## TRAFFIC COLLISION REPORT

CHP	555 Page 1	(Rev.7-0	3) OPI (	061									180	3) 091	ev. 7-0	Page	of		
SPECIAL CONDITIONS			NUMBER INJURED	HIT & RUN FELONY	CITY	CITY				2003	JUDI	CIAL DISTRICT	LOCAL RE	PORT NUM	MBER	Lios N. Mac.			
				NUMBER KILLE	ED HIT & RUN MISDEMEANO	COUNTY	COUNTY			REPORTING	DISTRICT		BEAT						
ОИ	277															YT	PROPER		
N	COLLISION OCCURRED ON										YEAR	TIME (2400)		NCIC#		OFFICER I.D.			
ATIC	MILEPOST INFO	ORMATION		TRIFTER	TINYOUR T	м	ENT	DAY OF WEEK TOW AWAY  S M T W T F S YES			NO	PHOTOGR	APHS BY:	TING PO	NONE				
0	AT INTER	CECTION WIT	FEET/MILES	S	OF	<del>Fig.</del> 1	<del>De Di Civilli</del>	104 UA	0 014 16			STATE HWY							
Ľ	OR:	N - O THER P - NOT REQUIRED W						YES	NO NO		Z Y								
PARTY	DRIVER'S LICENSE NUMBER STATE				CLASS	CLASS AIR BAG SAFETY EQUIP.			VEH. YEAR	MAKE/MODEL	/COLOR		1 21	ENSE NUM		STATE			
DRIVER	NAME (FIRST, MIDDLE, LAST)								GEORGE TOWNS ON THE PARTY OF THE STRAIN OLD										
PEDES- TRIAN	STREET ADDRE				DIN THE P		3 101	HIVI	T-NORE	OWNER'S NAME SAME AS DRIVER									
	VT PRECEDIN		6			AL INFORM		3	1 2	OWNER'S AD			E AS DRIVER	7 96	NI ACT	DIFFE LIGHT	SMUATEL		
PARKED VEHICLE	CITY/STATE/ZIF	034401					A HAZARDOUS MATER				OF VEHICLE O	N ORDERS O		1			1.4		
BICY- CLIST	SEX HA	IR AS	EYES	HEIGHT	WEIGHT		BIRTHDATE		RACE		GANU	CE 110 2 10 F	тиез р	OFFICER	R DI	RIVER (	OTHER		
	MAYTER		0,		126	J. P. L. S. S.	1011101110	real		PRIOR MECH	ANICAL DEFECT	TS:	NONE A	PPARENT	RE	FER TO NARRA	ATIVE		
OTHER	HOME PHONE	IOME PHONE BUSINESS					HONE			VEHICLE IDE	NTIFICATION NU	UMBER:	A HEAD			- WOI	D Indo		
		MINOA	G					VEHIC	LE TYPE	DESCRIBE V	EHICLE DAMAG	GE SHADE IN DAMAGED AREA							
	INSURANCE CA		2 H			POLICY N	POLICY NUMBER					UNK.	NONE	MINO	- marine				
	AMES AMES	ASSING OT						MOD.	MAJOR	ROL	A OLEA								
	DIR OF TRAVEL	ON STREET	OR HIGHWA	Y			SPEED LIMIT			CA		DO	TT				00.0 >		
	RAFFIC					CAL-T	T	CP/PSC	MX										
PARTY	DRIVER'S LICE	RIVER'S LICENSE NUMBER STATE		CLASS	CLASS AIR BAG SAFETY EQUIP		TY EQUIP.	VEH. YEAR	MAKE/MODEL	/COLOR		LIC	ENSE NUM	MBER	STATE				
2	NAME (EIDST A	IAME (FIRST, MIDDLE, LAST)					g g			H CY	INVOLVED	R VEHICLE							
DRIVER	AN ONOSM									OWNER'S NA	ME	C SAM	E AS DRIVER			SMITHSUI			
PEDES- TRIAN	STREET ADDRESS							2 1	SAME AS DRIVER										
PARKED	CITY/STATE/ZIP								OWNER'S AD	DRESS	SAM	E AS DRIVER				S-MO Q			
VEHICLE	OIT TO TATE OF THE PARTY OF THE								DISPOSITION	OF VEHICLE O	N ORDERS O	Figure 10	OFFICER	R DE	RIVER (	OTHER			
BICY- CLIST	SEX HAIR EYES HEIGHT WEIGHT BIRTHDATE RA						RACE			100 07			FACE	ADWAY SUR	08 700 A				
OTHER	HOME PHONE									-	ANICAL DEFECT		NONE A	PPARENT	RE	FER TO NARRA	ATIVE		
OTHER.	HOMEPHONE				BOOMESS					-	SHADE IN DA	MAGED AREA							
المحا	INSURANCE CA	RRIER		-		POLICY N	IUMBER	a		VERIC	LE TYPE	UNK.	NONE	MINO	MAGED AREA				
FAVO	TOMECURAL D							SPEED LIMIT			PS ACTIONS	MOD.	MAJOF	ROL	L-OVER				
	DIR OF TRAVEL			Y		NOR HTAW S	SPEED				M. (ALATO DE	DO							
	NOTE TON		K DEFECTIVE VEH EQU			CAL-T	т	CP/PSC	MC/N	MXX									
PARTY	DRIVER'S LICE	VER'S LICENSE NUMBER STATE		CLASS	AIR BAG SAFETY EQI		TY EQUIP.	VEH. YEAR	MAKE/MODEL		LIN IV	LICENSE NUMBER STATE							
	NAME (FIRST, I	MIDDLE, LAST	7		-	1	THERE	81		9	DEGONAL SE	0-004 - 6 0-004 - 6					Janua		
										OWNER'S NA	ME	SAM		7777110	Mar JAUL 1	TURN H			
PEDES- TRIAN	STREET ADDRE	ESS				110000	YAWANA	U		SUB RECO		SAME AS DRIVER							
				US	CELLANEO	SIM				OWNER'S AD	DRESS	SAM	E AS DRIVER						
VEHICLE	CITY/STATE/ZIF									DISPOSITION	OF VEHICLE O	N ORDERS O	F:	OFFICER	R DI	RIVER (	OTHER		
BICY- CLIST	SEX HA	IR	EYES	HEIGHT	WEIGHT	Mo.	BIRTHDATE Day	Year	RACE										
OTHER	HOME PHONE BUSINESS PHONE										PRIOR MECHANICAL DEFECTS:  NONE APPARENT  REFER TO NARRATIVE  VEHICLE IDENTIFICATION NUMBER:								
	THE THORE							VEHICLE TYPE DESCRIBE VEHICLE DAMAGE SHADE IN DAMAGED AREA											
	INSURANCE CARRIER POLICY NUMBER										UNK. NONE MINOR								
										MOD. MAJOR ROLL-OVER									
	DIR OF TRAVEL ON STREET OR HIGHWAY SPEED LIMIT														>				
										CA DOT  CAL-TTCP/PSCMC/MX					v -				
PREPAR	ER'S NAME					DISPATC	DISPATCH NOTIFIED				'S NAME	0171 00	NC/I	DATE REVIEWED					
								NO [	7 81/4	- TO THE VIEW						ALL REVIEW	120		
						Y	ES 1	NO [	N/A										

