VA-10344388-1041

STATE OF CALIFORNIA
TRAFFIC COLLISION REPORT
CHP 555 Page 1 (Rev. 11-06) OPI 065

JUL 07 2010

SPECIAL CONDITIONS	NUMBER INJURED: 1	HIT & RUN FELONY: ☐	CITY: LA	JUDICIAL DISTRICT: LA	LOCAL REPORT NUMBER: 10-10-08231
	NUMBER KILLED: 0	HIT & RUN MISDEMEANOR: ☐	COUNTY: LA	REPORTING DISTRICT: 1028 BEAT	DAY OF WEEK: S M T W T F S; TOW AWAY: ☐ YES ☒ NO

LOCATION

COLLISION OCCURRED ON	MO. DAY YEAR	TIME (2400)	NCIC #	OFFICER I.D.
7110 DE CELIS PL	03/24/10	0900	1942	34561

MILEPOST INFORMATION: FEET/MILES OF
GPS COORDINATES: LATITUDE LONGITUDE
PHOTOGRAPHS BY: ☒ NONE
☐ AT INTERSECTION WITH
☒ OR: 100 FEET/MILES N OF GAULT ST.
STATE HWY REL: ☐ YES ☒ NO

PARTY 1

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
[redacted]	CA	C	L	G	07	LEXUS ES350 SIL	[redacted]	CA

DRIVER ☒ — NAME (FIRST, MIDDLE, LAST): [redacted]
PEDESTRIAN ☐ — STREET ADDRESS: [redacted]
PARKED VEHICLE ☐ — CITY/STATE/ZIP: BEL AIR CA [redacted]
BICYCLIST ☐ — SEX: F | HAIR: RED | EYES: BRO | HEIGHT: 5'01 | WEIGHT: 125 | BIRTHDATE Mo. Day Year: 07/23/26 | RACE: W
OTHER ☐ — HOME PHONE: [redacted] | BUSINESS PHONE:
INSURANCE CARRIER: LIBERTY MUTUAL | POLICY NUMBER: [redacted]
DIR OF TRAVEL: S | ON STREET OR HIGHWAY: PRIVATE LOT | SPEED LIMIT: 0

OWNER'S NAME: ☒ SAME AS DRIVER
OWNER'S ADDRESS: ☒ SAME AS DRIVER
DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☒ DRIVER ☐ OTHER
LEFT AT SCENE (C)
PRIOR MECHANICAL DEFECTS: ☒ NONE APPARENT ☐ REFER TO NARRATIVE
VEHICLE IDENTIFICATION NUMBER:
VEHICLE TYPE: 01
DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ☒ MOD. ☐ MAJOR ☐ ROLL-OVER
SHADE IN DAMAGED AREA
CA ____ DOT ____
CAL-T ____ TCP/PSC ____ MC/MX ____

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):
PEDESTRIAN ☐ — STREET ADDRESS:
PARKED VEHICLE ☐ — CITY/STATE/ZIP:
BICYCLIST ☐ — SEX | HAIR | EYES | HEIGHT | WEIGHT | BIRTHDATE Mo. Day Year | RACE
OTHER ☐ — HOME PHONE | BUSINESS PHONE
INSURANCE CARRIER | POLICY NUMBER
DIR OF TRAVEL | ON STREET OR HIGHWAY | SPEED LIMIT

OWNER'S NAME: ☐ SAME AS DRIVER
OWNER'S ADDRESS: ☐ SAME AS DRIVER
DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☐ DRIVER ☐ OTHER
PRIOR MECHANICAL DEFECTS: ☐ NONE APPARENT ☐ REFER TO NARRATIVE
VEHICLE IDENTIFICATION NUMBER:
VEHICLE TYPE
DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☐ ROLL-OVER
SHADE IN DAMAGED AREA
CA ____ DOT ____
CAL-T ____ TCP/PSC ____ MC/MX ____

