U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100079

Date Received	Repository ☐
30-JUN-2003	Reference No. 10026235

2003 OCT -1 AM 11:24

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City: LOS ANGELES	State: CA	Zip Code:	Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of a [illegible] provide your name or address to the vehicle manufacturer.
Signature of Owner: [redacted] Date: 7 8 03

VEHICLE INFORMATION

	Make	Model	Model Year
[redacted]	FORD	FOCUS	2001

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
10/28/2001	Santa Monica Ford				
Original Owner: ☒	Dealer's City: Santa Monica	State: CA	Zip Code: 90405		

Transmission Type			Vehicle Component Code
Auto	☐ Antilock Brakes ☐ Cruise Control	Powertrain	141000 AIR BAGS: FRONTAL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
29-JUN-2003	15413	5-15mpH	Airbags

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMALSABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the Incident(s), Fallure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No			Y

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

WHILE DRIVING BETWEEN 5 AND 15MPH INVOLVED IN A FRONT COLLISION AND BOTH AIR BAGS DEPLOYED. POLICE STATED THEY WERE NOT SUPPOSE TO DEPLOY AT THAT SPEED. *AK → [illegible] with no damage to car in front.
→ Crash (Rear ended person in front of me) may have happened after airbag deployed.... Driver had clear view of road with no cars in sight before airbags deployed. No frontal impact was felt at the time the airbags deployed.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Driver was approaching a stop sign that was 40-60 feet away. There were no cars in front of driver or at the stop sign. Both Airbags deployed + shattered front windshield. No front or rear impact was felt when airbags deployed. Driver exited car & had hit vehicle in front of car. No skid marks on the road and no damage to the car in front of driver's car.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590

VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS:
COMPLETE THIS FORM
OR
DASH2DOT
and dial toll free at
1-888-DASH-2-DOT
1-888-327-4236
DOT Auto Safety Hotline
(DASH) 2 DOT

U.S. Department of Transportation
National Highway Traffic Safety Administration

STATE OF CALIFORNIA
TRAFFIC COLLISION REPORT
CHP 555 Page 1 (Rev. 5-97) OPI 042

Page 1 of 5

SPECIAL CONDITIONS	
NUMBER INJURED	1
NUMBER KILLED	Ø
CITY	MALIBU
JUDICIAL DISTRICT	MALIBU/AGT HILLS
COUNTY	LOS ANGELES
REPORTING DISTRICT	1013
BEAT	101A
LOCAL REPORT NUMBER	103-03779-1013-471

LOCATION

COLLISION OCCURRED ON	WESTWARD BEACH RD
MILEPOST INFORMATION	
[X] AT INTERSECTION WITH / [ ] OR	20 FEET S OF SR-1
MO. DAY YEAR	06/29/03
TIME (2400)	1850
NCIC #	1900
OFFICER I.D.	46273
DAY OF WEEK	S M T W T F S
TOW AWAY	[X] YES [ ] NO
STATE HWY REL	[ ] YES [X] NO
PHOTOGRAPHS BY	[X] NONE

PARTY 1

DRIVER'S LICENSE NUMBER	[redacted]
STATE	CA
CLASS	C
SAFETY EQUIP.	GL
VEH. YEAR / MAKE/MODEL/COLOR	2001 FORD/FOCUS/RED
LICENSE NUMBER	[redacted]
STATE	CA
NAME (FIRST, MIDDLE, LAST)	[redacted]
OWNER'S NAME	[ ] SAME AS DRIVER — FORD MOTOR CREDIT CO.
STREET ADDRESS	[redacted]
OWNER'S ADDRESS	[ ] SAME AS DRIVER — 260 INTERSTATE N. PKWY NW, ATLANTA CITY, GA 30339
CITY/STATE/ZIP	L.A., CA [redacted]
DISPOSITION OF VEHICLE ON ORDERS OF	[X] OFFICER [ ] DRIVER [ ] OTHER — MALIBU TOW
SEX	F
HAIR	BRN
EYES	BRN
HEIGHT	5'05"
WEIGHT	135
BIRTHDATE	08-29-70
RACE	W
PRIOR MECHANICAL DEFECTS	[X] NONE APPARENT [ ] REFER TO NARRATIVE
HOME PHONE	[redacted]
BUSINESS PHONE	[redacted]
VEHICLE IDENTIFICATION NUMBER	1FAFP34331W273398
INSURANCE CARRIER	818 763-4365 CSE SAFEGUARD INS CO.
POLICY NUMBER	[redacted]
DESCRIBE VEHICLE DAMAGE	[ ] UNK. [ ] NONE [X] MINOR [ ] MOD. [ ] MAJOR [ ] ROLL-OVER
DIR OF TRAVEL	E/B
ON STREET OR HIGHWAY	WESTWARD BCH RD
SPEED LIMIT	55

