


STATE OF CALIFORNIA
TRAFFIC COLLISION REPORT
 CHP 555 Page 1 (Rev. 7-03) OPI 081

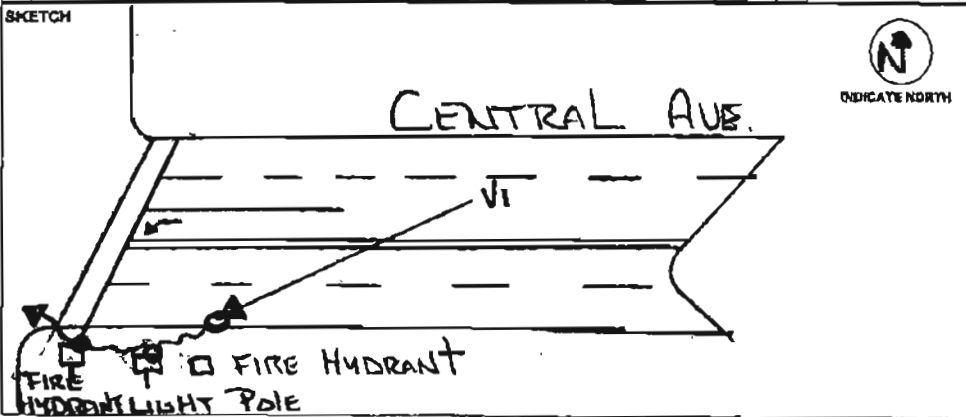
SPECIAL CONDITIONS CPD ON DUTY EMERGENCY VEHICLES		NUMBER INJURED <input checked="" type="checkbox"/>	MIS & TUM FELY <input type="checkbox"/>	CITY RIVERSIDE	JUDICIAL DISTRICT RIVERSIDE	LOCAL REPORT NUMBER 710-017600			
LOCATION COLLISION OCCURRED ON CENTRAL AVE		MILEPOST INFORMATION FERTAMILES OF		MO. DAY YEAR 02/07/10	TIME (2400) 0250	NCIC # 3313	OFFICER I.D. 101		
AT INTERSECTION WITH <input checked="" type="checkbox"/> OR: 92 FEET/INCHES OF E OF HILLSIDE		DAY OF WEEK S M T W T F S		TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PHOTOGRAPHS BY: <input type="checkbox"/> NONE Officer LINTHARDT			
PARTY 1 DRIVER'S LICENSE NUMBER ON DUTY EMERGENCY VEHICLE		STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 2006	MAKE/MODEL/COLOR CHRYSLER 300 C 4 DR. BLK	LICENSE NUMBER N0NB	STATE
<input checked="" type="checkbox"/> PEDESTRIAN STREET ADDRESS 4100 ORANGE ST.		CITY/STATE/ZIP RIVERSIDE CA 92501		OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER CITY OF RIVERSIDE POLICE DEPT		OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER 4102 ORANGE ST. RIVERSIDE CA		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER	
<input type="checkbox"/> PARKED VEHICLE CITY/STATE/ZIP RIVERSIDE CA 92501		SEX M	HAIR BLU	EYES BRN	HEIGHT 600	WEIGHT 185	BIRTHDATE 1/1/60	RACE C	
OTHER HOME PHONE (951) 353-7900		BUSINESS PHONE		PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		VEHICLE IDENTIFICATION NUMBER: 2C3KA73W16H515340		VEHICLE TYPE: DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER SHADE IN DAMAGED AREA	
INSURANCE CARRIER SELF INSURANCE		POLICY NUMBER		DIR OF TRAVEL ON STREET OR HIGHWAY WB CENTRAL AVE		SPEED LIMIT 40		CA _____ DOT _____ CAL-T _____ TCP/POC _____ MCM/K _____	
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)		CITY/STATE/ZIP		OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER	
STREET ADDRESS		SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	
HOME PHONE		BUSINESS PHONE		PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE: DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER SHADE IN DAMAGED AREA	
INSURANCE CARRIER		POLICY NUMBER		DIR OF TRAVEL ON STREET OR HIGHWAY		SPEED LIMIT		CA _____ DOT _____ CAL-T _____ TCP/POC _____ MCM/K _____	
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)		CITY/STATE/ZIP		OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER	
STREET ADDRESS		SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	
HOME PHONE		BUSINESS PHONE		PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE: DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER SHADE IN DAMAGED AREA	
INSURANCE CARRIER		POLICY NUMBER		DIR OF TRAVEL ON STREET OR HIGHWAY		SPEED LIMIT		CA _____ DOT _____ CAL-T _____ TCP/POC _____ MCM/K _____	
PREPARED BY NAME F. A. ORTGA		DISPATCH NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		REVIEWER'S NAME		DATE REVIEWED			

