





TRAFFIC COLLISION REPORT

SPECIAL CONDITIONS		SFTA <input checked="" type="checkbox"/>	NUMBER INJURED 0	HIT & RUN FELONY <input type="checkbox"/>	CITY GARDEN GROVE	JUDICIAL DISTRICT WEST ORANGE	LOCAL REPORT NUMBER 10-1110			
LFTA <input type="checkbox"/>		NUMBER KILLED 0	HIT & RUN MISDEMEANOR <input checked="" type="checkbox"/>	COUNTY ORANGE	REPORTING DISTRICT 74	BEAT 1-1				
LOCATION	COLLISION OCCURRED ON DALE STREET				MO 8	DAY 8	YEAR 10	TIME (2400) 1533	NCIC # 3009	OFFICER I.D. 0126
	MILEPOST INFORMATION FEET/MILES OF				DAY OF WEEK (S) M T W T F S		TOW AWAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PHOTOGRAPHS BY <input type="checkbox"/> NONE	
	<input checked="" type="checkbox"/> AT INTERSECTION WITH ACACIA AVE				OR FEET/MILES OF		STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		C. DANIELEY	
PARTY 1	DRIVER'S LICENSE NUMBER	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP G	VEH. YEAR 95	MAKE/MODEL/COLOR CHEV/BLAZER/BLK	LICENSE NUMBER 6FJW832	STATE CA	
DRIVER <input checked="" type="checkbox"/>	NAME (FIRST, MIDDLE, LAST) TRAVIS ALLEN TANNER					OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER				
PEDESTRIAN <input type="checkbox"/>	STREET ADDRESS S. BEDFORD RD					OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE <input type="checkbox"/>	CITY/STATE/ZIP ORANGE, CA 92868					DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER R.B.O.				
BICYCLIST <input type="checkbox"/>	SEX M	HAIR BRN	EYES BRN	HEIGHT 5-8	WEIGHT 200	BIRTHDATE MO DAY YEAR	RACE W	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
OTHER <input type="checkbox"/>	HOME PHONE (714)		BUSINESS PHONE SAME			VEHICLE IDENTIFICATION NUMBER: 1GNDT13W352265315				
INSURANCE CARRIER PREMIERE ONE					POLICY NUMBER 04-5074462		VEHICLE TYPE 7		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	
DIR OF TRAVEL W		ON STREET OR HIGHWAY ACACIA AVE			SPEED LIMIT -		CA CAL-T _____ TCP/PSC _____ MCMX _____		DOT 	
PARTY 2	DRIVER'S LICENSE NUMBER	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP G	VEH. YEAR 05	MAKE/MODEL/COLOR TOYOTA/CAMRY/WHT	LICENSE NUMBER SPJM984	STATE CA	
DRIVER <input checked="" type="checkbox"/>	NAME (FIRST, MIDDLE, LAST) HONG-YEN THAI CAO					OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER				
PEDESTRIAN <input type="checkbox"/>	STREET ADDRESS WESTERN AVE					OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE <input type="checkbox"/>	CITY/STATE/ZIP ANAHEIM, CA 92804					DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER R.B.O.				
BICYCLIST <input type="checkbox"/>	SEX F	HAIR BLK	EYES BRN	HEIGHT 5-3	WEIGHT 103	BIRTHDATE MO DAY YEAR	RACE V	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
OTHER <input type="checkbox"/>	HOME PHONE (714)		BUSINESS PHONE (714)			VEHICLE IDENTIFICATION NUMBER: 4T1BE32K15U593261				
INSURANCE CARRIER HARTFORD CASUALTY					POLICY NUMBER 72 PH 666956-251466		VEHICLE TYPE 1		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	
DIR OF TRAVEL W		ON STREET OR HIGHWAY DALE ST			SPEED LIMIT -		CA CAL-T _____ TCP/PSC _____ MCMX _____		DOT 	
PARTY 3	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"/> SAME AS DRIVER				
PEDESTRIAN <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 type="checkbox"/> OTHER				
BICYCLIST <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		
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 CAL-T _____ TCP/PSC _____ MCMX _____		DOT 	
OFFICER NAME & I.D. C. DANIELEY 0126						REVIEWER'S NAME			DATE REVIEWED	
<input checked="" type="checkbox"/> NARR.		<input type="checkbox"/> FACTS		<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

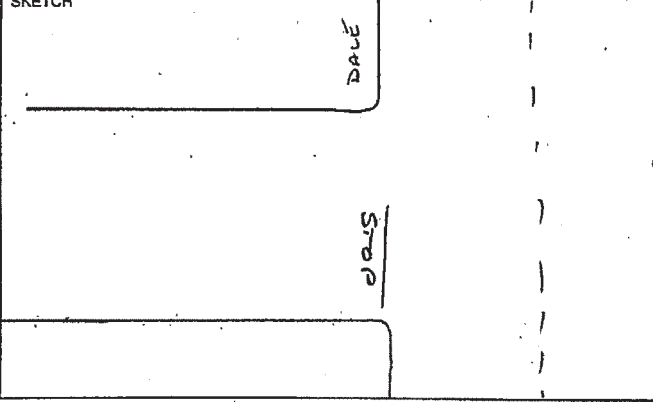
DATE OF COLLISION	(MO. DAY YEAR) 8-8-10	TIME (2400) 1533	NCIC # 3009	OFFICER I.D. 0126	NUMBER 10-1110
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PROPERTY DAMAGE	OWNER'S NAME /	OWNER'S ADDRESS /	NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
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SEATING POSITION 	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 RESTRAINED USED K - PASSIVE RESTRAINED 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

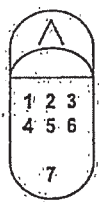
PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT.	TRAFFIC CONTROL DEVICES	1	2	3	SPECIAL INFORMATION	1	2	3	MOVEMENT PRECEDING COLLISION
A <input checked="" type="checkbox"/> VC SECTION VIOLATED CITED YES	A CONTROLS FUNCTIONING				A HAZARDOUS MATERIAL				A STOPPED
B OTHER IMPROPER DRIVING*	B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

SKETCH 	MISCELLANEOUS AOI: 20' S/OE NCL ACACIA AVE 5' W/OE ELL DALE ST
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TRAFFIC COLLISION CODING

DATE OF COLLISION	(MO. DAY YEAR) 8 - 8 - 10	TIME (2400) 1533	NCIC # 3009	OFFICER I.D. 0126	NUMBER 10-11110
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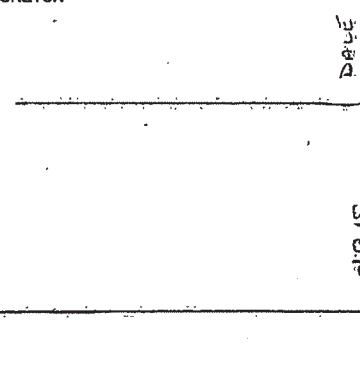
PROPERTY DAMAGE	OWNER'S NAME	OWNER'S ADDRESS	NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIPTION OF DAMAGE			