DATE OF COLLISION (MO. DAY YEAR) TIME (2400)

NCIC#

NUMBER

	OWNER'S NAME	TANK	REPORTING DISTRICT	OWNER'S	SADDRES	S	7				NOTIFIE	ED		
PROPERTY											VEC	no.		
DAMAGE	DESCRIPTION OF DAMAGE	Take Output	9431 840 08				*				YES	NO		
DAMAGE														
				-								10		
SEATIN	IG POSITION	OCCUPANTO	SA	FETY E						INATTEN				
		A - NONE IN VEHICLE		L - AIR E		T DEPLOYED M / C BI DRIVER	PASSE		HM-	A - CELLPHO B - CELLPHO				
		B - UNKNOWN		N - OTH	ER	V - NO	X - NO			C - ELECTRO				
		D - LAP BELT USED		P - NOT	REQUIR	ED W-YES	Y - YES	33.	in the	D - RADIO / ( E - SMOKING				
4 3	RIVER	E - SHOULDER HARNESS								F - EATING	1300 19501			
A E E 210	6 - PASSENGERS	G - LAP/SHOULDER HARNESS		Q - IN VI	RESTRAI		ED FROM VE EJECTED	HICLE		G - CHILDREN				
1 0	TATION WAGON REAR EAR OCC. TRK. OR VAN	H - LAP/SHOULDER HARM				NOT USED 1 - FUL	)		H - ANIMALS I - PERSONA		1 '			
7 9-P	OSITION UNKNOWN	J - PASSIVE RESTRAINT				JSE UNKNOWN 2 - PAR MPROPER USE 3 - UNK	CTED		J - READING					
0-0	THER	SAME AS DRIVER	NOT OSED	U - NON			UACANIA			K - OTHER				
	ITE	MS MARKED BELOW F	OLLOWED BY AN A	STERIS	K (*) Sh	OULD BE EXPLAINED IN	THE NAR	RATIV	Æ.	5.00		" MAJE"		
	OLLISION FACTOR	TRAFFIC CON	TROL DEVICES	1 1	2 3	SPECIAL INFORMATIO	ON	1 2	3		NT PRECED	ING		
A VC SECTION VIO	OLATED: CITED	A CONTROLS FUNC	TIONING	+	_	HAZARDOUS MATERIAL		1 2	3		DLLISION	- COVERN		
A	YES	B CONTROLS NOT	N			CELL PHONE HANDHELD IN	NUSE			A STOPPED  B PROCEEDIN	IC STRAIGH	T.		
oTHER IMP	PROPER DRIVING*:	C CONTROLS OBSC		1		CELL PHONE HANDSFREE		1014941				11		
В		D NO CONTROLS PE				CELL PHONE NOT IN USE				C RAN OFF ROAD  D MAKING RIGHT TURN				
C OTHER TH	AN DRIVER*		COLLISION	1		SCHOOL BUS RELATED				E MAKING LEI				
D UNKNOWN	l*	A HEAD - ON	M MOTESTAND 1DWS	V	F	75 FT MOTORTRUCK COME	ВО			F MAKING UT				
		B SIDE SWIPE	advir a romani			32 FT TRAILER COMBO				G BACKING				
MATERIA TO LOCALIST	IADY 4 TO 0 ITTI	C REAR END			F	POLICY MANNESS				H SLOWING		per l		
A CLEAR	IARK 1 TO 2 ITEMS)	D BROADSIDE				1				I PASSING OTHER VEHICLE				
B CLOUDY		F OVERTURNED			-	U 033-0			11-11-11	J CHANGING				
C RAINING		G VEHICLE / PEDESTRIAN			1					K PARKING M				
D SNOWING		H OTHER*:	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		N					M OTHER LINE		NC		
