FILE COPY

EXTRA COPY TO: 108

VEHICLE COLLISION COUNTER REPORT
OAKLAND POLICE DEPARTMENT
NO DETERMINATION OF FAULT

439 30Y

COLLISION NO. 13-000569

HIT & RUN ☐ YES ☒ NO

DATE/TIME REPORTED 1-4-13 1250PM

108

COLLISION OCCURRED ON:	BLOCK NO.	DATE/TIME OCCURRED	NCIC NUMBER	OFFICER I.D.
1-3-13	78th	1-3-13 @ 3PM	0109	

☐ AT INTERSECTION WITH:
☒ OR FT./MILES (N) (E) (S) (W) OF: MacArthur & 78th Goss Street

STATE HWY. RELATED ☐ YES ☒ NO

PARTY ONE

1

NAME (LAST FIRST MIDDLE): [redacted]
DRIVER ☒ — RESIDENCE ADDRESS: [redacted] CITY/ZIP: [redacted] PHONE: [redacted]
PED. ☐ — BUS. ADDRESS: [redacted] CITY/ZIP: Oakland CA PHONE: [redacted]
PARKED VEH. ☐ — DRIVER'S LIC. NO.: [redacted] STATE: CA D.O.B.: [redacted] SEX: M RACE: Indian DIRECTION OF TRAVEL: East
BICYCLE ☐ — AGE: [redacted] HEIGHT: [redacted] WEIGHT: [redacted] HAIR: [redacted] EYES: [redacted]
OTHER ☐ — LIC. NO.: [redacted] STATE: CA VEH. YR.: [redacted] MAKE: Ryder MODEL: freight liner COLOR(S): White

VEHICLE OWNER: Post Office (United) ☐ SAME AS DRIVER
OWNER'S ADDRESS: Post office (United) ☐ SAME AS DRIVER
VEH. DISPOSITION: [redacted] ☐ O.R. TOWED TO:
ON: (STREET): Mac Arthur VEH. SPD.: [redacted] ZONE SPD.: [redacted]
INSURED ☒ YES ☐ NO INSURANCE CO.: Unknown
EXTENT OF DAMAGE ☒ MINOR ☐ MODERATE ☐ MAJOR ☐ TOTAL
CLOTHING (PED. ONLY) ☐ LIGHT ☐ DARK
CROSSWALK ☐ MARKED ☐ UNMARKED ☐ PED. INSIDE ☐ PED. OUTSIDE

PARTY TWO

2

NAME (LAST FIRST MIDDLE): [redacted]
DRIVER ☒ — RESIDENCE ADDRESS: [redacted] CITY/ZIP: Oakland CA PHONE: [redacted]
PED. ☐ — BUS. ADDRESS: CITY/ZIP: PHONE:
PARKED VEH. ☐ — DRIVER'S LIC. NO.: [redacted] STATE: CA D.O.B.: [redacted] SEX: M RACE: Black DIRECTION OF TRAVEL: East
BICYCLE ☐ — AGE: 30 HEIGHT: 6'3 WEIGHT: 250lb HAIR: Black EYES: Brown
OTHER ☐ — LIC. NO.: [redacted] STATE: CA VEH. YR.: 2002 MAKE: Harley MODEL: Roadking COLOR(S): Blue

VEHICLE OWNER: ☒ SAME AS DRIVER
OWNER'S ADDRESS: ☒ SAME AS DRIVER
VEH. DISPOSITION: ☐ O.R. TOWED TO:
ON: (STREET): Mac Arthur VEH. SPD.: 25 mile ZONE SPD.: 25 miles
INSURED ☐ YES ☒ NO INSURANCE CO.: foremost
EXTENT OF DAMAGE ☐ MINOR ☐ MODERATE ☒ MAJOR ☐ TOTAL
CLOTHING (PED. ONLY) ☐ LIGHT ☐ DARK
CROSSWALK ☐ MARKED ☐ UNMARKED ☐ PED. INSIDE ☐ PED. OUTSIDE

PROPERTY DAMAGE

DESCRIPTION OF DAMAGE: Finder Damage, light Damage, front End Damage

OWNER'S NAME: [redacted] ADDRESS: [redacted] CITY/ZIP: [redacted] NOTIFIED ☒ YES ☐ NO

VEHICLE CODE SECTION 16000

The driver of a vehicle involved in an accident resulting in damage to the property of any ONE party in excess of the amount stated in VC Section 16000 or in the injury or death of any person MUST submit a SR-1 Form to the California Department of Motor Vehicles within 15 days.

Note: Failure to comply may result in suspension of your driver's license.

Form SR-1 may be obtained from the Department of Motor Vehicles, the California Highway Patrol, any police station, motor vehicle club, or insurance agent.

If city or state property is damaged, you will be contacted regarding possible liability.

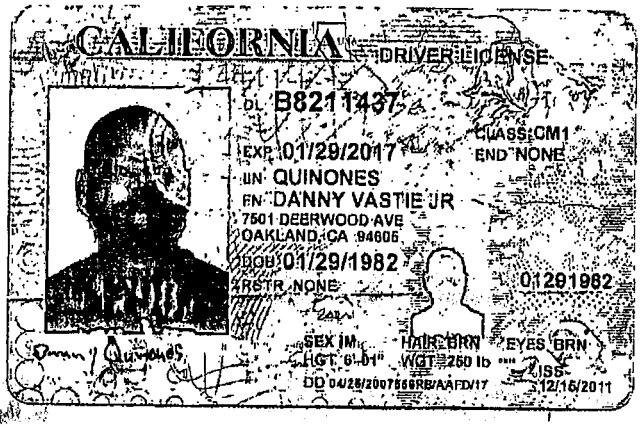
I UNDERSTAND THAT IT IS A CRIME TO GIVE FALSE INFORMATION TO A POLICE OFFICER.

DATE 1-4- 2012 SIGNATURE Danny Quinones

REPORTING OFFICER	SERIAL NO.	FOLLOW-UP D. TIRAPELLI 7054	SERIAL NO.	CLEARED	FILED

TF-1083 (2/00)

FILE COPY



A Public Service Agency

REGISTRATION CARD VALID FROM: 08/08/2012 TO: 08/08/2013

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
HD	2002	2001	AB	2010	220	21	20A8012

BODY TYPE MODEL	MP	MO	VEHICLE ID NUMBER
RS	G	TV	1HD1FBW362Y604168

TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC	STICKER ISSUED
MOTORCYCLE	08/02/12	01	08/02/12	9	H5012154

PR/HIST: SALVAGED PR EXP DATE: 08/08/2012

ENG#: FBW2604168

REGISTERED OWNER
QUINONES DANNY V
7501 DEERWOOD AVE

OAKLAND
CA 94605

AMOUNT PAID $ 92.00

AMOUNT DUE $ 92.00

AMOUNT RECVD
CASH : 92.00
CHCK :
CRDT :

LIENHOLDER

H05 B87 5T 0009200 0004 CS H05 080212 21 20A8012 168

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

FILE COPY 2

532

SPECIAL CONDITIONS	NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER
	0	[ ]	Oakland	Alameda County Superior	
	NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY	REPORTING DISTRICT / BEAT	13-000638
	0	[X]	Alameda	2 / 30Y	

LOCATION

COLLISION OCCURRED ON	MO. DAY YEAR	TIME (2400)	NCIC #	OFFICER I.D.
77th Ave	01/04/13	1836	0109	8367

MILEPOST INFORMATION

DAY OF WEEK: S M T W T (F) S

TOW AWAY: [ ] YES [X] NO

PHOTOGRAPHS BY: [X] NONE

[ ] AT INTERSECTION WITH
[X] OR: 140 FEET N OF Garfield Ave

STATE HWY REL: [ ] YES [X] NO

PARTY 1

DRIVERS LICENSE NUMBER | STATE | CLASS | AIR BAG | SAFETY EQUIP.: B

DRIVER [X] — NAME (FIRST, MIDDLE, LAST)

PEDESTRIAN [ ] — STREET ADDRESS

PARKED VEHICLE [ ] — CITY/STATE/ZIP

BICYCLIST [ ] — SEX: U | HAIR | EYES | HEIGHT | WEIGHT | BIRTHDATE Mo. Day Year | RACE

OTHER [ ] — HOME PHONE | BUSINESS PHONE

INSURANCE CARRIER | POLICY NUMBER

DIR OF TRAVEL: S | ON STREET OR HIGHWAY: 77th Ave | SPEED LIMIT: 25 MPH

VEH.YEAR | MAKE/MODEL/COLOR | LICENSE NUMBER | STATE

OWNER'S NAME [ ] SAME AS DRIVER

OWNER'S ADDRESS [ ] SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: [ ] OFFICER [X] DRIVER [ ] OTHER
Fled

PRIOR MECHANICAL DEFECTS: [ ] NONE APPARENT [X] REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER:

VEHICLE TYPE: 99

DESCRIBE VEHICLE DAMAGE: [X] 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.: M

DRIVER [ ] — NAME (FIRST, MIDDLE, LAST)

PEDESTRIAN [ ] — STREET ADDRESS

PARKED VEHICLE [X] — CITY/STATE/ZIP

BICYCLIST [ ] — SEX | HAIR | EYES | HEIGHT | WEIGHT | BIRTHDATE Mo. Day Year | RACE

OTHER [ ] — HOME PHONE | BUSINESS PHONE

INSURANCE CARRIER: None | POLICY NUMBER

DIR OF TRAVEL: N | ON STREET OR HIGHWAY: Hillside St | SPEED LIMIT: 25 MPH

VEH. YEAR: 1993 | MAKE/MODEL/COLOR: LEXS,300,MAR | LICENSE NUMBER: [redacted] | STATE: CA

OWNER'S NAME [redacted] [ ] SAME AS DRIVER

OWNER'S ADDRESS [redacted] [ ] SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: [ ] OFFICER [ ] DRIVER [X] OTHER
Registered Owner / Secured on scene

PRIOR MECHANICAL DEFECTS: [X] NONE APPARENT [ ] REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER: [redacted]

VEHICLE TYPE: 01

DESCRIBE VEHICLE DAMAGE: [ ] UNK. [ ] NONE [ ] MINOR [X] 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.: M

DRIVER [ ] — NAME (FIRST, MIDDLE, LAST)

PEDESTRIAN [ ] — STREET ADDRESS

PARKED VEHICLE [X] — CITY/STATE/ZIP

BICYCLIST [ ] — SEX | HAIR | EYES | HEIGHT | WEIGHT | BIRTHDATE Mo. Day Year | RACE

OTHER [ ] — HOME PHONE | BUSINESS PHONE

INSURANCE CARRIER: None | POLICY NUMBER

DIR OF TRAVEL: N | ON STREET OR HIGHWAY: 77th Ave | SPEED LIMIT: 25 MPH

VEH.YEAR: 1999 | MAKE/MODEL/COLOR: AUDI,AA8,MAR | LICENSE NUMBER: [redacted] | STATE: CA

OWNER'S NAME [redacted] [ ] SAME AS DRIVER

OWNER'S ADDRESS [redacted] [ ] SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: [redacted] [ ] OFFICER [ ] DRIVER [X] OTHER
Owner

PRIOR MECHANICAL DEFECTS: [X] NONE APPARENT [ ] REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER: [redacted]

VEHICLE TYPE: 01

DESCRIBE VEHICLE DAMAGE: [ ] LINK [ ] NONE [ ] MINOR [X] 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
Michael Cardoza	[ ] YES [X] NO [ ] N/A	Timothy Dolan	01/18/2013

STATE OF CALIFORNIA
TRAFFIC COLLISION CODING
CHP 555 Page 2 (Rev. 7-03) ORI 061

532

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
01/04/13	1836	0109	8367	13-000638

PROPERTY DAMAGE

OWNER'S NAME	OWNER'S ADDRESS	NOTIFIED
Unknown Unknown	2645 77th Ave Oakland CA 94605	☐ YES ☒ NO

DESCRIPTION OF DAMAGE

Minor damage to bushes & wooden fence located in homeowners front driveway. Homeowner not home. Notification left on front door.

SEATING POSITION

1 2 3
4 5 6
7

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
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 HANDS FREE
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

1	A	VC SECTION VIOLATED: VC22107 — CITED ☐ YES ☒ NO
	B	OTHER IMPROPER DRIVING*:
	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

	A DAYLIGHT
	B DUSK - DAWN
X	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	1	2	3
A CONTROLS FUNCTIONING			
B CONTROLS NOT FUNCTIONING*			
C CONTROLS OBSCURED			
X D NO CONTROLS PRESENT / FACTOR*		X	X
TYPE OF COLLISION			
A HEAD - ON			
X B SIDESWIPE			
C REAR END			
D BROADSIDE			
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			
X 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 INROAD	X	X	X
G APPROACHING / LEAVING SCHOOL BUS			

SPECIAL INFORMATION	1	2	3
A HAZARDOUS MATERIAL			
B CELL PHONE HANDHELD IN USE	X		
C CELL PHONE HANDS FREE IN USE			
D CELL PHONE NOT IN USE			
E SCHOOL BUS RELATED			
F 75FT MOTORTRUCK COMBO			
G 32 FT TRAILER COMBO			
H			
I			
J			
K			
L			
M			
N			
O		X	X

OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)	1	2	3
A VC SECTION VIOLATION: CITED ☐ YES ☐ NO			
B C SECTION VIOLATION: CITED ☐ YES ☐ NO			
C VC SECTION VIOLATION: CITED ☐ YES ☐ NO			
D			
E VISION OBSCUREMENT:			
F INATTENTION*::			
G STOP& GO TRAFFIC			
H ENTERING / LEAVING RAMP			
I PREVIOUS COLLISION			
J UNFAMILIAR WITH ROAD	X		
K DEFECTIVE VEH. EQUIP.: CITED ☐ YES ☐ NO		X	X
L UNINVOLVED VEHICLE			
M OTHER*:			
N NONE APPARENT			
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			
B HBD -UNDER INFLUENCE			
C HBD - NOT UNDER INFLUENCE*			
D HBD - IMPAIRMENT UNKNOWN*			
E UNDER DRUG INFLUENCE*			
F IMPAIRMENT -PHYSICAL*			
G IMPAIRMENT NOT KNOWN	X		
H NOT APPLICABLE		X	X
I SLEEPY/ FATIGUED*			

SKETCH

INDICATE NORTH

MISCELLANEOUS

OSP 03 79147

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

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1640

SPECIAL CONDITIONS	NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER
	1	[ ]	Oakland	Alameda County Superior	13-001162
	NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY	REPORTING DISTRICT / BEAT	
	0	[X]	Alameda	2 / 30X	

LOCATION

COLLISION OCCURRED ON	MO. DAY YEAR	TIME (2400)	NCIC #	OFFICER I.D.
MacArthur Blvd	01/07/13	1541	0109	8949

MILEPOST INFORMATION

DAY OF WEEK: S (M) T W T F S

TOW AWAY: [X] YES [ ] NO

PHOTOGRAPHS BY: [X] NONE

[ ] AT INTERSECTION WITH
[X] OR: 200 FEET W OF 82nd Ave

STATE HWY REL: [ ] YES [X] NO

PARTY 1

DRIVERS LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.
			L	B

VEH.YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
2013	PORS,BOX,BLK	[redacted]	CA

DRIVER [X] — 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: W | ON STREET OR HIGHWAY: MacArthur Blvd | SPEED LIMIT: 25 MPH

OWNER'S NAME: [redacted] [ ] SAME AS DRIVER

OWNER'S ADDRESS: [redacted] [ ] SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: [redacted]11 [X] OFFICER [ ] DRIVER [ ] OTHER

PRIOR MECHANICAL DEFECTS: [X] NONE APPARENT [ ] REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER: [redacted]

VEHICLE TYPE: 01

DESCRIBE VEHICLE DAMAGE: [ ] UNK. [ ] NONE [ ] MINOR [X] 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.
[redacted]	CA	C	M	G

VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
1991	CHEV,CAV,WHI	[redacted]	CA

DRIVER [X] — NAME (FIRST, MIDDLE, LAST): [redacted]ner

PEDESTRIAN [ ] — STREET ADDRESS: [redacted]

PARKED VEHICLE [ ] — CITY/STATE/ZIP: Oakland CA

BICYCLIST [ ] — SEX: F | HAIR: BLK | EYES: BLK | HEIGHT: 57" | WEIGHT: 105 | BIRTHDATE Mo. Day Year: [redacted] | RACE: B

OTHER [ ] — HOME PHONE | BUSINESS PHONE

INSURANCE CARRIER: Unknown | POLICY NUMBER

DIR OF TRAVEL: W | ON STREET OR HIGHWAY: MacArthur Blvd | SPEED LIMIT: 25 MPH

OWNER'S NAME: [X] SAME AS DRIVER

OWNER'S ADDRESS: [X] SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: A & B Auto - (510) 635-3211 [X] OFFICER [ ] DRIVER [ ] OTHER

PRIOR MECHANICAL DEFECTS: [X] NONE APPARENT [ ] REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER: [redacted]

VEHICLE TYPE: 01

DESCRIBE VEHICLE DAMAGE: [ ] UNK. [ ] NONE [ ] MINOR [ ] MOD. [ ] MAJOR [X] 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: [ ] LINK [ ] 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
Brandon Taylor	[X] YES [ ] NO [ ] N/A	Timothy Dolan	03/14/2013

STATE OF CALIFORNIA
TRAFFIC COLLISION CODING
CHP 555 Page 2 (Rev. 7-08) OPI 064

1640 Page 2 Of 5

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
01/07/13	1541	0109	8949	13-001162

PROPERTY DAMAGE

OWNER'S NAME	OWNER'S ADDRESS	NOTIFIED
Unknown Unknown	8000 Blk MacArthur	☐ YES ☒ NO

DESCRIPTION OF DAMAGE: Black metal gate which surrounds emtpy lot. No owner located.

SEATING POSITION

1 2 3
4 5 6
7

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

M/C BICYCLE - HELMET
DRIVER PASSENGER
V-NO X-NO
W-YES Y-YES

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

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

INATTENTION CODES
A - CELL PHONE HANDHELD
B - CELL PHONE HANDS FREE
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

		VC SECTION VIOLATED	CITED
1	A	VC22350	☐ YES ☒ NO
	B OTHER IMPROPER DRIVING*:		
	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
- X A CONTROLS FUNCTIONING
- B CONTROLS NOT FUNCTIONING*
- C CONTROLS OBSCURED
- D NO CONTROLS PRESENT / FACTOR*

TYPE OF COLLISION
- A HEAD - ON
- B SIDESWIPE
- 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 INROAD
- G APPROACHING / LEAVING SCHOOL BUS

SPECIAL INFORMATION

	1	2	3
A HAZARDOUS MATERIAL			
B CELL PHONE HANDHELD IN USE	X	X	
C CELL PHONE HANDS FREE IN USE			
D CELL PHONE NOT IN USE			
E SCHOOL BUS RELATED			
F 75FT MOTORTRUCK COMBO			
G 32 FT TRAILER COMBO			
H			
I			
J			
K			
L			
M			
N			
O			

OTHER ASSOCIATED FACTOR(S) *(MARK 1 TO 2 ITEMS)*

	VC SECTION VIOLATION	CITED
A		☐ YES ☐ NO
B	C SECTION VIOLATION	☐ YES ☐ NO
C	VC SECTION VIOLATION	☐ YES ☐ NO
D		
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		
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	
B HBD -UNDER INFLUENCE			
C HBD - NOT UNDER INFLUENCE*			
D HBD - IMPAIRMENT UNKNOWN*			
E UNDER DRUG INFLUENCE*			
F IMPAIRMENT -PHYSICAL*			
G IMPAIRMENT NOT KNOWN	X		
H NOT APPLICABLE			
I SLEEPY/ FATIGUED*			

SKETCH

INDICATE NORTH

MISCELLANEOUS

OSP 03 79147

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

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2169

SPECIAL CONDITIONS	NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER
	1	☐	Oakland	Alameda County Superior	14-006465
	NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY	REPORTING DISTRICT / BEAT	
	0	☒	Alameda	2 / 30Y	

LOCATION

COLLISION OCCURRED ON	MO. DAY YEAR	TIME (2400)	NCIC #	OFFICER I.D.
HILLSIDE ST	02/05/14	1917	0109	9136

MILEPOST INFORMATION

DAY OF WEEK: S M T (W) T F S

TOW AWAY: ☐ YES ☒ NO

PHOTOGRAPHS BY: ☒ NONE

☐ AT INTERSECTION WITH
☒ OR: 100 FEET W OF 82nd AVE

STATE HWY REL: ☐ YES ☒ NO

PARTY 1

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.
			M	B

VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
	Chevy,BLK/BLK	UNKNOWN	

DRIVER ☒ — NAME (FIRST, MIDDLE, LAST): Unknown Unknown

PEDESTRIAN ☐ — STREET ADDRESS: Unknown

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: W | ON STREET OR HIGHWAY: Hillside St | SPEED LIMIT: 25 MPH

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: 99

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
99	Cadi Seville wh.		

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: Farmers | POLICY NUMBER

DIR OF TRAVEL: W | ON STREET OR HIGHWAY: Hillside st | SPEED LIMIT: 25

OWNER'S NAME: [redacted] ☐ SAME AS DRIVER

OWNER [redacted] ☐ SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☐ DRIVER ☒ OTHER

O/C

PRIOR MECHANICAL DEFECTS: ☐ NONE APPARENT ☐ REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER: [redacted]

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 3

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.

VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE

DRIVER ☐ — NAME (FIRST, MIDDLE, LAST): [redacted]

PEDESTRIAN ☒ — STREET ADDRESS: [redacted]

PARKED VEHICLE ☐ — CITY/STATE/ZIP: Oakland C[redacted]

BICYCLIST ☐ — SEX: M | HAIR: blk | EYES: bro | HEIGHT: 5'5" | WEIGHT: 175 | BIRTHDATE: [redacted] | RACE: [redacted]

OTHER ☐ — [redacted] | BUSINESS PHONE

INSURANCE CARRIER | POLICY NUMBER

DIR OF TRAVEL | ON STREET OR HIGHWAY: Hillside st | SPEED LIMIT: 25

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: 60

DESCRIBE VEHICLE DAMAGE: ☐ LINK ☐ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☐ ROLL-OVER

SHADE IN DAMAGED AREA

CA ____ DOT ____
CAL-T ____ TCP/PSC ____ M C / M X ____

PREPARER'S NAME	DISPATCH NOTIFIED	REVIEWER'S NAME	DATE REVIEWED
Shaun Hunt	☒ YES ☐ NO ☐ N/A	Peter Huppert	04/18/2014

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STATE OF CALIFORNIA
TRAFFIC COLLISION CODING — FILE COPY

CHP 555 Page 2 (Rev. 7-03) OPI 061

2169

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I D	NUMBER
02/05/14	1917	0109	9136	14-006465

PROPERTY DAMAGE

OWNER'S NAME

OWNER'S ADDRESS

NOTIFIED ☐ YES ☐ NO

DESCRIPTION OF DAMAGE

SEATING POSITION

1 2 3
4 5 6
7

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
U - NONE IN VEHICLE

M / C BICYCLE- HELMET
DRIVER PASSENGER
V - N O X - N O
W - Y E S Y - Y E S

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

INATTENTION CODES

A - CELL PHONE HANDHELD
B - CELL PHONE HANDS FREE
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

1 — A VC SECTION VIOLATED: VC22107 — CITED ☐ YES ☒ NO
B OTHER IMPROPER DRIVING*:
C OTHER THAN DRIVER*
D UNKNOWN*

WEATHER (MARK 1 TO 2 ITEMS)

A CLEAR
B CLOUDY
X C RAINING
D SNOWING
E FOG/ VISIBILITY FT.
F OTHER*:
G WIND

LIGHTING

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

ROADWAY SURFACE

A DRY
X 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

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

TYPE OF COLLISION

A HEAD - ON
B SIDESWIPE
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
C OTHER MOTOR VEHICLE
D MOTOR VEHICLE ON OTHER ROADWAY
X E PARKED MOTOR VEHICLE
F TRAIN
G BICYCLE
H ANIMAL:
I FIXED OBJECT:
J OTHER OBJECT:

PEDESTRIAN'S ACTIONS

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

SPECIAL INFORMATION

	1	2	3
A HAZARDOUS MATERIAL			
B CELL PHONE HANDHELD IN USE			
C CELL PHONE HANDS FREE IN USE			
D CELL PHONE NOT IN USE			
E SCHOOL BUS RELATED	X		
F 75FT MOTORTRUCK COMBO			
G 32 FT TRAILER COMBO			
H			
I			
J			
K			
L			
M			
N			
O			

OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)

	1	2	3
A VC SECTION VIOLATION — CITED ☐ YES ☒ NO	X		
B C SECTION VIOLATION — CITED ☐ YES ☐ NO			
C VC SECTION VIOLATION — CITED ☐ YES ☐ NO			
D			
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		X	X
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
X O PARKED
P MERGING
Q TRAVELING WRONG WAY
X R OTHER*:

SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)

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

SKETCH

INDICATE NORTH

MISCELLANEOUS

OSP 03 79147

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

FILE COPY 2

1229

SPECIAL CONDITIONS	NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER
	0	☐	Oakland	Alameda County Superior	14-006270
	NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY	REPORTING DISTRICT / BEAT	
	0	☐	Alameda	2 / 30X	

LOCATION

COLLISION OCCURRED ON	MO. DAY YEAR	TIME (2400)	NCIC #	OFFICER I.D.
Bancroft Avenue	02/04/14	1720	0109	9088

MILEPOST INFORMATION

DAY OF WEEK: S M (T) W T F S

TOW AWAY: ☐ YES ☒ NO

STATE HWY REL: ☐ YES ☒ NO

PHOTOGRAPHS BY: ☒ NONE

☐ AT INTERSECTION WITH
☒ OR. 10 FEET E OF 73rd Avenue

PARTY 1

DRIVERS LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.
[redacted]	CA	C	M	G

DRIVER ☒ NAME (FIRST, MIDDLE, LAST): [redacted]

PEDESTRIAN ☐ STREET ADDRESS: [redacted] C

PARKED VEHICLE ☐ CITY/STATE/ZIP: [redacted]

BICYCLIST ☐

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE (Mo. Day Year)	RACE
F	BRO	BLU	5'8"	160	[redacted]	W

OTHER ☐ HOME PHONE: [redacted] BUSINESS PHONE: [redacted]

INSURANCE CARRIER: [redacted] POLICY NUMBER: [redacted]

DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT
W	BANCROFT	25 MPH

VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
2008	Suzi,FORENZA,BLK	[redacted]	CA

OWNER'S NAME: ☒ SAME AS DRIVER

OWNER'S ADDRESS: ☒ SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☒ DRIVER ☐ OTHER
Secured at Scene

PRIOR MECHANICAL DEFECTS: ☒ NONE APPARENT ☐ REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER: [redacted]

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.
[redacted]	CA	C	M	G

DRIVER ☒ NAME (FIRST, MIDDLE, LAST): [redacted]

PEDESTRIAN ☐ STREET ADDRESS: [redacted]

PARKED VEHICLE ☐ CITY/STATE/ZIP: Oakland CA 94603

BICYCLIST ☐

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE (Mo. Day Year)	RACE
F	BLK	BRO	5'5"	155	[redacted]	B

OTHER ☐ HOME PHONE: [redacted] BUSINESS PHONE: [redacted]

INSURANCE CARRIER: [redacted] POLICY NUMBER: [redacted]

DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT
W	BANCROFT AVE	25 MPH

VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
2004	Linc,UT,BLK/BLK	[redacted]	CA

OWNER'S NAME: ☒ SAME AS DRIVER

OWNER'S ADDRESS: ☒ SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☒ DRIVER ☐ OTHER
Secured at Scene

PRIOR MECHANICAL DEFECTS: ☐ NONE APPARENT ☒ REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER: [redacted]

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 3

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.