PARTY 2

DRIVER'S LICENSE NUMBER	[redacted]
STATE	CA
CLASS	C
SAFETY EQUIP.	G
VEH. YEAR / MAKE/MODEL/COLOR	2002 FORD/EXPLORER/RED
LICENSE NUMBER	4YEB472
STATE	CA
NAME (FIRST, MIDDLE, LAST)	[redacted]
OWNER'S NAME	[ ] SAME AS DRIVER — FORD MOTOR CREDIT CO
STREET ADDRESS	[redacted]
OWNER'S ADDRESS	[ ] SAME AS DRIVER — 260 INTERSTATE N. PKWY NW, ATLANTA CITY, GA 30339
CITY/STATE/ZIP	RESEDA, CA [redacted]
DISPOSITION OF VEHICLE ON ORDERS OF	[ ] OFFICER [X] DRIVER [ ] OTHER
SEX	M
HAIR	BRN
EYES	BRN
HEIGHT	5'06
WEIGHT	160
BIRTHDATE	02/06/52
RACE	H
PRIOR MECHANICAL DEFECTS	[X] NONE APPARENT [ ] REFER TO NARRATIVE
HOME PHONE	[redacted]
BUSINESS PHONE	[redacted]
VEHICLE IDENTIFICATION NUMBER	1FMZU62E92UB34804
INSURANCE CARRIER	1800 274 7865 COAST NATIONAL INS CO
POLICY NUMBER	[redacted]
DESCRIBE VEHICLE DAMAGE	[ ] UNK. [X] NONE [ ] MINOR [ ] MOD. [ ] MAJOR [ ] ROLL-OVER
DIR OF TRAVEL	E/B
ON STREET OR HIGHWAY	WESTWARD B. RD
SPEED LIMIT	55

PARTY 3

DRIVER'S LICENSE NUMBER	
NAME (FIRST, MIDDLE, LAST)	
OWNER'S NAME	[ ] SAME AS DRIVER
STREET ADDRESS	
OWNER'S ADDRESS	[ ] SAME AS DRIVER
DISPOSITION OF VEHICLE ON ORDERS OF	[ ] OFFICER [ ] DRIVER [ ] OTHER
PRIOR MECHANICAL DEFECTS	[ ] NONE APPARENT [ ] REFER TO NARRATIVE
DESCRIBE VEHICLE DAMAGE	[ ] UNK. [ ] NONE [ ] MINOR [ ] MOD. [ ] MAJOR [ ] ROLL-OVER

PREPARER'S NAME	W WATTS
DISPATCH NOTIFIED	[ ] YES [X] NO [ ] NA
REVIEWER'S NAME	
DATE REVIEWED	

LEDGER COMPUTER XEROX T-SGT

STATE OF CALIFORNIA
TRAFFIC COLLISION CODING
CHP 555 Page 2 (Rev. 6-97) OPI 042

Page 2 of 5

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
01/29/03	1550	1900	461123	103-03779-1613-471

PROPERTY DAMAGE

OWNER'S NAME	OWNER'S ADDRESS	NOTIFIED
		☐ YES ☐ NO

DESCRIPTION OF DAMAGE:

SEATING POSITION
1 - DRIVER
2 TO 6 - PASSENGERS
7 - POSITION UNKNOWN
8 - OTHER

SAFETY EQUIPMENT
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
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: V - NO, W - YES
PASSENGER: X - NO, Y - YES

EJECTED FROM VEHICLE
0 - NOT EJECTED
1 - FULLY EJECTED
2 - PARTIALLY EJECTED
3 - UNKNOWN

ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE

PRIMARY COLLISION FACTOR (LIST NUMBER (#) OF PARTY AT FAULT)
1 A VC SECTION VIOLATED: 22350
B OTHER IMPROPER DRIVING*
C OTHER THAN DRIVER*
D UNKNOWN*
E FELL ASLEEP*

WEATHER (MARK 1 TO 2 ITEMS)
X A CLEAR
B CLOUDY
C RAINING
D SNOWING
E FOG/VISIBILITY
F OTHER*
G WIND

LIGHTING
X A DAYLIGHT
B DUSK - DAWN
C DARK - STREET LIGHTS
D DARK - NO STREET LIGHTS
E DARK - STREET LIGHTS NOT FUNCTIONING*

ROADWAY SURFACE
X A DRY
B WET
C SNOWY - ICY
D SLIPPERY (MUDDY, OILY, ETC.)

ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS)
A HOLES, DEEP RUT*
B LOOSE MATERIAL ON ROADWAY*
C OBSTRUCTION ON ROADWAY*
D CONSTRUCTION - REPAIR ZONE
E REDUCED ROADWAY WIDTH
F FLOODED*
G OTHER*
X H NO UNUSUAL CONDITIONS

TRAFFIC CONTROL DEVICES (1 2 3)
A CONTROLS FUNCTIONING — F, X
B CONTROLS NOT FUNCTIONING*
C CONTROLS OBSCURED
X D NO CONTROLS PRESENT / FACTOR*

TYPE OF COLLISION
A HEAD - ON
B SIDE SWIPE
X C REAR END
D BROADSIDE
E HIT OBJECT
F OVERTURNED
G VEHICLE / PEDESTRIAN
H OTHER*

MOTOR VEHICLE INVOLVED WITH
A NON - COLLISION
B PEDESTRIAN
X C OTHER MOTOR VEHICLE
D MOTOR VEHICLE ON OTHER ROADWAY
E PARKED MOTOR VEHICLE
F TRAIN
G BICYCLE
H ANIMAL
I FIXED OBJECT:
J OTHER OBJECT:

PEDESTRIAN'S ACTIONS
X A NO PEDESTRIANS INVOLVED
B CROSSING IN CROSSWALK AT INTERSECTION
C CROSSING IN CROSSWALK - NOT AT INTERSECTION
D CROSSING - NOT IN CROSSWALK
E IN ROAD - INCLUDES SHOULDER
F NOT IN ROAD
G APPROACHING / LEAVING SCHOOL BUS

TYPE OF VEHICLE (1 2 3)
A PASSENGER CAR / STATION WAGON — X (2)
B PASSENGER CAR W/ TRAILER
C MOTORCYCLE / SCOOTER
D PICKUP OR PANEL TRUCK
E PICKUP / PANEL TRUCK W/ TRAILER
F TRUCK OR TRUCK TRACTOR
G TRUCK / TRUCK TRACTOR W/ TRLR.
H SCHOOL BUS — X (1)
I OTHER BUS
J EMERGENCY VEHICLE
K HIGHWAY CONST. EQUIPMENT
L BICYCLE
M OTHER VEHICLE
N PEDESTRIAN
O MOPED

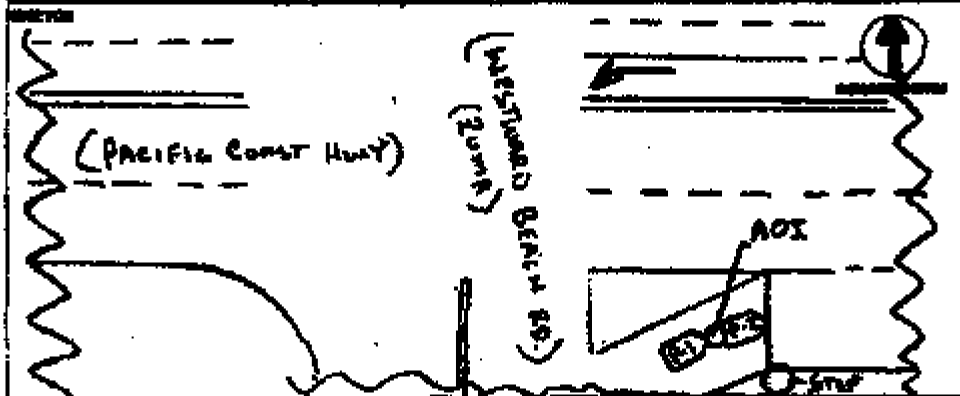
OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)
A VC SECTION VIOLATION: ☐ YES ☐ NO
B VC SECTION VIOLATION: ☐ YES ☐ NO
C VC SECTION VIOLATION: ☐ YES ☐ NO
D [illegible] — X X
E VISION OBSCUREMENT:
F INATTENTION*
G STOP & GO TRAFFIC
H ENTERING / LEAVING RAMP
I PREVIOUS COLLISION
J UNFAMILIAR WITH ROAD
K DEFECTIVE VEH. EQUIP.: CITED ☐ YES ☐ NO
L UNINVOLVED VEHICLE
M OTHER*
N NONE APPARENT — N/A
O RUNAWAY VEHICLE