E FOG / VISIE	BILITY FT.	HOJOS	LEGOMGAPGE RAST 119	-	N					M OTHER UNSAFE TURNING N XING INTO OPPOSING LANE				
F OTHER*:		MOTOR VEHICLE	INVOLVED WITH		C	)				O PARKED				
G WIND		A NON - COLLISION								P MERGING	E TERRE NO	Uni gavoro		
	GHTING	B PEDESTRIAN								Q TRAVELING	WRONG W	AY		
A DAYLIGHT		C OTHER MOTOR V		1 2	2 3	OTHER ASSOCIATED FACT (MARK 1 TO 2 ITEMS)	TOR(S)			R OTHER *:	-			
B DUSK - DA			ON OTHER ROADWAY				TED,							
D DARK - NO STREET LIGHTS		F TRAIN	VEHICLE		A	VC SECTION VIOLATION.	YES							
E DARK - STREET LIGHTS NOT		G BICYCLE			-	VC SECTION VIOLATION: CIT	L NO		$\vdash$		AZG Y SAL	137 111.44		
FUNCTIONING*		H ANIMAL:	O'BUCHEV TO MONEY THE	म ।		•	YES NO							
ROADWAY SURFACE				3 5.6	C	VC SECTION VIOLATION: CIT	ED	1 2	3		ETY - DRUG YSICAL			
A DRY	reconstruction of the second	I FIXED OBJECT:	RIOR MEDHANICAL DUFFU	9		Y. SPICE AND	YES NO			(MARK 1 TO 2 ITEMS)				
B WET					_ C					A HAD NOT BE	EN DRINKI	NG		
C SNOWY - IC	41.00.000000000000000000000000000000000	J OTHER OBJECT:			VISION OBSCUREMENT:				B HBD - UNDE					
	(MUDDY, OILY, ETC.) Y CONDITION(S)	DESCRIBE VEHICLE DAMAGE	+		INATTENTION*:	-			C HBD - NOT UNDER INFLUENCE*					
	1 TO 2 ITEMS)	PEDESTRIAN	+		STOP & GO TRAFFIC ENTERING / LEAVING RAME				D HBD - IMPAIRMENT UNKNOWN*					
A HOLES, DE	71-TV-0-1-071	A NO PEDESTRIANS				PREVIOUS COLLISION				F IMPAIRMENT - PHYSICAL*				
	TERIAL ON ROADWAY*	B CROSSING IN CRO	11.74			UNFAMILIAR WITH ROAD		7.63		G IMPAIRMEN				
C OBSTRUCT	TION ON ROADWAY*	AT INTERSECTION		_	DEFECTIVE VEH. EQUIP.:	CITED			H NOT APPLIC		AAIA			
D CONSTRUC	CTION - REPAIR ZONE	C CROSSING IN CRO	v suga	Y PRA	DAS RIA BEAUG	YES			I SLEEPY / FATIGUED*					
_	ROADWAY WIDTH	AT INTERSECTION				NO								
F FLOODED*		D CROSSING - NOT			UNINVOLVED VEHICLE									
G OTHER*:	IAL CONDITIONS	E IN ROAD - INCLUDES SHOULDER				OTHER*:								
H NO UNUSUAL CONDITIONS		G APPROACHING / LEAVING SCHOOL BUS				NONE APPARENT								
SKETCH		G AFFROACHING / L	EAVING SCHOOL BUS	-		RUNAWAY VEHICLE	LANEOUS				18 1A 180			
OKETOTI						MISCEL	LANEOUS							
						INDICATE NORTH								
						INDICATE NORTH								
						Y YES AN								
						34								
						WEST TO SEE								
						110 1310								
					DISPATOR RETURNS									
					NO SEY!									
OSP 03 7914	4.77													