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):
PEDESTRIAN ☐ — STREET ADDRESS:
PARKED VEHICLE ☐ — CITY/STATE/ZIP:
BICYCLIST ☐ — SEX | HAIR | EYES | HEIGHT | WEIGHT | BIRTHDATE Mo. Day Year | RACE
OTHER ☐ — HOME PHONE | BUSINESS PHONE
INSURANCE CARRIER | POLICY NUMBER
DIR OF TRAVEL | ON STREET OR HIGHWAY | SPEED LIMIT

OWNER'S NAME: ☐ SAME AS DRIVER
OWNER'S ADDRESS: ☐ SAME AS DRIVER
DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☐ DRIVER ☐ OTHER
PRIOR MECHANICAL DEFECTS: ☐ NONE APPARENT ☐ REFER TO NARRATIVE
VEHICLE IDENTIFICATION NUMBER:
VEHICLE TYPE
DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☐ ROLL-OVER
SHADE IN DAMAGED AREA
CA ____ DOT ____
CAL-T ____ TCP/PSC ____ MC/MX ____

PREPARER'S NAME	DISPATCH NOTIFIED	REVIEWER'S NAME	DATE REVIEWED
NORTON, J. #34561	☐ YES ☐ NO ☒ N/A	Sgt. [signature] 26184	032610

STATE OF CALIFORNIA
TRAFFIC COLLISION CODING
CHP 555 Page 2 (Rev. 7-03) OPI 065

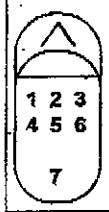
DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
03/24/10	0900	1942	34561	10-10-08231

PROPERTY DAMAGE

OWNER'S NAME	OWNER'S ADDRESS	NOTIFIED
		☐ YES ☐

DESCRIPTION OF DAMAGE

SEATING POSITION



1 - DRIVER
2 TO 6 - PASSENGERS
7 - STATION WAGON REAR
8 - REAR OCC. TRK. OR VAN
9 - POSITION UNKNOWN
0 - 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

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

INATTENTION CODES

A - CELLPHONE HANDHELD
B - CELLPHONE HANDSFREE
C - ELECTRONIC EQUIPMENT
D - RADIO / CD
E - SMOKING
F - EATING
G - CHILDREN
H - ANIMALS
I - PERSONAL HYGIENE
J - READING
K - OTHER

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

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT

- A VC SECTION VIOLATED: ____ CITED ☐ YES ☐ NO
- 1 B OTHER IMPROPER DRIVING*: UNSAFE SPEED
- C OTHER THAN DRIVER*
- D UNKNOWN*

WEATHER (MARK 1 TO 2 ITEMS)

- X A CLEAR
- B CLOUDY
- C RAINING
- D SNOWING
- E FOG / VISIBILITY FT.
- 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 CONDITION(S) (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