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

VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE

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: ☐ LINK ☐ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☐ ROLL-OVER

SHADE IN DAMAGED AREA

CA ____ DOT ____
CAL-T ____ TCP/PSC ____ M C / M X ____

PREPARER'S NAME	DISPATCH NOTIFIED	REVIEWER'S NAME	DATE REVIEWED
Brooklyn Beckwith	☒ YES ☐ NO ☐ N/A	Greg Bellusa	03/05/2014

STATE OF CALIFORNIA
TRAFFIC COLLISION CODING
CHP 555 Page 2 (Rev. 7-03) OPI 081

1229

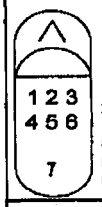
DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
02/04/14	1720	0109	9088	14-006270

PROPERTY DAMAGE

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

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
U - NONE IN VEHICLE

M / C BICYCLE - HELMET
DRIVER PASSENGER
V - N O X - N O
W - Y E S Y - Y E S

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

INATTENTION CODES
A - CELL PHONE HANDHELD
B - CELL PHONE HANDS FREE
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

1 A VC SECTION VIOLATED: VC22350 — CITED ☐ YES ☒ NO
B OTHER IMPROPER DRIVING*:
C OTHER THAN DRIVER*
D UNKNOWN*

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

TYPE OF COLLISION
A HEAD - ON
B SIDESWIPE
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 INROAD
G APPROACHING / LEAVING SCHOOL BUS

SPECIAL INFORMATION	1	2	3
A HAZARDOUS MATERIAL		X	
B CELL PHONE HANDHELD IN USE	X		
C CELL PHONE HANDS FREE IN USE			
D CELL PHONE NOT IN USE			
E SCHOOL BUS RELATED			
F 75FT MOTORTRUCK COMBO			
G 32 FT TRAILER COMBO			
H			
I			
J			
K			
L			
M			
N			
O			

OTHER ASSOCIATED FACTOR(S) *(MARK 1 TO 2 ITEMS)*
A VC SECTION VIOLATION: CITED ☐ YES ☐ NO
B VC SECTION VIOLATION: CITED ☐ YES ☐ NO
C VC SECTION VIOLATION: CITED ☐ YES ☐ NO
D
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*:
X N NONE APPARENT
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*			

SKETCH


INDICATE NORTH

MISCELLANEOUS

OSP 03 78147

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

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SPECIAL CONDITIONS	NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER
	1	X	Oakland	Alameda County Superior	14-006249
	NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY	REPORTING DISTRICT / BEAT	
	0		Alameda	2 / 34X	

LOCATION

COLLISION OCCURRED ON	MO. DAY YEAR	TIME (2400)	NCIC #	OFFICER I.D.
82ND AVE	02/04/14	1447	0109	8432

MILEPOST INFORMATION

DAY OF WEEK: S M (T) W T F S

TOW AWAY: [ ] YES [X] NO

STATE HWY REL: [ ] YES [X] NO

PHOTOGRAPHS BY: [X] NONE — UNAVAILABLE - PDRD USED

[ ] AT INTERSECTION WITH
[X] OR 84 FEET S OF BANCROFT

PARTY 1

DRIVER [X] — PEDESTRIAN [ ] — PARKED VEHICLE [ ] — BICYCLIST [ ] — OTHER [ ]

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.
			N	B

NAME (FIRST, MIDDLE, LAST): UNKNOWN UNKNOWN

STREET ADDRESS:

CITY/STATE/ZIP:

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE (Mo Day Year)	RACE

HOME PHONE: BUSINESS PHONE:

INSURANCE CARRIER: POLICY NUMBER:

DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT
S	82nd Ave	25 MPH

VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
	HOND,Unk,GRY	UNK	

OWNER'S NAME: [ ] SAME AS DRIVER

OWNER'S ADDRESS: [ ] SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: [ ] OFFICER [X] DRIVER [ ] OTHER
Fled

PRIOR MECHANICAL DEFECTS: [X] NONE APPARENT [ ] REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER:

VEHICLE TYPE: 01

DESCRIBE VEHICLE DAMAGE: [X] UNK. [ ] NONE [ ] MINOR [ ] MOD. [ ] MAJOR [ ] ROLL-OVER

SHADE IN DAMAGED AREA

CA ____ DOT ____
CAL-T ____ TCP/PSC ____ MC/MX ____

PARTY 2

DRIVER [X] — PEDESTRIAN [ ] — PARKED VEHICLE [ ] — BICYCLIST [ ] — OTHER [ ]

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.
[redacted]	CA	C	M	G

NAME (FIRST, MIDDLE, LAST): [redacted]

STREET ADDRESS: [redacted]

CITY/STATE/ZIP: Oakland CA [redacted]

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE (Mo Day Year)	RACE
F	BLK	BRO	5'3"	158	[redacted]	B

HOME PHONE: BUSINESS PHONE: [redacted]

INSURANCE CARRIER: POLICY NUMBER:

DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT
N	82ND AVE	25 MPH

VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
2008	FORD,F25,WHI	[redacted]	CA

OWNER'S NAME: [redacted] [ ] SAME AS DRIVER

OWNER'S ADDRESS: [redacted] [ ] SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: [ ] OFFICER [X] DRIVER [ ] OTHER
DRIVEN AWAY BY DRIVER

PRIOR MECHANICAL DEFECTS: [X] NONE APPARENT [ ] REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER: [redacted]

VEHICLE TYPE: 26

DESCRIBE VEHICLE DAMAGE: [ ] UNK. [ ] NONE [X] MINOR [ ] MOD. [ ] MAJOR [ ] ROLL-OVER

SHADE IN DAMAGED AREA

CA ____ DOT ____
CAL-T ____ TCP/PSC ____ MC/MX ____

PARTY 3

DRIVER [ ] — PEDESTRIAN [ ] — PARKED VEHICLE [ ] — BICYCLIST [ ] — OTHER [ ]

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.

NAME (FIRST, MIDDLE, LAST):

STREET ADDRESS:

CITY/STATE/ZIP:

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE (Mo Day Year)	RACE

HOME PHONE: BUSINESS PHONE:

INSURANCE CARRIER: POLICY NUMBER:

DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT

VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE

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: [ ] LINK [ ] NONE [ ] MINOR [ ] MOD. [ ] MAJOR [ ] ROLL-OVER

SHADE IN DAMAGED AREA

CA ____ DOT ____
CAL-T ____ TCP/PSC ____ M C /M X ____

PREPARER'S NAME	DISPATCH NOTIFIED	REVIEWER'S NAME	DATE REVIEWED
Lisa Ausmus	[X] YES [ ] NO [ ] N/A	G Hara	06/11/2014

STATE OF CALIFORNIA
TRAFFIC COLLISION CODING
CHP 555 Page 2 (Rev. 7-03) OPI 061

2738

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D	NUMBER
02/04/14	1447	0109	8432	14-006249

PROPERTY DAMAGE

OWNER'S NAME

OWNER'S ADDRESS

NOTIFIED ☐ YES ☐ NO

DESCRIPTION OF DAMAGE

SEATING POSITION

1 2 3
4 5 6
7

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
U - NONE IN VEHICLE

M / C BICYCLE- HELMET
DRIVER PASSENGER
V - N O X - N O
W - Y E S Y - Y E S

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

INATTENTION CODES
A - CELL PHONE HANDHELD
B - CELL PHONE HANDS FREE
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

1 A VC SECTION VIOLATED: VC21460 (A) — CITED ☐ YES ☒ NO
B OTHER IMPROPER DRIVING*:
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
X A CONTROLS FUNCTIONING
B CONTROLS NOT FUNCTIONING*
C CONTROLS OBSCURED
D NO CONTROLS PRESENT / FACTOR*

TYPE OF COLLISION
X A HEAD - ON
B SIDESWIPE
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 INROAD
G APPROACHING / LEAVING SCHOOL BUS

SPECIAL INFORMATION

	1	2	3
A HAZARDOUS MATERIAL			
B CELL PHONE HANDHELD IN USE		X	
C CELL PHONE HANDS FREE IN USE			
D CELL PHONE NOT IN USE			
E SCHOOL BUS RELATED			
F 75FT MOTORTRUCK COMBO			
G 32 FT TRAILER COMBO			
H			
I			
J			
K			
L			
M			
N	X		
O			

OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)

	1	2	3
A VC SECTION VIOLATION: 22350 CVC — CITED ☐ YES ☒ NO	X		
B C SECTION VIOLATION: — CITED ☐ YES ☐ NO			
C VC SECTION VIOLATION: — CITED ☐ YES ☐ NO			
D [illegible]			
E VISION OBSCUREMENT:			
F INATTENTION*::			
G STOP& GO TRAFFIC			
H ENTERING / LEAVING RAMP			
I PREVIOUS COLLISION			
J UNFAMILIAR WITH ROAD	X		
K DEFECTIVE VEH. EQUIP.: CITED ☐ YES ☐ NO			
L UNINVOLVED VEHICLE			
M OTHER*:			
N NONE APPARENT		X	
O RUNAWAY VEHICLE			

MOVEMENT PRECEDING COLLISION

	1	2	3
A STOPPED			
B PROCEEDING STRAIGHT		X	
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	
B HBD -UNDER INFLUENCE			
C HBD - NOT UNDER INFLUENCE'			
D HBD - IMPAIRMENT UNKNOWN'			
E UNDER DRUG INFLUENCE*			
F IMPAIRMENT -PHYSICAL*			
G IMPAIRMENT NOT KNOWN	X		
H NOT APPLICABLE			
I SLEEPY/ FATIGUED*			

SKETCH

INDICATE NORTH

MISCELLANEOUS

OSP 03 79147

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

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1646

SPECIAL CONDITIONS

NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER
1	☐	Oakland	Alameda County Superior	14-005977
NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY	REPORTING DISTRICT / BEAT	
0	[X]	Alameda	2 / 30X	

LOCATION

COLLISION OCCURRED ON: Bancroft Ave

MILEPOST INFORMATION

[X] AT INTERSECTION WITH / OR: AT Ritchie St

MO. DAY YEAR: 02/03/14 | TIME (2400): 0933 | DAY OF WEEK: S (M) T W T F S | TOW AWAY: ☐ YES [X] NO | STATE HWY REL: ☐ YES [X] NO

NCIC #: 0109 | OFFICER I.D.: 8005 | PHOTOGRAPHS BY: [X] NONE

PARTY 1

DRIVER'S LICENSE NUMBER | STATE | CLASS | AIR BAG | SAFETY EQUIP.: B

DRIVER [X] — NAME (FIRST, MIDDLE, LAST): Unknown Unknown

PEDES-TRIAN ☐ — STREET ADDRESS

PARKED VEHICLE ☐ — CITY/STATE/ZIP

BICY-CLIST ☐ — SEX: F | HAIR | EYES | HEIGHT | WEIGHT | BIRTHDATE Mo Day Year | RACE: B

OTHER ☐ — HOME PHONE | BUSINESS PHONE

INSURANCE CARRIER | POLICY NUMBER

DIR OF TRAVEL: E | ON STREET OR HIGHWAY: Bancroft Ave | SPEED LIMIT: 30 MPH

VEH. YEAR | MAKE/MODEL/COLOR: Lexus Or Nissan,DGR | LICENSE NUMBER: [redacted] | STATE: CA

OWNER'S NAME: [redacted] ☐ SAME AS DRIVER

OWNER'S ADDRESS: [redacted] ☐ SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: Fled ☐ OFFICER [X] DRIVER ☐ OTHER

PRIOR MECHANICAL DEFECTS: [X] NONE APPARENT ☐ REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER:

VEHICLE TYPE: 01 | DESCRIBE VEHICLE DAMAGE: [X] UNK. ☐ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☐ ROLL-OVER | SHADE IN DAMAGED AREA

CA ____ CAL-T ____ DOT ____ TCP/PSC ____ MC/MX ____

PARTY 2

DRIVER'S LICENSE NUMBER: F3594436 | STATE: CA | CLASS: C | AIR BAG: M | SAFETY EQUIP.: G

DRIVER [X] — NAME (FIRST, MIDDLE, LAST): [redacted]

PEDES-TRIAN ☐ — STREET ADDRESS: [redacted]

PARKED VEHICLE ☐ — CITY/STA[redacted]

BICY-CLIST ☐ — SEX: F | HAIR: BLK | EYES: BRO | HEIGHT: 5'5" | WEIGHT: 120 | BIRTHDATE Mo [redacted] Year | RACE: B

OTHER ☐ — HOME PHO[redacted] | BUSINESS PHO[redacted]

INSURANCE CARRIER: [redacted] | POLICY NUMBER: [redacted]

DIR OF TRAVEL: E | ON STREET OR HIGHWAY: Bancroft Ave | SPEED LIMIT: 30 MPH

VEH. YEAR: 1999 | MAKE/MODEL/COLOR: CHRY,CIR,GRY | LICENSE NUMBER: [redacted] | STATE: CA

OWNER'S NAME: [redacted] ☐ SAME AS DRIVER

OWNER'S ADDRESS: [redacted] ☐ SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: Secured at Scene ☐ OFFICER [X] DRIVER ☐ OTHER

PRIOR MECHANICAL DEFECTS: [X] NONE APPARENT ☐ REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER: [redacted]

VEHICLE TYPE: 01 | DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR [X] MOD. ☐ MAJOR ☐ ROLL-OVER | SHADE IN DAMAGED AREA

CA ____ CAL-T ____ DOT ____ TCP/PSC ____ MC/MX ____

PARTY 3

DRIVER'S LICENSE NUMBER | STATE | CLASS | AIR BAG | SAFETY EQUIP.

DRIVER ☐ — NAME (FIRST, MIDDLE, LAST)

PEDES-TRIAN ☐ — STREET ADDRESS

PARKED VEHICLE ☐ — CITY/STATE/ZIP

BICY-CLIST ☐ — 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

VEH. YEAR | MAKE/MODEL/COLOR | LICENSE NUMBER | STATE

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: ☐ LINK ☐ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☐ ROLL-OVER | SHADE IN DAMAGED AREA

CA ____ CAL-T ____ DOT ____ TCP/PSC ____ M C / M X ____

PREPARER'S NAME: J Chang | DISPATCH NOTIFIED: [X] YES ☐ NO ☐ N/A

REVIEWER'S NAME: Peter Huppert | DATE REVIEWED: 03/28/2014

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STATE OF CALIFORNIA
TRAFFIC COLLISION CODING
CHP 555 Page 2 (Rev. 7-03) OPI 061

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER	NOTIFIED
02/03/14	0933	0109	8005	14-005977	☐ YES ☐ NO

PROPERTY DAMAGE
OWNER'S NAME
OWNER'S ADDRESS
DESCRIPTION OF DAMAGE

SEATING POSITION
1 2 3 / 4 5 6 / 7
1 - DRIVER
2 TO 6 - PASSENGERS
7 - STATION WAGON REAR
8 - REAR OCC. TRK. OR VAN
9 - POSITION UNKNOWN
0 - OTHER

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 HANDS FREE
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
1 — A VC SECTION VIOLATED: VC22107 — CITED ☐ YES ☒ NO
B OTHER IMPROPER DRIVING*:
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 LOOBE 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
X A CONTROLS FUNCTIONING
B CONTROLS NOT FUNCTIONING*
C CONTROLS OBSCURED
D NO CONTROLS PRESENT / FACTOR*

TYPE OF COLLISION
A HEAD - ON
X B SIDESWIPE
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 INROAD
G APPROACHING / LEAVING SCHOOL BUS

	1	2	3
SPECIAL INFORMATION			
A HAZARDOUS MATERIAL			
B CELL PHONE HANDHELD IN USE	X		
C CELL PHONE HANDS FREE IN USE		X	
D CELL PHONE NOT IN USE			
E SCHOOL BUS RELATED			
F 75FT MOTORTRUCK COMBO			
G 32 FT TRAILER COMBO			
H			
I			
J			
K			
L			
M			
N			
O			

OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)
A VC SECTION VIOLATION: CITED ☐ YES ☐ NO
B C SECTION VIOLATION: CITED ☐ YES ☐ NO
C VC SECTION VIOLATION: CITED ☐ YES ☐ NO
D
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
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)
X A HAD NOT BEEN DRINKING
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
X I SLEEPY/ FATIGUED*

SKETCH
INDICATE NORTH

MISCELLANEOUS

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

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729

SPECIAL CONDITIONS	NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER
	1	☐	Oakland	Alameda County Superior	14-005496
	NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY	REPORTING DISTRICT / BEAT	
	0	☐	Alameda	2 / 30X	

LOCATION

COLLISION OCCURRED ON	MO. DAY YEAR	TIME (2400)	NCIC #	OFFICER I.D.
BANCROFT AV	01/31/14	1319	0109	9175

MILEPOST INFORMATION

DAY OF WEEK: S M T W T (F) S

TOW AWAY: ☐ YES ☒ NO

PHOTOGRAPHS BY: ☒ NONE

☒ AT INTERSECTION WITH
☐ OR: AT 73RD AVE

STATE HWY REL: ☐ YES ☒ NO

PARTY 1

DRIVERS LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.
[redacted]	CA	C	M	G

VEH.YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
1999	CHEV,Van,WHI/YEL	[redacted]	CA

DRIVER ☒ NAME (FIRST, MIDDLE, LAST): [redacted]

OWNER'S NAME: [redacted] ☐ SAME AS DRIVER

PEDES-TRIAN ☐ STREET ADDRESS: [redacted]

OWNER'S ADDRESS: [redacted] ☐ SAME AS DRIVER

PARKED VEHICLE ☐ CITY/STATE/ZIP: [redacted]

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☒ DRIVER ☐ OTHER

BICY-CLIST ☐

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE (Mo. Day Year)	RACE
M	BLK	BRO	6'2"	230	[redacted]	[redacted]

PRIOR MECHANICAL DEFECTS: ☒ NONE APPARENT ☐ REFER TO NARRATIVE

OTHER ☐ HOME PHONE: [redacted] BUSINESS PHONE: [redacted]

VEHICLE IDENTIFICATION NUMBER: 5220

INSURANCE CARRIER: [redacted] POLICY NUMBER: [redacted]

VEHICLE TYPE

DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☒ MINOR ☐ MOD. ☐ MAJOR ☐ ROLL-OVER

SHADE IN DAMAGED AREA

DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT
S	Bancroft Ave	25 MPH

CA _____ DOT _____
CAL-T _____ TCP/PSC _____ MC/MX _____

PARTY

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.
[redacted]	CA	C	M	G

VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
	VOLV[redacted]	[redacted]	CA

DRIVER ☒ NAME (FIRST, MIDDLE, LAST): [redacted]

OWNER'S NAME: [redacted] ☐ SAME AS DRIVER

PEDES-TRIAN ☐ STREET ADDRESS: [redacted]

OWNER'S ADDRESS: [redacted] ☐ SAME AS DRIVER

PARKED VEHICLE ☐ CITY/STATE/ZIP: [redacted]

DISPOSITION OF VEHICLE ON ORDERS OF: ☒ OFFICER ☐ DRIVER ☐ OTHER

BICY-CLIST ☐

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE (Mo. Day Year)	RACE
F	BLK	BRO	5'5"	200	[redacted]	B

PRIOR MECHANICAL DEFECTS: ☒ NONE APPARENT ☐ REFER TO NARRATIVE

OTHER ☐ HOME PHONE: BUSINESS PHONE: [redacted]

VEHICLE IDENTIFICATION NUMBER:

INSURANCE CARRIER: [redacted] POLICY NUMBER: [redacted]

VEHICLE TYPE: 01

DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☐ ROLL-OVER

SHADE IN DAMAGED AREA

DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT
E	Bancroft Ave	25 MPH

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):

OWNER'S NAME: ☐ SAME AS DRIVER

PEDES-TRIAN ☐ STREET ADDRESS:

OWNER'S ADDRESS: ☐ SAME AS DRIVER

PARKED VEHICLE ☐ CITY/STATE/ZIP:

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☐ DRIVER ☐ OTHER

BICY-CLIST ☐

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE (Mo. Day Year)	RACE

PRIOR MECHANICAL DEFECTS: ☐ NONE APPARENT ☐ REFER TO NARRATIVE

OTHER ☐ HOME PHONE: BUSINESS PHONE:

VEHICLE IDENTIFICATION NUMBER

INSURANCE CARRIER: POLICY NUMBER:

VEHICLE TYPE

DESCRIBE VEHICLE DAMAGE: ☐ LINK ☐ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☐ ROLL-OVER

SHADE IN DAMAGED AREA

DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT

CA _____ DOT _____
CAL-T _____ TCP/PSC _____ M C / M X _____

PREPARER'S NAME	DISPATCH NOTIFIED	REVIEWER'S NAME	DATE REVIEWED
J Navarro	☒ YES ☐ NO ☐ N/A	Peter Huppert	02/14/2014

STATE OF CALIFORNIA

TRAFFIC COLLISION CODING

CHP 555 Page 2 (Rev. 7-03) OPI 061

729

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
01/31/14	1319	0109	9175	14-005496

PROPERTY DAMAGE

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

DESCRIPTION OF DAMAGE

SEATING POSITION

1 2 3
4 5 6
7

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
I - 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 PASSENGER
V - N O X - N O
W - Y E S Y - Y E S

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

INATTENTION CODES

A - CELL PHONE HANDHELD
B - CELL PHONE HANDS FREE
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

		VC SECTION VIOLATED:	CITED
1	A	VC22107	☐ YES ☒ NO
	B OTHER IMPROPER DRIVING*:		
	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
- X A CONTROLS FUNCTIONING
- B CONTROLS NOT FUNCTIONING*
- C CONTROLS OBSCURED
- D NO CONTROLS PRESENT / FACTOR*

TYPE OF COLLISION
- A HEAD - ON
- B SIDESWIPE
- C REAR END
- X 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 INROAD
- G APPROACHING / LEAVING SCHOOL BUS

SPECIAL INFORMATION
- A HAZARDOUS MATERIAL
- B CELL PHONE HANDHELD IN USE
- C CELL PHONE HANDS FREE IN USE
- D CELL PHONE NOT IN USE
- E SCHOOL BUS RELATED
- F 75FT MOTORTRUCK COMBO
- G 32 FT TRAILER COMBO
- H
- I
- J
- K
- L
- M
- N
- O

OTHER ASSOCIATED FACTOR(S) *(MARK 1 TO 2 ITEMS)*
- A VC SECTION VIOLATION: CITED ☐ YES ☐ NO
- B C SECTION VIOLATION: CITED ☐ YES ☐ NO
- C VC SECTION VIOLATION: CITED ☐ YES ☐ NO
- D
- 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*:
- X N NONE APPARENT
- 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)
- X X A HAD NOT BEEN DRINKING
- 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*

SKETCH

INDICATE NORTH

MISCELLANEOUS

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

C/A Elec FILE COPY 4

1080 Page 1 of 3

SPECIAL CONDITIONS	NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER
	0	☐	Oakland	Alameda County Superior	14-005051
	NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY	REPORTING DISTRICT / BEAT	
	0	[X]	Alameda	2 / 35X	

LOCATION

COLLISION OCCURRED ON	MO. DAY YEAR	TIME (2400)	NCIC #	OFFICER I.D.
82nd Ave.	01/29/14	0430	0109	9196

MILEPOST INFORMATION

DAY OF WEEK: S M T (W) T F S

TOW AWAY: [X] YES ☐ NO

PHOTOGRAPHS BY: [X] NONE

☐ AT INTERSECTION WITH
[X] OR 14 FEET S OF Bancroft Ave.

