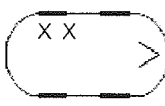


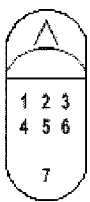


TRAFFIC COLLISION REPORT

SPECIAL CONDITIONS		SFTA <input checked="" type="checkbox"/>	NUMBER INJURED 1	HIT & RUN FELONY <input type="checkbox"/>	CITY GARDEN GROVE	JUDICIAL DISTRICT WEST ORANGE	LOCAL REPORT NUMBER 15-010688	
		LFTA <input type="checkbox"/>	NUMBER KILLED	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY ORANGE	REPORTING DISTRICT 44	BEAT 1-1	
LOCATION	COLLISION OCCURRED ON: KNOTT AVE				MO / DAY / YEAR 07/28/2015	TIME (2400) 1815	NCIC # 3009	
	<input checked="" type="checkbox"/> AT INTERSECTION WITH: ACACIA AVE				DAY OF WEEK S <input type="checkbox"/> M <input type="checkbox"/> T <input checked="" type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S		OFFICER I.D. 3218	
	<input type="checkbox"/> OR:				TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PHOTOGRAPHS BY <input checked="" type="checkbox"/> NONE	
PARTY 1		DRIVER'S LICENSE NUMBER	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP G	VEH. YEAR 06	
DRIVER		NAME (FIRST, MIDDLE, LAST) GLEN ALLEN SYNAGOGUE				MAKE/MODEL/COLOR FORD E350 RED	LICENSE NUMBER 8T91624	STATE CA
PEDESTRIAN		STREET ADDRESS 1065 W 12TH ST #D				OWNER'S NAME <input type="checkbox"/> CITY OWNED <input checked="" type="checkbox"/> SAME AS DRIVER		
PARKED VEHICLE		CITY SAN PEDRO				STATE CA		ZIP 90731
BICYCLIST		SEX M	HAIR BLK	EYES BRN	HEIGHT 600	WEIGHT 220	BIRTHDATE MO DAY YEAR	RACE BLACK
OTHER		HOME PHONE		BUSINESS PHONE		EXT		VEHICLE IDENTIFICATION NUMBER:
INSURANCE CARRIER		POLICY NUMBER ZURICH AMERICAN INS GLA985418001				VEHICLE TYPE 09		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		ON STREET OR HIGHWAY S KNOTT AVE		SPEED LIMIT 40		SHADE IN DAMAGED AREA 		
PARTY 2		DRIVER'S LICENSE NUMBER	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP G	VEH. YEAR 06	
DRIVER		NAME (FIRST, MIDDLE, LAST) WILLIAM ALFONSO FLORES				MAKE/MODEL/COLOR HONDA CIVIC GRAY	LICENSE NUMBER 5UMN189	STATE CA
PEDESTRIAN		STREET ADDRESS 1212 S MARGUERITA AVE #F				OWNER'S NAME <input type="checkbox"/> CITY OWNED <input checked="" type="checkbox"/> SAME AS DRIVER		
PARKED VEHICLE		CITY ALHAMBRA				STATE CA		ZIP 91803
BICYCLIST		SEX M	HAIR BRN	EYES BRN	HEIGHT 507	WEIGHT 153	BIRTHDATE MO DAY YEAR	RACE HISPANIC
OTHER		HOME PHONE		BUSINESS PHONE		EXT		VEHICLE IDENTIFICATION NUMBER:
INSURANCE CARRIER		POLICY NUMBER INFINITY 104630546367001				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
DIR OF TRAVEL		ON STREET OR HIGHWAY N KNOTT AVE		SPEED LIMIT 40		SHADE IN DAMAGED AREA 		
PARTY 3		DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP	VEH. YEAR	
DRIVER		NAME (FIRST, MIDDLE, LAST)				MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
PEDESTRIAN		STREET ADDRESS				OWNER'S NAME <input type="checkbox"/> CITY OWNED <input type="checkbox"/> SAME AS DRIVER		
PARKED VEHICLE		CITY				STATE		ZIP
BICYCLIST		SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE MO DAY YEAR	RACE
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
DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		SHADE IN DAMAGED AREA 		
OFFICER NAME & I.D. C. STARNES 3218				REVIEWER'S NAME SGT. BEX 2434				DATE REVIEWED 07/29/2015
<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 & E		
						<input type="checkbox"/> OTHER		


TRAFFIC COLLISION CODING

DATE OF COLLISION 07/28/2015	TIME (2400) 1815	NCIC # 3009	OFFICER I.D. 3218	NUMBER 15-010688
OWNER'S NAME		OWNER'S ADDRESS		NOTIFIED <input type="radio"/> YES <input type="radio"/> NO
PROPERTY DAMAGE	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
---	--	--	--	---