MOVEMENT PRECEDING COLLISION
A STOPPED
B PROCEEDING STRAIGHT
C RAN OFF ROAD
D MAKING RIGHT TURN
E MAKING LEFT TURN
F MAKING U TURN
G BACKING
H SLOWING / STOPPING
I PASSING OTHER VEHICLE
J CHANGING LANES
K PARKING MANEUVER
L ENTERING TRAFFIC
M OTHER UNSAFE TURNING
N XING INTO OPPOSING LANE
O PARKED
P MERGING
Q TRAVELING WRONG WAY
R OTHER*

SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS) (1 2 3)
A HAD NOT BEEN DRINKING — X X
B HBD - UNDER INFLUENCE
C HBD - NOT UNDER INFLUENCE*
D HBD - IMPAIRMENT UNKNOWN*
E UNDER DRUG INFLUENCE*
F IMPAIRMENT - PHYSICAL*
G IMPAIRMENT NOT KNOWN
H NOT APPLICABLE
I SLEEPY / FATIGUED

SPECIAL INFORMATION
A HAZARDOUS MATERIAL
NO CELL PHONE USE

SKETCH



MISCELLANEOUS
P1 COLLIDES WITH P2

5/8/03 12:22 PM 912133853884 005

STATE OF CALIFORNIA

INJURED / WITNESSES / PASSENGERS

PAGE 3 / 5

DATE OF COLLISION	TIME (2400)	NCIC NUMBER	OFFICER I.D.	NUMBER
06/19/03	1950	1900	461223	103-03779-1013-421

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE): FATAL INJURY	SEVERE WOUND	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	INJURED WAS ("X" ONE): DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	SAFETY EQUIP.	EJECTED
☐	☒	48	F	☐	☐	☐	☒	☐	☒	☐	☐	☐	1	3	G	0

NAME / D.O.B. / ADDRESS: [redacted] - RESEDA, CA [redacted]

TELEPHONE: [redacted]

INJURED ONLY) TRANSPORTED BY: TREATED BY CAPT FURECK ENG 71 / TRANS - AMR

TAKEN TO: WEST HILLS MEDICAL CENTER

DESCRIBE INJURIES: COMPLAINED OF NECK AND BACK PAIN. SHE ALSO SAID SHE HAS PAIN RUNNING DOWN HER LEFT ARM.

☐ VICTIM OF VIOLENT CRIME NOTIFIED

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	FATAL INJURY	SEVERE WOUND	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	SAFETY EQUIP.	EJECTED
☐	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐				

NAME / D.O.B. / ADDRESS: TELEPHONE:

INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	FATAL INJURY	SEVERE WOUND	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	SAFETY EQUIP.	EJECTED
☐	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐				

NAME / D.O.B. / ADDRESS: TELEPHONE:

INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	FATAL INJURY	SEVERE WOUND	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	SAFETY EQUIP.	EJECTED
☐	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐				

NAME / D.O.B. / ADDRESS: TELEPHONE:

INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	FATAL INJURY	SEVERE WOUND	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	SAFETY EQUIP.	EJECTED
☐	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐				

NAME / D.O.B. / ADDRESS: TELEPHONE:

INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	FATAL INJURY	SEVERE WOUND	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	SAFETY EQUIP.	EJECTED
☐	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐				

NAME / D.O.B. / ADDRESS: TELEPHONE:

INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED

PREPARER'S NAME	I.D. NUMBER	MO.	DAY	YEAR	REVIEWER'S NAME	MO.	DAY	YEAR

STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL
CHP 556 (Rev 7-90) OPI 040

