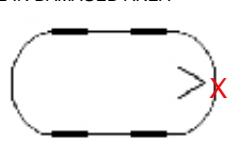

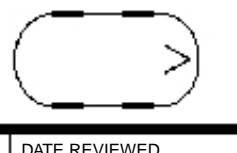



# TRAFFIC COLLISION REPORT

SPECIAL CONDITIONS		SFTA <input checked="" type="checkbox"/>	NUMBER INJURED 0	HIT & RUN FELONY <input type="checkbox"/>	CITY WEST ORANGE	JUDICIAL DISTRICT WEST ORANGE	LOCAL REPORT NUMBER 15-003418		
		LFTA <input type="checkbox"/>	NUMBER KILLED 0	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY ORANGE	REPORTING DISTRICT 1-1	BEAT		
<b>LOCATION</b>	COLLISION OCCURRED ON: <b>KNOTT ST</b>				MO / DAY / YEAR <b>03/11/2015</b>	TIME (2400) <b>1222</b>	NCIC # <b>3009</b>	OFFICER I.D. <b>3752</b>	
	<input type="checkbox"/> AT INTERSECTION WITH:				DAY OF WEEK S M T W T F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		TOW AWAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	<input checked="" type="checkbox"/> OR: <b>50</b> FEET <b>NORTH</b> OF <b>NCL OF LAMPSON AVE</b>						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 <b>D8712578</b>	STATE <b>CA</b>	CLASS <b>C</b>	AIR BAG <b>M</b>	SAFETY EQUIP <b>G</b>	VEH. YEAR <b>1998</b>	MAKE/MODEL/COLOR <b>FORD EXPLORER BLACK</b>	LICENSE NUMBER <b>6XZL518</b>	STATE <b>CA</b>
<input checked="" type="checkbox"/> DRIVER	NAME (FIRST, MIDDLE, LAST) <b>JOHN JASON HUERTA</b>				OWNER'S NAME <input type="checkbox"/> CITY OWNED <input checked="" type="checkbox"/> SAME AS DRIVER				
<input type="checkbox"/> PEDESTRIAN	STREET ADDRESS <b>2001 E WILSHIRE AVE #6</b>				OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER				
<input type="checkbox"/> PARKED VEHICLE	CITY <b>FULLERTON</b>	STATE <b>CA</b>	ZIP <b>92831</b>	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER				<b>RETAINED</b>	
<input type="checkbox"/> BICYCLIST	SEX <b>M</b>	HAIR <b>BRN</b>	EYES <b>BRN</b>	HEIGHT <b>510</b>	WEIGHT <b>190</b>	BIRTHDATE MO DAY YEAR <b>06 12 1987</b>	RACE <b>WHITE</b>	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
<input type="checkbox"/> OTHER	HOME PHONE <b>(714)597-0729</b>		BUSINESS PHONE <b>NONE</b>		EXT		VEHICLE IDENTIFICATION NUMBER: <b>1FMYU22E8WUD23186</b>		
INSURANCE CARRIER <b>FIESTA</b>		POLICY NUMBER <b>MNS3324205</b>			VEHICLE TYPE <b>01</b>	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLLOVER		SHADE IN DAMAGED AREA 	
DIR OF TRAVEL <b>S</b>		ON STREET OR HIGHWAY <b>KNOTT ST</b>		SPEED LIMIT <b>40</b>		CA _____ DOT _____		CAL-T _____ TCP/PSC _____ MC/MX _____	
<b>PARTY 2</b>	DRIVER'S LICENSE NUMBER <b>D5061274</b>	STATE <b>CA</b>	CLASS <b>C</b>	AIR BAG <b>M</b>	SAFETY EQUIP <b>G</b>	VEH. YEAR <b>2003</b>	MAKE/MODEL/COLOR <b>TOYOTA CAMRY SILVER</b>	LICENSE NUMBER <b>7FKD431</b>	STATE <b>CA</b>
<input checked="" type="checkbox"/> DRIVER	NAME (FIRST, MIDDLE, LAST) <b>LUCAS ROSS PETERSON</b>				OWNER'S NAME <input type="checkbox"/> CITY OWNED <input checked="" type="checkbox"/> SAME AS DRIVER				
<input type="checkbox"/> PEDESTRIAN	STREET ADDRESS <b>225 S KNOTT LN #45</b>				OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER				
<input type="checkbox"/> PARKED VEHICLE	CITY <b>ANAHEIM</b>	STATE <b>CA</b>	ZIP <b>92804</b>	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER				<b>RETAINED</b>	
<input type="checkbox"/> BICYCLIST	SEX <b>M</b>	HAIR <b>BRN</b>	EYES <b>BLU</b>	HEIGHT <b>600</b>	WEIGHT <b>240</b>	BIRTHDATE MO DAY YEAR <b>08 31 1981</b>	RACE <b>WHITE</b>	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
<input type="checkbox"/> OTHER	HOME PHONE <b>(714)329-5909</b>		BUSINESS PHONE <b>NONE</b>		EXT		VEHICLE IDENTIFICATION NUMBER: <b>JTDBE32K030237134</b>		
INSURANCE CARRIER <b>AAA</b>		POLICY NUMBER <b>CAA090718244</b>			VEHICLE TYPE <b>01</b>	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLLOVER		SHADE IN DAMAGED AREA 	
DIR OF TRAVEL <b>S</b>		ON STREET OR HIGHWAY <b>KNOTT ST</b>		SPEED LIMIT <b>40</b>		CA _____ DOT _____		CAL-T _____ TCP/PSC _____ MC/MX _____	
<b>PARTY 3</b>	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
<input type="checkbox"/> DRIVER	NAME (FIRST, MIDDLE, LAST)				OWNER'S NAME <input type="checkbox"/> CITY OWNED <input type="checkbox"/> SAME AS DRIVER				
<input type="checkbox"/> PEDESTRIAN	STREET ADDRESS				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER				
<input type="checkbox"/> PARKED VEHICLE	CITY	STATE	ZIP	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
<input type="checkbox"/> BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE MO DAY YEAR	RACE	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