OFFICER I.D.

CHP 555	Page 3 (Re	ev. 1-03	3) OPI	061													Page	of
DATE OF COLLISION (MO. DAY YEAR)			TIME (2400)		NCIC#	OFFICE	R I.D.					NUMBER	₹					
WITNESS	PASSENGER	AGE	SEX		EXTEN	IT OF INJURY ("X"	ONE)	11	NJURE	D WA	S ("	'X" O	NE)	PARTY	SEAT		SAFETY	
ONLY	ONLY			FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS	. PED	. BI	CYCLIS	OTHER	NUMBER		BAG	EQUIP.	
#																		
NAME / D. O. I	B. / ADDRESS															TELER	PHONE	
(INJURED ON	LY) TRANSPORTE	D BY:					TAKEN TO:											
DESCRIBE IN	JURIES																	
											_			VICTIM OF	VIOLENT C	RIME NO	OTIFIED	
#																		
NAME / D. O. I	B. / ADDRESS															TELEF	PHONE	
(INJURED ON	LY) TRANSPORTE	D BY:					TAKEN TO:											
DESCRIBE IN	JURIES																	
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NAME / D. O. I	B. / ADDRESS																PHONE	
1	LY) TRANSPORTE	D BV-					TAKEN TO:											
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DESCRIBE IN	JURIES																	
														VICTIM OF	VIOLENT C	DIME NO	TIEIED	
#														VIOTIMIO	VIOLEIVI		7117120	
NAME / D. O. E	B. / ADDRESS															TELEP	PHONE	
(INJURED ON	LY) TRANSPORTE	D BY:					TAKEN TO:											
DESCRIBE IN.	JURIES																	
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NAME / D. O. B	B. / ADDRESS															TELEP	HONE	
(INJURED ON	LY) TRANSPORTE	D BY:					TAKEN TO:											
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#									Т	T				VICTIM OF	VIOLENT C	RIME NO	TIFIED	
NAME / D. O. B	B. / ADDRESS															TELEP	HONE	
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	LY) TRANSPORTE	J U1.					TAKEN TO:											
DESCRIBE INJ	JURIES																	
														VICTIM OF	VIOLENT O	RIME NO	TIEIED	
PREPARER'S	NAME				I.D. N	UMBER	MO. DAY YEAR							TO TIM OF	VIOLEIVI (I	_	DAY Y	'EAR

DATE OF COLLISION (MO. DAY YEAR)

TIME (2400)

NCIC #

OFFICER I.D.

NUMBER

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE = INDICATE NORTH

MO. DAY YEAR

I.D. NUMBER

PREPARED BY

REVIEWER'S NAME

MO. DAY YEAR