input checked="" type="checkbox"/> C OTHER MOTOR VEHICLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P MERGING
<input type="checkbox"/> D DARK - NO STREET LIGHTS	<input type="checkbox"/> D MOTOR VEHICLE ON OTHER ROADWAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Q TRAVELING WRONG WAY
<input type="checkbox"/> E DARK - STREET LIGHTS NOT FUNCTIONING*	<input type="checkbox"/> E PARKED MOTOR VEHICLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R OTHER*
<b>ROADWAY SURFACE</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SOBRIETY - DRUG PHYSICAL</b> (MARK 1 TO 2 ITEMS)
<input checked="" type="checkbox"/> A DRY	<input type="checkbox"/> F TRAIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> B WET	<input type="checkbox"/> G BICYCLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> C SNOWY - ICY	<input type="checkbox"/> H ANIMAL:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> D SLIPPERY (MUDDY, OILY, ETC)	<input type="checkbox"/> I FIXED OBJECT:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A HAD NOT BEEN DRINKING
<b>ROADWAY CONDITIONS</b> (MARK 1 TO 2 ITEMS)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B HBD - UNDER INFLUENCE
<input type="checkbox"/> A HOLES, DEEP RUT*	<input type="checkbox"/> J OTHER OBJECT:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C HBD - NOT UNDER INFLUENCE*
<input type="checkbox"/> B LOOSE MATERIAL ON ROADWAY*	<input checked="" type="checkbox"/> A NO PEDESTRIANS INVOLVED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D HBD - IMPAIRMENT UNKNOWN*
<input type="checkbox"/> C OBSTRUCTION ON ROADWAY*	<input type="checkbox"/> B CROSSING IN CROSSWALK AT INTERSECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E UNDER DRUG INFLUENCE*
<input type="checkbox"/> D CONSTRUCTION - REPAIR ZONE	<input type="checkbox"/> C CROSSING IN CROSSWALK - NOT AT INTERSECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F IMPAIRMENT - PHYSICAL*
<input type="checkbox"/> E REDUCED ROADWAY WIDTH	<input type="checkbox"/> D CROSSING - NOT IN CROSSWALK ZONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G IMPAIRMENT NOT KNOWN
<input type="checkbox"/> F FLOODED*	<input type="checkbox"/> E IN ROAD - INCLUDES SHOULDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H NOT APPLICABLE
<input type="checkbox"/> G OTHER*	<input type="checkbox"/> F NOT IN ROAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I SLEEPY / FATIGUED*
<input checked="" type="checkbox"/> H NO UNUSUAL CONDITIONS	<input type="checkbox"/> G APPROACHING / LEAVING SCHOOL BUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SKETCH