STATE HWY REL: ☐ YES [X] NO

PARTY 1

DRIVERS LICENSE NUMBER | STATE | CLASS | AIR BAG: M | SAFETY EQUIP.: B

VEH.YEAR: 2012 | MAKE/MODEL/COLOR: CHEV,CAM,RED | LICENSE NUMBER | STATE

DRIVER [X] — NAME (FIRST, MIDDLE, LAST): Unknown Unknown

OWNER'S NAME: [redacted] ☐ SAME AS DRIVER

PEDES-TRIAN ☐ — STREET ADDRESS: Unknown

OWNER'S ADDRESS: 1001 [redacted] ☐ SAME AS DRIVER

PARKED VEHICLE ☐ — CITY/STATE/ZIP

DISPOSITION OF VEHICLE ON ORDERS OF: [X] OFFICER ☐ DRIVER ☐ OTHER
[redacted]11

BICY-CLIST ☐ — SEX: U | HAIR | EYES | HEIGHT | WEIGHT | BIRTHDATE Mo. Day Year | RACE: X

PRIOR MECHANICAL DEFECTS: [X] NONE APPARENT ☐ REFER TO NARRATIVE

OTHER ☐ — HOME PHONE | BUSINESS PHONE

VEHICLE IDENTIFICATION NUMBER: 2G1FK1EJ7C9125642

INSURANCE CARRIER: None | POLICY NUMBER

VEHICLE TYPE: 01 | DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ☐ MOD. [X] MAJOR ☐ ROLL-OVER | SHADE IN DAMAGED AREA

DIR OF TRAVEL: S | ON STREET OR HIGHWAY: 82nd Ave. | SPEED LIMIT: 35 MPH

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)

OWNER'S NAME ☐ SAME AS DRIVER

PEDES-TRIAN ☐ — STREET ADDRESS

OWNER'S ADDRESS ☐ SAME AS DRIVER

PARKED VEHICLE ☐ — CITY/STATE/ZIP

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☐ DRIVER ☐ OTHER

BICY-CLIST ☐ — SEX | HAIR | EYES | HEIGHT | WEIGHT | BIRTHDATE Mo. Day Year | RACE

PRIOR MECHANICAL DEFECTS: ☐ NONE APPARENT ☐ REFER TO NARRATIVE

OTHER ☐ — HOME PHONE | BUSINESS PHONE

VEHICLE IDENTIFICATION NUMBER:

INSURANCE CARRIER | POLICY NUMBER

VEHICLE TYPE | DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☐ ROLL-OVER | SHADE IN DAMAGED AREA

DIR OF TRAVEL | ON STREET OR HIGHWAY | SPEED LIMIT

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)

OWNER'S NAME ☐ SAME AS DRIVER

PEDES-TRIAN ☐ — STREET ADDRESS

OWNER'S ADDRESS ☐ SAME AS DRIVER

PARKED VEHICLE ☐ — CITY/STATE/ZIP

DISPOSITION OF VEHICLE ON ORDERS OF ☐ OFFICER ☐ DRIVER ☐ OTHER

BICY-CLIST ☐ — SEX | HAIR | EYES | HEIGHT | WEIGHT | BIRTHDATE Mo. Day Year | RACE

PRIOR MECHANICAL DEFECTS: ☐ NONE APPARENT ☐ REFER TO NARRATIVE

OTHER ☐ — HOME PHONE | BUSINESS PHONE

VEHICLE IDENTIFICATION NUMBER:

INSURANCE CARRIER | POLICY NUMBER

VEHICLE TYPE | DESCRIBE VEHICLE DAMAGE: ☐ LINK ☐ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☐ ROLL-OVER | SHADE IN DAMAGED AREA

DIR OF TRAVEL | ON STREET OR HIGHWAY | SPEED LIMIT

CA ____ DOT ____
CAL-T ____ TCP/PSC ____ M C / M X ____

PREPARER'S NAME	DISPATCH NOTIFIED	REVIEWER'S NAME	DATE REVIEWED
M Smith	[X] YES ☐ NO ☐ N/A	Greg Bellusa	03/02/2014

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STATE OF CALIFORNIA
TRAFFIC COLLISION CODING
CHP 555 Page 2 (Rev. 7-93) OPI 061

1080 Page 2 of 3

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D	NUMBER
01/29/14	0430	0109	9196	14-005051

PROPERTY DAMAGE

OWNER'S NAME: City Of Oakland

OWNER'S ADDRESS:

NOTIFIED: [X] YES [ ] NO

DESCRIPTION OF DAMAGE: Damaged Light Pole

SEATING POSITION

1 2 3 / 4 5 6 / 7

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
U - NONE IN VEHICLE

M / C BICYCLE- HELMET
DRIVER PASSENGER
V - N O X - N O
W - Y E S Y - Y E S

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

INATTENTION CODES
A - CELL PHONE HANDHELD
B - CELL PHONE HANDS FREE
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

1 A VC SECTION VIOLATED: VC22107 — CITED [ ] YES [X] NO
B OTHER IMPROPER DRIVING*:
C OTHER THAN DRIVER*
D UNKNOWN*

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

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

ROADWAY SURFACE
A DRY
X 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
X A CONTROLS FUNCTIONING
B CONTROLS NOT FUNCTIONING*
C CONTROLS OBSCURED
D NO CONTROLS PRESENT / FACTOR*

TYPE OF COLLISION
A HEAD - ON
B SIDESWIPE
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:
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 INROAD
G APPROACHING / LEAVING SCHOOL BUS

SPECIAL INFORMATION	1	2	3
A HAZARDOUS MATERIAL			
B CELL PHONE HANDHELD IN USE	X		
C CELL PHONE HANDS FREE IN USE			
D CELL PHONE NOT IN USE			
E SCHOOL BUS RELATED			
F 75FT MOTORTRUCK COMBO			
G 32 FT TRAILER COMBO			
H			
I			
J			
K			
L			
M			
N			
O			

OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)
A VC SECTION VIOLATION — CITED [ ] YES [ ] NO
B C SECTION VIOLATION — CITED [ ] YES [ ] NO
C VC SECTION VIOLATION — CITED [ ] YES [ ] NO
D [illegible]
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*:
X N NONE APPARENT
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)
A HAD NOT BEEN DRINKING
B HBD -UNDER INFLUENCE
C HBD - NOT UNDER INFLUENCE'
D HBD - IMPAIRMENT UNKNOWN'
E UNDER DRUG INFLUENCE*
F IMPAIRMENT -PHYSICAL*
X G IMPAIRMENT NOT KNOWN
H NOT APPLICABLE
I SLEEPY/ FATIGUED*

SKETCH

INDICATE NORTH

MISCELLANEOUS

OSP 03 79147

Ø7 1Ø

STATE OF CALIFORNIA

TRAFFIC COLLISION REPORT

CHP 555 Page 1 (Rev. 11-06) OPI 065

FILE COPY 2

496

SPECIAL CONDITIONS	NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER
NONE	Ø	☐	OAKLAND	OAKLAND Sup	14-005314
	NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY / REPORTING DISTRICT	BEAT	DAY OF WEEK / TOW AWAY
	Ø	☒	ALAMEDA / OAKLAND HOUSING POLICE		S M T W (T) F S / ☐ YES ■ NO

LOCATION

COLLISION OCCURRED ON	MO. DAY YEAR	TIME (2400)	NCIC #	OFFICER I.D.
7300 BANCROFT AVE	01/30/14	1400	0109	1085

MILEPOST INFORMATION: FEET/MILES OF

GPS COORDINATES: LATITUDE LONGITUDE

☐ AT INTERSECTION WITH

☒ OR: 300 (FEET) MILES EAST OF ~~INTERSECTION~~ 73RD AVE

STATE HWY REL: ☐ YES ☒ NO

PHOTOGRAPHS BY: ☐ NONE 1085

PARTY 1

DRIVER'S LICENSE NUMBER | STATE | CLASS | AIR BAG | SAFETY EQUIP.

DRIVER ■ NAME (FIRST, MIDDLE, LAST): UNKNOWN

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: W | ON STREET OR HIGHWAY: BANCROFT AVE | SPEED LIMIT: 30

VEH. YEAR | MAKE/MODEL/COLOR | LICENSE NUMBER | STATE

OWNER'S NAME ☐ SAME AS DRIVER

OWNER'S ADDRESS ☐ SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☐ DRIVER ☐ OTHER — FLED

PRIOR MECHANICAL DEFECTS: ☐ NONE APPARENT ☐ REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER:

VEHICLE TYPE: 99

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 [redacted] | STATE: CA | CLASS: C | AIR BAG: NOT DEPL | SAFETY EQUIP.

DRIVER ■ NAME (FIRST, MIDDLE, LAST): [redacted]

PEDESTRIAN ☐ STREET ADDRESS [redacted]

PARKED VEHICLE ☐ CITY/STATE/ZIP: OAKLAND [redacted]

BICYCLIST ☐ SEX: M | HAIR: BLK | EYES: BRN | HEIGHT: 506 | WEIGHT: 170 | BIRTHDATE Mo. Day Year: 04 24 62 | RACE: A

OTHER ☐ HOME PHONE | BUSINESS PHONE [redacted]

INSURANCE CARRIER: H[redacted]Y RISK [redacted]

DIR OF TRAVEL: WB | ON STREET OR HIGHWAY: ~~STREET~~ BANCROFT AVE | SPEED LIMIT: 30mph

VEH. YEAR: 05 | MAKE/MODEL/COLOR: FORD/F250/WHITE [redacted] | LICENSE NUMBER: [redacted] | STATE: CA

OWNER'S NAME: [redacted] ☐ SAME AS DRIVER — OAKLAND HOUSING AUTHORITY

OWNER'S ADDRESS: [redacted] ☐ 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: 22 ~~FLEET TRUCK~~

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.

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

VEH. YEAR | MAKE/MODEL/COLOR | LICENSE NUMBER | STATE

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
B. PHILLIPS 1085	☑ YES ☐ NO ☐ N/A	D. TIRAPELLI 7034	02/03/14

Destroy previous editions

c555_b06.frp

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

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496 Page of

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
01/30/2014	1350	0109	1065	14-005314

PROPERTY DAMAGE

OWNER'S NAME	OWNER'S ADDRESS	NOTIFIED
OAKLAND HOUSING AUTH.	1619 HARRISON ST	[redacted] YES ☐

DESCRIPTION OF DAMAGE: SHATTERED LEFT REAR TAILIGHT

SEATING POSITION

1 2 3
4 5 6
7

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 (IDENTIFY AT FAULT)
- 1 A VC SECTION VIOLATION 20002(a) CVC CITED ☐ YES ☐ NO
- B OTHER IMPROPER DRIVING*:
- C OTHER THAN DRIVER*
- D UNKNOWN*

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

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

ROADWAY SURFACE
- ✓ 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*:
- ✓ H NO UNUSUAL CONDITIONS

TRAFFIC CONTROL DEVICES
- ✓ A CONTROLS FUNCTIONING
- B CONTROLS NOT FUNCTIONING*
- C CONTROLS OBSCURED
- D NO CONTROLS PRESENT / FACTOR*

TYPE OF COLLISION
- A HEAD - ON
- ✓ B SIDE SWIPE
- ✓ C REAR END
- D BROADSIDE
- 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:
- I FIXED OBJECT:
- J OTHER OBJECT:

PEDESTRIAN'S ACTIONS
- ✓ 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

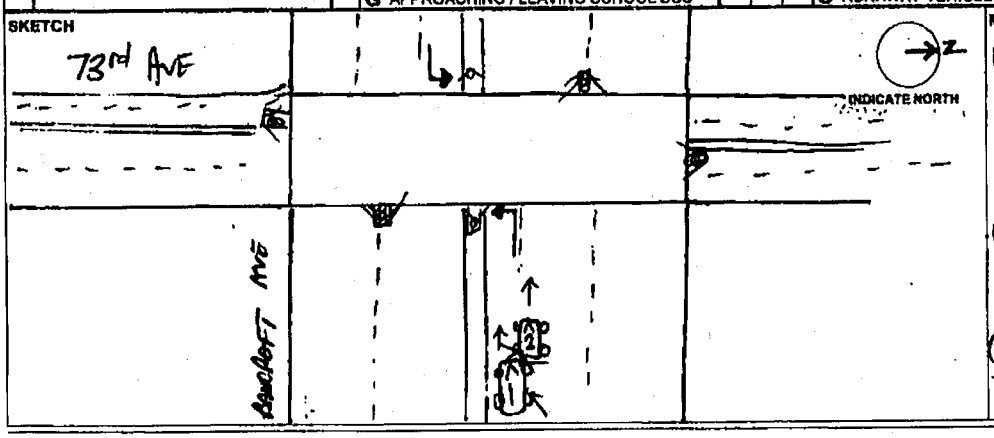
1	2	3	SPECIAL INFORMATION
			A HAZARDOUS MATERIAL
X	X		B CELL PHONE HANDHELD IN USE
			C CELL PHONE HANDSFREE IN USE
			D CELL PHONE NOT IN USE
			E SCHOOL BUS RELATED
			F 75 FT MOTORTRUCK COMBO
			G 32 FT TRAILER COMBO
			H
			I
			J
			K
			L
			M
			N
			O

OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)
- A VC SECTION VIOLATION 22350(a) CVC CITED ☐ YES ☐ NO
- B VC SECTION VIOLATION CITED ☐ YES ☐ NO
- C VC SECTION VIOLATION CITED ☐ YES ☐ NO
- D
- 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
- 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)
- A HAD NOT BEEN DRINKING
- 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*

SKETCH



MISCELLANEOUS

AS PARTY (2) WAS STOPPED AT THE 2500 BLK OF 73rd AVE, OBEYING THE TRAFFIC CONTROL LIGHT, PARTY (1) ATTEMPTED TO SQUEEZE PAST HIS VEHICLE. PARTY (1) STRUCK THE L/R SIDE OF PARTY (2) VEHICLE AND FLED S/B ON 73rd AVE W/T OUT STOPPING IN VIOLATION OF 20002(a) CVC.

FILE COPY

EXTRA COPY TO: 442

VEHICLE COLLISION COUNTER REPORT
OAKLAND POLICE DEPARTMENT
NO DETERMINATION OF FAULT

#246

COLLISION NO. 14-003993

HIT & RUN ■ YES ☐ NO

DATE/TIME REPORTED 23JAN14 • 0805

COLLISION OCCURRED ON:	BLOCK NO.	DATE/TIME OCCURRED	NCIC NUMBER	OFFICER I.D.
76TH AVE	2838	29 NOV 13 • 1900	0109	7792P

☐ AT INTERSECTION WITH: ■ OR FT./MILES (N) (E) (S) (W) OF: MAC ARTHUR BLVD

STATE HWY. RELATED ☐ YES ■ NO

PARTY ONE

1 — DRIVER ■ — PED. ☐ — PARKED VEH. ☐ — BICYCLE ☐ — OTHER ☐

NAME (LAST FIRST MIDDLE): HIT + RUN (20002 VC)

VEHICLE OWNER ☐ SAME AS DRIVER

RESIDENCE ADDRESS | CITY/ZIP | PHONE

OWNER'S ADDRESS ☐ SAME AS DRIVER

BUS. ADDRESS | CITY/ZIP | PHONE

VEH. DISPOSITION: FLED ☐ O.R. TOWED TO:

DRIVER'S LIC. NO. | STATE | D.O.B. | SEX | RACE | DIRECTION OF TRAVEL

ON: (STREET) 76TH AVE | VEH. SPD. | ZONE SPD. 25

AGE | HEIGHT | WEIGHT | HAIR | EYES | INSURED ☐ YES ☐ NO | INSURANCE CO.

EXTENT OF DAMAGE: ☐ MINOR ☐ MAJOR ☐ MODERATE ☐ TOTAL

LIC. NO. | STATE | VEH. YR. | MAKE | MODEL | COLOR(S)

CLOTHING (PED. ONLY): ☐ LIGHT ☐ DARK

CROSSWALK: ☐ MARKED ☐ UNMARKED ☐ PED. INSIDE ☐ PED. OUTSIDE

PARTY TWO

2 — DRIVER ☐ — PED. ☐ — PARKED VEH. ■ — BICYCLE ☐ — OTHER ☐

NAME (LAST FIRST MIDDLE)

VEHICLE OWNER [redacted] ☐ SAME AS DRIVER

RESIDENCE ADDRESS | CITY/ZIP | PHONE

OWNER'S ADDRESS [redacted] 94605 ☐ SAME AS DRIVER

BUS. ADDRESS | CITY/ZIP | PHONE [redacted]

VEH. DISPOSITION: PARKED ☐ O.R. TOWED TO: N/A

DRIVER'S LIC. NO. | STATE | D.O.B. | SEX | RACE | DIRECTION OF TRAVEL

ON: (STREET) 76TH AVE | VEH. SPD. Ø | ZONE SPD. 25

AGE | HEIGHT | WEIGHT | HAIR | EYES | INSURED ■ YES ☐ NO | INSURANCE CO. MERCURY

EXTENT OF DAMAGE: ☐ MINOR ■ MODERATE ☐ MAJOR ☐ TOTAL

LIC. NO. [redacted] | STATE CA | VEH. YR. 05 | MAKE NISS | MODEL MAX | COLOR(S) SIL

CLOTHING (PED. ONLY): ☐ LIGHT ☐ DARK

CROSSWALK: ☐ MARKED ☐ UNMARKED ☐ PED. INSIDE ☐ PED. OUTSIDE

PROPERTY DAMAGE

DESCRIPTION OF DAMAGE: P1 UNKNOW, P2 DRIVERS SIDE DOORS & SIDE MIRROR SIDESWIPE

OWNER'S NAME | ADDRESS | CITY/ZIP | NOTIFED ☐ YES ☐ NO

VEHICLE CODE SECTION 16000

The driver of a vehicle involved in an accident resulting in damage to the property of any ONE party in excess of the amount stated in VC Section 16000 or in the injury or death of any person MUST submit a SR-1 Form to the California Department of Motor Vehicles within 15 days.

Note: Failure to comply may result in suspension of your driver's license.

Form SR-1 may be obtained from the Department of Motor Vehicles, the California Highway Patrol, any police station, motor vehicle club, or insurance agent.

If city or state property is damaged, you will be contacted regarding possible liability.

I UNDERSTAND THAT IT IS A CRIME TO GIVE FALSE INFORMATION TO A POLICE OFFICER.

DATE 1/23 20 14 SIGNATURE Elizabeth Saunders

REPORTING OFFICER	SERIAL NO.	FOLLOW-UP	SERIAL NO.	CLEARED	FILED
S. FUKUDA	7792P	D. TIRAPELLI	7984		

TF-1083 (2/00)

FILE COPY

EXTRA COPY TO: 454

VEHICLE COLLISION COUNTER REPORT
OAKLAND POLICE DEPARTMENT
NO DETERMINATION OF FAULT

320

COLLISION NO. 14-004191

HIT & RUN ☐ YES ■ NO

DATE/TIME REPORTED 24 JAN 14 · 1000

454

COLLISION OCCURRED ON:	BLOCK NO.	DATE/TIME OCCURRED	NCIC NUMBER	OFFICER I.D.
73RD AVE		23 JAN 14 · 1830	0109	7792P

☐ AT INTERSECTION WITH: ■ OR FT./MILES [redacted] (E) [redacted] (W) OF: BANCROFT AVE.

STATE HWY. RELATED ☐ YES ■ NO

PARTY ONE

1

NAME (LAST FIRST MIDDLE) [redacted]		VEHICLE OWNER	☐ SAME AS DRIVER
DRIVER ■ [redacted]	CITY/ZIP 94601 #1	OWNER'S ADDRESS	☐ SAME AS DRIVER
PED. ☐ BUS. ADDRESS	CITY/ZIP / PHONE	VEH. DISPOSITION D/C	☐ O.R. / TOWED TO: N/A

PARKED ☐	DRIVER'S LIC. NO. [redacted]	STATE CA	D.O.B. [redacted]	SEX M	RACE B	DIRECTION OF TRAVEL N	ON: (STREET) 73RD AVE	VEH. SPD. 40 / ZONE SPD. 30
BICYCLE ☐	AGE	HEIGHT 5'	WEIGHT 140	HAIR BLK	EYES BRO	INSURED ■ YES ☐ NO	INSURANCE CO. STERLING CASUALTY	EXTENT OF DAMAGE ☐ MINOR ■ MODERATE ☐ MAJOR ☐ TOTAL
OTHER ☐	LIC. NO. [redacted]	STATE CA	VEH. YR. 94	MAKE FORD	MODEL TAU	COLOR(S) GRY	CLOTHING (PED. ONLY) ☐ LIGHT ☐ DARK	CROSSWALK ☐ MARKED ☐ UNMARKED ☐ PED. INSIDE ☐ PED. OUTSIDE

PARTY TWO

2

NAME (LAST FIRST MIDDLE) [redacted]		VEHICLE OWNER	■ SAME AS DRIVER
DRIVER ■ [redacted]	CITY/ZIP / PHONE [redacted] 94578	OWNER'S ADDRESS	■ SAME AS DRIVER
PED. ☐ [redacted]	CITY/ZIP / PHONE [redacted]	VEH. DISPOSITION D/C	☐ O.R. / TOWED TO: N/A

PARKED VEH. ☐	DRIVER'S LIC. NO. [redacted]	STATE CA	D.O.B. [redacted]	SEX F	RACE H	DIRECTION OF TRAVEL N	ON: (STREET) 73RD AVE	VEH. SPD. Ø / ZONE SPD. 30
BICYCLE ☐	AGE	HEIGHT 5'2	WEIGHT 137	HAIR BLK	EYES BRO	INSURED ☐ YES ■ NO	INSURANCE CO.	EXTENT OF DAMAGE ☐ MINOR ■ MODERATE ☐ MAJOR ☐ TOTAL
OTHER ☐	LIC. NO. [redacted]	STATE CA	VEH. YR. 01	MAKE BMW	MODEL X5	COLOR(S) BLK	CLOTHING (PED. ONLY) ☐ LIGHT ☐ DARK	CROSSWALK ☐ MARKED ☐ UNMARKED ☐ PED. INSIDE ☐ PED. OUTSIDE

PROPERTY DAMAGE

DESCRIPTION OF DAMAGE

P_1 FRT END DAMAGE P_2 REAR END DAMAGE.

OWNER'S NAME	ADDRESS	CITY/ZIP	NOTIFED
			☐ YES ☐ NO

VEHICLE CODE SECTION 16000

The driver of a vehicle involved in an accident resulting in damage to the property of any ONE party in excess of the amount stated in VC Section 16000 or in the injury or death of any person MUST submit a SR-1 Form to the California Department of Motor Vehicles within 15 days.

Note: Failure to comply may result in suspension of your driver's license.

Form SR-1 may be obtained from the Department of Motor Vehicles, the California Highway Patrol, any police station, motor vehicle club, or insurance agent.

If city or state property is damaged, you will be contacted regarding possible liability.

I UNDERSTAND THAT IT IS A CRIME TO GIVE FALSE INFORMATION TO A POLICE OFFICER.

DATE 1/24/ 20 14 SIGNATURE Mary C Mejia

REPORTING OFFICER	SERIAL NO.	FOLLOW-UP	SERIAL NO.	CLEARED	FILED
S. FUKUDA	7792P	D. TIRAPELLI	7984		

TF-1083 (2/00)

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

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1303

SPECIAL CONDITIONS	NUMBER INJURED 2	HIT & RUN FELONY [ ]	CITY Oakland	JUDICIAL DISTRICT Alameda County Superior	LOCAL REPORT NUMBER
	NUMBER KILLED 0	HIT & RUN MISDEMEANOR [ ]	COUNTY Alameda	REPORTING DISTRICT 2 / BEAT 30Y	14-001514

LOCATION

COLLISION OCCURRED ON	MO. DAY YEAR	TIME (2400)	NCIC #	OFFICER I.D
Bancroft Ave.	01/09/14	1255	0109	9025

MILEPOST INFORMATION

DAY OF WEEK: S M T W (T) F S

TOW AWAY: [ ] YES [X] NO

PHOTOGRAPHS BY: [X] NONE

[ ] AT INTERSECTION WITH
[X] OR 40 FEET E OF 82nd Ave.

STATE HWY REL: [ ] YES [X] NO

PARTY

DRIVERS LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP
[redacted]	CA	C	M	G

DRIVER [X] NAME (FIRST, MIDDLE, LAST): [redacted]

PEDESTRIAN [ ] STREET ADDRESS: [redacted]

PARKED VEHICLE [ ] CITY/STATE/ZIP: [redacted]

BICYCLIST [ ]

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo Day Year	RACE
M	BLK	BRO	5'10"	200	[redacted]	B

OTHER [ ] HOME PHONE: [redacted] BUSINESS PHONE: [redacted]

INSURANCE CARRIER: None POLICY NUMBER:

DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT
W	Bancroft Ave.	[redacted]PH

VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
1990	VOLV,740,GRY	[redacted]	CA

OWNER'S NAME [X] SAME AS DRIVER

OWNER'S ADDRESS [X] SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: [X] OFFICER [ ] DRIVER [ ] OTHER
A & B Auto - (510) 835-3211

PRIOR MECHANICAL DEFECTS: [X] NONE APPARENT [ ] REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER: [redacted]

VEHICLE TYPE: 01

DESCRIBE VEHICLE DAMAGE: [ ] UNK. [ ] NONE [ ] MINOR [ ] MOD. [X] 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.
[redacted]	CA	C	M	G

DRIVER [X] NAME (FIRST, MIDDLE, LAST): [redacted]

PEDESTRIAN [ ] STREET ADDRESS: [redacted]

PARKED VEHICLE [ ] CITY/STATE/ZIP: [redacted] 94603

BICYCLIST [ ]

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo Day Year	RACE
F	BLK	BRO	5'6"	155	[redacted]	B

OTHER [ ] HOME PHONE: [redacted] BUSINESS PHONE:

INSURANCE CARRIER: [redacted] POLICY NUMBER: [redacted]

DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT
W	Bancroft Ave.	30 MPH

VEH YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
1996	TOYT,4RN,WHI/WHI	[redacted]	CA

OWNER'S NAME [X] SAME AS DRIVER

OWNER'S ADDRESS [X] SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: [ ] OFFICER [X] DRIVER [ ] OTHER
Secured at Scene

PRIOR MECHANICAL DEFECTS: [X] NONE APPARENT [ ] REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER: [redacted]

VEHICLE TYPE: 07

DESCRIBE VEHICLE DAMAGE: [ ] UNK. [ ] NONE [ ] MINOR [X] 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
[redacted]	CA	C	M	G

DRIVER [X] NAME (FIRST, MIDDLE, LAST): [redacted]

PEDESTRIAN [ ] STREET ADDRESS: [redacted]

PARKED VEHICLE [ ] CITY/STATE/ZIP: [redacted]

BICYCLIST [ ]

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo Day Year	RACE
F	BRO	BRO	5'5"	179	[redacted]	B

OTHER [ ] HOME PHONE: [redacted] BUSINESS PHONE

INSURANCE CARRIER: None POLICY NUMBER

DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT
W	Bancroft Ave.	30 MPH

VEH YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
1992	TOYT,COA,BRO	[redacted]	CA

OWNER'S NAME [X] SAME AS DRIVER

OWNER'S ADDRESS [X] SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: [ ] OFFICER [X] DRIVER [ ] OTHER
Secured at Scene

PRIOR MECHANICAL DEFECTS: [X] NONE APPARENT [ ] REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER: [redacted]

VEHICLE TYPE: 01

DESCRIBE VEHICLE DAMAGE: [ ] LINK [ ] NONE [X] MINOR [ ] MOD. [ ] MAJOR [ ] ROLL-OVER

SHADE IN DAMAGED AREA

CA ____ DOT ____
CAL-T ____ TCP/PSC ____ M C /M X ____

PREPARER'S NAME	DISPATCH NOTIFIED	REVIEWER'S NAME	DATE REVIEWED
Gerald Moriarty	[X] YES [ ] NO [ ] N/A	G Hara	03/13/2014

STATE OF CALIFORNIA
TRAFFIC COLLISION CODING
CHP 555 Page 2 (Rev. 7-03) OPI 061

1303

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
01/09/14	1255	0109	9025	14-001514

PROPERTY DAMAGE

OWNER'S NAME:

OWNER'S ADDRESS:

NOTIFIED: ☐ YES ☐ NO

DESCRIPTION OF DAMAGE:

SEATING POSITION

1 2 3
4 5 6
7

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
U - NONE IN VEHICLE

M / C BICYCLE- HELMET
DRIVER PASSENGER
V - N O X - N O
W - Y E S Y - Y E S

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

INATTENTION CODES
A - CELL PHONE HANDHELD
B - CELL PHONE HANDS FREE
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

1 A VC SECTION VIOLATED: VC23152 (A) — CITED: X YES ☐ NO
B OTHER IMPROPER DRIVING*:
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
X A CONTROLS FUNCTIONING
B CONTROLS NOT FUNCTIONING*
C CONTROLS OBSCURED
D NO CONTROLS PRESENT / FACTOR*

TYPE OF COLLISION
A HEAD - ON
B SIDESWIPE
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 INROAD
G APPROACHING / LEAVING SCHOOL BUS

SPECIAL INFORMATION

	1	2	3
A HAZARDOUS MATERIAL		X	X
B CELL PHONE HANDHELD IN USE	X		
C CELL PHONE HANDS FREE IN USE			
D CELL PHONE NOT IN USE			
E SCHOOL BUS RELATED			
F 75FT MOTORTRUCK COMBO			
G 32 FT TRAILER COMBO			
H			
I			
J			
K			
L			
M			
N			
O			

OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)

	1	2	3
A VC SECTION VIOLATION: CITED ☐ YES ☐ NO			
B C SECTION VIOLATION CITED ☐ YES ☐ NO			
C VC SECTION VIOLATION CITED ☐ YES ☐ NO			
D			
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	X	X	X
O RUNAWAY VEHICLE			

MOVEMENT PRECEDING COLLISION

	1	2	3
A STOPPED		X	X
B PROCEEDING STRAIGHT	X		
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	X		
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*			

SKETCH

INDICATE NORTH

MISCELLANEOUS

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

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1186

SPECIAL CONDITIONS	NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER
	0	☐	Oakland	Alameda County Superior	
	NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY	REPORTING DISTRICT / BEAT	
	0	X	Alameda	2 / 30X	14-001548

LOCATION

COLLISION OCCURRED ON	MO. DAY YEAR	TIME (2400)	NCIC #	OFFICER I.D
73rd Av.	01/09/14	1620	0109	9196

MILEPOST INFORMATION

DAY OF WEEK: S M T W (T) F S

TOW AWAY: ☐ YES ☒ NO

PHOTOGRAPHS BY: ☒ NONE

☐ AT INTERSECTION WITH
☒ OR: 5 FEET E OF Bancroft Av.