- A CONTROLS FUNCTIONING
- B CONTROLS NOT FUNCTIONING*
- C CONTROLS OBSCURED
- X D NO CONTROLS PRESENT / FACTOR*

TYPE OF COLLISION

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

MOTOR VEHICLE INVOLVED WITH

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

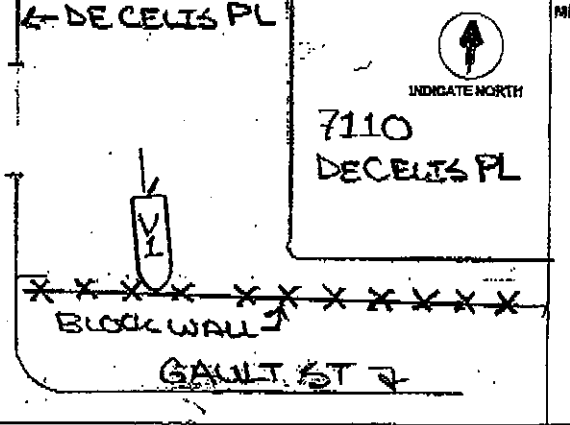
PEDESTRIAN'S ACTIONS

- 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

SPECIAL INFORMATION

1	2	3		1	2	3	
			A HAZARDOUS MATERIAL				A STOPPED
			B CELL PHONE HANDHELD IN USE				B PROCEEDING STRAIGHT
			C CELL PHONE HANDSFREE IN USE				C RAN OFF ROAD
X			D CELL PHONE NOT IN USE				D MAKING RIGHT TURN
			E SCHOOL BUS RELATED				E MAKING LEFT TURN
			F 75 FT MOTORTRUCK COMBO				F MAKING U TURN
			G 32 FT TRAILER COMBO				G BACKING
			H				H SLOWING / STOPPING
			I				I PASSING OTHER VEHICLE
			J				J CHANGING LANES
			K	X			K PARKING MANEUVER
			L				L ENTERING TRAFFIC
			M				M OTHER UNSAFE TURNING
			N				N XING INTO OPPOSING LANE
			O				O PARKED
							P MERGING
							Q TRAVELING WRONG WAY
1	2	3	OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)				R OTHER*:
			A VC SECTION VIOLATION: CITED ☐ YES ☐ NO				
			B VC SECTION VIOLATION: CITED ☐ YES ☐ NO				
			C VC SECTION VIOLATION: CITED ☐ YES ☐ NO				
			D	1	2	3	SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)
			E VISION OBSCUREMENT:				A HAD NOT BEEN DRINKING
			F INATTENTION*:				B HBD - UNDER INFLUENCE
			G STOP & GO TRAFFIC				C HBD - NOT UNDER INFLUENCE*
			H ENTERING / LEAVING RAMP				D HBD - IMPAIRMENT UNKNOWN*
			I PREVIOUS COLLISION				E UNDER DRUG INFLUENCE*
			J UNFAMILIAR WITH ROAD				F IMPAIRMENT - PHYSICAL*
			K DEFECTIVE VEH. EQUIP.: CITED ☐ YES ☐ NO	X			G IMPAIRMENT NOT KNOWN
			L UNINVOLVED VEHICLE				H NOT APPLICABLE
			M OTHER*:				I SLEEPY / FATIGUED*
		X	N NONE APPARENT				
			O RUNAWAY VEHICLE				

SKETCH



MISCELLANEOUS

STATE OF CALIFORNIA
INJURED / WITNESS / PASSENGERS
CHP 555 Page 3 (Rev. 1-03) OPI 061

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
03/24/10	0900	1942	34561	10-10-08231

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE): FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	INJURED WAS ("X" ONE): DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
☐#	☐	83	F	☐	☐	☒	☐	☒	☐	☐	☐	☐	1	1	L	G	NO

NAME / D. O. B. / ADDRESS: SAME AS P-1
TELEPHONE:

(INJURED ONLY) TRANSPORTED BY: UNK RA
TAKEN TO: ENCINO HOSPIAL

DESCRIBE INJURIES:
APPROX 5" BRUISE LT SIDE OF NECK c̄ C/O/P TO RT HIP
c̄ BROKEN RIBS.

☐ VICTIM OF VIOLENT CRIME NOTIFIED

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	AIR BAG	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 INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	AIR BAG	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 INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	AIR BAG	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 INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	AIR BAG	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 INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	AIR BAG	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
NORTON, J.	34561	03/26/10		

STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL

CHP 556(Rev 7-90) OPI 042

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
03/26/10	0900	1942	34561	10-10-08231

"X" ONE: ☒ Narrative ☐ Supplemental

"X" ONE: ☒ Collision Report ☐ Other:

TYPE SUPPLEMENTAL ("X" APPLICABLE): ☐ BA update ☐ Hazardous materials ☐ Fatal ☐ School bus ☐ Hit and run update ☐ Other:

CITY/COUNTY/JUDICIAL DISTRICT	REPORTING DISTRICT/BEAT	CITATION NUMBER
LOS ANGELES / LOS ANGELES / LOS ANGELES	1008	NONE

LOCATION/SUBJECT: 7110 DECELIS PL N/O GAULT ST

STATE HIGHWAY RELATED: ☐ Yes ☒ No

(CHECK ALL BOXES THAT APPLY)

☐ Information received Telephonically.

☐ No At-Scene Investigation. All Information received from _____ at _____ Station.

COLLISION SUMMARY:

V-1 SIB PRIVATE LOT DECELIS PL N/O GAULT ST COLLIDED HEAD ON WITH BLOCK WALL.

