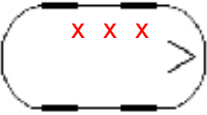
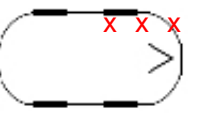
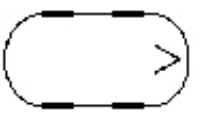



# TRAFFIC COLLISION REPORT

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 15-003461			
		LFTA <input type="checkbox"/>	NUMBER KILLED	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY ORANGE	REPORTING DISTRICT 44	BEAT 1-1			
<b>LOCATION</b>	COLLISION OCCURRED ON: Monarch				MO / DAY / YEAR 03/12/2015	TIME (2400) 0844	NCIC # 3009	OFFICER I.D. 1234		
	<input type="checkbox"/> AT INTERSECTION WITH:  <input type="checkbox"/> OR:				DAY OF WEEK S M T W T F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		TOW AWAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  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 A2592006	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP G	VEH. YEAR 2006	MAKE/MODEL/COLOR CHRYSLER 300 SILVER	LICENSE NUMBER 5YCC013	STATE CA	
<input checked="" type="checkbox"/> DRIVER	NAME (FIRST, MIDDLE, LAST) Soon Ok Koga				OWNER'S NAME		<input type="checkbox"/> CITY OWNED <input checked="" type="checkbox"/> SAME AS DRIVER			
<input type="checkbox"/> PEDESTRIAN	STREET ADDRESS 3919 W. Garden Grove Blvd. #596				OWNER'S ADDRESS		<input checked="" type="checkbox"/> SAME AS DRIVER			
<input type="checkbox"/> PARKED VEHICLE	CITY Orange	STATE CA	ZIP 92868	DISPOSITION OF VEHICLE ON ORDERS OF: CITIZEN REQUEST AAA- Expert Tow, Inc		<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER				
<input type="checkbox"/> BICYCLIST	SEX F	HAIR BLK	EYES BRN	HEIGHT 504	WEIGHT 110	BIRTHDATE MO DAY YEAR 05 18 1950	RACE KOREAN	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
<input type="checkbox"/> OTHER	HOME PHONE		BUSINESS PHONE		EXT		VEHICLE IDENTIFICATION NUMBER: 2C3LA53G16H509636			
INSURANCE CARRIER Mercury Ins.		POLICY NUMBER 0401 07 150135549				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 E		ON STREET OR HIGHWAY Monarch		SPEED LIMIT 5		CA _____ DOT _____		CAL-T _____ TCP/PSC _____ MC/MX _____		
<b>PARTY 2</b>	DRIVER'S LICENSE NUMBER A6151743	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP G	VEH. YEAR 1999	MAKE/MODEL/COLOR FORD F150 SILVER	LICENSE NUMBER 6B36798	STATE CA	
<input checked="" type="checkbox"/> DRIVER	NAME (FIRST, MIDDLE, LAST) Miguel Angel Santos				OWNER'S NAME		<input type="checkbox"/> CITY OWNED <input checked="" type="checkbox"/> SAME AS DRIVER			
<input type="checkbox"/> PEDESTRIAN	STREET ADDRESS 11892 Rockview Dr.				OWNER'S ADDRESS		<input checked="" type="checkbox"/> SAME AS DRIVER			
<input type="checkbox"/> PARKED VEHICLE	CITY Anaheim	STATE CA	ZIP 92804	DISPOSITION OF VEHICLE ON ORDERS OF: CITIZEN REQUEST B&D towing		<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER				
<input type="checkbox"/> BICYCLIST	SEX M	HAIR BLK	EYES BRN	HEIGHT 505	WEIGHT 189	BIRTHDATE MO DAY YEAR 02 06 1973	RACE HISPANIC	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
<input type="checkbox"/> OTHER	HOME PHONE		BUSINESS PHONE		EXT		VEHICLE IDENTIFICATION NUMBER: 1FTZ172XKB82497			
INSURANCE CARRIER Mercury Ins.		POLICY NUMBER 0401 08 160035208				VEHICLE TYPE 22		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 S		ON STREET OR HIGHWAY Monarch		SPEED LIMIT 35		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. P. ARELLANO					REVIEWER'S NAME SGT. WAINWRIGHT			DATE REVIEWED 1905 03/17/2015		
<input 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 <b>03/12/2015</b>	TIME (2400) <b>0844</b>	NCIC # <b>3009</b>	OFFICER I.D. <b>1234</b>	NUMBER <b>15-003461</b>
PROPERTY DAMAGE	OWNER'S NAME	OWNER'S ADDRESS		NOTIFIED <input type="radio"/> YES <input type="radio"/> NO <input type="checkbox"/> City Property Damage
DESCRIPTION OF DAMAGE				