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

SKETCH



INDICATE NORTH



ACACIA

MISCELLANEOUS

AOI
20' S/OA NCL ACACIA AVE
5' W/OA ELL DALE ST

TRAFFIC COLLISION REPORT

SPECIAL CONDITIONS		SFTA <input checked="" type="checkbox"/>	NUMBER INJURED 0	HIT & RUN FELONY <input type="checkbox"/>	CITY GARDEN GROVE	JUDICIAL DISTRICT WEST ORANGE	LOCAL REPORT NUMBER 10-14951			
		LFTA <input type="checkbox"/>	NUMBER KILLED 0	HIT & RUN MISDEMEANOR <input checked="" type="checkbox"/>	COUNTY ORANGE	REPORTING DISTRICT 64	BEAT 1-1			
LOCATION	COLLISION OCCURRED ON DALE ST				MO 10	DAY 26	YEAR 10			
	MILEPOST INFORMATION: _____ FEET/MILES _____ OF _____				TIME (2400) 0152	NCIC # 3009	OFFICER I.D. 3769			
	<input type="checkbox"/> AT INTERSECTION WITH <input checked="" type="checkbox"/> OR: 87 FEET/MILES S. OF ACACIA				DAY OF WEEK S M <input checked="" type="checkbox"/> W T F S	TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PHOTOGRAPHS BY <input checked="" type="checkbox"/> NONE			
PARTY 1	DRIVER'S LICENSE NUMBER NONE	STATE -	CLASS -	AIR BAG M	SAFETY EQUIP B	VEH. YEAR 00	MAKE/MODEL/COLOR CHEVY/SILVERADO/RED	LICENSE NUMBER 8T23094	STATE CA	
DRIVER	NAME (FIRST, MIDDLE, LAST) ADAM VEGA-ORTIZ				OWNER'S NAME ADAM VEGA		SAME AS DRIVER			
PEDESTRIAN	STREET ADDRESS PLAZA ST				OWNER'S ADDRESS PLAZA ST		SAME AS DRIVER			
PARKED VEHICLE	CITY/STATE/ZIP WESTMINSTER, CA 92683				DISPOSITION OF VEHICLE ON ORDERS OF: TOWED FROM SCENE		OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER <input type="checkbox"/>			
BICYCLIST	SEX M	HAIR BLK	EYES BRN	HEIGHT 5'10"	WEIGHT 180	BIRTHDATE MO DAY YEAR	FACE H	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER: 1GCEC19TX1234235		VEHICLE TYPE: 22			
INSURANCE CARRIER ACCESS GENERAL		POLICY NUMBER ACA001200996		DIR OF TRAVEL S		ON STREET OR HIGHWAY DALE ST		SPEED LIMIT 25		
PARTY 2	DRIVER'S LICENSE NUMBER MIA	STATE -	CLASS -	AIR BAG P	SAFETY EQUIP A	VEH. YEAR 97	MAKE/MODEL/COLOR TOYOTA/AVALON/GRN	LICENSE NUMBER 4WCB126	STATE CA	
DRIVER	NAME (FIRST, MIDDLE, LAST) PHAN PHUONG VIET				OWNER'S NAME PHAN PHUONG VIET		SAME AS DRIVER			
PEDESTRIAN	STREET ADDRESS DALE ST				OWNER'S ADDRESS DALE ST		SAME AS DRIVER			
PARKED VEHICLE	CITY/STATE/ZIP WESTMINSTER, CA 92683				DISPOSITION OF VEHICLE ON ORDERS OF: RETAINED AT SCENE		OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>			
BICYCLIST	SEX M	HAIR BLK	EYES BRN	HEIGHT 5'10"	WEIGHT 180	BIRTHDATE MO DAY YEAR	FACE H	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER: 4T1BF1233VU194143		VEHICLE TYPE: 01			
INSURANCE CARRIER FARMERS		POLICY NUMBER 97 179585386		DIR OF TRAVEL S		ON STREET OR HIGHWAY DALE ST		SPEED LIMIT 25		
PARTY 3	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE	
DRIVER	NAME (FIRST, MIDDLE, LAST)				OWNER'S NAME		SAME AS DRIVER			
PEDESTRIAN	STREET ADDRESS				OWNER'S ADDRESS		SAME AS DRIVER			
PARKED VEHICLE	CITY/STATE/ZIP				DISPOSITION OF VEHICLE ON ORDERS OF:		OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER <input type="checkbox"/>			
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	FACE	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE:			
INSURANCE CARRIER		POLICY NUMBER		DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		
OFFICER NAME & I.D. PHILLIPS #3769					REVIEWER'S NAME					DATE REVIEWED

TRAFFIC COLLISION REPORT

SPECIAL CONDITIONS		SFTA <input checked="" type="checkbox"/> 0	NUMBER INJURED 0	HIT & RUN FELONY <input type="checkbox"/>	CITY GARDEN GROVE	JUDICIAL DISTRICT WEST ORANGE	LOCAL REPORT NUMBER 12-010526		
		LFTA <input type="checkbox"/> 0	NUMBER KILLED 0	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY ORANGE	REPORTING DISTRICT 74	BEAT 1-1		
LOCATION	COLLISION OCCURRED ON: DALE ST		MO / DAY / YEAR 07/26/2012		TIME (2400) 1152		NCIC # 3009		
	AT INTERSECTION WITH: ACACIA		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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER I.D. 4062		
	OR:				STATE HWY REL <input type="checkbox"/> YES <input checked="" 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 2011	MAKE/MODEL/COLOR CHEVY EQUINOX BLACK	LICENSE NUMBER	STATE
DRIVER	NAME (FIRST, MIDDLE, LAST) DONG TRUNG TA				OWNER'S NAME MICHAEL FOX		<input type="checkbox"/> CITY OWNED <input type="checkbox"/> SAME AS DRIVER		
PEDESTRIAN	STREET ADDRESS GLIDE PATH CT.				OWNER'S ADDRESS 3846 BRETON DRIVE		YORBA LINDA CA 92886		
PARKED VEHICLE	CITY CHINO	STATE CA	ZIP 91708	DISPOSITION OF VEHICLE ON ORDERS OF: TOWED			<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
BICYCLIST	SEX M	HAIR BLK	EYES BLK	HEIGHT 508	WEIGHT 140	BIRTHDATE MO DAY YEAR	RACE VIETNAMESE	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
OTHER	HOME PHONE N/A		BUSINESS PHONE N/A		EXT		VEHICLE IDENTIFICATION NUMBER: 2CNALPEC5B6351810		
INSURANCE CARRIER STATE FARM		POLICY NUMBER 182-1761-B27-55B			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 W		ON STREET OR HIGHWAY DALE STREET		SPEED LIMIT 25		CAL-T _____ DOT _____		TCP/PSC _____ MC/MX _____	
PARTY 2	DRIVER'S LICENSE NUMBER	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP G	VEH. YEAR 1991	MAKE/MODEL/COLOR HONDA ACCORD WHITE	LICENSE NUMBER 2WRW292	STATE CA
DRIVER	NAME (FIRST, MIDDLE, LAST) UY KUY TRUONG				OWNER'S NAME		<input type="checkbox"/> CITY OWNED <input checked="" type="checkbox"/> SAME AS DRIVER		
PEDESTRIAN	STREET ADDRESS LAMPSON AVE				OWNER'S ADDRESS		<input checked="" type="checkbox"/> SAME AS DRIVER		
PARKED VEHICLE	CITY Garden Grove	STATE CA	ZIP 92841	DISPOSITION OF VEHICLE ON ORDERS OF: TOWED			<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
BICYCLIST	SEX M	HAIR BLK	EYES BRN	HEIGHT 508	WEIGHT 145	BIRTHDATE MO DAY YEAR	RACE VIETNAMESE	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
OTHER	HOME PHONE N/A		BUSINESS PHONE (714)		EXT		VEHICLE IDENTIFICATION NUMBER:		
INSURANCE CARRIER UNK		POLICY NUMBER UNK			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 S		ON STREET OR HIGHWAY ACACIA		SPEED LIMIT 25		CAL-T _____ DOT _____		TCP/PSC _____ MC/MX _____	
PARTY	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
DRIVER	NAME (FIRST, MIDDLE, LAST)				OWNER'S NAME		<input type="checkbox"/> CITY OWNED <input type="checkbox"/> SAME AS DRIVER		
PEDESTRIAN	STREET ADDRESS				OWNER'S ADDRESS		<input type="checkbox"/> SAME AS DRIVER		
PARKED VEHICLE	CITY	STATE	ZIP	DISPOSITION OF VEHICLE ON ORDERS OF:			<input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
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		CAL-T _____ DOT _____		TCP/PSC _____ MC/MX _____	
OFFICER NAME & I.D. A. COOPMAN 4062		<input checked="" type="checkbox"/> NARR. <input checked="" type="checkbox"/> PASS. WIT. <input type="checkbox"/> CSI		REVIEWER'S NAME R. BOWERS		DATE REVIEWED 07/26/2012		<input type="checkbox"/> STORED VEH. RPT. <input type="checkbox"/> P & E <input type="checkbox"/> OTHER	