STATE HWY REL: ☐ YES ☒ NO

PARTY 1

DRIVERS LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.
[redacted]	CA	C	M	C

DRIVER ☒ — NAME (FIRST, MIDDLE, LAST): [redacted]

PEDESTRIAN ☐ — STREET ADDRESS: [redacted]

PARKED VEHICLE ☐ — CITY/STATE/ZIP: [redacted]

BICYCLIST ☐ — SEX: F; HAIR: BRO; EYES: BRO; HEIGHT: 5'3"; WEIGHT: 160; BIRTHDATE (Mo Day Year): [redacted]; RACE: H

OTHER ☐ — HOME PHONE: ; BUSINESS PHONE: [redacted]

INSURANCE CARRIER: GEICO; POLICY NUMBER: [redacted]

DIR OF TRAVEL: S; ON STREET OR HIGHWAY: 73rd Ave.; SPEED LIMIT: 30 MPH

VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
2009	Toyt,RAV4,BLK	6HJN133	CA

OWNER'S NAME: ☒ SAME AS DRIVER

OWNER'S ADDRESS: ☒ SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☒ DRIVER ☐ OTHER

Secured at Scene

PRIOR MECHANICAL DEFECTS: ☒ NONE APPARENT ☐ REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER: JTMZF33V095004130

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.
				B

DRIVER ☒ — NAME (FIRST, MIDDLE, LAST): Unknown Unknown

PEDESTRIAN ☐ — STREET ADDRESS: Unknown

PARKED VEHICLE ☐ — CITY/STATE/ZIP:

BICYCLIST ☐ — SEX: F; HAIR: BLK; EYES: BRO; HEIGHT: 5'2"; WEIGHT: 155; BIRTHDATE (Mo Day Year): ; RACE: B

OTHER ☐ — HOME PHONE: ; BUSINESS PHONE:

INSURANCE CARRIER: ; POLICY NUMBER:

DIR OF TRAVEL: S; ON STREET OR HIGHWAY: 73rd Ave.; SPEED LIMIT: 30 MPH

VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
1997	FORD,EXP,BLK	[redacted]	CA

OWNER'S NAME: [redacted] ☐ SAME AS DRIVER

OWNER'S ADDRESS: [redacted] ☐ SAME AS DRIVER
[redacted] 94601

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☒ DRIVER ☐ OTHER

Fled

PRIOR MECHANICAL DEFECTS: ☒ NONE APPARENT ☐ REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER: [redacted]3

VEHICLE TYPE: 07

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.

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:

VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE

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: ☐ LINK ☐ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☐ ROLL-OVER

SHADE IN DAMAGED AREA

CA ____ DOT ____
CAL-T ____ TCP/PSC ____ M C /M X ____

PREPARER'S NAME	DISPATCH NOTIFIED	REVIEWER'S NAME	DATE REVIEWED
M Smith	☒ YES ☐ NO ☐ N/A	Peter Huppert	03/08/2014

STATE OF CALIFORNIA

TRAFFIC COLLISION CODING

CHP 555 Page 2 (Rev. 7-03) GPI 081

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DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	ROIC #	OFFICER I.D.	NUMBER
01/09/14	1620	0109	9196	14-001548

PROPERTY DAMAGE

OWNER'S NAME

OWNER'S ADDRESS

NOTIFIED ☐ YES ☐ NO

DESCRIPTION OF DAMAGE

SEATING POSITION

1 2 3
4 5 6
7

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
U - NONE IN VEHICLE

M / C BICYCLE- HELMET
DRIVER PASSENGER
V - N O X - N O
W - Y E S Y - Y E S

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

INATTENTION CODES

A - CELL PHONE HANDHELD
B - CELL PHONE HANDS FREE
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

1 — A VC SECTION VIOLATED: VC22107 — CITED ☐ YES ☒ NO
B OTHER IMPROPER DRIVING*:
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
A DAYLIGHT
X 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
X A CONTROLS FUNCTIONING
B CONTROLS NOT FUNCTIONING*
C CONTROLS OBSCURED
D NO CONTROLS PRESENT / FACTOR*

TYPE OF COLLISION
A HEAD - ON
B SIDESWIPE
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 INROAD
G APPROACHING / LEAVING SCHOOL BUS

SPECIAL INFORMATION
A HAZARDOUS MATERIAL
B CELL PHONE HANDHELD IN USE
C CELL PHONE HANDS FREE IN USE
D CELL PHONE NOT IN USE
X X E SCHOOL BUS RELATED
F 75FT MOTORTRUCK COMBO
G 32 FT TRAILER COMBO
H
I
J
K
L
M
N
O

OTHER ASSOCIATED FACTOR(S) *(MARK 1 TO 2 ITEMS)*
A VC SECTION VIOLATION: CITED ☐ YES ☐ NO
B C SECTION VIOLATION CITED ☐ YES ☒ NO
C VC SECTION VIOLATION CITED ☐ YES ☐ NO
D
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*:
X X N NONE APPARENT
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)
X A HAD NOT BEEN DRINKING
B HBD -UNDER INFLUENCE
C HBD - NOT UNDER INFLUENCE
D HBD - IMPAIRMENT UNKNOWN
E UNDER DRUG INFLUENCE*
F IMPAIRMENT -PHYSICAL*
X G IMPAIRMENT NOT KNOWN
H NOT APPLICABLE
I SLEEPY/ FATIGUED*

SKETCH

INDICATE NORTH

MISCELLANEOUS

OSP 03 79147

FILE COPY

EXTRA COPY TO: 210

VEHICLE COLLISION COUNTER REPORT
OAKLAND POLICE DEPARTMENT
NO DETERMINATION OF FAULT

569.

COLLISION NO. 14-001319.

HIT & RUN ■ YES ☐ NO

DATE/TIME REPORTED 1-8-14 1330.

210

COLLISION OCCURRED ON:	BLOCK NO.	DATE/TIME OCCURRED	NCIC NUMBER	OFFICER I.D.
73rd Ave		1-7-14	0109	8996

■ AT INTERSECTION WITH: ☐ OR FT./MILES (N) (E) ■ (W) OF: Bancroft Ave

STATE HWY. RELATED ☐ YES ■ NO

PARTY ONE

1

NAME (LAST FIRST MIDDLE) [redacted]		VEHICLE OWNER	☐ SAME AS DRIVER
DRIVER ■ — RESIDENCE ADDRESS [redacted]	CITY/ZIP / PHONE	OWNER'S ADDRESS	☐ SAME AS DRIVER
PED. ☐ — BUS. ADDRESS [redacted]	CITY/ZIP / PHONE [redacted]	VEH. DISPOSITION: Fled	☐ O.R. / TOWED TO:
PARKED VEH. ☐ — DRIVER'S LIC. NO. / STATE / D.O.B. / SEX M / RACE H / DIRECTION OF TRAVEL		ON: (STREET) 73rd Ave.	VEH. SPD. / ZONE SPD. 30.
BICYCLE ☐ — AGE / HEIGHT / WEIGHT / HAIR Blk / EYES Bro / INSURED ☐ YES ☐ NO / INSURANCE CO. Unknown.			EXTENT OF DAMAGE ■ MINOR ☐ MODERATE ☐ MAJOR ☐ TOTAL
OTHER ☐ — LIC. NO. [redacted] / STATE CA / VEH. YR. / MAKE / MODEL TK / COLOR(S) Whi		CLOTHING (PED. ONLY) ☐ LIGHT ☐ DARK	CROSSWALK ☐ MARKED ☐ UNMARKED ☐ PED. INSIDE ☐ PED. OUTSIDE

PARTY TWO

2

NAME (LAST FIRST MIDDLE) [redacted]		VEHICLE OWNER	■ SAME AS DRIVER
DRIVER ■ — RE[redacted] ADDRESS [redacted]	CITY/ZIP Oakland 9460[redacted] / PH[redacted]	OWNER'S ADDRESS	■ SAME AS DRIVER
PED. ☐ — BUS. ADDRESS	CITY/ZIP / PHONE	VEH. DISPOSITION: O/C	☐ O.R. / TOWED TO:
PARKED VEH. ☐ — DRIVER'S LIC. NO. [redacted] / STATE CA / D.O.B. [redacted] / SEX F / RACE B / DIRECTION OF TRAVEL S/B		ON: (STREET) 73rd Ave	VEH. SPD. 30 / ZONE SPD. 30
BICYCLE ☐ — AGE / HEIGHT 5'9" / WEIGHT 270 / HAIR Blk / EYES Bro / INSURED ■ YES ☐ NO / INSURANCE CO. Clearside General CCA 7005926 6-00			EXTENT OF DAMAGE ■ MINOR ☐ MODERATE ☐ MAJOR ☐ TOTAL
OTHER ☐ — LIC. [redacted] / STATE CA / VEH. YR. [redacted] / MAKE / MODEL LS / COLOR(S) Whi		CLOTHING (PED. ONLY) ☐ LIGHT ☐ DARK	CROSSWALK ☐ MARKED ☐ UNMARKED ☐ PED. INSIDE ☐ PED. OUTSIDE

PROPERTY DAMAGE

DESCRIPTION OF DAMAGE: Dents & scratches to rear bumper,

OWNER'S NAME	ADDRESS	CITY/ZIP	NOTIFIED
Danette Lucky	2011 Linden Street	Oakland CA	■ YES ☐ NO

VEHICLE CODE SECTION 16000

The driver of a vehicle involved in an accident resulting in damage to the property of any ONE party in excess of the amount stated in VC Section 16000 or in the injury or death of any person MUST submit a SR-1 Form to the California Department of Motor Vehicles within 15 days.

Note: Failure to comply may result in suspension of your driver's license.

Form SR-1 may be obtained from the Department of Motor Vehicles, the California Highway Patrol, any police station, motor vehicle club, or insurance agent.

If city or state property is damaged, you will be contacted regarding possible liability.

I UNDERSTAND THAT IT IS A CRIME TO GIVE FALSE INFORMATION TO A POLICE OFFICER.

DATE 1-9-14 20 ____ SIGNATURE [signature]

REPORTING OFFICER	SERIAL NO.	FOLLOW-UP	SERIAL NO.	CLEARED	FILED
O'Connor	8996.	D. TIRAPELLI	7584		

TF-1083 (2/00)

[illegible]

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

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1957

SPECIAL CONDITIONS	NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER
	1	☐	Oakland	Alameda County Superior	14-011897
	NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY	REPORTING DISTRICT / BEAT	
	0	☐	Alameda	2 / 30Y	

LOCATION

COLLISION OCCURRED ON	MO. DAY YEAR	TIME (2400)	NCIC #	OFFICER I.D.
MACARTHUR BLVD	03/07/14	1724	0109	9088

MILEPOST INFORMATION

DAY OF WEEK: S M T W T (F) S

TOW AWAY: [X] YES [ ] NO

PHOTOGRAPHS BY: [X] NONE

[ ] AT INTERSECTION WITH
[X] OR 70 FEET E OF Parker Avenue

STATE HWY REL: [ ] YES [X] NO

PARTY [redacted]

DRIVERS LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
[redacted]	CA	U	L	G	2004	BMW,2.5I,SIL	[redacted]	CA

DRIVER [X] NAME (FIRST, MIDDLE, LAST): [redacted]

OWNER'S NAME: [redacted] [ ] SAME AS DRIVER

PEDESTRIAN [ ] STREET ADDRESS: [redacted]

OWNER'S ADDRESS: [redacted] [ ] SAME AS DRIVER

PARKED VEHICLE [ ] CITY/STATE/ZIP: Oakland CA 94603

DISPOSITION OF VEHICLE ON ORDERS OF: [ ] OFFICER [X] DRIVER [ ] OTHER: Towed

BICYCLIST [ ]

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE (Mo Day Year)	RACE
M	BRO	BRO	6'0"	180	[redacted]	B

PRIOR MECHANICAL DEFECTS: [X] NONE APPARENT [ ] REFER TO NARRATIVE

OTHER [ ] HOME PHONE: [redacted] BUSINESS PHONE:

VEHICLE IDENTIFICATION NUMBER: [redacted]

INSURANCE CARRIER: [redacted] POLICY NUMBER: [redacted]

VEHICLE TYPE: 01

DESCRIBE VEHICLE DAMAGE: [ ] UNK. [ ] NONE [ ] MINOR [ ] MOD. [X] MAJOR [ ] ROLL-OVER

SHADE IN DAMAGED AREA

DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT
E	MACARTHUR BLVD	25 MPH

CA ____ DOT ____
CAL-T ____ TCP/PSC ____ MC/MX ____

PARTY [redacted]

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
[redacted]	CA	C	M	G	1995	Chevy,Lumina,BLU	[redacted]	CA

DRIVER [redacted] NAME (FIRST, MIDDLE, LAST): [redacted]

OWNER'S NAME: [redacted] [ ] SAME AS DRIVER

PEDESTRIAN [redacted] STREET ADDRESS: [redacted]

OWNER'S ADDRESS: [redacted] [ ] SAME AS DRIVER

PARKED VEHICLE [ ] CITY/STATE/ZIP: Oakland CA 94603

DISPOSITION OF VEHICLE ON ORDERS OF: [ ] OFFICER [X] DRIVER [ ] OTHER: Towed

BICYCLIST [ ]

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE (Mo Day Year)	RACE
M	BRO	BRO	5'10"	150	[redacted]	B

PRIOR MECHANICAL DEFECTS: [X] NONE APPARENT [ ] REFER TO NARRATIVE

OTHER [ ] HOME PHONE: [redacted] BUSINESS PHONE:

VEHICLE IDENTIFICATION NUMBER: [redacted]

INSURANCE CARRIER: None POLICY NUMBER:

VEHICLE TYPE: 01

DESCRIBE VEHICLE DAMAGE: [ ] UNK. [ ] NONE [ ] MINOR [ ] MOD. [X] MAJOR [ ] ROLL-OVER

SHADE IN DAMAGED AREA

DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT
E	MACARTHUR BLVD	25 MPH

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
			M		2005	Dodg,Magnum,WHI	[redacted]	CA

DRIVER [ ] NAME (FIRST, MIDDLE, LAST):

OWNER'S NAME: [redacted] [ ] SAME AS DRIVER

PEDESTRIAN [ ] STREET ADDRESS:

OWNER'S ADDRESS: [redacted] [ ] SAME AS DRIVER

PARKED VEHICLE [X] CITY/STATE/ZIP:

DISPOSITION OF VEHICLE ON ORDERS OF: [redacted] [ ] OFFICER [X] DRIVER [ ] OTHER

BICYCLIST [ ]

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE (Mo Day Year)	RACE
						[redacted]

PRIOR MECHANICAL DEFECTS: [X] NONE APPARENT [ ] REFER TO NARRATIVE

OTHER [ ] HOME PHONE: [redacted] BUSINESS PHONE: [redacted]

VEHICLE IDENTIFICATION NUMBER: [redacted]

INSURANCE CARRIER: None POLICY NUMBER:

VEHICLE TYPE: 01

DESCRIBE VEHICLE DAMAGE: [ ] LINK [X] NONE [ ] MINOR [ ] MOD. [ ] MAJOR [ ] ROLL-OVER

SHADE IN DAMAGED AREA

DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT
W	Macarthur Blvd	25 MPH

CA ____ DOT ____
CAL-T ____ TCP/PSC ____ M C / M X ____

PREPARER'S NAME	DISPATCH NOTIFIED	REVIEWER'S NAME	DATE REVIEWED
B. Beckwith	[X] YES [ ] NO [ ] N/A	Andrew Luty	04/10/2014

STATE OF CALIFORNIA

TRAFFIC COLLISION CODING

CHP 555 Page 2 (Rev. 7-03) OPI 061

1957

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
03/07/14	1724	0109	9088	14-011897

PROPERTY DAMAGE

OWNER'S NAME:

OWNER'S ADDRESS:

NOTIFIED: ☐ YES ☐ NO

DESCRIPTION OF DAMAGE:

SEATING POSITION

123
456
7

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
U - NONE IN VEHICLE

M / C BICYCLE - HELMET
DRIVER PASSENGER
V - N O X - N O
W - Y E S Y - Y E S

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

INATTENTION CODES

A - CELL PHONE HANDHELD
B - CELL PHONE HANDS FREE
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	
1	A VC SECTION VIOLATED: VC22350 — CITED ☐ YES ☒ NO
	B OTHER IMPROPER DRIVING*:
	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	1	2	3
A CONTROLS FUNCTIONING			
B CONTROLS NOT FUNCTIONING*			
C CONTROLS OBSCURED			
X D NO CONTROLS PRESENT / FACTOR*	X	X	X

TYPE OF COLLISION

	A HEAD - ON
	B SIDESWIPE
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 INROAD
	G APPROACHING / LEAVING SCHOOL BUS

SPECIAL INFORMATION	1	2	3
A HAZARDOUS MATERIAL			
B CELL PHONE HANDHELD IN USE	X		
C CELL PHONE HANDS FREE IN USE			
D CELL PHONE NOT IN USE			
E SCHOOL BUS RELATED		X	
F 75FT MOTORTRUCK COMBO			
G 32 FT TRAILER COMBO			
H			
I			
J			
K			
L			
M			
N			
O			X

OTHER ASSOCIATED FACTOR(S) *(MARK 1 TO 2 ITEMS)*

	1	2	3
A VC SECTION VIOLATION: CITED ☐ YES ☐ NO			
B C SECTION VIOLATION CITED ☐ YES ☐ NO			
C VC SECTION VIOLATION CITED ☐ YES ☐ NO			
D	X	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			
O RUNAWAY VEHICLE			

MOVEMENT PRECEDING COLLISION	1	2	3
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	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*			

SKETCH

INDICATE NORTH

MISCELLANEOUS

OSP 03 79147

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

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2329

SPECIAL CONDITIONS	NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER
	0	☐	Oakland	Alameda County Superior	14-011713
	NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY	REPORTING DISTRICT / BEAT	
	0	☒	Alameda	2 / 30Y	

LOCATION

COLLISION OCCURRED ON	MO. DAY YEAR	TIME (2400)	NCIC #	OFFICER I.D.
BANCROFT AVENUE	03/06/14	1758	0109	9088

MILEPOST INFORMATION

DAY OF WEEK: S M T W (T) F S

TOW AWAY: ☐ YES ☒ NO

PHOTOGRAPHS BY: ☒ NONE

☒ AT INTERSECTION WITH / ☐ OR: AT 81ST AVENUE

STATE HWY REL: ☐ YES ☒ NO

PARTY 1

DRIVERS LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.
			L	B

DRIVER ☒ — NAME (FIRST, MIDDLE, LAST): UNKNOWN UNKNOWN

PEDESTRIAN ☐ — STREET ADDRESS:

PARKED VEHICLE ☐ — CITY/STATE/ZIP:

BICYCLIST ☐ — SEX: M; HAIR: ; EYES: ; HEIGHT: ; WEIGHT: ; BIRTHDATE Mo Day Year: ; RACE: B

OTHER ☐ — HOME PHONE: ; BUSINESS PHONE:

INSURANCE CARRIER: None; POLICY NUMBER:

DIR OF TRAVEL: E; ON STREET OR HIGHWAY: BANCROFT AVENUE; SPEED LIMIT: 25 MPH

VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
2001	AUDI,BLK	[redacted]	CA

OWNER'S NAME: [redacted] ☐ SAME AS DRIVER

OWNER'S ADDRESS: [redacted] ☐ SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: ☒ OFFICER ☐ DRIVER ☐ OTHER

PRIOR MECHANICAL DEFECTS: ☒ NONE APPARENT ☐ REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER: [redacted]

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.
NONE		U	M	G

DRIVER ☒ — NAME (FIRST, MIDDLE, LAST): [redacted]

PEDESTRIAN ☐ — STREET ADDRESS: [redacted]

PARKED VEHICLE ☐ — CITY/STATE/ZIP: [redacted] Oakland CA 94621

BICYCLIST ☐ — SEX: M; HAIR: BLK; EYES: BRO; HEIGHT: 5'8"; WEIGHT: 190; BIRTHDATE Mo Day Year: [redacted]; RACE: H

OTHER ☐ — HOME PHONE: ; BUSINESS PHONE: [redacted]

INSURANCE CARRIER: ACCESS; POLICY NUMBER: [redacted]

DIR OF TRAVEL: W; ON STREET OR HIGHWAY: BANCROFT AVENUE; SPEED LIMIT: 25 MPH

VEH YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
2000	FORD,EXP,GLD	[redacted]	AL

OWNER'S NAME: [redacted] ☐ SAME AS DRIVER

OWNER'S ADDRESS: [redacted] ☐ SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: ☒ OFFICER ☐ DRIVER ☐ OTHER

A & B Auto - (510) 835-3211

PRIOR MECHANICAL DEFECTS: ☒ NONE APPARENT ☐ REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER: [redacted]

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 3

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.