SEATING POSITION	OCCUPANTS	SAFETY EQUIPMENT	M / C BICYCLE-HELMET	INATTENTION CODES
 <ul style="list-style-type: none"> <li>1 - DRIVER</li> <li>2 TO 6 PASSENGERS</li> <li>7 - STATION WAGON REAR</li> <li>8 - REAR OCC. TRK. OR VAN</li> <li>9 - POSITION UNKNOWN</li> <li>0 - OTHER</li> </ul>	<ul style="list-style-type: none"> <li>A - NONE IN VEHICLE</li> <li>B - UNKNOWN</li> <li>C - LAP BELT USED</li> <li>D - LAP BELT NOT USED</li> <li>E - SHOULDER HARNESS USED</li> <li>F - SHOULD HARNESS NOT USED</li> <li>G - LAP/SHOULDER HARNESS USED</li> <li>H - LAP/SHOULDER HARNESS NOT USED</li> <li>J - PASSIVE RESTRAINT USED</li> <li>K - PASSIVE RESTRAINT NOT USED</li> </ul>	<ul style="list-style-type: none"> <li>L - AIR BAG DEPLOYED</li> <li>M - AIR BAG NOT DEPLOYED</li> <li>N - OTHER</li> <li>P - NOT REQUIRED</li> </ul> <p><b>CHILD RESTRAINT</b></p> <ul style="list-style-type: none"> <li>Q - IN VEHICLE USED</li> <li>R - IN VEHICLE NOT USED</li> <li>S - IN VEHICLE USE UNKNOWN</li> <li>T - IN VEHICLE IMPROPER USE</li> <li>U - NONE IN VEHICLE</li> </ul>	<p><b>DRIVER PASSENGER</b></p> <ul style="list-style-type: none"> <li>V - NO   X - NO</li> <li>W - YES   Y - YES</li> </ul> <p><b>EJECTED FROM VEHICLE</b></p> <ul style="list-style-type: none"> <li>0 - NOT EJECTED</li> <li>1 - FULLY EJECTED</li> <li>2 - PARTIALLY EJECTED</li> <li>3 - UNKNOWN</li> </ul>	<ul style="list-style-type: none"> <li>A - CELLPHONE HANDHELD</li> <li>B - CELLPHONE HANDSFREE</li> <li>C - ELECTRONIC EQUIPMENT</li> <li>D - RADIO / CD</li> <li>E - SMOKING</li> <li>F - EATING</li> <li>G - CHILDREN</li> <li>H - ANIMALS</li> <li>I - PERSONAL HYGIENE</li> <li>J - READING</li> <li>K - OTHER</li> </ul>