<input type="checkbox"/> 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. <b>T. MACY</b>					REVIEWER'S NAME <b>J. WAINWRIGHT</b>			DATE REVIEWED <b>03/11/2015</b>	
<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 <b>03/11/2015</b>	TIME (2400) <b>1222</b>	NCIC # <b>3009</b>	OFFICER I.D. <b>3752</b>	NUMBER <b>15-003418</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	2	3		
1 A VC SECTION VIOLATED <b>22350</b>	<input checked="" 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
	<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
	<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
	<input 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
	<input type="checkbox"/> E HIT OBJECT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E SCHOOL BUS RELATED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E MAKING LEFT TURN
	<input type="checkbox"/> F OVERTURNED	<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"/> G VEHICLE / PEDESTRIAN	<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 type="checkbox"/> H OTHER*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H SLOWING / STOPPING
	<input type="checkbox"/> I FIXED OBJECT:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I PASSING OTHER VEHICLE
	<input type="checkbox"/> J OTHER OBJECT:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	J CHANGING LANES
	<input type="checkbox"/> K DEFECTIVE VEH. EQUIP.:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K PARKING MANEUVER
	<input type="checkbox"/> L UNINVOLVED VEHICLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L ENTERING TRAFFIC
	<input type="checkbox"/> M OTHER*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M OTHER UNSAFE TURNING
	<input type="checkbox"/> N NONE APPARENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N XING INTO OPPOSING LANE
	<input type="checkbox"/> O RUNAWAY VEHICLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O PARKED
	<input type="checkbox"/> P OTHER*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P MERGING
	<input type="checkbox"/> Q OTHER*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Q	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Q TRAVELING WRONG WAY
	<input type="checkbox"/> R OTHER*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R OTHER*
	<input type="checkbox"/> A NON - COLLISION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> B PEDESTRIAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input checked="" type="checkbox"/> C OTHER MOTOR VEHICLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> D MOTOR VEHICLE ON OTHER ROADWAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> E PARKED MOTOR VEHICLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> F TRAIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> G BICYCLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> H ANIMAL:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> I FIXED OBJECT:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> J OTHER OBJECT:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> K DEFECTIVE VEH. EQUIP.:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> L UNINVOLVED VEHICLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> M OTHER*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> N NONE APPARENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> O RUNAWAY VEHICLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> A HAD NOT BEEN DRINKING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> B HBD - UNDER INFLUENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> C HBD - NOT UNDER INFLUENCE*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> D HBD - IMPAIRMENT UNKNOWN*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> E UNDER DRUG INFLUENCE*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> F IMPAIRMENT - PHYSICAL*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> G IMPAIRMENT NOT KNOWN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> H NOT APPLICABLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> I SLEEPY / FATIGUED*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SKETCH  <div style="text-align: center;">                       INDICATE NORTH                 </div>	<b>MISCELLANEOUS</b> AOI: 50' N OF NCL OF LAMPSON AVE 10' E OF WCL OF KNOTT ST V2 STOPPED AT RED SIGNAL OF #3 LN S/B KNOTT ST AT INTERSECTION WITH LAMPSON AVE. V1 T/C INTO REAR END OF V2 DUE TO UNSAFE SPEED. D1 CITED FOR VC 22350. NON INJURY. NO TOW.
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