TRAFFIC COLLISION CODING

DATE OF COLLISION 07/26/2012	TIME (2400) 1152	NCIC # 3009	OFFICER I.D. 4062	NUMBER 12-010526
PROPERTY DAMAGE	OWNER'S NAME N/A	OWNER'S ADDRESS N/A	NOTIFIED <input type="radio"/> YES <input type="radio"/> NO <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/SOULDER HARNESS USED H - LAP/SOULDER HARNESS NOT USED J - PASSIVE RESTRAINED USED K - PASSIVE RESTRAINED 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 ASTERIK (*) 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	2	3	1	2	3	1	2	3		1	2	3	1	2	3					
1 A VC SECTION VIOLATED 21802(A)VC	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A STOPPED	
	<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 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"/>	B PROCEEDING STRAIGHT	
	<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	
	<input checked="" type="checkbox"/> D NO CONTROLS PRESENT / FACTOR*	<input checked="" type="checkbox"/>	<input checked="" 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"/>	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	
	C OTHER THAN DRIVER*	TYPE OF COLLISION			<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 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	
	D UNKNOWN*	<input 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 checked="" 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"/>	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"/>	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"/>	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"/>	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 MANUEVER
<input type="checkbox"/> C RAINING		<input type="checkbox"/> G VEHICLE / PEDESTRIAN							<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"/>	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.									<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*		MOTOR VEHICLE INVOLVED WITH							<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"/> 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P MERGING
	LIGHTING	<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"/>	<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							<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"/>	R OTHER*
<input type="checkbox"/> B DUSK - DAWN		<input type="checkbox"/> D MOTOR VEHICLE ON OTHER ROADWAY							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A VC SECTION VIOLATED <input type="checkbox"/> CITED <input type="checkbox"/> YES <input type="checkbox"/> NO										
<input type="checkbox"/> C DARK - STREET LIGHTS		<input type="checkbox"/> E PARKED MOTOR VEHICLE							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B VC SECTION VIOLATED <input type="checkbox"/> CITED <input type="checkbox"/> YES <input type="checkbox"/> NO										
<input type="checkbox"/> D DARK - NO STREET LIGHTS		<input type="checkbox"/> F TRAIN							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C VC SECTION VIOLATED <input type="checkbox"/> CITED <input type="checkbox"/> YES <input type="checkbox"/> NO										
<input type="checkbox"/> E DARK - STREET LIGHTS NOT FUNCTIONING*		<input type="checkbox"/> G BICYCLE							<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 checked="" type="checkbox"/> A DRY		<input type="checkbox"/> I FIXED OBJECT:							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/> B WET		<input type="checkbox"/> J OTHER OBJECT:							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/> C SNOWY - ICY									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/> D SLIPPERY (MUDDY, OILY, ETC)									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
	ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS)	PEDESTRIAN'S ACTIONS							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/> A HOLES, DEEP RUT*		<input checked="" type="checkbox"/> A NO PEDESTRIANS INVOLVED							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/> B LOOSE MATERIAL ON ROADWAY*		<input type="checkbox"/> B CROSSING IN CROSSWALK AT INTERSECTION							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/> C OBSTRUCTION ON ROADWAY*		<input type="checkbox"/> C CROSSING IN CROSSWALK - NOT AT INTERSECTION							<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/> D CONSTRUCTION - REPAIR ZONE		<input type="checkbox"/> D CROSSING - NOT IN CROSSWALK							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/> E REDUCED ROADWAY WIDTH		<input type="checkbox"/> E IN ROAD - INCLUDES SHOULDER							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/> F FLOODED*		<input type="checkbox"/> F NOT IN ROAD							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/> G OTHER*		<input type="checkbox"/> G APPROACHING / LEAVING SCHOOL BUS							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/> H NO UNUSUAL CONDITIONS									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											

SKETCH

INDICATE NORTH

MISCELLANEOUS

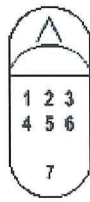
TRAFFIC COLLISION REPORT

SPECIAL CONDITIONS		SFTA <input checked="" type="checkbox"/> 1	NUMBER INJURED 0	HIT & RUN FELONY <input type="checkbox"/>	CITY WEST ORANGE	JUDICIAL DISTRICT WEST ORANGE	LOCAL REPORT NUMBER 13-004875		
		LFTA <input type="checkbox"/> 0	NUMBER KILLED 0	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY ORANGE	REPORTING DISTRICT 64	BEAT 11		
LOCATION	COLLISION OCCURRED ON: DALE ST		MO / DAY / YEAR 04/15/2013		TIME (2400) 1000		NCIC # 3009		
	AT INTERSECTION WITH: ACACIA ST.		DAY OF WEEK S M T W T F S <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER I.D. 3073		
	OR:				STATE HWY REL <input type="checkbox"/> YES <input checked="" 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 09	MAKE/MODEL/COLOR HONDA ACCORD/HITE	LICENSE NUMBER 6FTD929	STATE CA
DRIVER	NAME (FIRST, MIDDLE, LAST) MINH NGUYET THI PHAM				OWNER'S NAME		<input type="checkbox"/> CITY OWNED <input checked="" type="checkbox"/> SAME AS DRIVER		
PEDESTRIAN	STREET ADDRESS LOUISE				OWNER'S ADDRESS		<input checked="" type="checkbox"/> SAME AS DRIVER		
PARKED VEHICLE	CITY Garden Grove		STATE CA	ZIP 92845		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER			
BICYCLIST	SEX F	HAIR BLK	EYES BRN	HEIGHT 500	WEIGHT 118	BIRTHDATE MO DAY YEAR	RACE VIETNAMESE	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
OTHER	HOME PHONE		BUSINESS PHONE		EXT		VEHICLE IDENTIFICATION NUMBER:		
INSURANCE CARRIER ALLSTATE		POLICY NUMBER 927 529 421			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 WEST		ON STREET OR HIGHWAY ACACIA		SPEED LIMIT 25		CAL-T		TCP/PSC	
PARTY 2	DRIVER'S LICENSE NUMBER	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP G	VEH. YEAR 97	MAKE/MODEL/COLOR MITSUBISHI GALANT/MAROON	LICENSE NUMBER 4GVZ436	STATE CA
DRIVER	NAME (FIRST, MIDDLE, LAST) VAN NGUYEN				OWNER'S NAME		<input type="checkbox"/> CITY OWNED <input checked="" type="checkbox"/> SAME AS DRIVER		
PEDESTRIAN	STREET ADDRESS JANE WAY				OWNER'S ADDRESS		<input checked="" type="checkbox"/> SAME AS DRIVER		
PARKED VEHICLE	CITY STANTON		STATE CA	ZIP 90680		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER			
BICYCLIST	SEX M	HAIR BLK	EYES BRN	HEIGHT 502	WEIGHT 108	BIRTHDATE MO DAY YEAR	RACE VIETNAMESE	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
OTHER	HOME PHONE 714		BUSINESS PHONE		EXT		VEHICLE IDENTIFICATION NUMBER: 4A3AJ56G8SE052692		
INSURANCE CARRIER AAA		POLICY NUMBER CAA077321165			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 SOUTH		ON STREET OR HIGHWAY DALE ST		SPEED LIMIT 35		CAL-T		TCP/PSC	
PARTY	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
DRIVER	NAME (FIRST, MIDDLE, LAST)				OWNER'S NAME		<input type="checkbox"/> CITY OWNED <input type="checkbox"/> SAME AS DRIVER		
PEDESTRIAN	STREET ADDRESS				OWNER'S ADDRESS		<input type="checkbox"/> SAME AS DRIVER		
PARKED VEHICLE	CITY		STATE	ZIP		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER			
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	
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		CAL-T		TCP/PSC	
OFFICER NAME & I.D. K. ANDERSON		REVIEWER'S NAME			DATE REVIEWED		3073		
<input 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 04/15/2013	TIME (2400) 1000	NCIC # 3009	OFFICER I.D. 3073	NUMBER 13-004875
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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(##) 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 21804(A) <input type="radio"/> CITED YES <input type="radio"/> NO	<input 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 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 checked="" 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 checked="" type="checkbox"/> D NO CONTROLS PRESENT / FACTOR*	<input checked="" type="checkbox"/>	<input checked="" 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"/>	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 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 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	
	<input checked="" 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 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 checked="" 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 checked="" 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.		<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"/>	<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	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"/>		<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 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"/>		<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 checked="" type="checkbox"/> A DAYLIGHT	<input checked="" 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"/>		<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"/> B DUSK - DAWN	<input 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"/>		<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"/> C DARK - STREET LIGHTS	<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"/>		<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"/> 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"/>	A VC SECTION VIOLATED <input type="radio"/> CITED YES <input 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"/> E DARK - STREET LIGHTS NOT FUNCTIONING*	<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"/>	B VC SECTION VIOLATED <input type="radio"/> CITED YES <input 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"/> 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"/>	C VC SECTION VIOLATED <input type="radio"/> CITED YES <input 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"/> A DRY	<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"/>	SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)	
<input checked="" type="checkbox"/> B WET	<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"/>		<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"/> C SNOWY - ICY	<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"/>		<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"/> D SLIPPERY (MUDDY, OILY, ETC)		<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"/>	C HBD - NOT UNDER INFLUENCE*	
	ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS)	<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"/>	<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 HBD - IMPAIRMENT UNKNOWN*	
<input type="checkbox"/> A HOLES, DEEP RUT*	<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"/>		<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"/> B LOOSE MATERIAL ON ROADWAY*	<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"/>		<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"/> C OBSTRUCTION ON ROADWAY*	<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"/>		<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"/> D CONSTRUCTION - REPAIR ZONE	<input type="checkbox"/> D CROSSING - NOT IN CROSSWALK ZONE	<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"/>	H NOT APPLICABLE	
<input type="checkbox"/> E REDUCED ROADWAY WIDTH	<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"/>		<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"/> F FLOODED*	<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"/>		<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"/> G APPROACHING / LEAVING SCHOOL BUS	<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"/>	<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

INDICATE NORTH

MISCELLANEOUS
 VEHICLE #1 WAS W/B ACACIA AT DALE. D1 SAID SHE STOPPED AT THE STOP SIGN AND SAW V2 APPROACHING SOUTH. V1 SAID SHE TRIED TO CROSS DALE STREET TO CONTINUE WEST ON ACACIA WAS STRUCK BY A SOUTH BOUND VEHICLE V2 CAUSING MODER DAMAGE.