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:

VEH.YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE

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: ☐ LINK ☐ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☐ ROLL-OVER

SHADE IN DAMAGED AREA

CA ____ DOT ____
CAL-T ____ TCP/PSC ____ M C / M X ____

PREPARER'S NAME	DISPATCH NOTIFIED	REVIEWER'S NAME	DATE REVIEWED
B. BECKWITH	☒ YES ☐ NO ☐ N/A	Peter Huppert	05/06/2014

STATE OF CALIFORNIA
TRAFFIC COLLISION CODING
CHP 555 Page 2 (Rev. 7-03) OPI 061

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DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
03/06/14	1758	0109	9086	14-011713

PROPERTY DAMAGE

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

DESCRIPTION OF DAMAGE

SEATING POSITION

1 2 3
4 5 6
7

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
U - NONE IN VEHICLE

M / C BICYCLE- HELMET
DRIVER PASSENGER
V - N O X - N O
W - Y E S Y - Y E S

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

INATTENTION CODES
A - CELL PHONE HANDHELD
B - CELL PHONE HANDS FREE
C - ELECTRONIC EQUIPMENT
D - RADIO / CD
E - SMOKING
F - EATING
G - CHILDREN
H - ANIMALS
I - PERSONAL HYGIENE
J - READING
K - OTHER

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

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT		TRAFFIC CONTROL DEVICES	1	2	3	SPECIAL INFORMATION	1	2	3	MOVEMENT PRECEDING COLLISION
1	A VC SECTION VIOLATED: VC22350 CITED ☐ YES ☒ NO	A CONTROLS FUNCTIONING				A HAZARDOUS MATERIAL				A STOPPED
	B OTHER IMPROPER DRIVING*:	B CONTROLS NOT FUNCTIONING*				B CELL PHONE HANDHELD IN USE	X			B PROCEEDING STRAIGHT
	C OTHER THAN DRIVER*	C CONTROLS OBSCURED				C CELL PHONE HANDS FREE IN USE				C RAN OFF ROAD
	D UNKNOWN*	X D NO CONTROLS PRESENT / FACTOR*	X	X		D CELL PHONE NOT IN USE				D MAKING RIGHT TURN
		TYPE OF COLLISION				E SCHOOL BUS RELATED		X		E MAKING LEFT TURN
		A HEAD - ON				F 75FT MOTORTRUCK COMBO				F MAKING U TURN
		B SIDESWIPE				G 32 FT TRAILER COMBO				G BACKING
		C REAR END				H				H SLOWING/ STOPPING
	WEATHER *(MARK 1 TO 2 ITEMS)*	X D BROADSIDE				I				I PASSING OTHER VEHICLE
X	A CLEAR	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 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	X C OTHER MOTOR VEHICLE				**OTHER ASSOCIATED FACTOR(S)** *(MARK 1 TO 2 ITEMS)*	1	2	3	R OTHER*:
X	B DUSK - DAWN	D MOTOR VEHICLE ON OTHER ROADWAY				A VC SECTION VIOLATION: CITED ☐ YES ☐ NO				
	C DARK -STREET LIGHTS	E PARKED MOTOR VEHICLE								
	D DARK - NO STREET LIGHTS	F TRAIN				B VC SECTION VIOLATION: CITED ☐ YES ☐ NO				
	E DARK - STREET LIGHTS NOT FUNCTIONING*	G BICYCLE								
	ROADWAY SURFACE	H ANIMAL:				C VC SECTION VIOLATION: CITED ☐ YES ☐ NO	1	2	3	**SOBRIETY - DRUG PHYSICAL** (MARK 1 TO 2 ITEMS)
X	A DRY	I FIXED OBJECT:				D		X		A HAD NOT BEEN DRINKING
	B WET	J OTHER OBJECT:				E VISION OBSCUREMENT:				B HBD -UNDER INFLUENCE
	C SNOWY -ICY					F INATTENTION*::				C HBD - NOT UNDER INFLUENCE'
	D SLIPPERY (MUDDY, OILY, ETC.)					G STOP& GO TRAFFIC				D HBD - IMPAIRMENT UNKNOWN'
	ROADWAY CONDITION(S) *(MARK 1 TO 2 ITEMS)*	**PEDESTRIAN'S ACTIONS**				H ENTERING/LEAVING RAMP				E UNDER DRUG INFLUENCE*
	A HOLES, DEEP RUT*	X A NO PEDESTRIANS INVOLVED				I PREVIOUS COLLISION				F IMPAIRMENT -PHYSICAL*
	B LOOSE MATERIAL ON ROADWAY*	B CROSSING IN CROSSWALK - AT INTERSECTION				J UNFAMILIAR WITH ROAD	X			G IMPAIRMENT NOT KNOWN
	C OBSTRUCTION ON ROADWAY*					K DEFECTIVE VEH. EQUIP.: CITED ☐ YES ☐ NO				H NOT APPLICABLE
	D CONSTRUCTION -REPAIR ZONE	C CROSSING IN CROSSWALK - NOT AT INTERSECTION								I SLEEPY/ FATIGUED*
	E REDUCED ROADWAY WIDTH									
	F FLOODED*	D CROSSING - NOT IN CROSSWALK				L UNINVOLVED VEHICLE				
	G OTHER*:	E IN ROAD - INCLUDES SHOULDER				M OTHER*:				
X	H NO UNUSUAL CONDITIONS	F NOT INROAD	X	X		N NONE APPARENT				
		G APPROACHING / LEAVING SCHOOL BUS				O RUNAWAY VEHICLE				

SKETCH

INDICATE NORTH

MISCELLANEOUS

OSP 03 79147

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

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2054

SPECIAL CONDITIONS	NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER
Private Property	0	[ ]	Oakland	Alameda County Superior	14-011588
	NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY	REPORTING DISTRICT / BEAT	
	0	[X]	Alameda	2 / 30X	

LOCATION

COLLISION OCCURRED ON	MO. DAY YEAR	TIME (2400)	NCIC #	OFFICER I.D.
7878 MACARTHUR Blvd (Parking Lot)	03/05/14	1906	0109	9252

MILEPOST INFORMATION

DAY OF WEEK: S M T (W) T F S

TOW AWAY: [ ] YES [X] NO

STATE HWY REL: [ ] YES [X] NO

PHOTOGRAPHS BY: [X] NONE

[ ] AT INTERSECTION WITH
[ ] OR.

PARTY 1 — DRIVER [X] — PEDESTRIAN [ ] — PARKED VEHICLE [ ] — BICYCLIST [ ] — OTHER [ ]

DRIVERS LICENSE NUMBER | STATE | CLASS | AIR BAG | SAFETY EQUIP.

NAME (FIRST, MIDDLE, LAST): Unknown Unknown

STREET ADDRESS

CITY/STATE/ZIP

SEX | HAIR | EYES | HEIGHT | WEIGHT | BIRTHDATE Mo Day Year | RACE

HOME PHONE | BUSINESS PHONE

INSURANCE CARRIER | POLICY NUMBER

DIR OF TRAVEL: W | ON STREET OR HIGHWAY: 7800 Macarthur | SPEED LIMIT: 30 MPH

VEH.YEAR | MAKE/MODEL/COLOR | LICENSE NUMBER | STATE

OWNER'S NAME [ ] SAME AS DRIVER

OWNER'S ADDRESS [ ] SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: [ ] OFFICER [X] DRIVER [ ] OTHER
Fled

PRIOR MECHANICAL DEFECTS: [X] NONE APPARENT [ ] REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER:

VEHICLE TYPE | DESCRIBE VEHICLE DAMAGE: [X] UNK. [ ] NONE [ ] MINOR [ ] MOD. [ ] MAJOR [ ] ROLL-OVER | SHADE IN DAMAGED AREA

CA ____ DOT ____
CAL-T ____ TCP/PSC ____ MC/MX ____

PARTY 2 — DRIVER [ ] — PEDESTRIAN [ ] — PARKED VEHICLE [X] — BICYCLIST [ ] — OTHER [ ]

DRIVER'S LICENSE NUMBER | STATE | CLASS | AIR BAG | SAFETY EQUIP.

NAME (FIRST, MIDDLE, LAST)

STREET ADDRESS

CITY/STATE/ZIP

SEX | HAIR | EYES | HEIGHT | WEIGHT | BIRTHDATE Mo Day Year | RACE

HOME PHONE | BUSINESS PHONE

INSURANCE CARRIER: Nip | POLICY NUMBER

DIR OF TRAVEL: W | ON STREET OR HIGHWAY: 7800 Macarthur | SPEED LIMIT: 30 MPH

VEH YEAR: 1998 | MAKE/MODEL/COLOR: FORD,MUS,BLK/BLK | LICENSE NUMBER: [redacted] | STATE: CA

OWNER'S NAME [X] SAME AS DRIVER

OWNER'S ADDRESS [X] SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: [ ] OFFICER [X] DRIVER [ ] OTHER
IN OWNERS CONTROL

PRIOR MECHANICAL DEFECTS: [X] NONE APPARENT [ ] REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER: [redacted]

VEHICLE TYPE: 01 | DESCRIBE VEHICLE DAMAGE: [ ] UNK. [ ] NONE [X] MINOR [ ] MOD. [ ] MAJOR [ ] ROLL-OVER | SHADE IN DAMAGED AREA

CA ____ DOT ____
CAL-T ____ TCP/PSC ____ MC/MX ____

PARTY 3 — DRIVER [ ] — PEDESTRIAN [ ] — PARKED VEHICLE [ ] — BICYCLIST [ ] — OTHER [ ]

DRIVER'S LICENSE NUMBER | STATE | CLASS | AIR BAG | SAFETY EQUIP.

NAME (FIRST, MIDDLE, LAST)

STREET ADDRESS

CITY/STATE/ZIP

SEX | HAIR | EYES | HEIGHT | WEIGHT | BIRTHDATE Mo. Day Year | RACE

HOME PHONE | BUSINESS PHONE

INSURANCE CARRIER | POLICY NUMBER

DIR OF TRAVEL | ON STREET OR HIGHWAY | SPEED LIMIT

VEH.YEAR | MAKE/MODEL/COLOR | LICENSE NUMBER | STATE

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: [ ] LINK [ ] NONE [ ] MINOR [ ] MOD. [ ] MAJOR [ ] ROLL-OVER | SHADE IN DAMAGED AREA

CA ____ DOT ____
CAL-T ____ TCP/PSC ____ M C / M X ____

PREPARER'S NAME	DISPATCH NOTIFIED	REVIEWER'S NAME	DATE REVIEWED
Cullen Faeth	[X] YES [ ] NO [ ] N/A	Greg Bellusa	04/07/2014

STATE OF CALIFORNIA
TRAFFIC COLLISION CODING
CHP 555 Page 2 (Rev. 7-03) OPI 061

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DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
03/05/14	1908	0109	9252	14-011588

PROPERTY DAMAGE

OWNER'S NAME

OWNER'S ADDRESS

NOTIFIED ☐ YES ☐ NO

DESCRIPTION OF DAMAGE

SEATING POSITION

1 2 3
4 5 6
7

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
U - NONE IN VEHICLE

M / C BICYCLE - HELMET
DRIVER PASSENGER
V - N O X - N O
W - Y E S Y - Y E S

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

INATTENTION CODES
A - CELL PHONE HANDHELD
B - CELL PHONE HANDS FREE
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
	B OTHER IMPROPER DRIVING*:
	C OTHER THAN DRIVER*
1	D UNKNOWN*
	WEATHER *(MARK 1 TO 2 ITEMS)*
	A CLEAR
	B CLOUDY
X	C RAINING
	D SNOWING
	E FOG/ VISIBILITY FT.
	F OTHER*:
	G WIND
	LIGHTING
	A DAYLIGHT
	B DUSK - DAWN
X	C DARK -STREET LIGHTS
	D DARK - NO STREET LIGHTS
	E DARK - STREET LIGHTS NOT FUNCTIONING*
	ROADWAY SURFACE
	A DRY
X	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 SIDESWIPE
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
	C OTHER MOTOR VEHICLE
	D MOTOR VEHICLE ON OTHER ROADWAY
X	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 INROAD
	G APPROACHING / LEAVING SCHOOL BUS

1	2	3	SPECIAL INFORMATION
			A HAZARDOUS MATERIAL
			B CELL PHONE HANDHELD IN USE
			C CELL PHONE HANDS FREE IN USE
			D CELL PHONE NOT IN USE
			E SCHOOL BUS RELATED
			F 75FT MOTORTRUCK COMBO
			G 32 FT TRAILER COMBO
			H
			I
			J
			K
			L
			M
			N
			O
1	2	3	**OTHER ASSOCIATED FACTOR(S)** *(MARK 1 TO 2 ITEMS)*
			A VC SECTION VIOLATION CITED ☐ YES ☐ NO
			B C SECTION VIOLATION CITED ☐ YES ☐ NO
			C VC SECTION VIOLATION CITED ☐ YES ☐ NO
			D
			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*:
X	X		N NONE APPARENT
			O RUNAWAY VEHICLE

1	2	3	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
	X		O PARKED
			P MERGING
			Q TRAVELING WRONG WAY
X			R OTHER*:
1	2	3	**SOBRIETY - DRUG PHYSICAL** (MARK 1 TO 2 ITEMS)
			A HAD NOT BEEN DRINKING
			B HBD -UNDER INFLUENCE
			C HBD - NOT UNDER INFLUENCE
			D HBD - IMPAIRMENT UNKNOWN
			E UNDER DRUG INFLUENCE*
			F IMPAIRMENT -PHYSICAL*
			G IMPAIRMENT NOT KNOWN
X	X		H NOT APPLICABLE
			I SLEEPY/ FATIGUED*

SKETCH

INDICATE NORTH

MISCELLANEOUS

OSP 03 79147

FILE COPY:

VEHICLE COLLISION COUNTER REPORT
OAKLAND POLICE DEPARTMENT
NO DETERMINATION OF FAULT

EXTRA COPY TO: 1109

COLLISION NO. 14-011295

HIT & RUN ☐ YES ☒ NO

DATE/TIME REPORTED 03-04-14 / 1350

1109

553

COLLISION OCCURRED ON:	BLOCK NO.	DATE/TIME OCCURRED	NCIC NUMBER	OFFICER I.D.
Garfield		03-08-14 / 0300	0109	8257

☒ AT INTERSECTION WITH: ☐ OR FT./MILES (N) (E) (S) (W) OF: 75th Ave

STATE HWY. RELATED ☐ YES ☒ NO

PARTY ONE

1

NAME (LAST FIRST MIDDLE) [redacted]				VEHICLE OWNER	☐ SAME AS DRIVER
DRIVER ☒	RES[redacted]	CITY/ZIP	PHONE	OWNER'S ADDRESS	☐ SAME AS DRIVER
PED. ☐	BUS. ADDRESS	CITY/ZIP	PHONE	VEH. DISPOSITION O/C	☐ O.R. / TOWED TO:
PARKED VEH. ☐	DRIVER'S LIC. NO. / STATE / D.O.B. / SEX / RACE	DIRECTION OF TRAVEL E		ON: (STREET) Garfield	VEH. SPD. ? / ZONE SPD. 25
BICYCLE ☐	AGE / HEIGHT / WEIGHT / HAIR / EYES	INSURED ☒ YES ☐ NO	INSURAN[redacted] Access [redacted]	EXTENT OF DAMAGE ☐ MINOR ☐ MODERATE ☐ MAJOR ☐ TOTAL	
OTHER ☐	LIC. NO. [redacted] / STATE / VEH. YR.	MAKE Pontiac	MODEL [redacted] COLOR(S) PUR	CLOTHING (PED. ONLY) ☐ LIGHT ☐ DARK	CROSSWALK ☐ MARKED ☐ UNMARKED ☐ PED. INSIDE ☐ PED. OUTSIDE

PARTY TWO

2

NAME (LAST FIRST MIDDLE)				VEHICLE OWNER [redacted]	☐ SAME AS DRIVER
DRIVER ☐	RESIDENCE ADDRESS	CITY/ZIP	PHONE	OWNER'S [redacted]	☐ SAME AS DRIVER [redacted]
PED. ☐	BUS. ADDRESS	CITY/ZIP	PHONE	VEH. DISPOSITION O/C	☐ O.R. / TOWED TO: [redacted]
PARKED VEH. ☒	DRIVER'S LIC. NO. / STATE / D.O.B. / SEX / RACE	DIRECTION OF TRAVEL E		ON: (STREET) Garfield	VEH. SPD. 0 / ZONE SPD. 25
BICYCLE ☐	AGE / HEIGHT / WEIGHT / HAIR / EYES	INSURED ☐ YES ☐ NO	INSURANCE CO.	EXTENT OF DAMAGE ☐ MINOR ☐ MODERATE ☐ MAJOR ☐ TOTAL	
OTHER ☐	LIC. NO. [redacted] / STATE CA	VEH. YR. 94	MAKE Lexus MODEL GS300 COLOR(S) TAN	CLOTHING (PED. ONLY) ☐ LIGHT ☐ DARK	CROSSWALK ☐ MARKED ☐ UNMARKED ☐ PED. INSIDE ☐ PED. OUTSIDE

PROPERTY DAMAGE

DESCRIPTION OF DAMAGE: neighbor known as "Maestro" provided information to Phillip Larkin. Larkin did not see accident, "Maestro" obtained full driver info & gave to Larkin.

OWNER'S NAME	ADDRESS	CITY/ZIP	NOTIFIED
			☐ YES ☐ NO

VEHICLE CODE SECTION 16000

The driver of a vehicle involved in an accident resulting in damage to the property of any ONE party in excess of the amount stated in VC Section 16000 or in the injury or death of any person MUST submit a SR-1 Form to the California Department of Motor Vehicles within 15 days.

Note: Failure to comply may result in suspension of your driver's license.

Form SR-1 may be obtained from the Department of Motor Vehicles, the California Highway Patrol, any police station, motor vehicle club, or insurance agent.

If city or state property is damaged, you will be contacted regarding possible liability.

I UNDERSTAND THAT IT IS A CRIME TO GIVE FALSE INFORMATION TO A POLICE OFFICER.

DATE 03/04 20 14 SIGNATURE X

REPORTING OFFICER	SERIAL NO.	FOLLOW-UP	SERIAL NO.	CLEARED	FILED
P. Huffert	8257	D. TIRAPELLI	7984		

TF-1083 (2/00)

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

FILE COPY

1703

SPECIAL CONDITIONS	NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER
None	2	X	Oakland	Alameda County Superior	14-011157
	NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY	REPORTING DISTRICT / BEAT	
	0		Alameda	2 / 35X	

LOCATION

COLLISION OCCURRED ON	MO. DAY YEAR	TIME (2400)	NCIC #	OFFICER I.D.
BANCROFT AVE	03/03/14	1751	0109	9048

MILEPOST INFORMATION

DAY OF WEEK: S (M) T W T F S

TOW AWAY: [ ] YES [X] NO

STATE HWY REL: [ ] YES [X] NO

PHOTOGRAPHS BY: [X] NONE

[ ] AT INTERSECTION WITH
[X] OR: 50 FEET E OF 82nd Ave

PARTY 1

DRIVERS LICENSE NUMBER | STATE | CLASS | AIR BAG: N | SAFETY EQUIP.: B

VEH.YEAR: 2005 | MAKE/MODEL/COLOR: FORD,THU,WHI | LICENSE NUMBER: [redacted] | STATE: CA

DRIVER [X] — NAME (FIRST, MIDDLE, LAST): Unknown Unknown

OWNER'S NAME: Sandra Mehdavi [ ] SAME AS DRIVER

PEDESTRIAN [ ] — STREET ADDRESS

OWNER'S ADDRESS: 65 Rosewood Ln Danville CA 94506 [ ] SAME AS DRIVER

PARKED VEHICLE [ ] — CITY/STATE/ZIP

DISPOSITION OF VEHICLE ON ORDERS OF: [ ] OFFICER [X] DRIVER [ ] OTHER
Fled

BICYCLIST [ ] — SEX: F | HAIR | EYES | HEIGHT | WEIGHT | BIRTHDATE Mo Day Year | RACE: B

PRIOR MECHANICAL DEFECTS: [X] NONE APPARENT [ ] REFER TO NARRATIVE

OTHER [ ] — HOME PHONE | BUSINESS PHONE

VEHICLE IDENTIFICATION NUMBER: [redacted]

INSURANCE CARRIER | POLICY NUMBER

VEHICLE TYPE: 01

DESCRIBE VEHICLE DAMAGE: [X] UNK. [ ] NONE [ ] MINOR [ ] MOD. [ ] MAJOR [ ] ROLL-OVER

SHADE IN DAMAGED AREA

DIR OF TRAVEL: W | ON STREET OR HIGHWAY: Bancroft Ave | SPEED LIMIT: 25 MPH

CA ____ DOT ____
CAL-T ____ TCP/PSC ____ MC/MX ____

PARTY 2

DRIVER'S LICENSE NUMBER: [redacted] | STATE: CA | CLASS: C | AIR BAG: M | SAFETY EQUIP.: G

VEH YEAR: 2010 | MAKE/MODEL/COLOR: DODG,AVN,WHI | LICENSE NUMBER: [redacted]6 | STATE: CA

DRIVER [X] — NAME (FIRST, MIDDLE, LAST): [redacted]

OWNER'S NAME: [X] SAME AS DRIVER

PEDESTRIAN [ ] — STREET [redacted]

OWNER'S ADDRESS: [X] SAME AS DRIVER

PARKED VEHICLE [ ] — CITY/STATE/ZIP [redacted]

DISPOSITION OF VEHICLE ON ORDERS OF: [ ] OFFICER [X] DRIVER [ ] OTHER
RTO

BICYCLIST [ ] — SEX: F | HAIR: BLK | EYES: BRO | HEIGHT: 5'3" | WEIGHT: 200 | BIRTHDATE Mo Day Year: [redacted] | RACE: B

PRIOR MECHANICAL DEFECTS: [X] NONE APPARENT [ ] REFER TO NARRATIVE

OTHER [ ] — HOME PHONE [redacted] | BUSINESS PHONE [redacted]

VEHICLE IDENTIFICATION NUMBER: [redacted]

INSURANCE CARRIER: GEICO | POLICY NUMBER: [redacted]

VEHICLE TYPE: 01

DESCRIBE VEHICLE DAMAGE: [ ] UNK. [ ] NONE [X] MINOR [ ] MOD. [ ] MAJOR [ ] ROLL-OVER

SHADE IN DAMAGED AREA

DIR OF TRAVEL: W | ON STREET OR HIGHWAY: Bancroft Ave | SPEED LIMIT: 25 MPH

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)

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 [ ] DRIVER [ ] OTHER

BICYCLIST [ ] — SEX | HAIR | EYES | HEIGHT | WEIGHT | BIRTHDATE Mo Day Year | RACE

PRIOR MECHANICAL DEFECTS: [ ] NONE APPARENT [ ] REFER TO NARRATIVE

OTHER [ ] — HOME PHONE | BUSINESS PHONE

VEHICLE IDENTIFICATION NUMBER:

INSURANCE CARRIER | POLICY NUMBER

VEHICLE TYPE

DESCRIBE VEHICLE DAMAGE: [ ] LINK [ ] NONE [ ] MINOR [ ] MOD. [ ] MAJOR [ ] ROLL-OVER

SHADE IN DAMAGED AREA

DIR OF TRAVEL | ON STREET OR HIGHWAY | SPEED LIMIT

CA ____ DOT ____
CAL-T ____ TCP/PSC ____ M C / M X ____

PREPARER'S NAME	DISPATCH NOTIFIED	REVIEWER'S NAME	DATE REVIEWED
M Morris	[X] YES [ ] NO [ ] N/A	Greg Bellusa	03/29/2014

STATE OF CALIFORNIA
TRAFFIC COLLISION CODING
CHP 555 Page 2 (Rev. 7-03) OPI 061

1703

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I D	NUMBER
03/03/14	1751	0109	9048	14-011157

PROPERTY DAMAGE

OWNER'S NAME:

OWNER'S ADDRESS:

NOTIFIED: ☐ YES ☐ NO

DESCRIPTION OF DAMAGE:

SEATING POSITION

1 2 3
4 5 6
7

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
U - NONE IN VEHICLE

M / C BICYCLE- HELMET
DRIVER PASSENGER
V - N O X - N O
W - Y E S Y - Y E S

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

INATTENTION CODES

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

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

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	1	2	3	SPECIAL INFORMATION	1	2	3	MOVEMENT PRECEDING COLLISION
1 A VC SECTION VIOLATED: VC22350 CITED ☐ YES ☒ NO	X A CONTROLS FUNCTIONING				A HAZARDOUS MATERIAL		X		A STOPPED
B OTHER IMPROPER DRIVING*:	B CONTROLS NOT FUNCTIONING*				B CELL PHONE HANDHELD IN USE	X			B PROCEEDING STRAIGHT
	C CONTROLS OBSCURED				C CELL PHONE HANDS FREE IN USE				C RAN OFF ROAD
C OTHER THAN DRIVER*	D NO CONTROLS PRESENT / FACTOR*		X		D CELL PHONE NOT IN USE				D MAKING RIGHT TURN
D UNKNOWN*	**TYPE OF COLLISION**				E SCHOOL BUS RELATED				E MAKING LEFT TURN
	A HEAD - ON				F 75FT MOTORTRUCK COMBO				F MAKING U TURN
	B SIDESWIPE				G 32 FT TRAILER COMBO				G BACKING
	X 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 MANEUVER
X 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	X C OTHER MOTOR VEHICLE	1	2	3	**OTHER ASSOCIATED FACTOR(S)** *(MARK 1 TO 2 ITEMS)*				R OTHER*:
B DUSK - DAWN	D MOTOR VEHICLE ON OTHER ROADWAY								
X C DARK -STREET LIGHTS	E PARKED MOTOR VEHICLE				A VC SECTION VIOLATION: CITED ☐ YES ☐ NO				
D DARK - NO STREET LIGHTS	F TRAIN								
E DARK - STREET LIGHTS NOT FUNCTIONING*	G BICYCLE				B C SECTION VIOLATION: CITED ☐ YES ☐ NO				
ROADWAY SURFACE	H ANIMAL:				C VC SECTION VIOLATION: CITED ☐ YES ☐ NO	1	2	3	**SOBRIETY - DRUG PHYSICAL** (MARK 1 TO 2 ITEMS)
A DRY	I FIXED OBJECT:				D		X		A HAD NOT BEEN DRINKING
X B WET					E VISION OBSCUREMENT:				B HBD -UNDER INFLUENCE
C SNOWY -ICY	J OTHER OBJECT:				F INATTENTION*:				C HBD - NOT UNDER INFLUENCE
D SLIPPERY (MUDDY, OILY, ETC.)					G STOP& GO TRAFFIC				D HBD - IMPAIRMENT UNKNOWN
ROADWAY CONDITION(S) *(MARK 1 TO 2 ITEMS)*	**PEDESTRIAN'S ACTIONS**				H ENTERING / LEAVING RAMP				E UNDER DRUG INFLUENCE*
A HOLES, DEEP RUT*	X A NO PEDESTRIANS INVOLVED				I PREVIOUS COLLISION				F IMPAIRMENT -PHYSICAL*
B LOOSE MATERIAL ON ROADWAY*	B CROSSING IN CROSSWALK - AT INTERSECTION				J UNFAMILIAR WITH ROAD	X			G IMPAIRMENT NOT KNOWN
C OBSTRUCTION ON ROADWAY*					K DEFECTIVE VEH. EQUIP.: CITED ☐ YES ☐ NO				H NOT APPLICABLE
D CONSTRUCTION -REPAIR ZONE	C CROSSING IN CROSSWALK - NOT AT INTERSECTION								I SLEEPY/ FATIGUED*
E REDUCED ROADWAY WIDTH									
F FLOODED*	D CROSSING - NOT IN CROSSWALK				L UNINVOLVED VEHICLE				
G OTHER*:	E IN ROAD - INCLUDES SHOULDER				M OTHER*:				
X H NO UNUSUAL CONDITIONS	F NOT INROAD	X	X		N NONE APPARENT				
	G APPROACHING / LEAVING SCHOOL BUS				O RUNAWAY VEHICLE				

SKETCH

INDICATE NORTH

MISCELLANEOUS

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

FILE COPY

2204

SPECIAL CONDITIONS	NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER
	0	☐	Oakland	Alameda County Superior	14-010122
	NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY	REPORTING DISTRICT / BEAT	
	0	☒	Alameda	2 / 30X	

LOCATION

COLLISION OCCURRED ON	MO. DAY YEAR	TIME (2400)	NCIC #	OFFICER I.D.
BANCROFT AVE	02/25/14	2230	0109	8414

MILEPOST INFORMATION

DAY OF WEEK: S M (T) W T F S

TOW AWAY: ☒ YES ☐ NO

PHOTOGRAPHS BY: ☒ NONE

☐ AT INTERSECTION WITH
☒ OR: 70 FEET E OF 78TH AVE

STATE HWY REL: ☐ YES ☒ NO

PARTY 1

DRIVERS LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.
			M	B

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 [redacted] | BUSINESS PHONE

INSURANCE CARRIER [redacted] | POLICY NUMBER [redacted]

DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT
E	BANCROFT AVE	30 MPH

VEH.YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
1999	Lexs,Gs 400,GLD	[redacted]	CA

OWNER'S NAME [redacted] ☐ SAME AS DRIVER

OWNER'S ADDRESS [redacted] ☐ SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF [redacted] ☒ OFFICER ☐ DRIVER ☐ OTHER

PRIOR MECHANICAL DEFECTS: ☒ NONE APPARENT ☐ REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER: [redacted]

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.