**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
<b>A</b> VC SECTION VIOLATED <b>CVC 21804(a)</b>	<input type="checkbox"/> <b>A</b> CONTROLS FUNCTIONING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>A</b> HAZARDOUS MATERIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>A</b> STOPPED
	<input type="checkbox"/> <b>B</b> CONTROLS NOT FUNCTIONING*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>B</b> CELL PHONE HANDHELD IN USE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>B</b> PROCEEDING STRAIGHT
	<input type="checkbox"/> <b>C</b> CONTROLS OBSCURED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>C</b> CELL PHONE HANDSFREE IN USE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>C</b> RAN OFF ROAD
	<input checked="" type="checkbox"/> <b>D</b> NO CONTROLS PRESENT / FACTOR*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>D</b> CELL PHONE NOT IN USE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>D</b> MAKING RIGHT TURN
	<b>TYPE OF COLLISION</b>		<input type="checkbox"/>	<input type="checkbox"/>	<b>E</b> SCHOOL BUS RELATED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>E</b> MAKING LEFT TURN
	<input type="checkbox"/> <b>A</b> HEAD - ON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>F</b> 75 FT MOTORTRUCK COMBO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>F</b> MAKING U TURN
	<input type="checkbox"/> <b>B</b> SIDE SWIPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>G</b> 32 FT TRAILER COMBO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>G</b> BACKING
	<input type="checkbox"/> <b>C</b> REAR END				<b>H</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>H</b> SLOWING / STOPPING
	<input type="checkbox"/> <b>D</b> BROADSIDE				<b>I</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>I</b> PASSING OTHER VEHICLE
<input type="checkbox"/> <b>A</b> CLEAR	<input type="checkbox"/> <b>E</b> HIT OBJECT				<b>J</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>J</b> CHANGING LANES
<input type="checkbox"/> <b>B</b> CLOUDY	<input type="checkbox"/> <b>F</b> OVERTURNED				<b>K</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>K</b> PARKING MANEUVER
<input type="checkbox"/> <b>C</b> RAINING	<input type="checkbox"/> <b>G</b> VEHICLE / PEDESTRIAN				<b>L</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>L</b> ENTERING TRAFFIC
<input type="checkbox"/> <b>D</b> SNOWING	<input type="checkbox"/> <b>H</b> OTHER*				<b>M</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>M</b> OTHER UNSAFE TURNING
<input type="checkbox"/> <b>E</b> FOG / VISIBILITY FT.	<b>MOTOR VEHICLE INVOLVED WITH</b>				<b>N</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>N</b> XING INTO OPPOSING LANE
<input type="checkbox"/> <b>F</b> OTHER*	<input type="checkbox"/> <b>A</b> NON - COLLISION				<b>O</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>O</b> PARKED
<input type="checkbox"/> <b>G</b> WIND	<input type="checkbox"/> <b>B</b> PEDESTRIAN				<b>OTHER ASSOCIATED FACTOR(S)</b> (MARK 1 TO 2 ITEMS)				<b>P</b> MERGING
	<input checked="" type="checkbox"/> <b>A</b> DAYLIGHT				<b>A</b> VC SECTION VIOLATED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Q</b> TRAVELING WRONG WAY
	<input type="checkbox"/> <b>B</b> DUSK - DAWN								<b>R</b> OTHER*
	<input type="checkbox"/> <b>C</b> DARK - STREET LIGHTS				<b>B</b> VC SECTION VIOLATED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> <b>D</b> DARK - NO STREET LIGHTS								
	<input type="checkbox"/> <b>E</b> DARK - STREET LIGHTS NOT FUNCTIONING*				<b>C</b> VC SECTION VIOLATED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> <b>F</b> TRAIN								
	<input type="checkbox"/> <b>G</b> BICYCLE								
	<input type="checkbox"/> <b>H</b> ANIMAL:								
	<input type="checkbox"/> <b>I</b> FIXED OBJECT:								
	<input type="checkbox"/> <b>J</b> OTHER OBJECT:								
	<input type="checkbox"/> <b>A</b> NO PEDESTRIANS INVOLVED				<b>D</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>A</b> HAD NOT BEEN DRINKING
	<input type="checkbox"/> <b>B</b> CROSSING IN CROSSWALK AT INTERSECTION				<b>E</b> VISION OBSCUREMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>B</b> HBD - UNDER INFLUENCE
	<input type="checkbox"/> <b>C</b> CROSSING IN CROSSWALK - NOT AT INTERSECTION				<b>F</b> INATTENTION*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>C</b> HBD - NOT UNDER INFLUENCE*
	<input type="checkbox"/> <b>D</b> CROSSING - NOT IN CROSSWALK				<b>G</b> STOP & GO TRAFFIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>D</b> HBD - IMPAIRMENT UNKNOWN*
	<input type="checkbox"/> <b>E</b> IN ROAD - INCLUDES SHOULDER				<b>H</b> ENTERING / LEAVING RAMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>E</b> UNDER DRUG INFLUENCE*
	<input type="checkbox"/> <b>F</b> NOT IN ROAD				<b>I</b> PREVIOUS COLLISION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>F</b> IMPAIRMENT - PHYSICAL*
	<input type="checkbox"/> <b>G</b> APPROACHING / LEAVING SCHOOL BUS				<b>J</b> UNFAMILIAR WITH ROAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>G</b> IMPAIRMENT NOT KNOWN
					<b>K</b> DEFECTIVE VEH. EQUIP:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>H</b> NOT APPLICABLE
									<b>I</b> SLEEPY / FATIGUED*
					<b>L</b> UNINVOLVED VEHICLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<b>M</b> OTHER*				
					<b>N</b> NONE APPARENT				
					<b>O</b> RUNAWAY VEHICLE				

SKETCH

INDICATE NORTH

**MISCELLANEOUS**  
 Party 1 was exiting a private driveway at 12691 Monarch onto Monarch. Party 1 was attempting a left (northbound) turn onto Monarch. Party 1 did not see party 2. Party 2 was driving southbound on Monarch. V-2 struck V-1 causing major damage to both vehicles.

POI:  
 15'10" East of West CL Monarch  
 1078'2" South of South CL Lampson

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

DATE OF COLLISION (MO. DAY YEAR) 03/12/2015				TIME (2400) 0844		NCIC# 3009		OFFICER I.D. 1234				NUMBER 15-003461				
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 type="checkbox"/> #	<input type="checkbox"/>	64	F	<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"/>	1	1-DR	G	NO
NAME / D.O.B. / ADDRESS P-1													TELEPHONE		EXT	
(INJURED ONLY) TRANSPORTED BY: refused to be transported								TAKEN TO:								
DESCRIBE INJURIES Complaint of pain to neck, back, and left hip													VICTIM OF VIOLENT CRIME NOTIFIED <input type="checkbox"/>			
<input type="checkbox"/> #	<input type="checkbox"/>	42	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 P-2													TELEPHONE		EXT	
(INJURED ONLY) TRANSPORTED BY: refused to be transported								TAKEN TO:								
DESCRIBE INJURIES Complaint of pain to lower legs													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"/>			
<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"/>				
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"/>				
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"/>				
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 P. ARELLANO				I.D. NUMBER 1234		MO. DAY YEAR 03/12/2015		REVIEWER'S NAME SGT. WAINWRIGHT				MO. DAY YEAR 03/17/2015				