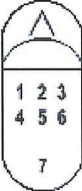
V1 SAID HE WAS SOUTH ON DALE WHEN HE SAW V2 PULL OUT IN FRONT OF HIM. HE WAS NOT ABLE TO STOP IN TIME AND STRUCK FRONT END OF V1.

TRAFFIC COLLISION REPORT

SPECIAL CONDITIONS		SFTA <input checked="" type="checkbox"/> 0	NUMBER INJURED 0	HIT & RUN FELONY <input type="checkbox"/>	CITY GARDEN GROVE	JUDICIAL DISTRICT WEST ORANGE	LOCAL REPORT NUMBER 14-014696				
		LFTA <input type="checkbox"/> 0	NUMBER KILLED 0	HIT & RUN MISDEMEANOR <input checked="" type="checkbox"/>	COUNTY ORANGE	REPORTING DISTRICT 64	BEAT 1-1				
LOCATION	COLLISION OCCURRED ON: DALE ST.				MO / DAY / YEAR 11/25/2014	TIME (2400) 0240	NCIC # 3009				
	<input checked="" type="checkbox"/> AT INTERSECTION WITH: ACACIA AVE.				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"/>		OFFICER I.D. 3619				
	<input type="checkbox"/> OR:				TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PHOTOGRAPHS BY <input checked="" type="checkbox"/> NONE				
PARTY		DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE	
DRIVER		NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> UNKNOWN				VEH. YEAR 2008		MAKE/MODEL/COLOR GMC YUKON BLACK		LICENSE NUMBER	STATE
PEDES-TRIAN		STREET ADDRESS UNKNOWN				OWNER'S NAME UNKNOWN		OWNER'S ADDRESS UNKNOWN		<input type="checkbox"/> CITY OWNED <input type="checkbox"/> SAME AS DRIVER	
PARKED VEHICLE		CITY STATE ZIP UNKNOWN				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		FLED SCENE			
BICY-CLIST		SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE MO DAY YEAR	RACE	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
OTHER		HOME PHONE UNK				BUSINESS PHONE EXT		VEHICLE IDENTIFICATION NUMBER:			
INSURANCE CARRIER		POLICY NUMBER UNKNOWN				VEHICLE TYPE 07		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		ON STREET OR HIGHWAY				SPEED LIMIT		CAL-T TCP/PSC MC/MX			
WEST		ACACIA AVE				25					
PARTY		DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE	
DRIVER		NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> MAURO				VEH. YEAR 1996		MAKE/MODEL/COLOR HONDA CIVIC SILVER		LICENSE NUMBER 4JCK751	STATE CA
PEDES-TRIAN		STREET ADDRESS TANFORD AVE.				OWNER'S NAME MAURO		OWNER'S ADDRESS 8461 STANFORD AVE Garden Grove CA 92841		<input type="checkbox"/> CITY OWNED <input checked="" type="checkbox"/> SAME AS DRIVER	
PARKED VEHICLE		CITY STATE ZIP Garden Grove CA 92841				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		LEFT AT SCENE DRIVER TO PUSH IT OUT OF ROADWAY, NOT DRIVEABLE			
BICY-CLIST		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		HOME PHONE				BUSINESS PHONE EXT		VEHICLE IDENTIFICATION NUMBER: 2HGEJ6320TH117923			
INSURANCE CARRIER		POLICY NUMBER AAA OF SO. CAL. CAA-084058166				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		ON STREET OR HIGHWAY				SPEED LIMIT		CAL-T TCP/PSC MC/MX			
SOUTH		DALE ST.				35					
PARTY		DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE	
DRIVER		NAME (FIRST, MIDDLE, LAST)				OWNER'S NAME		OWNER'S ADDRESS		<input type="checkbox"/> CITY OWNED <input type="checkbox"/> SAME AS DRIVER	
PEDES-TRIAN		STREET ADDRESS				OWNER'S ADDRESS		<input type="checkbox"/> SAME AS DRIVER			
PARKED VEHICLE		CITY STATE ZIP				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
BICY-CLIST		SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE MO DAY YEAR	RACE	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
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		CAL-T TCP/PSC MC/MX			
OFFICER NAME & I.D. A. HARRY 3619					REVIEWER'S NAME W. ALLISON 0121					DATE REVIEWED 11/26/2014	
<input checked="" 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 11/25/2014	TIME (2400) 0240	NCIC # 3009	OFFICER I.D. 3619	NUMBER 14-014696
PROPERTY DAMAGE	OWNER'S NAME N/A	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/SOULDER HARNESS USED H - LAP/SOULDER 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(# OF PARTY AT FAULT)	TRAFFIC CONTROL DEVICES	1			2			3			SPECIAL INFORMATION	1			2			3			MOVEMENT PRECEDING COLLISION					
1	<input checked="" type="checkbox"/> A VC SECTION VIOLATED 22450(a)	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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				
	<input type="checkbox"/> 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				
	<input type="checkbox"/> D UNKNOWN*	<input type="checkbox"/> D NO CONTROLS PRESENT / FACTOR*	<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 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"/>	E SCHOOL BUS RELATED	<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 MAKING LEFT TURN					
		<input 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				
	<input checked="" type="checkbox"/> WEATHER (MARK 1 TO 2 ITEMS)	<input checked="" 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.		<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*	MOTOR VEHICLE INVOLVED WITH			<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"/> 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"/>		<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				
	LIGHTING		<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"/>		<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"/> A DAYLIGHT	<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"/>	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"/>	R OTHER*		
	<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"/>	A VC SECTION VIOLATED <input type="radio"/> CITED YES <input 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 checked="" 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"/>	B VC SECTION VIOLATED <input type="radio"/> CITED YES <input 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"/>	C VC SECTION VIOLATED <input type="radio"/> CITED YES <input 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"/> 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"/>		<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"/>	<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"/>		<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"/>	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"/>	<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"/>	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"/>	<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"/>	<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"/>	<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"/>	<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 type="radio"/> NO	<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"/>	<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"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<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"/>	<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 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

SKETCH

INDICATE NORTH

MISCELLANEOUS
 A.O.I.;
 23 FT EAST OF WEST CURBLINE OF DALE ST.
 12 FT SOUTH OF THE NORTH CURBLINE OF ACACIA AVE.

TRAFFIC COLLISION REPORT

DR 14-014696

PAGE 3 OF 3

CITY GARDEN GROVE	COUNTY ORANGE	DATE OF ORIGINAL INCIDENT 11/25/2014	TIME (2400) 0240
<input checked="" type="checkbox"/> TRAFFIC COLLISION NARRATIVE	TEAM WEST	DISTRICT 64	CITATION NO.
<input type="checkbox"/> SUPPLEMENTAL	LOCATION/SUBJECT DALE ST. @ ACACIA AVE.		

ON 11-26-14 AT ABOUT 0255 HRS, I WAS DISPATCHED TO A NON INJURY HIT AND RUN TRAFFIC ACCIDENT, THAT OCCURRED ON DALE ST IN THE INTERSECTION WITH ACACIA AVE. THE ACCIDENT OCCURRED ABOUT 15 MINUTES EARLIER.

ON MY ARRIVAL, I LOCATED PARTY 2, GUADARRAMA, STANDING OUTSIDE HIS HEAVILY FRONT END DAMAGED SILVER HONDA CIVIC 2 DR HATCHBACK, CA. LIC # 4JCK751. THE VEHICLE WAS FOUND ON ACACIA AVE JUST ABOUT 6 FT WEST OF THE INTERSECTION WITH DALE ST. P-2 SAID HE HAD PUSHED HIS WRECKED CAR OUT OF THE ROADWAY, WHICH WAS IN SOUTHBOUND LANE OF DALE ST., IN THE INTERSECTION WITH ACACIA AVE.