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

VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE

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.

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

VEH.YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE

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: ☐ LINK ☐ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☐ ROLL-OVER

SHADE IN DAMAGED AREA

CA ____ DOT ____
CAL-T ____ TCP/PSC ____ M C / M X ____

PREPARER'S NAME	DISPATCH NOTIFIED	REVIEWER'S NAME	DATE REVIEWED
James Hammonds	☒ YES ☐ NO ☐ N/A	Peter Huppert	04/24/2014

STATE OF CALIFORNIA
TRAFFIC COLLISION CODING
CHP 555 Page 2 (Rev. 7-03) OPI 061

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2204

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
02/25/14	2230	0109	8414	14-010122

PROPERTY DAMAGE

OWNER'S NAME:

OWNER'S ADDRESS:

NOTIFIED: ☐ YES ☐ NO

DESCRIPTION OF DAMAGE:

SEATING POSITION

1 2 3
4 5 6
7

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
U - NONE IN VEHICLE

M / C BICYCLE- HELMET
DRIVER PASSENGER
V - N O X - N O
W - Y E S Y - Y E S

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

INATTENTION CODES
A - CELL PHONE HANDHELD
B - CELL PHONE HANDS FREE
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

1 A VC SECTION VIOLATED: 22107 CITED: ☐ YES ☒ NO
B OTHER IMPROPER DRIVING*:
C OTHER THAN DRIVER*
D UNKNOWN*

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

LIGHTING
A DAYLIGHT
B DUSK - DAWN
X 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 SIDESWIPE
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:
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 INROAD
G APPROACHING / LEAVING SCHOOL BUS

SPECIAL INFORMATION
A HAZARDOUS MATERIAL
X B CELL PHONE HANDHELD IN USE
C CELL PHONE HANDS FREE IN USE
D CELL PHONE NOT IN USE
E SCHOOL BUS RELATED
F 75FT MOTORTRUCK COMBO
G 32 FT TRAILER COMBO
H
I
J
K
L
M
N
O

OTHER ASSOCIATED FACTOR(S) *(MARK 1 TO 2 ITEMS)*
A VC SECTION VIOLATION: CITED ☐ YES ☐ NO
B C SECTION VIOLATION: CITED ☐ YES ☐ NO
C VC SECTION VIOLATION: CITED ☐ YES ☐ NO
D
E VISION OBSCUREMENT:
F INATTENTION*:
G STOP& GO TRAFFIC
H ENTERING / LEAVING RAMP
I PREVIOUS COLLISION
J UNFAMILIAR WITH ROAD
X K DEFECTIVE VEH. EQUIP.: CITED ☐ YES ☐ NO
L UNINVOLVED VEHICLE
M OTHER*:
X N NONE APPARENT
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)
A HAD NOT BEEN DRINKING
B HBD -UNDER INFLUENCE
C HBD - NOT UNDER INFLUENCE'
D HBD - IMPAIRMENT UNKNOWN'
E UNDER DRUG INFLUENCE*
F IMPAIRMENT -PHYSICAL*
X G IMPAIRMENT NOT KNOWN
H NOT APPLICABLE
I SLEEPY/ FATIGUED*

SKETCH

INDICATE NORTH

MISCELLANEOUS

OSP 03 79147

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

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945

SPECIAL CONDITIONS	NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER
	0	[ ]	Oakland	Alameda County Superior	14-009207
	NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY	REPORTING DISTRICT / BEAT	
	0	[X]	Alameda	2 / 30Y	

LOCATION

COLLISION OCCURRED ON	MO. DAY YEAR	TIME (2400)	NCIC #	OFFICER I.D.
77TH AV	02/20/14	2005	0109	8751

MILEPOST INFORMATION

DAY OF WEEK: S M T W (T) F S

TOW AWAY: [X] YES [ ] NO

PHOTOGRAPHS BY: [X] NONE

[ ] AT INTERSECTION WITH
[X] OR: 65 FEET N OF HILLSIDE ST

STATE HWY REL: [ ] YES [X] NO

PARTY 1

DRIVER [X] — PEDESTRIAN [ ] — PARKED VEHICLE [ ] — BICYCLIST [ ] — OTHER [ ]

DRIVERS LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.
				B

NAME (FIRST, MIDDLE, LAST):

STREET ADDRESS:

CITY/STATE/ZIP:

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE (Mo. Day Year)	RACE
M						B

HOME PHONE: BUSINESS PHONE:

INSURANCE CARRIER: POLICY NUMBER:

DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT
S	77TH AV	25 MPH

VEH.YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
2007	CADI,CTS,SIL/SIL	[redacted]	CA

OWNER'S NAME: [redacted] [ ] SAME AS DRIVER

OWNER'S ADDRESS: [redacted] [ ] SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: [X] OFFICER [ ] DRIVER [ ] OTHER

PRIOR MECHANICAL DEFECTS: [X] NONE APPARENT [ ] REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER: [redacted]

VEHICLE TYPE: 01

DESCRIBE VEHICLE DAMAGE: [ ] UNK. [ ] NONE [ ] MINOR [X] MOD. [ ] MAJOR [ ] ROLL-OVER

SHADE IN DAMAGED AREA

CA ____ DOT ____
CAL-T ____ TCP/PBC ____ MC/MX ____

PARTY 2

DRIVER [ ] — PEDESTRIAN [ ] — PARKED VEHICLE [X] — BICYCLIST [ ] — OTHER [ ]

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.

NAME (FIRST, MIDDLE, LAST):

STREET ADDRESS:

CITY/STATE/ZIP:

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE (Mo. Day Year)	RACE

HOME PHONE: [redacted] BUSINESS PHONE:

INSURANCE CARRIER: Ocean Harbor Insurance Company POLICY NUMBER: [redacted]

DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT
S	77th Av	25 MPH

VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
2000	VOLV,V70,SIL/SIL	[redacted]	CA

OWNER'S NAME: [redacted] [ ] SAME AS DRIVER

OWNER'S ADDRESS: [redacted] [ ] SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: [ ] OFFICER [X] DRIVER [ ] OTHER
Secured at Scene

PRIOR MECHANICAL DEFECTS: [X] NONE APPARENT [ ] REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER: [redacted]

VEHICLE TYPE: 01

DESCRIBE VEHICLE DAMAGE: [ ] UNK. [ ] NONE [X] MINOR [ ] MOD. [ ] MAJOR [ ] ROLL-OVER

SHADE IN DAMAGED AREA

CA ____ DOT ____
CAL-T ____ TCP/pSc ____ MC/MX ____

PARTY 3

DRIVER [ ] — PEDESTRIAN [ ] — PARKED VEHICLE [X] — BICYCLIST [ ] — OTHER [ ]

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.

NAME (FIRST, MIDDLE, LAST): Junior

STREET ADDRESS:

CITY/STATE/ZIP:

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE (Mo. Day Year)	RACE

HOME PHONE: [redacted] BUSINESS PHONE:

INSURANCE CARRIER: [redacted] POLICY NUMBER: [redacted]

DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT
S	77th Av	25 MPH

VEH.YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
1999	TOYT,COA,WHI/WHI	[redacted]	CA

OWNER'S NAME: [redacted] [ ] SAME AS DRIVER

OWNER'S ADDRESS: [redacted] [ ] SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: [ ] OFFICER [X] DRIVER [ ] OTHER
Secured at Scene

PRIOR MECHANICAL DEFECTS: [X] NONE APPARENT [ ] REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER: [redacted]

VEHICLE TYPE: 01

DESCRIBE VEHICLE DAMAGE: [ ] LINK [ ] NONE [X] MINOR [ ] MOD. [ ] MAJOR [ ] ROLL-OVER

SHADE IN DAMAGED AREA

CA ____ DOT ____
CAL-T ____ TCP/PSC ____ M C /M X ____

PREPARER'S NAME	DISPATCH NOTIFIED	REVIEWER'S NAME	DATE REVIEWED
Mark Castillo	[X] YES [ ] NO [ ] N/A	G Hara	02/24/2014

STATE OF CALIFORNIA
TRAFFIC COLLISION CODING
CHP 555.Page 2 (Rev. 7-03) OPI 061

945

DATE OF COLLIBION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
02/20/14	2005	0109	8751	14-009207

PROPERTY DAMAGE

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

DESCRIPTION OF DAMAGE

SEATING POSITION

1 2 3
4 5 6
7

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
U - NONE IN VEHICLE

M / C BICYCLE- HELMET
DRIVER PASSENGER
V - N O X - N O
W - Y E S Y - Y E S

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

INATTENTION CODES

A - CELL PHONE HANDHELD
B - CELL PHONE HANDS FREE
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

1 A VC SECTION VIOLATED: VC22107 CITED ☐ YES ☒ NO
B OTHER IMPROPER DRIVING*:
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
A DAYLIGHT
B DUSK - DAWN
X 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
X A CONTROLS FUNCTIONING
B CONTROLS NOT FUNCTIONING*
C CONTROLS OBSCURED
D NO CONTROLS PRESENT / FACTOR*

TYPE OF COLLISION
A HEAD - ON
X B SIDESWIPE
C REAR END
D BROADSIDE
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
X 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 INROAD
G APPROACHING / LEAVING SCHOOL BUS

	1	2	3
X A CONTROLS FUNCTIONING			
B CONTROLS NOT FUNCTIONING*			
C CONTROLS OBSCURED			
D NO CONTROLS PRESENT / FACTOR*			
TYPE OF COLLISION			
A HEAD - ON			
X B SIDESWIPE			
C REAR END			
D BROADSIDE			
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			
X 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 INROAD	X	X	X
G APPROACHING / LEAVING SCHOOL BUS			

SPECIAL INFORMATION	1	2	3
A HAZARDOUS MATERIAL			
B CELL PHONE HANDHELD IN USE			
C CELL PHONE HANDS FREE IN USE			
D CELL PHONE NOT IN USE			
E SCHOOL BUS RELATED			
F 75FT MOTORTRUCK COMBO			
G 32 FT TRAILER COMBO			
H			
I			
J			
K			
L			
M	X		
N			
O		X	X

OTHER ASSOCIATED FACTOR(S) *(MARK 1 TO 2 ITEMS)*

	1	2	3
A VC SECTION VIOLATION: CITED ☐ YES ☐ NO			
B C SECTION VIOLATION: CITED ☐ YES ☐ NO			
C VC SECTION VIOLATION: CITED ☐ YES ☐ NO			
D			
E VISION OBSCUREMENT:			
F INATTENTION*:			
G STOP& GO TRAFFIC			
H ENTERING / LEAVING RAMP			
I PREVIOUS COLLISION			
J UNFAMILIAR WITH ROAD	X		
K DEFECTIVE VEH. EQUIP.: CITED ☐ YES ☐ NO		X	X
L UNINVOLVED VEHICLE			
M OTHER*:			
N NONE APPARENT			
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			
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		X	X
I SLEEPY/ FATIGUED*			

SKETCH

INDICATE NORTH

MISCELLANEOUS

OSP 03 78147

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

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1427

SPECIAL CONDITIONS	NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER
	0	☐	Oakland	Alameda County Superior	14-008077
	NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY	REPORTING DISTRICT / BEAT	
	0	☐	Alameda	2 / 30X	

LOCATION

COLLISION OCCURRED ON	MO. DAY YEAR	TIME (2400)	NCIC #	OFFICER I.D
MACARTHUR BLVD	02/15/14	2108	0109	9151

MILEPOST INFORMATION

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

[ ] AT INTERSECTION WITH
[X] OR 100 FEET E OF 77TH AVE

PARTY 1

DRIVERS LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
[redacted]	CA	U	M	B	1996	HOND,CIV,SIL/SIL	[redacted]	CA

DRIVER [X] — NAME (FIRST, MIDDLE, LAST): [redacted]

PEDESTRIAN [ ] — STREET ADDRESS: [redacted]

PARKED VEHICLE [ ] — CITY: [redacted]

BICYCLIST [ ]

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE
M	BLK	BRO	5'11"	240	06/27/1987	B

OTHER [ ] — HOME PHONE: | BUSINESS PHONE:

INSURANCE CARRIER: None | POLICY NUMBER:

DIR OF TRAVEL: W | ON STREET OR HIGHWAY: Macarthur Blvd | SPEED LIMIT: 35 MPH

OWNER'S NAME: [redacted] [ ] SAME AS DRIVER

OWNER'S ADDRESS: [redacted] [ ] SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: [redacted]11 [X] OFFICER [ ] DRIVER [ ] OTHER

PRIOR MECHANICAL DEFECTS: [X] NONE APPARENT [ ] REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER: 6VLB719

VEHICLE TYPE: 01

DESCRIBE VEHICLE DAMAGE: [ ] UNK. [ ] NONE [ ] MINOR [X] 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
					1998	TOYT,Pk,WHI/WHI	[redacted]	CA

DRIVER [ ] — NAME (FIRST, MIDDLE, LAST):

PEDESTRIAN [ ] — STREET ADDRESS:

PARKED VEHICLE [X] — CITY/STATE/ZIP: [redacted]

BICYCLIST [ ]

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo Day Year	RACE

OTHER [ ] — HOME PHONE: [redacted] | BUSINESS PHONE:

INSURANCE CARRIER: Alliance united insurance | POLICY NUMBER: [redacted]

DIR OF TRAVEL: W | ON STREET OR HIGHWAY: Macarthur Blvd | SPEED LIMIT: 25 MPH

OWNER'S NAME: [redacted] [ ] SAME AS DRIVER

OWNER'S ADDRESS: [redacted]3 [ ] SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: Secured at Scene [X] OFFICER [ ] DRIVER [ ] OTHER

PRIOR MECHANICAL DEFECTS: [X] NONE APPARENT [ ] REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER: [redacted]

VEHICLE TYPE: 01

DESCRIBE VEHICLE DAMAGE: [ ] UNK. [ ] NONE [ ] MINOR [X] 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: [ ] LINK [ ] NONE [ ] MINOR [ ] MOD. [ ] MAJOR [ ] ROLL-OVER

SHADE IN DAMAGED AREA

CA ____ DOT ____
CAL-T ____ TCP/PSC ____ M C / M X ____

PREPARER'S NAME	DISPATCH NOTIFIED	REVIEWER'S NAME	DATE REVIEWED
Kyle Dickson	[X] YES [ ] NO [ ] N/A	G Hara	03/17/2014

STATE OF CALIFORNIA
TRAFFIC COLLISION CODING
CHP 555 Page 2 (Rev. 7-03) OPI 061

1427

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
02/15/14	2106	0109	9151	14-008077

PROPERTY DAMAGE

OWNER'S NAME:

OWNER'S ADDRESS:

NOTIFIED: ☐ YES ☐ NO

DESCRIPTION OF DAMAGE:

SEATING POSITION

1 2 3
4 5 6
7

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
U - NONE IN VEHICLE

M / C BICYCLE- HELMET
DRIVER PASSENGER
V - N O X - N O
W - Y E S Y - Y E S

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

INATTENTION CODES
A - CELL PHONE HANDHELD
B - CELL PHONE HANDS FREE
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
1 — A VC SECTION VIOLATED: VC23152 (A) — CITED ☐ YES ☒ NO
- B OTHER IMPROPER DRIVING*:
- 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
- A DAYLIGHT
- B DUSK - DAWN
X 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
X B SIDESWIPE
- C REAR END
- D BROADSIDE
- 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
X 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 INROAD
- G APPROACHING / LEAVING SCHOOL BUS

SPECIAL INFORMATION
- A HAZARDOUS MATERIAL
- B CELL PHONE HANDHELD IN USE (1: X)
- C CELL PHONE HANDS FREE IN USE
- D CELL PHONE NOT IN USE
- E SCHOOL BUS RELATED
- F 75FT MOTORTRUCK COMBO
- G 32 FT TRAILER COMBO
- H
- I
- J
- K
- L
- M
- N
- O (2: X)

OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)
(1: X, 2:, 3:)
- A VC SECTION VIOLATION: 22107 VC — CITED ☐ YES ☒ NO
- B C SECTION VIOLATION: — CITED ☐ YES ☐ NO
- C VC SECTION VIOLATION: — CITED ☐ YES ☐ NO
- D
- 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 (2: X)
- O RUNAWAY VEHICLE

MOVEMENT PRECEDING COLLISION
- A STOPPED
- B PROCEEDING STRAIGHT (1: X)
- 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 (2: X)
- P MERGING
- Q TRAVELING WRONG WAY
- R OTHER*:

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

SKETCH

INDICATE NORTH

MISCELLANEOUS

OSP 03 79147

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

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2343

SPECIAL CONDITIONS	NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER
	1	☐	Oakland	Alameda County Superior	14-009397
	NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY	REPORTING DISTRICT / BEAT	
	0	☐	Alameda	2 / 30X	

LOCATION

COLLISION OCCURRED ON	MO. DAY YEAR	TIME (2400)	NCIC #	OFFICER I.D.
73RD AVENUE	02/21/14	1905	0109	9088

MILEPOST INFORMATION

DAY OF WEEK: S M T W T (F) S

TOW AWAY: [X] YES [ ] NO

PHOTOGRAPHS BY: [X] NONE

[X] AT INTERSECTION WITH
[ ] OR: AT BANCROFT AVE

STATE HWY REL: [ ] YES [X] NO

PARTY 1

DRIVERS LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.
[redacted]	CA	C	L	G

VEH.YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
1993	FORD,Esc,WHI	[redacted]	CA

DRIVER [X] NAME (FIRST, MIDDLE, LAST): [redacted]

OWNER'S NAME: [X] SAME AS DRIVER

PEDESTRIAN [ ] STREET ADDRESS: [redacted]

OWNER'S ADDRESS: [X] SAME AS DRIVER

PARKED VEHICLE [ ] CITY/STATE/ZIP: Oakland CA 94605

DISPOSITION OF VEHICLE ON ORDERS OF: [X] OFFICER [ ] DRIVER [ ] OTHER
Fled

BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE (Mo. Day Year)	RACE
	F	BLK	BRO	5'1"	140	[redacted]	B

PRIOR MECHANICAL DEFECTS: [X] NONE APPARENT [ ] REFER TO NARRATIVE

OTHER [ ] HOME PHONE: [redacted] BUSINESS PHONE: [redacted]

VEHICLE IDENTIFICATION NUMBER: [redacted]

INSURANCE CARRIER: None POLICY NUMBER:

VEHICLE TYPE: 01

DESCRIBE VEHICLE DAMAGE: [ ] UNK. [ ] NONE [ ] MINOR [X] MOD. [ ] MAJOR [ ] ROLL-OVER

SHADE IN DAMAGED AREA

DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT
E	Bancroft Avenue	25 MPH

CA ____ DOT ____
CAL-T ____ TCP/PSC ____ MC/MX ____

PARTY 2

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.
[redacted]	CA	M	P	W

VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
2005	Hd,ROAD KING,RED	[redacted]	CA

DRIVER [X] NAME (FIRST, MIDDLE, LAST): [redacted]

OWNER'S NAME: [X] SAME AS DRIVER

PEDESTRIAN [ ] STREET ADDRESS: [redacted]

OWNER'S ADDRESS: [X] SAME AS DRIVER

PARKED VEHICLE [ ] CITY/STATE/ZIP: [redacted]

DISPOSITION OF VEHICLE ON ORDERS OF: [ ] OFFICER [X] DRIVER [ ] OTHER
Secured at Scene

BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE (Mo Day Year)	RACE
	M	BRO	BRO	6'2"	230	[redacted]	W

PRIOR MECHANICAL DEFECTS: [X] NONE APPARENT [ ] REFER TO NARRATIVE

OTHER [ ] HOME PHONE: [redacted] BUSINESS PHONE: [redacted]

VEHICLE IDENTIFICATION NUMBER: [redacted]

INSURANCE CARRIER: None POLICY NUMBER:

VEHICLE TYPE: 02

DESCRIBE VEHICLE DAMAGE: [ ] UNK. [ ] NONE [ ] MINOR [X] MOD. [ ] MAJOR [ ] ROLL-OVER

SHADE IN DAMAGED AREA

DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT
N	73RD AVENUE	25 MPH

CA ____ DOT ____
CAL-T ____ TCP/pSc ____ MC/MX ____

PARTY 3

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.
[redacted]	CA	C	M	G

VEH.YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
2005	Hond,PILOT,SIL	[redacted]	CA

DRIVER [X] NAME (FIRST, MIDDLE, LAST): [redacted]

OWNER'S NAME: [X] SAME AS DRIVER

PEDESTRIAN [ ] STREET ADDRESS: [redacted]

OWNER'S ADDRESS: [X] SAME AS DRIVER

PARKED VEHICLE [ ] CITY/STATE/ZIP: [redacted]

DISPOSITION OF VEHICLE ON ORDERS OF: [ ] OFFICER [X] DRIVER [ ] OTHER
Towed

BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE (Mo. Day Year)	RACE
	F	BLK	BRO	5'1"	130	[redacted]	B

PRIOR MECHANICAL DEFECTS: [X] NONE APPARENT [ ] REFER TO NARRATIVE

OTHER [ ] HOME PHONE: [redacted] BUSINESS PHONE: [redacted]

VEHICLE IDENTIFICATION NUMBER: [redacted]

INSURANCE CARRIER: None POLICY NUMBER:

VEHICLE TYPE: 01

DESCRIBE VEHICLE DAMAGE: [ ] LINK [ ] NONE [ ] MINOR [X] MOD. [ ] MAJOR [ ] ROLL-OVER

SHADE IN DAMAGED AREA

DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT
W	BANCROFT AVE	25 MPH

CA ____ DOT ____
CAL-T ____ TCP/PSC ____ M C / M X ____

PREPARER'S NAME	DISPATCH NOTIFIED	REVIEWER'S NAME	DATE REVIEWED
B. Beckwith	[X] YES [ ] NO [ ] N/A	Andrew Luty	05/06/2014

STATE OF CALIFORNIA
TRAFFIC COLLISION CODING
CHP 555 Page 2 (Rev. 7-03) OPI 061

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2343

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D	NUMBER
02/21/14	1905	0109	9088	14-009397

PROPERTY DAMAGE

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

DESCRIPTION OF DAMAGE

SEATING POSITION

1 2 3
4 5 6
7

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
U - NONE IN VEHICLE

M / C BICYCLE- HELMET
DRIVER PASSENGER
V - N O X - N O
W - Y E S Y - Y E S

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

INATTENTION CODES
A - CELL PHONE HANDHELD
B - CELL PHONE HANDS FREE
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

1 — A VC SECTION VIOLATED: VC21453 (A) — CITED ☐ YES ☒ NO
B OTHER IMPROPER DRIVING*:
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
A DAYLIGHT
B DUSK - DAWN
X 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	1	2	3
X	A CONTROLS FUNCTIONING			
	B CONTROLS NOT FUNCTIONING*			
	C CONTROLS OBSCURED			
	D NO CONTROLS PRESENT / FACTOR*	X	X	X

TYPE OF COLLISION
A HEAD - ON
B SIDESWIPE
C REAR END
X 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 INROAD
G APPROACHING / LEAVING SCHOOL BUS

	SPECIAL INFORMATION	1	2	3
	A HAZARDOUS MATERIAL			
	B CELL PHONE HANDHELD IN USE	X	X	X
	C CELL PHONE HANDS FREE IN USE			
	D CELL PHONE NOT IN USE			
	E SCHOOL BUS RELATED			
	F 75FT MOTORTRUCK COMBO			
	G 32 FT TRAILER COMBO			
	H			
	I			
	J			
	K			
	L			
	M			
	N			
	O			

OTHER ASSOCIATED FACTOR(S)
(MARK 1 TO 2 ITEMS)
A VC SECTION VIOLATION: CITED ☐ YES ☐ NO
B C SECTION VIOLATION: CITED ☐ YES ☐ NO
C VC SECTION VIOLATION: CITED ☐ YES ☐ NO
D
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*:
X X X N NONE APPARENT
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	
X	X	X	A HAD NOT BEEN DRINKING
			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*

SKETCH

INDICATE NORTH

MISCELLANEOUS

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

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878

SPECIAL CONDITIONS	NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER
Counter Report,Private Property	1	☐	Oakland	Alameda County Superior	14-009129
	NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY	REPORTING DISTRICT / BEAT	
	0	☐	Alameda	2 / 30X	

LOCATION

COLLISION OCCURRED ON	MO. DAY YEAR	TIME (2400)	NCIC #	OFFICER I.D.
2651 73RD AVE	02/19/14	1640	0109	8257

MILEPOST INFORMATION

DAY OF WEEK: S M T (W) T F S

TOW AWAY: ☐ YES ☒ NO

STATE HWY REL: ☐ YES ☒ NO

PHOTOGRAPHS BY: ☒ NONE

☐ AT INTERSECTION WITH
☐ OR

PARTY 1

DRIVER ☒ — PEDESTRIAN ☐ — PARKED VEHICLE ☐ — BICYCLIST ☐ — OTHER ☐

DRIVERS LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.
[redacted]	CA	C		B

NAME (FIRST, MIDDLE, LAST): [redacted]

STREET ADDRESS: [redacted]

CITY/STATE/ZIP: [redacted]

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE (Mo. Day Year)	RACE
M	BLK	BRO	5'9"	160	[redacted]	B

HOME PHONE: [redacted] BUSINESS PHONE: [redacted]

INSURANCE CARRIER: POLICY NUMBER:

DIR OF TRAVEL: ON STREET OR HIGHWAY: 2651 73RD AVE SPEED LIMIT:

VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
2000	CHEV,DGR	[redacted]	CA

OWNER'S NAME: [redacted] ☐ SAME AS DRIVER

OWNER'S ADDRESS: [redacted] ☐ SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: O/C ☐ OFFICER ☒ DRIVER ☐ OTHER

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 ☐ — PEDESTRIAN ☒ — PARKED VEHICLE ☐ — BICYCLIST ☐ — OTHER ☐

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.
			P	

NAME (FIRST, MIDDLE, LAST): [redacted]

STREET ADDRESS: [redacted]

CITY/STATE/ZIP: [redacted]

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE (Mo. Day Year)	RACE
M	BLK	BRO	5'11"	200	[redacted]	B

HOME PHONE: [redacted] BUSINESS PHONE: [redacted]

INSURANCE CARRIER: POLICY NUMBER:

DIR OF TRAVEL: ON STREET OR HIGHWAY: 2651 73RD AVE SPEED LIMIT:

VEH. YEAR | MAKE/MODEL/COLOR | LICENSE NUMBER | STATE

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: 60

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 ☐ — PEDESTRIAN ☐ — PARKED VEHICLE ☐ — BICYCLIST ☐ — OTHER ☐

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.