DATE OF COLLISION (MO. DAY YEAR) 02/07/10	TIME (2400) 0250	NCIC # 3313	OFFICER I.D. 101	NUMBER T10-017600
OWNER'S NAME CITY OF RIVERSIDE		OWNER'S ADDRESS 4102 ORANGE ST. R.W. CA.		NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
PROPERTY DAMAGE DESCRIPTION OF DAMAGE UNIT # 140 CITY ASSET # B1609 LEFT FRONT FENDON, BUMPER, DAMAGE LEFT FRONT FENDON, BUMPER, FRONT TIRE, RIM, DOOR, REAR LEFT FRONT TIRE RIM				

SEATING POSITION  <p>1 - DRIVER 2 TO 6 - PASSENGERS 7 - STATION WAGON REAR 8 - REAR OCC. TRK OR VAN 9 - POSITION UNKNOWN 0 - OTHER</p>	OCCUPANTS A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - 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 - CELLPHONE HANDHELD B - CELLPHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONAL HYGIENE J - READING K - OTHER
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ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.

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



MISCELLANEOUS
HOI*
 N. of SCL CENTRAL AVE
 42' E OF THE SOUTH EAST CL
 OF HILLSIDE AVE
 DETERMINED BY VEH
 DEBRIS AND TIRE SUFF
 MARKS

STATE OF CALIFORNIA
ARRATIVE/SUPPLEMENTAL

HP 556 (Rev 7-90) OPI 042

DATE OF INCIDENT/OCCURRENCE 02/07/10	TIME (2400) 0250	NCIC NUMBER 3333	OFFICER I.D. NUMBER 101	NUMBER PIO-017600
X* ONE <input type="checkbox"/> Narrative <input type="checkbox"/> Supplemental		X* ONE <input checked="" type="checkbox"/> Collision report <input type="checkbox"/> Other:		TYPE SUPPLEMENTAL ("X" APPLICABLE) <input type="checkbox"/> BA update <input type="checkbox"/> Hazardous materials <input type="checkbox"/> Fatal <input type="checkbox"/> School bus <input type="checkbox"/> Hit and run update <input type="checkbox"/> Other:
CITY/COUNTY/JUDICIAL DISTRICT RIVERSIDE / RIVERSIDE / RIVERSIDE			REPORTING DISTRICT/BEAT 706/CENTRAL	CITATION NUMBER
LOCATION/SUBJECT 11-82 / CPD			STATE HIGHWAY RELATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

- 1.
2. MENTIONED OFFICERS:
- 3.
4. #1 OFFICER G. LINHART #1593
5. #2: OFFICER J. MILLER #1565
6. #3: W. L. PHILLIPS WATCH COMMANDER
- 7.

8. STATEMENTS:

9.

10. D#1 WAS UNABLE TO PROVIDE A STATEMENT REGARDING HIS TRAFFIC COLLISION. D#1 WOULD ONLY SAY THAT HE HAD A FLAT TIRE AND THAT HE HAD DRIVEN INTO A FIELD OR DIRT ROAD. HE ALSO COULD NOT RECALL THE LOCATION OF THE FIELD OR DIRT ROAD. D#1 REPEATED SEVERAL TIMES THAT HE HAD A FLAT AND NEEDED TO FIX THE TIRE. IT WAS EVIDENT THAT HE WAS UNAWARE THAT HE HAD A COLLISION AND THAT HIS VEHICLE SUFFERED MAJOR DAMAGES

1. FACTS:

2. ON 2/7/10 AT APPROXIMATELY 0310 HOURS I RESPONDED TO THE AREA OF ARLINGTON AVE / RUTLAND AVE AT THE REQUEST OF OFFICERS LINHART AND MILLER.