I SAW A SIGNIFICANT AMOUNT OF FRONT END VEHICLE DEBRIS OUT IN THE INTERSECTION, SHOWING THE DISPERSAL PATTERN, ALONG WITH FRESH SKID MARKS, STARTING FROM THE SOUTHBOUND (S/B) LANE OF DALE ST. NORTH OF INTERSECTION, LEADING INTO INTERSECTION AND START OIF VEHICLE EBRIS FIELD WHERE SKID MARKS STOP. ALSO I NOTED A GOUGE MARK IN PAVEMENT JUST TWO FEET PRIOR TO SKID MARKS ENDING, IN BETWEEN THE TWO TIRE SKIDS. THE DEBRIS FIELD WAS FOUND TO BE ENTIRELY THAT OF VEHICLE 2. I FOUND NO DEBRIS FROM P-1'S VEHICLE, WHICH P-2 SAID HAD FLED THE SCENE, LAST SEEN GOING WEST BOUND ON ACACIA AVE TOWARD BEACH BLVD. THE DEBRIS, SKID MARKS AND GOUGE MARK, INDICATED TO ME THAT P-2 WAS GOING SOUTH ON DALE ST., BRAKED HARD JUST PRIOR TO INTERSECTION WITH ACACIA AVE., AND HIS FRONT END STRUCK ANOTHER VEHICLE IN THE NORTH WEST QUADRANT OF THE INTERSECTION, SHOWING THAT P-2'S STATEMENT THAT P-1 WAS GOING WEST ON ACACIA, WHEN P-1 ENTERED THE INTERSECTION WITH DALE ST. AND THE COLLISION OCCURRED. I WAS ABLE TO USE THE PHYSICAL EVIDENCE PRESENT, INCLUDING THE GOUGE MARK LEFT BY P-2'S VEHICLE TO DETERMINE THE POINT OF IMPACT, OR "P.O.I."

SCENE DESCRIPTION:

DALE STREET IS A WIDE NORTH-SOUTH RESIDENTIAL THOROUGHFARE, WITH A POSTED SPEED LIMIT OF 35 MPH. DALE ST IS STRAIGHT, LEVEL, HAS PAINTED CENTER LINE AND HAS OVERHEAD STREET LIGHTS INTERMITTENTLY SPREAD ALONG THE ROADWAY, AND ONE OVERHEAD AT THIS INTERSECTION. THE INTERSECTION WITH ACACIA AVE., HAS NO STOP SIGN OR TRAFFIC SIGNAL FOR DALE ST. TRAFFIC. ACACIA AVE. IS A NARROW, EAST-WEST RESIDENTIAL STREET, STRAIGHT, LEVEL, WITH A POSTED STOP SIGN FOR EAST AND WEST BOUND ACACIA TRAFFIC AT INTERSECTION WITH DALE ST. ACACIA AVE HAS A POSTED SPEED LIMIT OF 25 MPH.

STATEMENTS:

PARTY 1, (IDENTITY UNKNOWN); NO STATEMENT. P-1 FLED THE ACCIDENT SCENE, WITHOUT STOPPING, GIVING PROPER NOTICE OR EXCHANGING INFORMATION WITH P-2.

PARTY-2; (GUADARRAMA) STATED HE HAD JUST LEFT HOME TO GO TO WORK, LESS THAN A MINUTE LATER, HE WAS SOUTH BOUND ON DALE ST., AS HE APPROACHED THE INTERSECTION WITH ACACIA AVE., SUDDENLY P-1 CAME WEST BOUND ON ACACIA AVE, RAN THE RED LIGHT AT ABOUT 30-35 MPH DIRECTLY IN FRONT OF P-2. P-2 SAID HE SLAMMED ON HIS BRAKES, BUT COULD NOT AVOID BROADSIDING P-1'S BLACK GMC YUKON OR CHEV TAHOE. P-1 DIDN'T STOP, DROVE OFF FAST GOING WEST ON ACACIA FROM DALE ST., LAST SEEN HEADING TOWARDS BEACH BLVD. P-2 COULD NOT SEE THE DRIVER, NOR HOW MANY PASSENGERS IF ANY. P-2 BELIEVES VEH-1 WAS A 2006-2009 GMC YUKON OR CHEV TAHOE. P-2 CANNOT ID THE DRIVER OF THE BLACK S.U.V.

OPINIONS AND CONCLUSIONS:

BASED UPON PHYSICAL EVIDENCE AT SCENE, DAMAGE TO P-2'S VEHICLE, NO VEHICLE DEBRIS FROM VEH-1 AND PARTY-2'S STATEMENT, IT APPEARS P-2 WAS S/B DALE ST., WHEN P-1 WHO WAS W/B ACACIA AVE., RAN THE POSTED STOP SIGN AT DALE ST., ENTERED INTERSECTION DIRECTLY IN FRONT OF P-2'S INTENDED PATH. P-2 HAD NO TIME TO STOP OR AVOID THE COLLISION AND BROADSIDED P-1'S VEHICLE. P-1 INTENTIONALLY AND WILLFULLY FLED SCENE WITHOUT STOPPING, HIS IMPAIRMENT DUE TO ALCOHOL/DRUGS IS UNKNOWN. P-1 IS AT FAULT, VIOLATION OF VC 22450(a), RUNNING POSTED STOP SIGN.

RECOMMENDATIONS: NONE AT THIS TIME, PENDING FYRTHHER LEADS OR CLUES AS TO IDENTITY OF P-1 AND/OR LOCATING VEHICLE 1.

OFFICER NAME & I.D. A. HARRY	3619	REVIEWER'S NAME W. ALLISON	DATE REVIEWED 11/26/2014
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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 15-010588				
		LFTA <input type="checkbox"/>	NUMBER KILLED 0	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY ORANGE	REPORTING DISTRICT 074	BEAT 1-1				
LOCATION	COLLISION OCCURRED ON: DALE ST				MO / DAY / YEAR 07/27/2015	TIME (2400) 1014	NCIC # 3009	OFFICER I.D. 4087			
	<input checked="" type="checkbox"/> AT INTERSECTION WITH: ACACIA AVE.				DAY OF WEEK S M T W T F S <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
	<input type="checkbox"/> OR:						STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
PHOTOGRAPHS BY	<input checked="" type="checkbox"/> NONE										
PARTY 1	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE		
DRIVER	NAME (FIRST, MIDDLE, LAST) LIEU LE NGUYEN				OWNER'S NAME	<input type="checkbox"/> CITY OWNED <input checked="" type="checkbox"/> SAME AS DRIVER					
PEDESTRIAN	STREET ADDRESS BRITTANY LN				OWNER'S ADDRESS	<input checked="" type="checkbox"/> SAME AS DRIVER					
PARKED VEHICLE	CITY	STATE	ZIP	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER							
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE			
OTHER	HOME PHONE	BUSINESS PHONE		EXT	VEHICLE IDENTIFICATION NUMBER: JN8AS5MT3BW185908						
INSURANCE CARRIER WAWANESA				POLICY NUMBER F96398175				VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE	SHADE IN DAMAGED AREA
DIR OF TRAVEL S				ON STREET OR HIGHWAY DALE ST		SPEED LIMIT 35		<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			
PARTY 2	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE		
DRIVER	NAME (FIRST, MIDDLE, LAST) THUY Y LAM				OWNER'S NAME	<input type="checkbox"/> CITY OWNED <input checked="" type="checkbox"/> SAME AS DRIVER					
PEDESTRIAN	STREET ADDRESS JHANNON ST #B				OWNER'S ADDRESS	<input checked="" type="checkbox"/> SAME AS DRIVER					
PARKED VEHICLE	CITY	STATE	ZIP	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER							
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE			
OTHER	HOME PHONE	BUSINESS PHONE		EXT	VEHICLE IDENTIFICATION NUMBER: JHMRA1861TC011884						
INSURANCE CARRIER ALLIANCE				POLICY NUMBER 163287457				VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE	SHADE IN DAMAGED AREA
DIR OF TRAVEL S				ON STREET OR HIGHWAY DALE ST		SPEED LIMIT 35		<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			
PARTY	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE		
DRIVER	NAME (FIRST, MIDDLE, LAST)				OWNER'S NAME	<input type="checkbox"/> CITY OWNED <input type="checkbox"/> SAME AS DRIVER					
PEDESTRIAN	STREET ADDRESS				OWNER'S ADDRESS	<input type="checkbox"/> SAME AS DRIVER					
PARKED VEHICLE	CITY	STATE	ZIP	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER							
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE			
OTHER	HOME PHONE	BUSINESS PHONE		EXT	VEHICLE IDENTIFICATION NUMBER:						
INSURANCE CARRIER				POLICY NUMBER				VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE	SHADE IN DAMAGED AREA
DIR OF TRAVEL				ON STREET OR HIGHWAY		SPEED LIMIT		<input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLLOVER			
OFFICER NAME & I.D. A. LAVERTY				4087		REVIEWER'S NAME SGT. HOLDER		3909		DATE REVIEWED 08/03/2015	
<input type="checkbox"/> NARR				<input checked="" type="checkbox"/> PASS. WIT		<input type="checkbox"/> CSI		<input type="checkbox"/> STORED VEH. RPT.		<input type="checkbox"/> P & E	<input type="checkbox"/> OTHER