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	INCIDENT NUMBER	OFFICER I.D. NUMBER	NUMBER
01/29/03	1950	1900	461223	103-05739-1013-471

"X" ONE	"X" ONE	TYPE SUPPLEMENT (IF APPLICABLE)		
☒ Narrative	☒ Collision report	☐ DA update	☐ Fatal	☐ Hit and run update
☐ Supplemental	☐ Other:	☐ Hazardous materials	☐ School bus	☒ Other: REAR END

CITY/COUNTY/MUNICIPAL DISTRICT	REPORTING DISTRICT/BEAT	CITATION NUMBER
MALIBU / LOS ANGELES / LOST HILLS - MALIBU	1013 / 101A	NONE ISSUED

LOCATION/ADDRESS	STATE HIGHWAY RELATED
E/B PCH / WESTWARD RD.	☐ Yes ☒ No

1.
2. I. SUMMARY: PACIFIC COAST HIGHWAY IS A DESIGNATED NORTH/SOUTH STATE
3. HIGHWAY, HOWEVER, IN THE CITY OF MALIBU IT ACTUALLY RUNS EAST/WEST. FOR
4. THE REMAINDER OF THIS REPORT AND FOR THE PURPOSE OF THE SKETCH, IT WILL
5. BE REFERRED TO AS EAST/WEST
6.
7. P1 ENTERED A DESIGNATED RIGHT TURN LANE TO ACCESS E/B PCH AND SLOWED
8. TO APPROXIMATELY 5 MPH WHEN SHE STRUCK P2'S STOPPED VEHICLE. P1 AND P2 PULLED
9. OVER TO THE SOUTH SIDE OF PCH TO CALL FOR HELP. P1 HAD NO VISIBLE INJURIES AND
10. CLAIMED TO HAVE NO INJURIES AT THE TIME THIS REPORT WAS TAKEN
11.
12.
13. P2 WAS STOPPED AT A DESIGNATED RIGHT TURN LANE, WAITING TO ACCESS E/B
14. WHEN HE WAS STRUCK FROM BEHIND. P2 AND P1 PULLED OVER TO THE SOUTH SIDE
15. PCH TO CALL FOR HELP. P2 HAD NO VISIBLE INJURIES AND CLAIMED TO HAVE NO INJURIES
16. AT THE TIME THIS REPORT WAS TAKEN.
17.
18.
19. P2 PASSENGER COMPLAINED OF NECK AND BACK PAIN. SHE WAS TREATED BY EMT [illegible]
20. OF LAC ENGINE 71 AND TRANSPORTED BY AMR TO WEST HILLS MEDICAL CENTER FOR TREATMENT
21. AND FURTHER EVALUATION.
22.
23.
24. II. MEASUREMENTS (ALL MEASUREMENTS ARE APPROXIMATE AND DONE BY PAT [illegible])
25.
26. AOT: 15 FEET N/OF EDISON POLE* 1003967E
27.
28. 30 FEET W/OF EDISON POLE* 1003967E
29.
30.
31.

PREPARER'S NAME AND I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
W WATTS - 461223	01/30/03		

Use previous editions until depleted.

STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL
CHP 556 (Rev 7-00) OPI 042

Page 5 | 5

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
06/29/03	1850	1900	461223	102-02779-1013-471

"X" ONE	"X" ONE	TYPE SUPPLEMENTAL ("X" IF APPLICABLE)		
[X] Narrative	[X] Collision report	[ ] 9A update	[ ] Fatal	[ ] Hit and run update
[ ] Supplemental	[ ] Other:	[ ] Hazardous materials	[ ] School bus	[X] Other: ATAC, BAD

CITY/COUNTY/JUDICIAL DISTRICT	REPORTING DISTRICT/BEAT	CITATION NUMBER
Malibu / Los Angeles / Lost Hills - Malibu	1013 / 101A-P	NONE

LOCATION/SUBJECT	STATE HIGHWAY RELATED
E/B PCH / WESTWARDS BEACH	[X] Yes [ ] No

III PRIMARY COLLISION FACTOR

P1 WAS AT FAULT FOR DRIVING TOO FAST FOR THE CONDITIONS, 22350 CVC (BASIC SPEED LAW)

IV RECOMMENDATIONS:

NONE

PREPARER'S NAME AND I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
W WHITE - 461223	07/02/03		

Use previous editions until depleted.

CHP 34 0000