3. UPON MY ARRIVAL THE OFFICERS ADVISED THAT THEY HAD STOPPED V#1 DUE TO A PASSING MOTORIST ADVISING THEM THAT THE VEHICLE APPEARED TO BE A DUI DRIVER. THE OFFICERS ALSO ADVISED THAT

REPORTER'S NAME AND I.D. NUMBER F. A. ORTA #101	DATE 2/7/10	REVIEWER'S NAME
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STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL

HP 556 (Rev 7-90) OPI 042

4

DATE OF INCIDENT/OCCURRENCE 02/07/10	TIME (2400) 0250	NCIC NUMBER 3313	OFFICER I.D. NUMBER 101	NUMBER 110-017600
<input checked="" type="checkbox"/> Narrative <input type="checkbox"/> Supplemental		<input checked="" type="checkbox"/> Collision report <input type="checkbox"/> Other:		<input type="checkbox"/> BA update <input type="checkbox"/> Hazardous materials
<input type="checkbox"/> Fatal <input type="checkbox"/> School bus		<input type="checkbox"/> Hit and run update <input type="checkbox"/> Other:		
CITY/COUNTY/JUDICIAL DISTRICT RIVERSIDE / RIVERSIDE / RIVERSIDE			REPORTING DISTRICT/BEAT 706 / Central	CITATION NUMBER
LOCATION/SUBJECT 11-22 / CPD			STATE HIGHWAY RELATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

1. FACTS: CONTINUED
 2. THE VEHICLE WAS BEING DRIVEN BY U#1
 3. WHO WAS THE ONLY OCCUPANT OF THE
 4. VEHICLE. OFFICERS LINHART AND MILLER
 5. THEN POINTED OUT TO ME THE DAMAGES
 6. TO U#1.

7. DAMAGES: U#1 HAD MAJOR DAMAGES TO
 8. ITS FRONT BUMPER AND GRILL AREA, ITS
 9. LEFT FRONT FENDER, TIRE, RIM, DRIVER'S
 10. DOOR, LEFT REAR PASSENGER DOOR, LEFT
 11. REAR PANEL, TIRE, RIM AND ITS RIGHT
 12. FRONT FENDER. I ALSO LATER CHECKED THE
 13. VEHICLE'S STEERING AND BRAKING AND BOTH
 14. APPEARED TO BE OPERATING PROPERLY. U#1
 15. WAS SUBSEQUENTLY TOWED TO RIVERSIDE POLICE
 16. DEPARTMENT - MONOCIA STATION WHICH IS
 7. COMMON PRACTICE FOR POLICE VEHICLES.

9. AREA OF IMPACT: THE AREA OF IMPACT
 10. WAS DETERMINED BY A REPORT OF A
 11. POSSIBLE HIT AND RUN TRAFFIC COLLISION AT
 12. THE INTERSECTION OF CENTRAL AVE AND HILLSIDE
 13. AVE. THE REPORTING PARTY DESCRIBED A
 14. VEHICLE SIMILAR TO U#1 HAD HIT A
 15. FIRE HYDRANT AT THE LOCATION (RAD CO #
 16. 017600). OFFICERS LINHART AND MILLER
 17. RESPONDED TO THE LOCATION AND FOUND
 18. VEHICLE DEBRIS CONSISTENT TO U#1 IN WORKING
 19. A VEHICLE TIRE, WHICH WAS PLACED IN THE
 20. TRUNK OF U#1. THERE WAS NO DAMAGES

REPORTER'S NAME AND I.D. NUMBER F. A. ORDA # 101	DATE 2/7/10	REVIEWER'S NAME
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STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL

HP 556 (Rev 7-90) OPI 042

DATE OF INCIDENT/OCCURRENCE <u>2/07/10</u>	TIME (2400) <u>0250</u>	NCIC NUMBER <u>3313</u>	OFFICER I.D. NUMBER <u>101</u>	NUMBER <u>710-017600</u>
<input checked="" type="checkbox"/> Narrative <input type="checkbox"/> Supplemental		<input checked="" type="checkbox"/> Collision report <input type="checkbox"/> Other:		<input type="checkbox"/> Hit and run update <input type="checkbox"/> Other:
CITY/COUNTY/JUDICIAL DISTRICT <u>RIVERSIDE / RIVERSIDE / RIVERSIDE</u>			REPORTING DISTRICT/BEAT <u>F06 / Central</u>	CITATION NUMBER
LOCATION/SUBJECT <u>11-92 / CPD</u>				STATE HIGHWAY RELATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

1. AREA OF IMPACT: CONTINUED
 2. TO THE HYDRANTS OR LIGHT POLE. THE
 3. OFFICERS AND I ONLY LOCATED RUBBER
 4. SCUFF MARKS ON THE HYDRANT AND POLE.

5. ROADWAY: CENTRAL AVE IS AN EAST-WEST
 6. FOUR LANE ROADWAY SEPARATED BY
 7. DOUBLE SOLID YELLOW LINES. THERE IS A LEFT
 8. TURN LANE FOR WESTBOUND CENTRAL AVE
 9. TRAFFIC TO SOUTHBOUND HILLWOOD AVE. PRESENT
 10. THE ROADWAY HAS RAISED CONCRETE CURBS
 1. AND CEMENT SIDEWALKS ON BOTH THE
 2. NORTH AND SOUTH ROAD EDGES. THE ROADWAY
 3. IS FREE OF VISUAL OBSTRUCTIONS AND THE
 4. OVERHEAD STREET LIGHTING WAS FULLY OPERATIONAL.

5. Opinions And Conclusions:

6. This traffic collision is the result of
 7. D#1 R. LEACH'S UNSAFE TURNING MOVEMENT
 8. 22107 CUC WITH AN ASSOCIATED FACTOR OF
 9. TRAILING TO DRIVE ON THE RIGHT HALF OF
 10. THE ROADWAY. DUE TO THESE CONTINUING
 1. VIOLATIONS V-1 STRUCK THE SOUTH CURB OF
 2. CENTRAL AVE. UP ONTO THE SIDEWALK OUT OF
 3. CONTROL FOR APPROXIMATELY 15' IN A SOUTH
 4. DIRECTION STRIKING A METAL LIGHT AS THEN
 5. CONTINUING WESTBOUND FOR 4 STRIKING THE FIRE
 6. HYDRANT THEN DRIVING BACK ONTO CENTRAL
 7. AVE. IN A WESTBOUND DIRECTION.

1. REPORTER'S NAME AND I.D. NUMBER <u>F.A. OCHOA #101</u>	DATE <u>2/7/10</u>	REVIEWER'S NAME	DATE
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STATE OF CALIFORNIA
ARRATIVE/SUPPLEMENTAL

HP 556 (Rev 7-90) OPI 042

DATE OF INCIDENT/OCCURRENCE 02/07/10	TIME (2400) 0250	NCIC NUMBER 3313	OFFICER I.D. NUMBER 101	NUMBER T10-07600
*X ONE <input checked="" type="checkbox"/> Narrative <input type="checkbox"/> Supplemental	*X ONE <input checked="" type="checkbox"/> Collision report <input type="checkbox"/> Other:	TYPE SUPPLEMENTAL (*X APPLICABLE) <input type="checkbox"/> BA update <input type="checkbox"/> Fatal <input type="checkbox"/> Hazardous materials <input type="checkbox"/> School bus <input type="checkbox"/> Hit and run update <input type="checkbox"/> Other:		
CITY/COUNTY/JUDICIAL DISTRICT RIVERSIDE / RIVERSIDE / RIVERSIDE		REPORTING DISTRICT/BEAT 706 / CENTRAL	CITATION NUMBER	
LOCATION/SUBJECT 11-82 / CPS		STATE HIGHWAY RELATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