TRAFFIC COLLISION CODING

DATE OF COLLISION 07/27/2015	TIME (2400) 1014	NCIC # 3009	OFFICER I.D. 4087	NUMBER 15-010588
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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(##) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	1			2			3			SPECIAL INFORMATION	1			2			3			MOVEMENT PRECEDING COLLISION
<input checked="" type="checkbox"/> A VC SECTION VIOLATED <input type="radio"/> CITED YES <input 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 type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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 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"/>	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"/>	<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
<input checked="" type="checkbox"/> 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"/>	E SCHOOL BUS RELATED	<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 MAKING LEFT TURN
	<input 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 checked="" 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 MANUEVER
<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.		<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*	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"/>	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"/> 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"/>		<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 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"/>		<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
LIGHTING	<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"/>		<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 checked="" type="checkbox"/> A DAYLIGHT	<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"/>		<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"/> B DUSK - DAWN	<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"/>		<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"/> C DARK - 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"/> D DARK - NO STREET LIGHTS	<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"/>	
<input type="checkbox"/> E DARK - STREET LIGHTS NOT FUNCTIONING*	<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"/>	
ROADWAY SURFACE	<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"/>		<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"/> 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"/>		<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"/> B WET		<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"/> 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"/>		<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 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"/>		<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 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"/>		<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"/> 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"/>		<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"/> 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"/>		<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"/> 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"/>		<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 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"/>		<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 REDUCED ROADWAY WIDTH	<input type="checkbox"/> G APPROACHING / LEAVING SCHOOL BUS	<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"/> 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"/>		<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"/>		<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

INDICATE NORTH

MISCELLANEOUS
 AOI: 10 FT E/O WCL DALE
 05 FT N/O SCL ACACIA


P1 SAID WAS DRIVING V1 S/B DALE APPROACHING ACACIA. P1 DID NOT SEE WHERE V2 CAME FROM BUT THINKS V2 CAME FROM EASTBOUND ACACIA, WEST OF THE INTERSECTION. P1 STATED THAT SHE DID NOT SEE V2 UNTIL AFTER THE COLLISION.

P2 SAID WAS DRIVING V2 S/B DALE APPROACHING ACACIA. P2 NOTICED V1 APPROACHING FROM BEHIND IN THE REAR VIFW MIRROR

TRAFFIC COLLISION CODING

DATE OF COLLISION 07/27/2015	TIME (2400) 1014	NCIC # 3009	OFFICER I.D. 4087	NUMBER 15-010588
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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 3 PASSENGERS 4 - 5 - 6 - REAR OCC. TRK. OR VAN 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(# 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				
<input checked="" type="checkbox"/> A VC SECTION VIOLATED <small>CITED YES NO</small>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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 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"/>	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"/>	<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
<input type="checkbox"/> 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 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
	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
	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
	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
	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.		<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*	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"/>	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"/> 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"/>		<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 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"/>		<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 checked="" type="checkbox"/> A DAYLIGHT	<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"/>	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"/>	R OTHER*
<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"/>	A VC SECTION VIOLATED <small>CITED YES NO</small>	<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"/> 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"/>	B VC SECTION VIOLATED <small>CITED YES NO</small>	<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"/>	C VC SECTION VIOLATED <small>CITED YES NO</small>	<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"/>	
	<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"/>		<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"/>	D	<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		<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"/>	C HBD - NOT UNDER INFLUENCE*
<input type="checkbox"/> D SLIPPERY (MUDDY, OILY, ETC)		<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"/>	D HBD - IMPAIRMENT UNKNOWN*
	PEDESTRIAN'S ACTIONS	<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"/>	<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"/>	E UNDER DRUG INFLUENCE*
<input type="checkbox"/> A HOLES, DEEP RUT*	<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"/>	F IMPAIRMENT - PHYSICAL*
<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"/>	<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"/>	G IMPAIRMENT NOT KNOWN
<input type="checkbox"/> C OBSTRUCTION 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"/>	H NOT APPLICABLE
<input type="checkbox"/> D CONSTRUCTION - REPAIR ZONE	<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: <small>CITED YES NO</small>	<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"/> 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"/>	
<input type="checkbox"/> F FLOODED*	<input type="checkbox"/> G APPROACHING / LEAVING SCHOOL BUS	<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"/>	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"/> 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"/>	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 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"/>	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"/>	

SKETCH



INDICATE NORTH

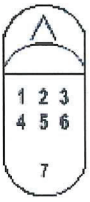
MISCELLANEOUS INTO THE LANE, SIDESWIPE V2.
NO INDEPENDENT WITNESSES WERE LOCATED, THEREFORE NO PCF WAS ESTABLISHED.