AREA(S) OF IMPACT: ☒ Estimated ☐ Paced ☐ Measured: _____

AOI #1 was 50 Feet N S (E) W of the N S (E) W curb of DECELIS PL &

100 Feet (N) S E W of the (N) S E W curb of GAULT ST.

(IF APPLICABLE).

AOI #2 was _____ Feet N S E W of the N S E W curb of _____ &

_____ Feet N S E W of the N S E W curb of _____.

AOI #3 was _____ Feet N S E W of the N S E W curb of _____ &

_____ Feet N S E W of the N S E W curb of _____.

AOI #4 was _____ Feet N S E W of the N S E W curb of _____ &

_____ Feet N S E W of the N S E W curb of _____.

AOI(S) Determined by: ☒ Statements ☐ Physical Evidence

UPON ARRIVAL (AT SCENE INVESTIGATIONS): ☐ Citizen Call ☐ Radio Call ☐ Observation

Received Call: 1442 At Scene: 1513 Incident Number: 100326002501

CONTROLS: ☒ Not a Factor

☐ Tri-Light Signal(s) Working Properly ☐ Yes ☐ No

☐ Stop Sign(s) Upright ☐ Yes ☐ No Clearly Visible ☐ Yes ☐ No

☐ Lane Markings (Describe): _____

☐ Other: _____

PHYSICAL EVIDENCE: ☒ None

☐ Type: _____

Location: _____

REMARKS: 4.37 Information exchanged at scene ☒ Yes ☐ No (If no, explain in "Additional")

Crime Information: ☐ P-1, driving V-1, failed to stop and ID self or otherwise comply with 20002(a) VC, Misdemeanor Hit and Run.

☐ P-1, driving V-1, failed to stop and ID self and render aid to injured person(s), or otherwise comply with 20001(a) VC, Felony Hit and Run.

☐ P-_____ displayed the objective symptoms of DUI and was subsequently arrested for 23152(a) VC

(See associated Arrest Report, Booking # _____).

Claims of Mechanical Failure:

P-1 ☐ N/A ☒ Yes ☐ No Type: STUCK ACCELERATOR P-2 ☐ N/A ☐ Yes ☐ No Type: _____

P-3 ☐ N/A ☐ Yes ☐ No Type: _____ P-4 ☐ N/A ☐ Yes ☐ No Type: _____

FILING REQUEST: Request filing on P-_____ for: ☐ 12500(a) VC ☐ Other: _____

MARSY'S RIGHTS CARD: Provided to victim(s) of crime (mandatory) ☐

PREPARER'S NAME AND I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
NORTON, J. #34561	03/24/10		

STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL
CHP 556(Rev 7-90) OPI 042

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
03/24/10	0900	1942	34561	10-10-08231

"X" ONE	"X" ONE	TYPE SUPPLEMENTAL ("X" APPLICABLE)		
[X] Narrative	[X] Collision Report	[ ] BA update	[ ] Fatal	[ ] Hit and run update
[ ] Supplemental	[ ] Other:	[ ] Hazardous materials	[ ] School bus	[ ] Other:

CITY/COUNTY/JUDICIAL DISTRICT	REPORTING DISTRICT/BEAT	CITATION NUMBER
LOS ANGELES / LOS ANGELES / LOS ANGELES	1008	NONE

LOCATION/SUBJECT	STATE HIGHWAY RELATED
7110 DE CELIS ST N/O GERALD AV	[ ] Yes [X] No

STATEMENTS/ADDITIONAL:

P-1 ([redacted]) STATED SHE WAS PARKING HER VEH AT WORK AT 7110 DE CELIS AV. P-1 STATED SHE PULLED INTO HER PARKING SPACE. P-1 STATED SHE WAS GOING TO PUT THE VEH INTO PARK AND TURN OFF THE VEH WHEN HE VEH FOR SOME UNK REASON MOVED FORWARD HITING INTO A CINDER BLOCK WALL. BLOCK WALL WAS NOT DAMAGED. (JN)

I/O WAS NOT ABLE TO LOCATE ANY WITS.

PREPARER'S NAME AND I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
NORTON, J #34561	03/26/10		