INDICATE NORTH

**MISCELLANEOUS**  
SEE NARRATIVE FOR DETAILS.

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

DATE OF COLLISION (MO. DAY YEAR)		TIME (2400)		NCIC#		OFFICER I.D.		NUMBER								
03/07/2015		1037		3009		4049		15-003193								
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)				PARTY NUMBER	SEAT POS.	SAFETY EQUIP.	EJECTED	
<input type="checkbox"/>	<input type="checkbox"/>	22	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	3-PAS	G	NO
NAME / D.O.B. / ADDRESS TANIA BARAHONA 01/03/1993 628 E. 53RD ST #K LONG BEACH CA 90805												TELEPHONE (562)388-1079		EXT		
(INJURED ONLY) TRANSPORTED BY: REFUSED												TAKEN TO:				
DESCRIBE INJURIES COMPLAINT OF PAIN TO LEFT ARM AND LEFT LEG												VICTIM OF VIOLENT CRIME NOTIFIED <input type="checkbox"/>				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	29	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"/>	2	5-PAS	G	NO
NAME / D.O.B. / ADDRESS RUTH UMANA 08/02/1985 653 E. 53RD ST LONG BEACH CA 90805												TELEPHONE (562)200-1056		EXT		
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:				
DESCRIBE INJURIES												VICTIM OF VIOLENT CRIME NOTIFIED <input type="checkbox"/>				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	13	M	<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"/>	1	3-PAS	G	NO
NAME / D.O.B. / ADDRESS FRANK STAINE 05/07/2001 889 VICTOR AVE #4 INGLEWOOD CA 90302												TELEPHONE (310)897-6622		EXT		
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:				
DESCRIBE INJURIES												VICTIM OF VIOLENT CRIME NOTIFIED <input type="checkbox"/>				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	M	<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"/>		6-PAS		
NAME / D.O.B. / ADDRESS MARK BELL 01/24/2001 1518 W. 52ND ST INGLEWOOD CA 90805												TELEPHONE (323)534-7127		EXT		
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:				
DESCRIBE INJURIES												VICTIM OF VIOLENT CRIME NOTIFIED <input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	75	M	<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 CHARLES HAND 10/16/1939 1871 SKYLINE DR FULLERTON CA 92831												TELEPHONE (714)871-4815		EXT		
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:				
DESCRIBE INJURIES												VICTIM OF VIOLENT CRIME NOTIFIED <input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	23	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"/>	2	1-DR	G	NO
NAME / D.O.B. / ADDRESS GERSON MARTINEZ 02/04/1992 628 E. 53RD ST #K LONG BEACH CA 90805												TELEPHONE (562)388-1079		EXT		
(INJURED ONLY) TRANSPORTED BY: CARE												TAKEN TO: WEST MED ANAHEIM				
DESCRIBE INJURIES COMPLAINT OF CHEST PAIN, BACK PAIN, NECK PAIN, AND PAIN IN BOTH KNEES												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"/>				
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 A. HERNANDEZ				I.D. NUMBER 4049		MO. DAY YEAR 03/07/2015		REVIEWER'S NAME W. ALLISON				MO. DAY YEAR 03/07/2015				

# TRAFFIC COLLISION REPORT

DR 15-003193

PAGE OF 4

CITY GARDEN GROVE	COUNTY ORANGE	DATE OF ORIGINAL INCIDENT 03/07/2015	TIME (2400) 1037
<input checked="" type="checkbox"/> TRAFFIC COLLISION NARRATIVE	TEAM WEST	DISTRICT 44	CITATION NO.
<input type="checkbox"/> SUPPLEMENTAL	LOCATION/SUBJECT KNOTT ST.		

P-1 stated she was driving N/B on Knott St. in the designated two-way turn lane. P-2 said the #1 and #2 were stopped for S/B traffic on Knott St. and she proceeded to make a left turn lane in to the Next Level Sports Complex parking lot when she was hit on the front passenger side by P-2.

Frank Staine was sitting in the front passenger side of V-1. He said, "the first two lanes were stopped" (#1 and #2) and his mother was getting through okay on her left turn when P-2 collided into the vehicle on his side.

Mark Bell was sitting in the rear right passenger side of V-1 and said they were making a left turn when P-2 collided into them at "full speed" on his side of the vehicle.

Tania Barahona was sitting in the front passenger side of V-2. She said her husband was driving S/B in the #3 lane with no traffic when P-1 made a left turn in front of them. Barahona said her husband attempted to brake and swerved to the right to try and avoid P-1, but still hit P-1.

Ruth Umana was sitting in the rear right passenger side of V-2. She said she wasn't paying very much attention to the road and all of a sudden felt the car come to a stop.

Witness #1 stated he was driving S/B in the #2 lane and was the first car stopped at the keep clear section. He stated the #1 and #2 lane were stopped, but the #3 lane was still flowing and without traffic. He stated he saw P-2 driving at regular speed when it collided in to P-1.