TRAFFIC COLLISION REPORT

SPECIAL CONDITIONS		SFTA <input checked="" type="checkbox"/>	NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER			
		LFTA <input type="checkbox"/>	NUMBER KILLED	HIT & RUN MISDEMEANOR	GARDEN GROVE	WEST ORANGE	15-011017			
			0		ORANGE	64	1-1			
LOCATION	COLLISION OCCURRED ON: DALE ST				MO / DAY / YEAR	TIME (2400)	NCIC #	OFFICER I.D.		
					08/04/2015	1507	3009	0126		
	<input type="checkbox"/> AT INTERSECTION WITH: <input checked="" type="checkbox"/> OR : 150 FEET NORTH OF 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 <input type="checkbox"/>		TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
PARTY		DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
DRIVER		NAME (FIRST, MIDDLE, LAST)				OWNER'S NAME		<input type="checkbox"/> CITY OWNED <input type="checkbox"/> SAME AS DRIVER		
PEDESTRIAN		STREET ADDRESS				OWNER'S ADDRESS		<input type="checkbox"/> SAME AS DRIVER		
PARKED VEHICLE		CITY		STATE	ZIP	DISPOSITION OF VEHICLE ON ORDERS OF:		<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
BICYCLIST		SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	PRIOR MECHANICAL DEFECTS:	
		<input type="checkbox"/>	M	BRN	BRN	509	165		HISPANIC	<input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE
OTHER		HOME PHONE		BUSINESS PHONE		EXT		VEHICLE IDENTIFICATION NUMBER: WMWRC334X5TJ65703		
								VEHICLE TYPE: _____ DESCRIBE VEHICLE DAMAGE: _____ SHADE IN DAMAGED AREA: _____ <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		
		INSURANCE CARRIER		POLICY NUMBER		VEH. YEAR		MAKE/MODEL/COLOR		LICENSE NUMBER
		INFINITY INS		104-60120-6122-001		2012		HONDA ACCORD		6VBU953
		DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		CAL-T		DOT
		S		DALE ST		35				MC/MX
PARTY		DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
DRIVER		NAME (FIRST, MIDDLE, LAST)				OWNER'S NAME		<input type="checkbox"/> CITY OWNED <input type="checkbox"/> SAME AS DRIVER		
PEDESTRIAN		STREET ADDRESS				OWNER'S ADDRESS		<input checked="" type="checkbox"/> SAME AS DRIVER		
PARKED VEHICLE		CITY		STATE	ZIP	DISPOSITION OF VEHICLE ON ORDERS OF:		<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
BICYCLIST		SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	PRIOR MECHANICAL DEFECTS:	
		<input type="checkbox"/>	M	BRN	BRN	507	180		WHITE	<input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE
OTHER		HOME PHONE		BUSINESS PHONE		EXT		VEHICLE IDENTIFICATION NUMBER: JHMF4B28CS008701		
								VEHICLE TYPE: _____ DESCRIBE VEHICLE DAMAGE: _____ SHADE IN DAMAGED AREA: _____ <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		
		INSURANCE CARRIER		POLICY NUMBER		VEH. YEAR		MAKE/MODEL/COLOR		LICENSE NUMBER
		E-SURANCE		PALA-004750580		2012		HONDA ACCORD		6VBU953
		DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		CAL-T		DOT
		N/A		DALE ST		35				MC/MX
PARTY		DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
DRIVER		NAME (FIRST, MIDDLE, LAST)				OWNER'S NAME		<input type="checkbox"/> CITY OWNED <input type="checkbox"/> SAME AS DRIVER		
PEDESTRIAN		STREET ADDRESS				OWNER'S ADDRESS		<input type="checkbox"/> SAME AS DRIVER		
PARKED VEHICLE		CITY		STATE	ZIP	DISPOSITION OF VEHICLE ON ORDERS OF:		<input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
BICYCLIST		SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	PRIOR MECHANICAL DEFECTS:	
		<input type="checkbox"/>							<input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
OTHER		HOME PHONE		BUSINESS PHONE		EXT		VEHICLE IDENTIFICATION NUMBER:		
								VEHICLE TYPE: _____ DESCRIBE VEHICLE DAMAGE: _____ SHADE IN DAMAGED AREA: _____ <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLLOVER		
		INSURANCE CARRIER		POLICY NUMBER		VEH. YEAR		MAKE/MODEL/COLOR		LICENSE NUMBER
		DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		CAL-T		DOT
										MC/MX
OFFICER NAME & I.D.		REVIEWER'S NAME				DATE REVIEWED				
C. DANIELEY		SGT. BEX				08/05/2015				
<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 08/04/2015		TIME (2400) 1507	NCIC # 3009	OFFICER I.D. 0126	NUMBER 15-011017
PROPERTY DAMAGE	OWNER'S NAME N/A	OWNER'S ADDRESS N/A		NOTIFIED <input type="radio"/> YES <input type="radio"/> NO	
DESCRIPTION OF DAMAGE N/A					
<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/SOULDER HARNESS USED H - LAP/SOULDER 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(#), 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	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A STOPPED
	<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 checked="" 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
	<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
	<input checked="" type="checkbox"/> D NO CONTROL S PRESENT / FACTOR*	<input checked="" type="checkbox"/>	<input checked="" 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"/>	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
	<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"/>	E SCHOOL BUS RELATED	<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 MAKING LEFT TURN
	<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"/>	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"/> 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"/>	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"/> 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"/>	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
	<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"/>	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 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"/>	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"/> 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"/>	<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"/> 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"/>	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"/> 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"/>	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"/> 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"/>	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"/> 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"/>	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"/> P 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"/>	P	<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 type="checkbox"/> Q 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"/>	Q	<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"/> R 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"/>	R	<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"/> A DAY LIGHT	<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 CITED YES 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"/>	A HAD NOT BEEN DRINKING
	<input type="checkbox"/> B DUSK - DAWN	<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 CITED YES 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"/>	B HBD - UNDER INFLUENCE
	<input type="checkbox"/> C DARK - STREET LIGHTS	<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 CITED YES 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"/>	C HBD - NOT UNDER INFLUENCE*
	<input type="checkbox"/> D DARK - NO STREET LIGHTS	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D HBD - IMPAIRMENT UNKNOWN*
	<input type="checkbox"/> E DARK - STREET LIGHTS 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"/>	E	<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"/> 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"/>	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"/>	F IMPAIRMENT - PHYSICAL*
	<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"/>	G	<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"/> 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"/>	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 NOT APPLICABLE
	<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"/>	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 SLEEPY / FATIGUED*
	<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"/>	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
	<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"/>	<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
	<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"/>	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
	<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"/>	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
	<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"/>	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
	<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"/>	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
	<input type="checkbox"/> A HOLES, DEEP RUT*	<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	<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
	<input type="checkbox"/> B LOOSE MATERIAL ON 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	<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
	<input type="checkbox"/> C OBSTRUCTION ON 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"/>	C	<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
	<input type="checkbox"/> D CONSTRUCTION - REPAIR ZONE	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D
	<input type="checkbox"/> E REDUCED ROADWAY WIDTH	<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	<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
	<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"/>	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"/>	F
	<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"/>	G	<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
	<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"/>	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

SKETCH

INDICATE NORTH

MISCELLANEOUS
AOI: 150' N/O NCL ACACIA AVE 5' E/O WCL DALE ST

TRAFFIC COLLISION REPORT

DR 15-011017

PAGE OF 4

CITY	COUNTY	DATE OF ORIGINAL INCIDENT	TIME (2400)
GARDEN GROVE	ORANGE	08/04/2015	1507
<input type="checkbox"/>	TRAFFIC COLLISION NARRATIVE	TEAM	DISTRICT
		WEST	64
<input checked="" type="checkbox"/>	SUPPLEMENTAL	LOCATION/SUBJECT	
		DALE ST N/OF ACACIA AVE	

V1 WAS S/B DALE ST APPROACHING THE INTERSECTION WITH ACACIA ST. V2 WAS PARKED ALONG THE WCL OF DALE ST JUST N/OF ACACIA AVE. D2(KNOX) WAS INSIDE OF HIS CAR, SEATED IN THE DRIVER'S SEAT LOOKING AT HIS TABLET FOR THE NEXT LOCATION HE WANTED TO BE AT. V1 DRIFTED TO ITS RIGHT FROM THE DIRECTION OF TRAVEL AND REAREND V2.

WHEN I FIRST ARRIVED AT THE T/C SCENE, I WAS APPROACHED BY A FEMALE SUBJECT WHO WOULD NOT IDENTIFY HERSELF. SHE CLAIMED THAT THE MALE SUBJECT AT THE SCENE ASSOCIATED WITH V1, ARMANDO ROCHA, WAS THE ACTUAL DRIVER OF V1 AT THE TIME OF THE ACCIDENT. SHE ALSO CLAIMED THAT THE FEMALE ASSOCIATED WITH V1, VIVIAN CHACON, WILL TRY TO CLAIM SHE WAS THE DRIVER BUT THIS WILL BE FALSE. SHE THEN LEFT THE SCENE, WANTING TO REMAIN ANONYMOUS.

I CONTACTED CHACON WHO CLAIMED SHE WAS THE DRIVER OF V1 AT THE TIME OF THE ACCIDENT. SHE CLAIMED THAT SHE WAS S/B DALE WHEN SHE LOOKED AWAY FROM THE ROADWAY AND DURING THAT TIME SHE DRIFTED TO THE RIGHT AND REARENDED V2.




V2(KNOX) SAID THAT AFTER BEING HIT FROM BEHIND BY V1, HE GOT OUT OF THE CAR AND BELIEVES HE SAW D1(ROCHA) SEATED IN THE DRIVER'S SEAT. WHEN ASKED IF HE WAS SURE ABOUT THIS, HE STARTED TO DOUBT HIMSELF AND SAID HE COULDN'T BE CERTAIN WHO THE DRIVER WAS. KNOX AT ONE POINT CHANGED HIS MIND AND SAID CHACON WAS THE DRIVER.

I THEN TOOK CHACON TO THE SIDE AND ASKED HER AGAIN WHO WAS DRIVING HER CAR. I TOLD HER THAT I HAVE WITNESSES TELLING ME THAT SHE WAS NOT THE DRIVER AND THAT ROCHA WAS THE DRIVER. CHACON THEN ADMITTED THAT SHE HAD LIED AND THAT ROCHA WAS THE DRIVER AT THE TIME OF THE ACCIDENT. CHACON SAID SHE LIED BECAUSE THE CAR BELONGS TO HER DAD AND HE WOULD BE UPSET IF HE FOUND OUT ROCHA HAD BEEN DRIVING.

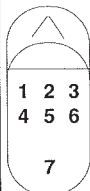
FOR STATEMENT OF D1(ROCHA), SEE OFC K. ANDERSON'S SUPPLEMENTAL REPORT.