1.
 2. OPINIONS AND CONCLUSIONS: CONTINUED
 3.
 4. **V#1 WAS NEXT OBSERVED AT THE**
 5. **ADLINGTON AVE / VAN BUREN BLVD. INTERSECTION**
 6. **DRAWING WEST BOUND ADLINGTON AVE. BY**
 7. **THE PASSING MOTORIST WHO SUBSEQUENTLY**
 8. **REPORTED IT TO OFFICERS LINHART AND**
 9. **MILLER, WHO THEN INITIATED A TRAFFIC STOP**
 10. **OF V#1. IT SHOULD BE NOTED THAT**
 1. **THE LOCATION OF THE IMPACT POINT TO**
 2. **THE TRAFFIC STOP IS APPROXIMATELY 3.3**
 3. **MILES.**

4. DISPOSITION / RECOMMENDATIONS:
 5. **- FILE -**
 6.
 7.
 8.
 9.
 10.

1. REPAIRER'S NAME AND I.D. NUMBER TRACOR *101	DATE 2/7/10	REVIEWER'S NAME	DATE
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INCIDENT RECALL

Incident	Time	Type	Pri	Dispo	Address Location	BEAT	TEAM/Dist	AREA	Bldg Apt	Callers Name Callers Address Callers Phone	P-unit	Close Date/ Time	Operator
LPD100208017608	03:12	20002J	6	NR	CENTRAL AV&HILLSIDE AV *0N CENTRAL TWD5 UB A3B2						PD/S48	10/02/08 04:44	DC1019

Date	Time		Operator
10/02/08	03:14	Incident Initiated By: DC/PAGE,GENI	PAGE,GENI
10/02/08	03:14	Original Location : 0N CENTRAL TWD5 UB	PAGE,GENI
10/02/08	03:14	SUSU/ GRAY POSS CRYSLER UNK PLT, BLACKED OUT,,TC'D INTO A HYDRANT,, NO	PAGE,GENI
10/02/08	03:14	WATER COMING OUT	PAGE,GENI
10/02/08	03:15	LOC INFO REVIEWED: P	PAGE,GENI
10/02/08	03:37	PD/A313 DS location is *0N CENTRAL TWD5 UB	PAGE,GENI
10/02/08	03:37	Officer 1 Name: RATKOVICH,JEFFREY Officer 2 Name: SEPULVEDA,JORGE	PAGE,GENI
10/02/08	03:37	Primary unit CHANGED From: To:PD/A313	PAGE,GENI
10/02/08	03:39	PD/S48 DS location is *0N CENTRAL TWD5 UB	COOK,MICHELE
10/02/08	03:39	Officer 1 Name: ORTA,FRANK Officer 2 Name:	COOK,MICHELE
10/02/08	03:40	Primary unit CHANGED From:PD/A313 To:PD/S48	PAGE,GENI
10/02/08	03:40	PD/A313 C location is	PAGE,GENI
10/02/08	03:40	Officer 1 Name: RATKOVICH,JEFFREY Officer 2 Name: SEPULVEDA,JORGE	PAGE,GENI
10/02/08	04:43	Incident Associated to: LPD100208017600 SUP1	DOMINGUEZ,DIANE
10/02/08	04:44	PD/S48 C location is	DOMINGUEZ,DIANE
10/02/08	04:44	Officer 1 Name: ORTA,FRANK Officer 2 Name:	DOMINGUEZ,DIANE
10/02/08	04:44	Disposition CHANGED From: To:NR Unit:PD/S48 SUP1	DOMINGUEZ,DIANE
10/02/08	04:44	IAAssocInc LPD100208017600 UPDATE PriUnit to PD/S48	DOMINGUEZ,DIANE

==== Vehicle / Subject Information ====
 NO VEHICLE OR SUBJECT RECORDS FOR EVENT LPD100208017608.

INCIDENT RECALL

SELECTION CRITERIA:

VEH PLATE :
 DATE : 100208 THROUGH
 TIME : THROUGH
 AGENCY : PD UNIT :
 AREA : SECTDR : RESP ZN :
 TYPE :
 OFFICER :
 ADDRESS :
 VICTIM :
 FILTER :
 EXCL AUDT :
 SOURCE CD : , AGENCY ID :