NAME (FIRST, MIDDLE, LAST):

STREET ADDRESS:

CITY/STATE/ZIP:

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE (Mo. Day Year)	RACE

HOME PHONE: BUSINESS PHONE:

INSURANCE CARRIER: POLICY NUMBER:

DIR OF TRAVEL: ON STREET OR HIGHWAY: SPEED LIMIT:

VEH. YEAR | MAKE/MODEL/COLOR | LICENSE NUMBER | STATE

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: ☐ LINK ☐ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☐ ROLL-OVER

SHADE IN DAMAGED AREA

CA ____ DOT ____
CAL-T ____ TCP/PSC ____ M C /M X ____

PREPARER'S NAME	DISPATCH NOTIFIED	REVIEWER'S NAME	DATE REVIEWED
Peter Huppert	☒ YES ☐ NO ☐ N/A	Daniel Tirapelli	02/20/2014

STATE OF CALIFORNIA
TRAFFIC COLLISION CODING
CHP 555 Page 2 (Rev. 7-03) OPI 061

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878

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I D	NUMBER
02/19/14	1840	0109	8257	14-009129

PROPERTY DAMAGE

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

DESCRIPTION OF DAMAGE

SEATING POSITION

1 2 3
4 5 6
7

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
U - NONE IN VEHICLE

M / C BICYCLE- HELMET
DRIVER PASSENGER
V - N O X - N O
W - Y E S Y - Y E S

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

INATTENTION CODES
A - CELL PHONE HANDHELD
B - CELL PHONE HANDS FREE
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
- B OTHER IMPROPER DRIVING*:
- C OTHER THAN DRIVER*
- X 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 SIDESWIPE
- C REAR END
- D BROADSIDE
- E HIT OBJECT
- F OVERTURNED
- X G VEHICLE / PEDESTRIAN
- H OTHER*:

MOTOR VEHICLE INVOLVED WITH

- A NON -COLLISION
- X B PEDESTRIAN
- 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

- 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
- X F NOT INROAD
- G APPROACHING / LEAVING SCHOOL BUS

SPECIAL INFORMATION

- A HAZARDOUS MATERIAL
- B CELL PHONE HANDHELD IN USE
- C CELL PHONE HANDS FREE IN USE
- D CELL PHONE NOT IN USE
- E SCHOOL BUS RELATED
- F 75FT MOTORTRUCK COMBO
- G 32 FT TRAILER COMBO
- H
- I
- J
- K
- L
- M
- N
- O

OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)

- A VC SECTION VIOLATION: CITED ☐ YES ☐ NO
- B C SECTION VIOLATION: CITED ☐ YES ☐ NO
- C VC SECTION VIOLATION: CITED ☐ YES ☐ NO
- D
- 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*:
- X N NONE APPARENT
- 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
- X X R OTHER*:

SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)

- A HAD NOT BEEN DRINKING
- B HBD -UNDER INFLUENCE
- C HBD - NOT UNDER INFLUENCE
- D HBD - IMPAIRMENT UNKNOWN
- E UNDER DRUG INFLUENCE*
- F IMPAIRMENT -PHYSICAL*
- X X G IMPAIRMENT NOT KNOWN
- H NOT APPLICABLE
- I SLEEPY/ FATIGUED*

SKETCH

INDICATE NORTH

MISCELLANEOUS

FILE COPY

EXTRA COPY TO: 829

VEHICLE COLLISION COUNTER REPORT
OAKLAND POLICE DEPARTMENT
NO DETERMINATION OF FAULT # 357

COLLISION NO. 14-009070

HIT & RUN ■ YES ☐ NO

DATE/TIME REPORTED 20 FEB 14 . 0727

829

COLLISION OCCURRED ON:	BLOCK NO.	DATE/TIME OCCURRED	NCIC NUMBER	OFFICER I.D.
GARFIELD AVE	7875	20 FEB 2014 0727	0109	7792P

☐ AT INTERSECTION WITH: ■ OR FT./MILES (N) (E) (S) (W) OF: 79TH AVE

STATE HWY. RELATED ☐ YES ■ NO

PARTY ONE

1 — DRIVER ■ — PED. ☐ — PARKED VEH. ☐ — BICYCLE ☐ — OTHER ☐

NAME (LAST FIRST MIDDLE): HIT + RUN (20002 VC

VEHICLE OWNER: ☐ SAME AS DRIVER

RESIDENCE ADDRESS: CITY/ZIP: PHONE:

OWNER'S ADDRESS: ☐ SAME AS DRIVER

BUS. ADDRESS: CITY/ZIP: PHONE:

VEH. DISPOSITION: ☐ O.R. TOWED TO:

DRIVER'S LIC. NO.: STATE: D.O.B.: SEX: M RACE: B

DIRECTION OF TRAVEL: ON: (STREET): GARFIELD AVE VEH. SPD.: 30+ ZONE SPD.: 25

AGE: 40-50 HEIGHT: WEIGHT: HAIR: STP EYES: INSURED ☐ YES ☐ NO INSURANCE CO.:

EXTENT OF DAMAGE: ☐ MINOR ☐ MODERATE ■ MAJOR ☐ TOTAL

LIC. NO.: STATE: VEH. YR.: MAKE: MODEL: 4D COLOR(S): CRM

CLOTHING (PED. ONLY): ☐ LIGHT ☐ DARK

CROSSWALK: ☐ MARKED ☐ UNMARKED ☐ PED. INSIDE ☐ PED. OUTSIDE

PARTY TWO

2 — DRIVER ☐ — PED. ☐ — PARKED VEH. ☐ — BICYCLE ☐ — OTHER ☐

NAME (LAST FIRST MIDDLE):

VEHICLE OWNER: [redacted] ☐ SAME AS DRIVER

RESIDENCE ADDRESS: CITY/ZIP: PHONE:

OWNER'S ADDRESS: [redacted] ☐ SAME AS DRIVER

BUS. ADDRESS: CITY/ZIP: PHONE: [redacted]

VEH. DISPOSITION: P/C PARKED ☐ O.R. TOWED TO: N/A

DRIVER'S LIC. NO.: [redacted] STATE: CA D.O.B.: 8-9-75 SEX: F RACE: B

DIRECTION OF TRAVEL: PARKED ON: (STREET): GARFIELD AVE VEH. SPD.: Ø ZONE SPD.: 25

AGE: 51 HEIGHT: 5' WEIGHT: 300 HAIR: BRO EYES: BRO INSURED ■ YES ☐ NO INSURANCE CO.: STATE FARM

EXTENT OF DAMAGE: ☐ MINOR ☐ MODERATE ■ MAJOR ☐ TOTAL

LIC. NO.: [redacted] STATE: CA VEH. YR.: 93 MAKE: MERC MODEL: SAB COLOR(S): BLU

CLOTHING (PED. ONLY): ☐ LIGHT ☐ DARK

CROSSWALK: ☐ MARKED ☐ UNMARKED ☐ PED. INSIDE ☐ PED. OUTSIDE

PROPERTY DAMAGE

DESCRIPTION OF DAMAGE: P1 MAJOR FRT END DAMAGE, P2 REAR END + FRT END P3 REAR END DAMAGE

OWNER'S NAME: ADDRESS: CITY/ZIP: NOTIFIED ☐ YES ☐ NO

VEHICLE CODE SECTION 16000

The driver of a vehicle involved in an accident resulting in damage to the property of any ONE party in excess of the amount stated in VC Section 16000 or in the injury or death of any person MUST submit a SR-1 Form to the California Department of Motor Vehicles within 15 days.

Note: Failure to comply may result in suspension of your driver's license.

Form SR-1 may be obtained from the Department of Motor Vehicles, the California Highway Patrol, any police station, motor vehicle club, or insurance agent.

If city or state property is damaged, you will be contacted regarding possible liability.

I UNDERSTAND THAT IT IS A CRIME TO GIVE FALSE INFORMATION TO A POLICE OFFICER.

DATE Feb 20, 20 14 SIGNATURE [signature]

REPORTING OFFICER	SERIAL NO.	FOLLOW-UP	SERIAL NO.	CLEARED	FILED
S. FUKUDA	7792P				

TF-1083 (2/00)

FILE COPY

EXTRA COPY TO: 829

VEHICLE COLLISION COUNTER REPORT
OAKLAND POLICE DEPARTMENT
NO DETERMINATION OF FAULT # 357

COLLISION NO. 14-009070

HIT & RUN ■ YES ☐ NO

DATE/TIME REPORTED 20 FEB 14 · 0727

828

COLLISION OCCURRED ON:	BLOCK NO.	DATE/TIME OCCURRED	NCIC NUMBER	OFFICER I.D.
GARFIELD AVE	7875	20 FEB 2014 · 0727	0109	7792P

☐ AT INTERSECTION WITH: ■ OR FT./MILES (N) (E) (S) (W) OF: 79TH AVE

STATE HWY. RELATED ☐ YES ■ NO

PARTY ONE

3

NAME (LAST FIRST MIDDLE)		VEHICLE OWNER ☐ SAME AS DRIVER	BRAMBILA, NORMA LUZ
DRIVER ☐ RESIDENCE ADDRESS	CITY/ZIP / PHONE	OWNER'S ADDRESS ☐ SAME AS DRIVER	7879 GARFIELD AVE 94605
PED. ☐ BUS. ADDRESS	CITY/ZIP / PHONE 510-246-9081	VEH. DISPOSITION PARKED ☐ O.R.	TOWED TO: N/A
PARKED VEH. ■ DRIVER'S LIC. NO. A3585285 / STATE Ca / D.O.B. 9·17·68 / SEX F / RACE H	DIRECTION OF TRAVEL PARKED	ON: (STREET) GARFIELD AVE	VEH. SPD. Ø / ZONE SPD. 25
BICYCLE ☐ AGE 54 / HEIGHT 155 / WEIGHT / HAIR BLK / EYES BLK	INSURED ■ YES ☐ NO / INSURANCE CO. FARMERS	EXTENT OF DAMAGE ☐ MINOR ■ MODERATE ☐ MAJOR ☐ TOTAL	
OTHER ☐ LIC. NO. 5NND259 / STATE Ca / VEH. YR. 97 / MAKE FORD / MODEL EXP / COLOR(S) GRN	CLOTHING (PED. ONLY) ☐ LIGHT ☐ DARK	CROSSWALK ☐ MARKED ☐ UNMARKED ☐ PED. INSIDE ☐ PED. OUTSIDE	

PARTY TWO

NAME (LAST FIRST MIDDLE)		VEHICLE OWNER ☐ SAME AS DRIVER	
DRIVER ☐ RESIDENCE ADDRESS	CITY/ZIP / PHONE	OWNER'S ADDRESS ☐ SAME AS DRIVER	
PED. ☐ BUS. ADDRESS	CITY/ZIP / PHONE	VEH. DISPOSITION ☐ O.R.	TOWED TO:
PARKED VEH. ☐ DRIVER'S LIC. NO. / STATE / D.O.B. / SEX / RACE	DIRECTION OF TRAVEL	ON: (STREET)	VEH. SPD. / ZONE SPD.
BICYCLE ☐ AGE / HEIGHT / WEIGHT / HAIR / EYES	INSURED ☐ YES ☐ NO / INSURANCE CO.	EXTENT OF DAMAGE ☐ MINOR ☐ MODERATE ☐ MAJOR ☐ TOTAL	
OTHER ☐ LIC. NO. / STATE / VEH. YR. / MAKE / MODEL / COLOR(S)	CLOTHING (PED. ONLY) ☐ LIGHT ☐ DARK	CROSSWALK ☐ MARKED ☐ UNMARKED ☐ PED. INSIDE ☐ PED. OUTSIDE	

PROPERTY DAMAGE

DESCRIPTION OF DAMAGE

REFER TO PS #1 FOR DAMAGE.

P3 OBS P1 LEAVE SCENE.

OWNER'S NAME	ADDRESS	CITY/ZIP	NOTIFED ☐ YES ☐ NO

VEHICLE CODE SECTION 16000

The driver of a vehicle involved in an accident resulting in damage to the property of any ONE party in excess of the amount stated in VC Section 16000 or in the injury or death of any person MUST submit a SR-1 Form to the California Department of Motor Vehicles within 15 days.

Note: Failure to comply may result in suspension of your driver's license.

Form SR-1 may be obtained from the Department of Motor Vehicles, the California Highway Patrol, any police station, motor vehicle club, or insurance agent.

If city or state property is damaged, you will be contacted regarding possible liability.

I UNDERSTAND THAT IT IS A CRIME TO GIVE FALSE INFORMATION TO A POLICE OFFICER.

DATE 2/20/14 20____ SIGNATURE Norma Brambila

REPORTING OFFICER	SERIAL NO.	FOLLOW-UP	SERIAL NO.	CLEARED	FILED
S. FUKUDA	7792P				

TF-1083 (2/00)

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

FILE COPY 1416

SPECIAL CONDITIONS	NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER
	0		Oakland	Alameda County Superior	14-007515
	NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY	REPORTING DISTRICT / BEAT	
	0		Alameda	2 / 35X	

LOCATION

COLLISION OCCURRED ON	MO. DAY YEAR	TIME (2400)	NCIC #	OFFICER I.D.
MACARTHUR BLVD	02/11/14	1818	0109	8284

MILEPOST INFORMATION

DAY OF WEEK: S M (T) W T F S

TOW AWAY: [ ] YES [X] NO

STATE HWY REL: [ ] YES [X] NO

PHOTOGRAPHS BY: [X] NONE

[X] AT INTERSECTION WITH
[ ] OR AT 82ND AV

PARTY 1

DRIVERS LICENSE NUMBER: [redacted] | STATE: CA | CLASS: C | AIR BAG: M | SAFETY EQUIP.: G

DRIVER [X] NAME (FIRST, MIDDLE, LAST): [redacted]

PEDESTRIAN [ ] STREET ADDRESS: [redacted]

PARKED VEHICLE [ ] CITY/STATE/ZIP: [redacted]

BICYCLIST [ ] SEX: F | HAIR: BRO | EYES: BRO | HEIGHT: 5'2" | WEIGHT: 120 | BIRTHDATE Mo. Day Year: [redacted] | RACE: B

OTHER [ ] HOME PHONE: [redacted] | BUSINESS PHONE:

INSURANCE CARRIER: None | POLICY NUMBER:

DIR OF TRAVEL: E | ON STREET OR HIGHWAY: MacArthur Bl | SPEED LIMIT: 30 MPH

VEH. YEAR: 1990 | MAKE/MODEL/COLOR: ACUR,INT,RED/RED | LICENSE NUMBER: | STATE:

OWNER'S NAME: [X] SAME AS DRIVER

OWNER'S ADDRESS: [X] SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: [ ] OFFICER [X] DRIVER [ ] OTHER
Secured at Scene

PRIOR MECHANICAL DEFECTS: [X] NONE APPARENT [ ] REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER: [redacted]

VEHICLE TYPE: 01 | DESCRIBE VEHICLE DAMAGE: [ ] UNK. [ ] NONE [X] MINOR [ ] MOD. [ ] MAJOR [ ] ROLL-OVER | SHADE IN DAMAGED AREA

CA ____ DOT ____
CAL-T ____ TCP/PSC ____ MC/MX ____

PARTY 2

DRIVER'S LICENSE NUMBER: [redacted] | STATE: CA | CLASS: C | AIR BAG: M | SAFETY EQUIP.: G

DRIVER [X] NAME (FIRST, MIDDLE, LAST): [redacted]

PEDESTRIAN [ ] STREET ADDRESS: [redacted]

PARKED VEHICLE [ ] CITY/STATE/ZIP: [redacted]

BICYCLIST [ ] SEX: F | HAIR: BLK | EYES: BRO | HEIGHT: 5'7" | WEIGHT: 185 | BIRTHDATE Mo Day Year: [redacted] | RACE: B

OTHER [ ] HOME PHONE: [redacted] | BUSINESS PHONE:

INSURANCE CARRIER: [redacted] | POLICY NUMBER: [redacted]

DIR OF TRAVEL: W | ON STREET OR HIGHWAY: MacArthur Bl | SPEED LIMIT: 30 MPH

VEH. YEAR: 2003 | MAKE/MODEL/COLOR: SATR,Ion,BLU/BLU | LICENSE NUMBER: [redacted] | STATE: CA

OWNER'S NAME: Kenneth Jones | [ ] SAME AS DRIVER

OWNER'S ADDRESS: 2706 Rawson St Oakland CA 94619 | [ ] SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: [ ] OFFICER [X] DRIVER [ ] OTHER
Secured at Scene

PRIOR MECHANICAL DEFECTS: [X] NONE APPARENT [ ] REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER: [redacted]

VEHICLE TYPE: 01 | DESCRIBE VEHICLE DAMAGE: [ ] UNK. [ ] NONE [X] 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.:

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:

VEH. YEAR: | MAKE/MODEL/COLOR: | LICENSE NUMBER: | STATE:

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: [ ] LINK [ ] NONE [ ] MINOR [ ] MOD. [ ] MAJOR [ ] ROLL-OVER | SHADE IN DAMAGED AREA

CA ____ DOT ____
CAL-T ____ TCP/PSC ____ M C /M X ____

PREPARER'S NAME	DISPATCH NOTIFIED	REVIEWER'S NAME	DATE REVIEWED
Chris Fuentes	[X] YES [ ] NO [ ] N/A	Greg Bellusa	03/14/2014

STATE OF CALIFORNIA

TRAFFIC COLLISION CODING

CHP 555 Page 2 (Rev. 7-03) OPI 061

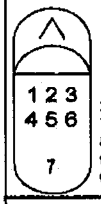
1416

Page 2 Of 4

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D	NUMBER
02/11/14	1818	0109	8284	14-007515

PROPERTY DAMAGE	OWNER'S NAME	OWNER'S ADDRESS	NOTIFIED ☐ YES ☐ NO
	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
U - NONE IN VEHICLE

M / C BICYCLE- HELMET
DRIVER PASSENGER
V - N O X - N O
W - Y E S Y - Y E S

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

INATTENTION CODES

A - CELL PHONE HANDHELD
B - CELL PHONE HANDS FREE
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	
1	A VC SECTION VIOLATED: VC21801 (A) CITED ☐ YES ☒ NO
	B OTHER IMPROPER DRIVING*:
	C OTHER THAN DRIVER*
	D UNKNOWN*

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

	LIGHTING
	A DAYLIGHT
	B DUSK - DAWN
X	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
X	A CONTROLS FUNCTIONING
	B CONTROLS NOT FUNCTIONING*
	C CONTROLS OBSCURED
	D NO CONTROLS PRESENT / FACTOR*

	TYPE OF COLLISION
	A HEAD - ON
	B SIDESWIPE
	C REAR END
X	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 INROAD
	G APPROACHING / LEAVING SCHOOL BUS

1	2	3	SPECIAL INFORMATION
			A HAZARDOUS MATERIAL
			B CELL PHONE HANDHELD IN USE
			C CELL PHONE HANDS FREE IN USE
			D CELL PHONE NOT IN USE
			E SCHOOL BUS RELATED
			F 75FT MOTORTRUCK COMBO
			G 32 FT TRAILER COMBO
			H
			I
			J
			K
			L
			M
			N
			O

1	2	3	OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)
			A VC SECTION VIOLATION: CITED ☐ YES ☐ NO
			B C SECTION VIOLATION: CITED ☐ YES ☐ NO
			C VC SECTION VIOLATION. CITED ☐ YES ☐ NO
			D [illegible]
			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*:
X	X		N NONE APPARENT
			O RUNAWAY VEHICLE

1	2	3	MOVEMENT PRECEDING COLLISION
			A STOPPED
	X		B PROCEEDING STRAIGHT
			C RAN OFF ROAD
			D MAKING RIGHT TURN
X			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*:

1	2	3	SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)
X	X		A HAD NOT BEEN DRINKING
			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*

SKETCH

INDICATE NORTH

MISCELLANEOUS

OSP 03 79147

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

FILE COPY

2287

SPECIAL CONDITIONS	NUMBER INJURED 0	HIT & RUN FELONY ☐	CITY Oakland	JUDICIAL DISTRICT Alameda County Superior	LOCAL REPORT NUMBER 14-008955
	NUMBER KILLED 0	HIT & RUN MISDEMEANOR ☐	COUNTY Alameda	REPORTING DISTRICT 2 / BEAT 30X	

LOCATION

COLLISION OCCURRED ON	MO. DAY YEAR	TIME (2400)	NCIC #	OFFICER I.D.
74TH AVE	02/19/14	1626	0109	9088

MILEPOST INFORMATION

DAY OF WEEK: S M T (W) T F S

TOW AWAY: ☐ YES ☒ NO

STATE HWY REL: ☐ YES ☒ NO

PHOTOGRAPHS BY: ☒ NONE

☐ AT INTERSECTION WITH
☒ OR. 20 FEET S OF MACARTHUR BLVD

PARTY 1

DRIVERS LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.
[redacted]	CA	C	M	H

DRIVER ☐ — NAME (FIRST, MIDDLE, LAST): [redacted]

PEDESTRIAN ☐ — STREET ADDRESS: [redacted]

PARKED VEHICLE ☐ — CITY/STATE/ZIP: [redacted]

BICYCLIST ☐

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo Day Year	RACE
M	BLK	BRO	6'3"	180	[redacted]	B

OTHER ☒ — HOME PHONE: [redacted] — BUSINESS PHONE:

INSURANCE CARRIER: [redacted] — POLICY NUMBER: [redacted]

DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT
S	74TH AVE	25 MPH

VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
1992	Toyt,CAMRY,BLK	[redacted]	CA

OWNER'S NAME: ☒ SAME AS DRIVER

OWNER'S ADDRESS: ☒ SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☒ DRIVER ☐ OTHER
Secured at Scene

PRIOR MECHANICAL DEFECTS: ☒ NONE APPARENT ☐ REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER: [redacted]

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.
			M	

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: [redacted] — BUSINESS PHONE:

INSURANCE CARRIER: None — POLICY NUMBER:

DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT
S	74TH AVE	25 MPH

VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
2003	BMW,32I,DGR	[redacted]	CA

OWNER'S NAME: [redacted] ☐ SAME AS DRIVER

OWNER'S ADDRESS: [redacted] ☐ SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☒ DRIVER ☐ OTHER
Secured at Scene

PRIOR MECHANICAL DEFECTS: ☒ NONE APPARENT ☐ REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER: [redacted]

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 3

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.

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

VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE

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: ☐ LINK ☐ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☐ ROLL-OVER

SHADE IN DAMAGED AREA

CA _____ DOT _____
CAL-T _____ TCP/PSC _____ M C /M X _____

PREPARER'S NAME	DISPATCH NOTIFIED	REVIEWER'S NAME	DATE REVIEWED
B Beckwith	☒ YES ☐ NO ☐ N/A	Andrew Luty	05/01/2014

STATE OF CALIFORNIA
TRAFFIC COLLISION CODING
CHP 555 Page 2 (Rev. 7-03) OPI 061

2287

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
02/19/14	1625	0109	9088	14-006955

PROPERTY DAMAGE

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

DESCRIPTION OF DAMAGE

SEATING POSITION

1 2 3
4 5 6
7

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
U - NONE IN VEHICLE

M / C BICYCLE- HELMET
DRIVER PASSENGER
V - N O X - N O
W - Y E S Y - Y E S

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

INATTENTION CODES
A - CELL PHONE HANDHELD
B - CELL PHONE HANDS FREE
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

1 A VC SECTION VIOLATED: VC22107 CITED ☐ YES ☒ NO
B OTHER IMPROPER DRIVING*:
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
X B SIDESWIPE
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 INROAD
G APPROACHING / LEAVING SCHOOL BUS

SPECIAL INFORMATION

	1	2	3
A HAZARDOUS MATERIAL			
B CELL PHONE HANDHELD IN USE	X		
C CELL PHONE HANDS FREE IN USE			
D CELL PHONE NOT IN USE			
E SCHOOL BUS RELATED			
F 75FT MOTOR/TRUCK COMBO			
G 32 FT TRAILER COMBO			
H			
I			
J			
K			
L			
M			
N			
O		X	

OTHER ASSOCIATED FACTOR(S) *(MARK 1 TO 2 ITEMS)*

	1	2	3
A VC SECTION VIOLATION CITED ☐ YES ☐ NO			
B C SECTION VIOLATION CITED ☐ YES ☐ NO			
C VC SECTION VIOLATION CITED ☐ YES ☐ NO			
D	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	X	X	
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			
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*			

SKETCH

INDICATE NORTH

MISCELLANEOUS

OSP 03 78147

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

FILE COPY

2487

SPECIAL CONDITIONS	NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER
	0	☐	Oakland	Alameda County Superior	14-007349
	NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY	REPORTING DISTRICT / BEAT	
	0	☒	Alameda	2 / 30X	

LOCATION

COLLISION OCCURRED ON	MO. DAY YEAR	TIME (2400)	NCIC #	OFFICER I.D.
MACARTHUR BLVD	02/10/14	2110	0109	9182

MILEPOST INFORMATION

DAY OF WEEK: S (M) T W T F S

TOW AWAY: ☒ YES ☐ NO

PHOTOGRAPHS BY: ☒ NONE

☐ AT INTERSECTION WITH
☒ OR 3 FEET W OF Ritchie St

STATE HWY REL: ☐ YES ☒ NO

PARTY 1

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.
[redacted]	CA	V	N	B

VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
2005	Chev,Mal,WHI	[redacted]	CA

DRIVER ☒ NAME (FIRST, MIDDLE, LAST): [redacted]

OWNER'S NAME: ☒ SAME AS DRIVER

PEDESTRIAN ☐ STREET ADDRESS: [redacted]

OWNER'S ADDRESS: ☒ SAME AS DRIVER

PARKED VEHICLE ☐ CITY/STATE/ZIP: [redacted]

DISPOSITION OF VEHICLE ON ORDERS OF: ☒ OFFICER ☐ DRIVER ☐ OTHER
A & B Auto - (510) 635-3211

BICYCLIST ☐

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE (Mo Day Year)	RACE
U	BRO	BRO	6'1"	185	[redacted]	B

PRIOR MECHANICAL DEFECTS: ☒ NONE APPARENT ☐ REFER TO NARRATIVE

OTHER ☐ HOME PHONE: [redacted] BUSINESS PHONE:

VEHICLE IDENTIFICATION NUMBER: [redacted]

INSURANCE CARRIER: None POLICY NUMBER:

VEHICLE TYPE: 01

DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ☒ MOD. ☐ MAJOR ☐ ROLL-OVER

SHADE IN DAMAGED AREA

DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT
E	Macarthur Blvd	30 MPH

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):

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 ☐ DRIVER ☐ OTHER

BICYCLIST ☐

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE (Mo Day Year)	RACE

PRIOR MECHANICAL DEFECTS: ☐ NONE APPARENT ☐ REFER TO NARRATIVE

OTHER ☐ HOME PHONE: BUSINESS PHONE:

VEHICLE IDENTIFICATION NUMBER:

INSURANCE CARRIER: POLICY NUMBER:

VEHICLE TYPE:

DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☐ ROLL-OVER

SHADE IN DAMAGED AREA

DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT

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):

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 ☐ DRIVER ☐ OTHER

BICYCLIST ☐

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE (Mo Day Year)	RACE

PRIOR MECHANICAL DEFECTS: ☐ NONE APPARENT ☐ REFER TO NARRATIVE

OTHER ☐ HOME PHONE: BUSINESS PHONE:

VEHICLE IDENTIFICATION NUMBER:

INSURANCE CARRIER: POLICY NUMBER:

VEHICLE TYPE:

DESCRIBE VEHICLE DAMAGE: ☐ LINK ☐ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☐ ROLL-OVER

SHADE IN DAMAGED AREA

DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT

CA ____ DOT ____
CAL-T ____ TCP/PSC ____ M C / M X ____

PREPARER'S NAME	DISPATCH NOTIFIED	REVIEWER'S NAME	DATE REVIEWED
M Tacchini	☒ YES ☐ NO ☐ N/A	G Hara	05/20/2014

STATE OF CALIFORNIA
TRAFFIC COLLISION CODING
CHP 555 Page 2 (Rev. 7-03) OPI 061

2487

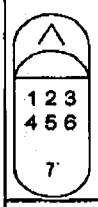
DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
02/10/14	2110	0109	9182	14-007349

PROPERTY DAMAGE

OWNER'S NAME	OWNER'S ADDRESS	NOTIFIED
Unknown Unknown	2791 Ritchie ST Oakland CA 94605	☐ YES ☒ NO

DESCRIPTION OF DAMAGE: Vehicle struck the outdoor stair well of apartment on 2791 Ritchie St.