OFFICER NAME & I.D.	REVIEWER'S NAME	DATE REVIEWED
C. DANIELEY 0126	SGT. BEX	08/05/2015

STATE OF CALIFORNIA
TRAFFIC COLLISION REPORT
 CHP 555 Page 1 (Rev. 7-03) OPI 061

SPECIAL CONDITIONS		NUMBER INJURED 0	HIT & RUN FELONY <input type="checkbox"/>	CITY GARDEN GROVE		JUDICIAL DISTRICT WEST		LOCAL REPORT NUMBER 16010966		
		NUMBER KILLED 0	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY ORANGE		REPORTING DISTRICT 64	BEAT 1-1	DAY OF WEEK TUESDAY	TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
LOCATION	COLLISION OCCURRED ON DALE ST				MO. DAY YEAR 03/01/2016	TIME (2400) 1732	NCIC # 3009	OFFICER I.D. 4330		
	MILEPOST INFORMATION FEET/MILES OF			GPS COORDINATES LATITUDE LONGITUDE			PHOTOGRAPHS BY: <input checked="" type="checkbox"/> NONE			
	<input checked="" type="checkbox"/> AT INTERSECTION WITH				STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	<input type="checkbox"/> OR: FEET/MILES OF ACACIA AV									
PARTY 1	DRIVER'S LICENSE NUMBER	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 1996	MAKE/MODEL/COLOR TOYO/DX/WHI	LICENSE NUMBER 4GFR012	STATE CA	
<input checked="" type="checkbox"/>	NAME (FIRST, MIDDLE, LAST) ARMANDO VICTOR GARCIA					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER ANNA MARIE GARCIA				
<input type="checkbox"/>	STREET ADDRESS SANTA MONICA AVE.					OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER				
<input type="checkbox"/>	CITY/STATE/ZIP STANTON / CA / 90680					DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER *RETAINED BY DRIVER				
<input type="checkbox"/>	SEX M	HAIR BLK	EYES BRN	HEIGHT 5'09"	WEIGHT 215	BIRTHDATE Mo. Day Year H	RACE H	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
<input type="checkbox"/>	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER: 1NXBB02E5TZ376732					
INSURANCE CARRIER AAA		POLICY NUMBER CAA095102564			VEHICLE TYPE 01 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"/> ROLL-OVER		SHADE IN DAMAGED AREA 		
DIR OF TRAVEL ON STREET OR HIGHWAY W ACACIA AV		SPEED LIMIT 25			CA _____ DOT _____		CAL-T _____ TCP/PSC _____ MC/MX _____			
PARTY 2	DRIVER'S LICENSE NUMBER	STATE CA	CLASS C	AIR BAG L	SAFETY EQUIP. G	VEH. YEAR 2016	MAKE/MODEL/COLOR TOYT/COROLLA/WHI	LICENSE NUMBER 7PSJ508	STATE CA	
<input checked="" type="checkbox"/>	NAME (FIRST, MIDDLE, LAST) NANATO CLAUDIA					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER ALEJANDRA MARTINEZ				
<input type="checkbox"/>	STREET ADDRESS ONTARIO CIR					OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER ROSEVELT AVE, MIDWAY CITY, CA 92655				
<input type="checkbox"/>	CITY/STATE/ZIP WESTMINSTER / CA / 92683					DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER B & D TOWING				
<input type="checkbox"/>	SEX F	HAIR BRN	EYES BRN	HEIGHT 4'11"	WEIGHT 155	BIRTHDATE Mo. Day Year H	RACE H	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
<input type="checkbox"/>	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER: 3MYDLBZV1GY110849					
INSURANCE CARRIER INFINITY INS		POLICY NUMBER 104-63051-9178-001			VEHICLE TYPE 01 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"/> ROLL-OVER		SHADE IN DAMAGED AREA 		
DIR OF TRAVEL ON STREET OR HIGHWAY S DALE ST		SPEED LIMIT 35			CA _____ DOT _____		CAL-T _____ TCP/PSC _____ MC/MX _____			
PARTY	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE	
<input type="checkbox"/>	NAME (FIRST, MIDDLE, LAST)					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER				
<input type="checkbox"/>	STREET ADDRESS					OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER				
<input type="checkbox"/>	CITY/STATE/ZIP					DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER				
<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		
<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"/> ROLL-OVER		SHADE IN DAMAGED AREA 		
DIR OF TRAVEL ON STREET OR HIGHWAY		SPEED LIMIT			CA _____ DOT _____		CAL-T _____ TCP/PSC _____ MC/MX _____			
PREPARER'S NAME POLICE OFFICER M. MOSSER 4330			DISPATCH NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			REVIEWER'S NAME POLICE OFFICER/MA O A. ZMIJA			DATE REVIEWED 03/03/2016	

DATE OF COLLISION (MO. DAY YEAR) 03/01/2016	TIME (2400) 1732	NCIC # 3009	OFFICER I.D. 4330	NUMBER 16010966
OWNER'S NAME		OWNER'S ADDRESS		NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
PROPERTY DAMAGE DESCRIPTION OF DAMAGE				

SEATING POSITION 	OCCUPANTS A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER 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 - CELL PHONE HANDHELD B - CELL PHONE 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	1	2	SPECIAL INFORMATION	1	2	MOVEMENT PRECEDING COLLISION
1 A 21800 (A) VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	A CONTROLS FUNCTIONING			A HAZARDOUS MATERIAL			A STOPPED
B OTHER IMPROPER DRIVING*	B CONTROLS NOT FUNCTIONING*			B CELL PHONE HANDHELD IN USE	X	X	B PROCEEDING STRAIGHT
C OTHER THAN DRIVER*	C CONTROLS OBSCURED			C CELL PHONE HANDSFREE IN USE			C RAN OFF ROAD
D UNKNOWN*	D NO CONTROLS PRESENT / FACTOR*	X	X	D CELL PHONE NOT IN USE			D MAKING RIGHT TURN
	TYPE OF COLLISION			E SCHOOL BUS RELATED			E MAKING LEFT TURN
	A HEAD - ON			F 75 FT MOTORTRUCK COMBO			F MAKING U TURN
	B SIDE SWIPE			G 32 FT TRAILER COMBO			G BACKING
	C REAR END			H			H SLOWING / STOPPING
	D BROADSIDE			I			I PASSING OTHER VEHICLE
X A CLEAR WEATHER (MARK 1 TO 2 ITEMS)	E HIT OBJECT			J			J CHANGING LANES
B CLOUDY	F OVERTURNED			K			K PARKING MANEUVER
C RAINING	G VEHICLE / PEDESTRIAN			L			L ENTERING TRAFFIC
D SNOWING	H OTHER*:			M			M OTHER UNSAFETURNING
E FOG / VISIBILITY FT.				N			N XING INTO OPPOSING LANE
F OTHER*:	MOTOR VEHICLE INVOLVED WITH			O			O PARKED
G WIND	A NON - COLLISION						P MERGING
	B PEDESTRIAN						Q TRAVELING WRONG WAY
X A DAYLIGHT LIGHTING	C OTHER MOTOR VEHICLE	1	2	OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)			R OTHER*:
B DUSK - DAWN	D MOTOR VEHICLE ON OTHER ROADWAY			A VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO			
C DARK - STREET LIGHTS	E PARKED MOTOR VEHICLE			B VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO			
D DARK - NO STREET LIGHTS	F TRAIN			C VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO	1	2	SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)
E DARK - STREET LIGHTS NOT FUNCTIONING*	G BICYCLE			D			A HAD NOT BEEN DRINKING
	H ANIMAL:			E VISION OBSCUREMENT:			B HBD - UNDER INFLUENCE
X A DRY ROADWAY SURFACE	I FIXED OBJECT:			F INATTENTION*:			C HBD - NOT UNDER INFLUENCE*
B WET	J OTHER OBJECT:			G STOP & GO TRAFFIC			D HBD - IMPAIRMENT UNKNOWN*
C SNOWY - ICY				H ENTERING / LEAVING RAMP			E UNDER DRUG INFLUENCE*
D SLIPPERY (MUDDY, OILY, ETC.)				I PREVIOUS COLLISION			F IMPAIRMENT - PHYSICAL*
	PEDESTRIAN'S ACTIONS			J UNFAMILIAR WITH ROAD			G IMPAIRMENT NOT KNOWN
A HOLES, DEEP RUT*	X A NO PEDESTRIANS INVOLVED			K DEFECTIVE VEH. EQUIP.: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO	X	X	H NOT APPLICABLE
B LOOSE MATERIAL ON ROADWAY*	B CROSSING IN CROSSWALK AT INTERSECTION			L UNINVOLVED VEHICLE			I SLEEPY / FATIGUED*
C OBSTRUCTION ON ROADWAY*	C CROSSING IN CROSSWALK - NOT AT INTERSECTION			M OTHER*:			
D CONSTRUCTION - REPAIR ZONE	D CROSSING - NOT IN CROSSWALK			N NONE APPARENT			
E REDUCED ROADWAY WIDTH	E IN ROAD - INCLUDES SHOULDER			O RUNAWAY VEHICLE			
F FLOODED*	F NOT IN ROAD	X	X				
G OTHER*:	G APPROACHING / LEAVING SCHOOL BUS						
X H NO UNUSUAL CONDITIONS							

SKETCH 	MISCELLANEOUS AOI: 20.00 FEET EAST OF WEST CURB LINE OF DALE ST. 8.03 FEET SOUTH OF NORTH CURB LINE OF ACACIA AVE. V2 WAS SOUTH BOUND DALE ST. V1 WAS WEST BOUND ACACIA AVE. AT STOPPED AT THE STOP SIGN TO CROSS DALE ST. WEST BOUND. V1 STRUCK V2 TO THE DRIVERS AND PASSENGER DOOR. THE COLLISION OCCURRED BECAUSE V1 FAILED TO YIELD TO V2 WHILE CROSSING AT AN UNCONTROLLED INTERSECTION.
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