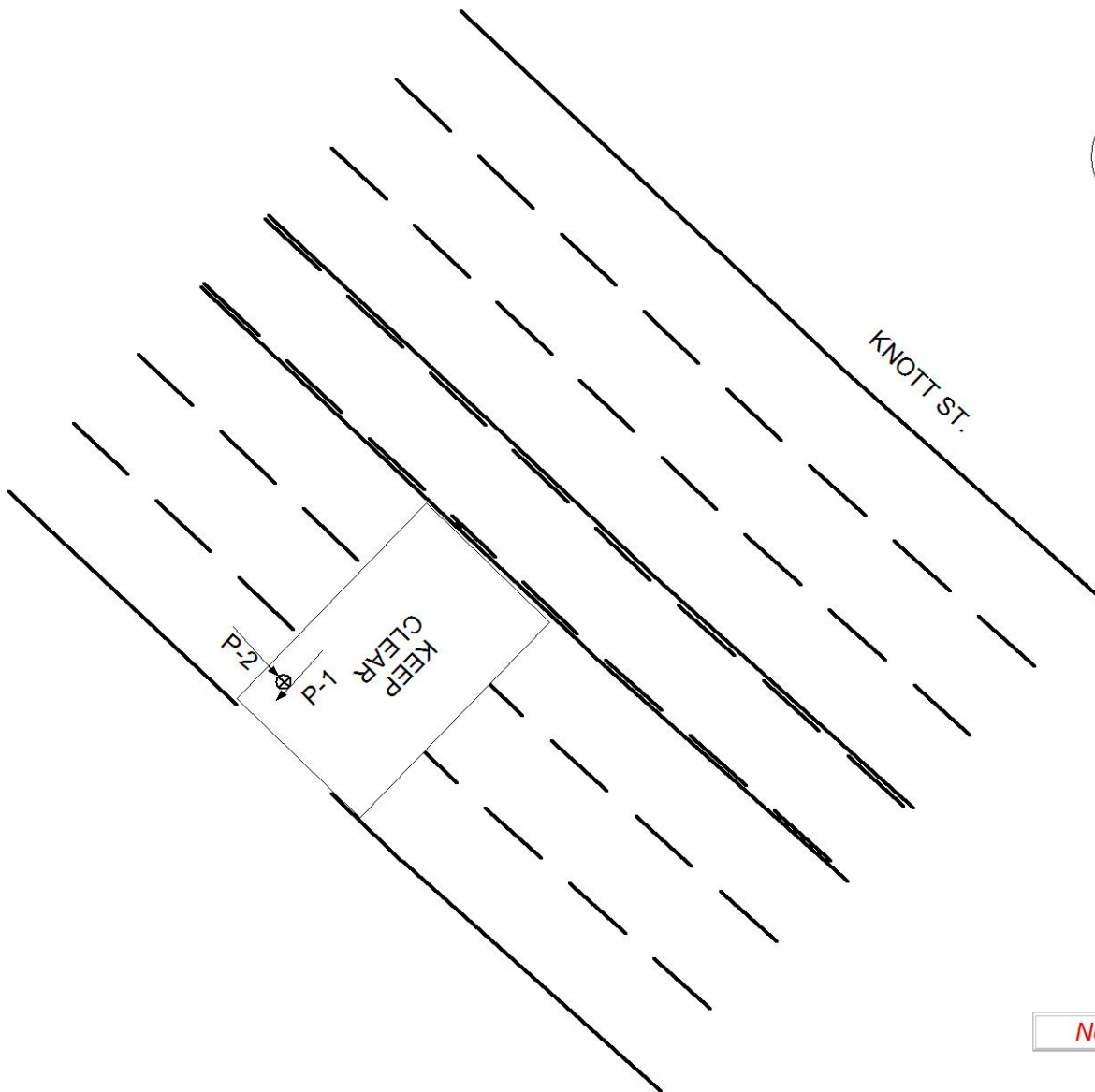
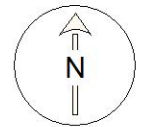
I followed up with P-2 at the hospital, but he was very dazed and confused and could not tell me what happened. P-2 said he did not remember what happened or how he ended up at the hospital.

AOI:  
4' E of W/CL Knott St.  
446 N of N/CL of Acacia Ave.

OFFICER NAME & I.D. A. HERNANDEZ 4049	REVIEWER'S NAME W. ALLISON	DATE REVIEWED 03/07/2015
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KNOTT ST.

Description:



Not To Scale