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	1			2			3			SPECIAL INFORMATION	1			2			3			MOVEMENT PRECEDING COLLISION	
		1	2	3	1	2	3	1	2	3		1	2	3	1	2	3					
1 A VC SECTION VIOLATED 21453(A)VC <input type="radio"/> CITED YES <input checked="" type="radio"/> NO	<input checked="" type="checkbox"/> A CONTROLS FUNCTIONING	<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"/>	A HAZARDOUS MATERIAL	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B CELL PHONE HANDHELD IN USE	<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"/>	B PROCEEDING STRAIGHT	
C OTHER THAN DRIVER*	<input type="checkbox"/> C CONTROLS OBSCURED	<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"/>	C CELL PHONE HANDSFREE IN USE	<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"/>	C RAN OFF ROAD	
D UNKNOWN*	<input type="checkbox"/> D NO CONTROLS PRESENT / FACTOR*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D CELL PHONE NOT IN USE	<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"/>	D MAKING RIGHT TURN	
	TYPE OF COLLISION		<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"/>	E SCHOOL BUS RELATED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E MAKING LEFT TURN
	<input checked="" type="checkbox"/> A HEAD - ON	<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"/>	F 75 FT MOTORTRUCK COMBO	<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"/>	F MAKING U TURN	
	<input type="checkbox"/> B SIDE SWIPE	<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"/>	G 32 FT TRAILER COMBO	<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"/>	G BACKING	
	<input type="checkbox"/> C REAR END	<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"/>	H	<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"/>	H SLOWING / STOPPING	
WEATHER (MARK 1 TO 2 ITEMS)	<input type="checkbox"/> D BROADSIDE	<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"/>	I	<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"/>	I PASSING OTHER VEHICLE	
<input checked="" type="checkbox"/> A CLEAR	<input type="checkbox"/> E HIT OBJECT	<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"/>	J	<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"/>	J CHANGING LANES	
<input type="checkbox"/> B CLOUDY	<input type="checkbox"/> F OVERTURNED	<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"/>	K	<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"/>	K PARKING MANEUVER	
<input type="checkbox"/> C RAINING	<input type="checkbox"/> G VEHICLE / PEDESTRIAN	<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"/>	L	<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"/>	L ENTERING TRAFFIC	
<input type="checkbox"/> D SNOWING	<input type="checkbox"/> H OTHER*	<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"/>	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"/>	M OTHER UNSAFE TURNING	
<input type="checkbox"/> E FOG / VISIBILITY FT.	MOTOR VEHICLE INVOLVED WITH		<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"/>	N	<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"/>	N XING INTO OPPOSING LANE
<input type="checkbox"/> F 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	O	<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"/>	O PARKED	
<input type="checkbox"/> G WIND	<input type="checkbox"/> B PEDESTRIAN	<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"/>	OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)	<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"/>	P MERGING	
<input checked="" type="checkbox"/> A DAY LIGHT	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	A VC SECTION VIOLATED <input type="radio"/> CITED YES <input checked="" type="radio"/> NO	<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"/>	Q TRAVELING WRONG WAY	
<input type="checkbox"/> B DUSK - DAWN	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	B VC SECTION VIOLATED <input type="radio"/> CITED YES <input checked="" type="radio"/> NO	<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"/>	R OTHER*	
<input type="checkbox"/> C DARK - STREET LIGHTS	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	C VC SECTION VIOLATED <input type="radio"/> CITED YES <input checked="" type="radio"/> NO	<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"/> D DARK - NO STREET LIGHTS	<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"/>	<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"/> E DARK - STREET LIGHTS NOT FUNCTIONING*	<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"/>	<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"/>		
ROADWAY SURFACE	<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"/>	<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 checked="" type="checkbox"/> A DRY	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	D	<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"/>	A HAD NOT BEEN DRINKING	
<input type="checkbox"/> B WET	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	E VISION OBSCUREMENT	<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"/>	B HBD - UNDER INFLUENCE	
<input type="checkbox"/> C SNOWY - ICY	PEDESTRIAN'S ACTIONS		<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"/>	F INATTENTION*	<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"/>	C HBD - NOT UNDER INFLUENCE*
<input type="checkbox"/> D SLIPPERY (MUDDY, OILY, ETC)	<input checked="" type="checkbox"/> A NO PEDESTRIANS INVOLVED	<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"/>	G STOP & GO TRAFFIC	<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"/>	D HBD - IMPAIRMENT UNKNOWN*	
ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS)	<input type="checkbox"/> B CROSSING IN CROSSWALK AT INTERSECTION	<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"/>	H ENTERING / LEAVING RAMP	<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"/>	E UNDER DRUG INFLUENCE*	
<input type="checkbox"/> A HOLES, DEEP RUT*	<input type="checkbox"/> C CROSSING IN CROSSWALK - NOT AT INTERSECTION	<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"/>	I PREVIOUS COLLISION	<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"/>	F IMPAIRMENT - PHYSICAL*	
<input type="checkbox"/> B LOOSE MATERIAL ON ROADWAY*	<input type="checkbox"/> D CROSSING - NOT IN CROSSWALK	<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"/>	J UNFAMILIAR WITH ROAD	<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"/>	G IMPAIRMENT NOT KNOWN	
<input type="checkbox"/> C OBSTRUCTION ON ROADWAY*	<input type="checkbox"/> E IN ROAD - INCLUDES SHOULDER	<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"/>	K DEFECTIVE VEH. EQUIP: <input type="radio"/> CITED YES <input checked="" type="radio"/> NO	<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"/>	H NOT APPLICABLE	
<input type="checkbox"/> D CONSTRUCTION - REPAIR ZONE	<input type="checkbox"/> F NOT IN ROAD	<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"/>	L UNINVOLVED VEHICLE	<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"/>	I SLEEPY / FATIGUED*	
<input type="checkbox"/> E REDUCED ROADWAY WIDTH	<input type="checkbox"/> G APPROACHING / LEAVING SCHOOL BUS	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> F FLOODED*		<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"/>	N NONE APPARENT	<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"/> G OTHER*		<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"/>	O RUNAWAY VEHICLE	<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 checked="" type="checkbox"/> H NO UNUSUAL CONDITIONS		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