SEATING POSITION



1 - DRIVER
2 TO 6 - PASSENGER
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

M / C BICYCLE- HELMET
DRIVER PASSENGER
V - N O X - N O
W - Y E S Y - Y E S

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

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

INATTENTION CODES
A - CELL PHONE HANDHELD
B - CELL PHONE HANDS FREE
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

		VC SECTION VIOLATED	CITED
1	A	VC22350	☐ YES ☒ NO
	B OTHER IMPROPER DRIVING*:		
	C OTHER THAN DRIVER*		
	D UNKNOWN*		

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

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

TYPE OF COLLISION
- X A HEAD - ON
- B SIDESWIPE
- C REAR END
- D BROADSIDE
- 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:
- 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 INROAD
- G APPROACHING / LEAVING SCHOOL BUS

SPECIAL INFORMATION
- A HAZARDOUS MATERIAL
- B CELL PHONE HANDHELD IN USE
- C CELL PHONE HANDS FREE IN USE
- D CELL PHONE NOT IN USE
- E SCHOOL BUS RELATED
- F 75FT MOTORTRUCK COMBO
- G 32 FT TRAILER COMBO
- H
- I
- J
- K
- L
- M
- N
- O

OTHER ASSOCIATED FACTOR(S) *(MARK 1 TO 2 ITEMS)*
- A VC SECTION VIOLATION: CITED ☐ YES ☒ NO
- B C SECTION VIOLATION: CITED ☐ YES ☐ NO
- C VC SECTION VIOLATION: CITED ☐ YES ☐ NO
- D
- 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
- 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)
- X A HAD NOT BEEN DRINKING
- 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*

SKETCH

INDICATE NORTH

MISCELLANEOUS

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

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1246

SPECIAL CONDITIONS	NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER
	0		Oakland	Alameda County Superior	14-007187
	NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY	REPORTING DISTRICT / BEAT	
	0	X	Alameda	2 / 30X	

LOCATION

COLLISION OCCURRED ON	MO. DAY YEAR	TIME (2400)	NCIC #	OFFICER I.D.
Bancroft Ave	02/09/14	2000	0109	9150

MILEPOST INFORMATION

DAY OF WEEK: (S) M T W T F S

TOW AWAY: [X] YES [ ] NO

PHOTOGRAPHS BY: [X] NONE

[ ] AT INTERSECTION WITH
[X] OR: 15 FEET W OF 76th Ave

STATE HWY REL: [ ] YES [X] NO

PARTY 1

DRIVER [X]

DRIVERS LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.
			N	B

NAME (FIRST, MIDDLE, LAST): Unknown Unknown

STREET ADDRESS

CITY/STATE/ZIP

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo Day Year	RACE

HOME PHONE | BUSINESS PHONE

INSURANCE CARRIER | POLICY NUMBER

DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT
W	Bancroft Ave	25 MPH

VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
1995	BUIC,REG,GRY	[redacted]	CA

OWNER'S NAME [redacted] [ ] SAME AS DRIVER

OWNER'S ADDRESS [redacted] [ ] SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: [ ] OFFICER [X] DRIVER [ ] OTHER
Fled

PRIOR MECHANICAL DEFECTS: [X] NONE APPARENT [ ] REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER: [redacted]

VEHICLE TYPE: 01

DESCRIBE VEHICLE DAMAGE: [ ] UNK. [X] NONE [ ] MINOR [ ] MOD. [ ] MAJOR [ ] ROLL-OVER

SHADE IN DAMAGED AREA

CA ____ DOT ____
CAL-T ____ TCP/PSC ____ MC/MX ____

PARTY 2

DRIVER [ ]

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.
			M	H

NAME (FIRST, MIDDLE, LAST)

STREET ADDRESS

CITY/STATE/ZIP

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo Day Year	RACE

HOME PHONE | BUSINESS PHONE

INSURANCE CARRIER: Hartford Underwriter | POLICY NUMBER

DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT
E	Bancroft Ave	25 MPH

VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
2012	LEXS,LS460,RED	[redacted]	CA

OWNER'S NAME [X] SAME AS DRIVER

OWNER'S ADDRESS [X] SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: [ ] OFFICER [X] DRIVER [ ] OTHER
Secured at Scene

PRIOR MECHANICAL DEFECTS: [X] NONE APPARENT [ ] REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMB [redacted]

VEHICLE TYPE: 01

DESCRIBE VEHICLE DAMAGE: [ ] UNK. [ ] NONE [X] MINOR [ ] MOD. [ ] MAJOR [ ] ROLL-OVER

SHADE IN DAMAGED AREA

CA ____ DOT ____
CAL-T ____ TCP/PSC ____ MC/MX ____

PARTY 3

DRIVER [ ]

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.

NAME (FIRST, MIDDLE, LAST)

STREET ADDRESS

CITY/STATE/ZIP

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo Day Year	RACE

HOME PHONE | BUSINESS PHONE

INSURANCE CARRIER | POLICY NUMBER

DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT

VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE

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:

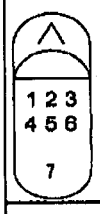
VEHICLE TYPE

DESCRIBE VEHICLE DAMAGE: [ ] LINK [ ] NONE [ ] MINOR [ ] MOD. [ ] MAJOR [ ] ROLL-OVER

SHADE IN DAMAGED AREA

CA ____ DOT ____
CAL-T ____ TCP/PSC ____ M C / M X ____

PREPARER'S NAME	DISPATCH NOTIFIED	REVIEWER'S NAME	DATE REVIEWED
Kenneth Au	[X] YES [ ] NO [ ] N/A	Peter Huppert	03/11/2014



STATE OF CALIFORNIA
TRAFFIC COLLISION CODING
CHP 555 Page 2 (Rev. 7-03) OPI 061

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1246

Page 2 of 4

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
02/09/14	2000	0109	9150	14-007167

PROPERTY DAMAGE	OWNER'S NAME	OWNER'S ADDRESS	NOTIFIED ☐ YES ☐ NO
	DESCRIPTION OF DAMAGE		

SEATING POSITION

1 2 3
4 5 6
7

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
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 HANDS FREE
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

1	A	VC SECTION VIOLATED: VC22106 CITED ☐ YES ☒ NO
	B	OTHER IMPROPER DRIVING*:
	C	OTHER THAN DRIVER*
	D	UNKNOWN*

WEATHER (MARK 1 TO 2 ITEMS)

	A	CLEAR
	B	CLOUDY
X	C	RAINING
	D	SNOWING
	E	FOG/VISIBILITY FT.
	F	OTHER*:
	G	WIND

LIGHTING

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

ROADWAY SURFACE

	A	DRY
X	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	SIDESWIPE
	C	REAR END
	D	BROADSIDE
	E	HIT OBJECT
	F	OVERTURNED
	G	VEHICLE / PEDESTRIAN
X	H	OTHER*:

MOTOR VEHICLE INVOLVED WITH

	A	NON - COLLISION
	B	PEDESTRIAN
	C	OTHER MOTOR VEHICLE
	D	MOTOR VEHICLE ON OTHER ROADWAY
X	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

SPECIAL INFORMATION

1	2	3	
			A HAZARDOUS MATERIAL
			B CELL PHONE HANDHELD IN USE
			C CELL PHONE HANDS FREE IN USE
			D CELL PHONE NOT IN USE
			E SCHOOL BUS RELATED
			F 75FT MOTORTRUCK COMBO
			G 32 FT TRAILER COMBO
			H
			I
			J
			K
			L
			M
			N
			O

OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)

1	2	3	
			A VC SECTION VIOLATION: CITED ☐ YES ☐ NO
			B VC SECTION VIOLATION: CITED ☐ YES ☐ NO
			C VC SECTION VIOLATION: CITED ☐ YES ☐ NO
			D
			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*:
X	X		N NONE APPARENT
			O RUNAWAY VEHICLE

MOVEMENT PRECEDING COLLISION

1	2	3	
			A STOPPED
			B PROCEEDING STRAIGHT
			C RAN OFF ROAD
			D MAKING RIGHT TURN
			E MAKING LEFT TURN
			F MAKING U TURN
X			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
	X		O PARKED
			P MERGING
			Q TRAVELING WRONG WAY
			R OTHER*:

SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)

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

SKETCH

INDICATE NORTH

MISCELLANEOUS

OSP 03 79147

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VEHICLE COLLISION COUNTER REPORT
OAKLAND POLICE DEPARTMENT
NO DETERMINATION OF FAULT

EXTRA COPY TO: 11

COLLISION NO. 14-000195

HIT & RUN ☒ YES ☐ NO

DATE/TIME REPORTED 2 JAN 14 11:18

COLLISION OCCURRED ON:	BLOCK NO.	DATE/TIME OCCURRED	NCIC NUMBER	OFFICER I.D.
BANCROFT		28 DEC 13 15:00-15:40	0109	

☐ AT INTERSECTION WITH:
☐ OR FT./MILES (N) (E) (S) (W) OF: 78TH AVE

STATE HWY. RELATED ☐ YES ☒ NO

PARTY ONE

1

NAME (LAST FIRST MIDDLE): UNKNOWN				VEHICLE OWNER	☐ SAME AS DRIVER
DRIVER ☒ — RESIDENCE ADDRESS: HIT AND RUN	CITY/ZIP	PHONE		OWNER'S ADDRESS	☐ SAME AS DRIVER
PED. ☐ — BUS. ADDRESS	CITY/ZIP	PHONE		VEH. DISPOSITION: FLED	☐ O.R. / TOWED TO:
PARKED VEH. ☐ — DRIVER'S LIC. NO.	STATE	D.O.B.	SEX RACE	DIRECTION OF TRAVEL	ON: (STREET) BANCROFT / VEH. SPD. 10 / ZONE SPD. 25
BICYCLE ☐ — AGE	HEIGHT	WEIGHT	HAIR	EYES	INSURED ☐ YES ☐ NO / INSURANCE CO. / EXTENT OF DAMAGE ☒ MINOR ☐ MODERATE ☐ MAJOR ☐ TOTAL
OTHER ☐ — LIC. NO.	STATE	VEH. YR. 90?	MAKE VOLVO	MODEL	COLOR(S) BLUE / CLOTHING (PED. ONLY) ☐ LIGHT ☐ DARK / CROSSWALK ☐ MARKED ☐ UNMARKED ☐ PED. INSIDE ☐ PED. OUTSIDE

PARTY TWO

2

NAME (LAST FIRST MIDDLE)				VEHICLE OWNER: [redacted]	☐ SAME AS DRIVER
DRIVER ☐ — RESIDENCE ADDRESS	CITY/ZIP	PHONE		OWNER'S ADDRESS: [redacted] 94605	☐ SAME AS DRIVER
PED. ☐ — BUS. ADDRESS	CITY/ZIP	PHONE		VEH. DISPOSITION: PARKED	☐ O.R. / TOWED TO:
PARKED VEH. ☒ — DRIVER'S LIC. NO.	STATE [redacted]	[redacted] 5	SEX M / RACE H	DIRECTION OF TRAVEL: PARKED	ON: (STREET) BANCROFT / VEH. SPD. Ø / ZONE SPD. 25
BICYCLE ☐ — AGE 38	HEIGHT 5'2	WEIGHT 200	HAIR BLK	EYES BRN	INSURED ☒ YES ☐ NO / INSURANCE CO. NEVADA GENERAL [redacted] / EXTENT OF DAMAGE ☒ MINOR ☐ MODERATE ☐ MAJOR ☐ TOTAL
OTHER ☐ — LIC. NO. [redacted]	STATE CA	VEH. YR. 01	MAKE VOLK	MODEL JETTA	COLOR(S) BLK / CLOTHING (PED. ONLY) ☐ LIGHT ☐ DARK / CROSSWALK ☐ MARKED ☐ UNMARKED ☐ PED. INSIDE ☐ PED. OUTSIDE

PROPERTY DAMAGE

DESCRIPTION OF DAMAGE: REAR BUMPER ON DRIVER SIDE.

OWNER'S NAME	ADDRESS	CITY/ZIP	NOTIFED
			☐ YES ☐ NO

VEHICLE CODE SECTION 16000

The driver of a vehicle involved in an accident resulting in damage to the property of any ONE party in excess of the amount stated in VC Section 16000 or in the injury or death of any person MUST submit a SR-1 Form to the California Department of Motor Vehicles within 15 days.

Note: Failure to comply may result in suspension of your driver's license.

Form SR-1 may be obtained from the Department of Motor Vehicles, the California Highway Patrol, any police station, motor vehicle club, or insurance agent.

If city or state property is damaged, you will be contacted regarding possible liability.

I UNDERSTAND THAT IT IS A CRIME TO GIVE FALSE INFORMATION TO A POLICE OFFICER.

DATE 2 JAN 20 14 SIGNATURE [signature]

REPORTING OFFICER	SERIAL NO.	FOLLOW-UP	SERIAL NO.	CLEARED	FILED
MCDONALD	4781	D. TIRAPELLI	7984		

TF 1082 (2/00)

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

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6162

OAKLAND POLICE DEPARTMENT SUMMARY INCIDENT REPORT

REPORT NUMBER: 13-912815

INCIDENT INFORMATION

INCIDENT CODE	INCIDENT TYPE	INITIAL [X] SUPP [ ]	DATE/TIME STARTED	DATE/TIME ENDED	DATE/TIME REPORTED
VC20002 (A)(2)	Hit and Run		11/21/2013 04:45 PM	11/21/2013 05:00 PM	11/21/2013 09:33 PM

REPORT FILED FROM	TEMPORARY NUMBER	LOCATION OF OCCURRENCE	APPROVED BY
96.24.65.224	T13017027	73 Bancroft Avenue, Oakland, CA	8483/Timothy Dolan

LOCATION TYPE	THEFT TYPE	METHOD OF ENTRY	PREMISE TYPE	PT OF ENTRY	PT OF EXIT	ENTRY LOC

PERSON LISTINGS

	TYPE	LAST NAME	FIRST NAME	MIDDLE NAME	DOB	RACE	SEX	DRIVER LIC NO	LIC ST
1	V	[redacted]	[redacted]		[redacted]	African American		[redacted]	CA

SSN	ETHNICITY	RESIDENT	EYE COLOR	HAIR COLOR	AGE	HEIGHT	WEIGHT	CELL PHONE

EMAIL	RESIDENCE ADDRESS	HOME PHONE
[redacted]	[redacted] Oakland, C[redacted]S	[redacted]

EMPLOYER NAME	BUSINESS ADDRESS	WORK PHONE

VEHICLE LISTINGS

	INVL	LIC PLATE TYPE	LIC PLATE NO	LIC ST	LIC YEAR	VEHICLE TYPE	VIN
1	04	Air-civ. Nonpassenger	[redacted]	CA		Auto	

MAKE	MODEL	COLOR	STYLE	YEAR	MKT VALUE	DMG VALUE
BMW	Unknown	Black		1988		

DESCRIPTION

NARRATIVE

Mercedes Benz BMW black gecko have the information 3rtw

[redacted] [redacted] [redacted] [redacted]

[redacted] [redacted] [redacted]

[redacted]

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5472

OAKLAND POLICE DEPARTMENT SUMMARY INCIDENT REPORT

REPORT NUMBER: 13-910920

INCIDENT INFORMATION

INCIDENT CODE	INCIDENT TYPE	INITIAL	DATE/TIME STARTED	DATE/TIME ENDED	DATE/TIME REPORTED
VC20002 (A)(2)	Hit and Run	X / SUPP	09/18/2013 01:45 PM	09/18/2013 07:30 PM	09/20/2013 01:36 PM

REPORT FILED FROM	TEMPORARY NUMBER	LOCATION OF OCCURRENCE	APPROVED BY
68.121.157.130	T13013438	82 macarthur Avenue, Oakland, CA	8483/Timothy Dolan

LOCATION TYPE	THEFT TYPE	METHOD OF ENTRY	PREMISE TYPE	PT OF ENTRY	PT OF EXIT	ENTRY LOC

PERSON LISTINGS

	TYPE	LAST NAME	FIRST NAME	MIDDLE NAME	DOB	RACE	SEX	DRIVER LIC NO	LIC ST
1	V	[redacted]	christopher		[redacted]	African American	M	N9470371	CA

SSN	ETHNICITY	RESIDENT	EYE COLOR	HAIR COLOR	AGE	HEIGHT	WEIGHT	CELL PHONE

EMAIL	RESIDENCE ADDRESS	HOME PHONE
[redacted]	[redacted] CA [redacted] US	[redacted]

EMPLOYER NAME	BUSINESS ADDRESS	WORK PHONE

VEHICLE LISTINGS

	INVL	LIC PLATE TYPE	LIC PLATE NO	LIC ST	LIC YEAR	VEHICLE TYPE	VIN
1	04	Regular Passenger	[redacted]	CA		Auto	

MAKE	MODEL	COLOR	STYLE	YEAR	MKT VALUE	DMG VALUE
FORD	Other	Red		2001		

DESCRIPTION

NARRATIVE

Traveling west bound on Macarthur Blvd i noticed a black van pulling away from the curve i stopped she made a u-turn in the middle of the street i tried to get out the way she hit me and ran

[redacted]

[redacted]

[redacted]

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

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1247

SPECIAL CONDITIONS	NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER
	0	☐	Oakland	Alameda County Superior	
	NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY	REPORTING DISTRICT / BEAT	
	0	☒	Alameda	2 / 30X	13-007329

LOCATION

COLLISION OCCURRED ON	MO. DAY YEAR	TIME (2400)	NCIC #	OFFICER I.D.
GARFIELD AVE	02/09/13	1300	0109	8949

MILEPOST INFORMATION

DAY OF WEEK: (S) M T W T F S

TOW AWAY: ☐ YES ☒ NO

PHOTOGRAPHS BY: ☒ NONE

☐ AT INTERSECTION WITH
☒ OR: 10 FEET W OF 75TH AVE

STATE HWY REL: ☐ YES ☒ NO

PARTY 1

DRIVER'S LICENSE NUMBER | STATE | CLASS | AIR BAG | SAFETY EQUIP.: B

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: Unknown | POLICY NUMBER

DIR OF TRAVEL: W | ON STREET OR HIGHWAY: Garfield Ave | SPEED LIMIT: 25 MPH

VEH.YEAR | MAKE/MODEL/COLOR: UNKN,Unknown | LICENSE NUMBER | STATE

OWNER'S NAME ☐ SAME AS DRIVER

OWNER'S ADDRESS ☐ SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☒ DRIVER ☐ OTHER
Fled

PRIOR MECHANICAL DEFECTS: ☒ NONE APPARENT ☐ REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER:

VEHICLE TYPE: 99

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.: M

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: [redacted] | BUSINESS PHONE

INSURANCE CARRIER: AAA | POLICY NUMBER: [redacted]

DIR OF TRAVEL: E | ON STREET OR HIGHWAY: Garfield Ave | SPEED LIMIT: 25 MPH

VEH YEAR: 2002 | MAKE/MODEL/COLOR: VOLK,Jetta,BLK | LICENSE NUMBER: [redacted] | STATE: CA

OWNER'S NAME: [redacted] ☐ SAME AS DRIVER

OWNER'S ADDRESS: [redacted] ☐ SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☒ DRIVER ☐ OTHER
Secured at Scene

PRIOR MECHANICAL DEFECTS: ☒ NONE APPARENT ☐ REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER: [redacted]

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 3

DRIVER'S LICENSE NUMBER | STATE | CLASS | AIR BAG | SAFETY EQUIP.

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

VEH.YEAR | MAKE/MODEL/COLOR | LICENSE NUMBER | STATE

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: ☐ LINK ☐ 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
Brandon Taylor	☒ YES ☐ NO ☐ N/A	Timothy Dolan	02/13/2013

STATE OF CALIFORNIA

TRAFFIC COLLISION CODING

CHP 555 Page 2 (Rev. 7-03) GPI 08.1

1247

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
02/09/13	1300	0109	8949	13-007329

PROPERTY DAMAGE

OWNER'S NAME:

OWNER'S ADDRESS:

NOTIFIED ☐ YES ☐ NO

DESCRIPTION OF DAMAGE:

SEATING POSITION

1 2 3
4 5 6
7

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
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 HANDS FREE
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

1 A VC SECTION VIOLATED: VC22107 CITED ☐ YES ☒ NO
B OTHER IMPROPER DRIVING*:
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
X A CONTROLS FUNCTIONING
B CONTROLS NOT FUNCTIONING*
C CONTROLS OBSCURED
D NO CONTROLS PRESENT / FACTOR*

TYPE OF COLLISION
A HEAD - ON
X B SIDESWIPE
C REAR END
D BROADSIDE
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
X 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
X F NOT INROAD
G APPROACHING / LEAVING SCHOOL BUS

SPECIAL INFORMATION	1	2	3
A HAZARDOUS MATERIAL			
B CELL PHONE HANDHELD IN USE	X		
C CELL PHONE HANDS FREE IN USE			
D CELL PHONE NOT IN USE			
E SCHOOL BUS RELATED			
F 76FT MOTORTRUCK COMBO			
G 32 FT TRAILER COMBO			
H			
I			
J			
K			
L			
M			
N			
O		X	

OTHER ASSOCIATED FACTOR(S) *(MARK 1 TO 2 ITEMS)*

	1	2	3
A VC SECTION VIOLATION: CITED ☐ YES ☐ NO			
B C SECTION VIOLATION: CITED ☐ YES ☐ NO			
C VC SECTION VIOLATION: CITED ☐ YES ☐ NO			
D			
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	X	X	
O RUNAWAY VEHICLE			

MOVEMENT PRECEDING COLLISION

	1	2	3
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		X	
P MERGING			
Q TRAVELING WRONG WAY			
R OTHER*:			

SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)

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

SKETCH

INDICATE NORTH

MISCELLANEOUS

OSP 03 79147

FILE COPY 809

OAKLAND POLICE DEPARTMENT SUMMARY INCIDENT REPORT

REPORT NUMBER: 13-900981

INCIDENT INFORMATION

INCIDENT CODE	INCIDENT TYPE	INITIAL [X] SUPP [ ]	DATE/TIME STARTED	DATE/TIME ENDED	DATE/TIME REPORTED
VC20002 (A)(2)	Hit and Run		01/03/2013 10:30 PM	01/03/2013 10:30 PM	01/04/2013 08:36 AM

REPORT FILED FROM	TEMPORARY NUMBER	LOCATION OF OCCURRENCE	APPROVED BY
64.166.144.11	T13000160	2600 block of 77th Avenue, Oakland, CA	8483/Timothy Dolan

LOCATION TYPE	THEFT TYPE	METHOD OF ENTRY	PREMISE TYPE	PT OF ENTRY	PT OF EXIT	ENTRY LOC

PERSON LISTINGS

	TYPE	LAST NAME	FIRST NAME	MIDDLE NAME	DOB	RACE	SEX	DRIVER LIC NO	LIC ST
1	V	[redacted]	[redacted]		[redacted]	African Am[redacted]	F		

SSN	ETHNICITY	RESIDENT	EYE COLOR	HAIR COLOR	AGE	HEIGHT	WEIGHT	CELL PHONE

EMAIL	RESIDENCE ADDRESS	HOME PHONE
[redacted]om	[redacted]	[redacted]

EMPLOYER NAME	BUSINESS ADDRESS	WORK PHONE

NARRATIVE

THE CAR WAS PARKED IN THE 2600 BLOCK OF 77TH AVENUE AND WHEN I WENT TO ENTER MY CAR I NOTICED THAT THE DRIVER SIDE OF THE VEHICLE WAS DAMAGED.

[redacted]

[redacted]