SKETCH 	MISCELLANEOUS <div style="text-align: center;">  INDICATE NORTH </div>
--	---

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

DATE OF COLLISION (MO. DAY YEAR)		TIME (2400)		NCIC#		OFFICER I.D.		NUMBER								
07/28/2015		1815		3009		3218		15-010688								
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"/>	24	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"/>	1	4-PAS	E	NO
NAME / D.O.B. / ADDRESS JUN SUN USC STUDENT DORM LOS ANGELES CA 90001										TELEPHONE		EXT				
(INJURED ONLY) TRANSPORTED BY: CARE AMBULANCE										TAKEN TO: WEST MED ANAHEIM						
DESCRIBE INJURIES HEAD PAIN										VICTIM OF VIOLENT CRIME NOTIFIED		<input type="checkbox"/>				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	55	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"/>	1	5-PAS	E	NO
NAME / D.O.B. / ADDRESS WEI XU 120 GREENLEAF DR LATHAM NY 12110										TELEPHONE		EXT				
(INJURED ONLY) TRANSPORTED BY: NA										TAKEN TO: NA						
DESCRIBE INJURIES NA										VICTIM OF VIOLENT CRIME NOTIFIED		<input type="checkbox"/>				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	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"/>	1	6-PAS	E	NO
NAME / D.O.B. / ADDRESS MURALIDHAR SHRUTHI CHAPMAN UNIVERSITY ORANGE CA										TELEPHONE		EXT				
(INJURED ONLY) TRANSPORTED BY: NA										TAKEN TO: NA						
DESCRIBE INJURIES MURAL101@MAIL.CHAPMAN.EDU DOES NOT HAVE PHONE NUMBER YET										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				I.D. NUMBER		MO. DAY YEAR		REVIEWER'S NAME				MO. DAY YEAR				
C. STARNES				3218		07/28/2015		SGT. BEX				07/29/2015				

TRAFFIC COLLISION REPORT

DR 15-010688

PAGE OF 4

CITY	COUNTY	DATE OF ORIGINAL INCIDENT	TIME (2400)
GARDEN GROVE	ORANGE	07/28/2015	1815
<input checked="" type="checkbox"/>	TRAFFIC COLLISION NARRATIVE	TEAM	DISTRICT
<input type="checkbox"/>	SUPPLEMENTAL	WEST	44
		LOCATION/SUBJECT	CITATION NO.
		KNOTT AVE / ACACIA AVE	GGE00005243

P1: Was traveling southbound on Knott Ave approaching the intersection of Acacia Ave. When P1 entered the intersection, he told me it was a red light. This is when P1 and P2 struck each other.

P2: Was traveling northbound on Knott Ave at the intersection of Acacia Ave. P2 went to make a left turn to enter the 22 westbound freeway. When P2 made the left turn on a green, he was struck by P1.

Passenger:(XU) said the light for P1 was red and she started to scream to P1 as both V1 and V2 struck each other.

Other: The other passengers on P1 did not see the color of the lights prior to the traffic collision. Based on all statements, it was determined that P1 ran the red light, a violation of 21453(a)VC. P1 was given a traffic citation for the above violation.

OFFICER NAME & I.D.	REVIEWER'S NAME	DATE REVIEWED
C. STARNES 3218	SGT. BEX	07/29/2015