

FILE: 101 OFFRAMP AT MILLBRAE AV.

**Subject:** ANOTHER records request - Millbrae and Menlo Park - date filed 9-5-14

**From:** [REDACTED]

**Date:** Fri, 05 Sep 2014 16:53:54 -0700

**To:** heidemarie.carle@dot.ca.gov

9-5-14

For Ms. Carle -

Here is a new public records request.

1. Please provide a copy of the speed survey for Bayfront near Chilco, in Menlo Park.
2. Please provided a copy of the justification for the current red light camera encroachment permit issued to the City of Menlo Park.
3. Please provide a copy of all current issued encroachment permits for red light cameras in Millbrae. Please also include the justification the City provided.

Thanks,

Jim [REDACTED]

--  
\*\*\*\*\*

[REDACTED]

**DEPARTMENT OF TRANSPORTATION**  
OFFICE OF PUBLIC AFFAIRS  
111 Grand Avenue  
P. O. BOX 23660  
Oakland, CA 94623-0660  
PHONE (510) 286-6445  
FAX (510) 286-6299



*Severe drought!  
Save on water!*

October 2, 2014

Jim [REDACTED]  
[REDACTED]  
[REDACTED]

RE: CPRA 04-5938

Dear Mr. [REDACTED]

This letter is in response to your request of September 5, 2014, and received on September 8, 2014, to the California Department of Transportation (Department), pursuant to the California Public Records Act (CPRA; Government Code Sections 6250-6276).

Enclosed are records responsive to Item #2 and Item #3 of your request. Records responsive to Item #1 were sent to you previously by email on September 18, 2014.

The Department believes this to be the full and complete response to your request and comprises all documentation that can be produced at this time. Please contact me at (510) 622-0799 or [heidemarie.carle@dot.ca.gov](mailto:heidemarie.carle@dot.ca.gov) if you need any further assistance or have questions regarding your request.

Sincerely,

A handwritten signature in cursive script, appearing to read "Heidemarie Carle".

Heidemarie Carle  
Public Information Officer  
District 4 CPRA Coordinator

Enclosures (3)

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION  
**STANDARD ENCROACHMENT PERMIT APPLICATION**  
 TR-0100 (REV. 05/2006)

MMK SEP 14 2009 Page 1 of 4

Permission is requested to encroach on the State highway right-of-way as follows:  
 (Complete all BOXES [write N/A if not applicable])  
 This application is not complete until all requirements have been approved.

FOR CALTRANS USE	
PERMIT NO.	04-5M-101 17.9
DIST./CITY/RTE/PM	04-5M-101 17.9
SIMPLEX STAMP	0487007 0328
DATE OF SIMPLEX STAMP	JUN 04 2007

1. COUNTY San Mateo	2. ROUTE 101	3. POSTMILE 17.9
4. ADDRESS OR STREET NAME US101	5. CITY Millbrae	
6. CROSS STREET (Distance and direction from site) Millbrae Avenue	7. PORTION OF RIGHT-OF-WAY Southbound US101 Offramp	
8. WORK TO BE PERFORMED BY <input type="checkbox"/> OWN FORCES <input checked="" type="checkbox"/> CONTRACTOR	9. EST. START DATE August 1, 2007	10. EST. COMPLETION DATE October 31, 2007
11. EXCAVATION MAX. DEPTH: 5 Feet AVG. DEPTH: 4 Feet	AVG. WIDTH: 2 Feet	LENGTH: 2 Feet
12. EST. COST IN STATE R/W \$50,000	14. CALTRANS PROJECT E.A. NUMBER N/A	
13. PIPES PRODUCT TYPE: N/A	DIAMETER: N/A	VOLTAGE / PSIG: N/A

15.  Double Permit Parent Permit Number \_\_\_\_\_  
 Applicant's Reference Number / Utility Work Order Number \_\_\_\_\_

16. Have your plans been reviewed by another Caltrans branch? NO  YES  (If "YES") Who? \_\_\_\_\_

17. Completely describe work to be done within STATE highway right-of-way :  
 Attach 6 complete sets of FOLDED plans (folded 8.5" x 11"), and any applicable specifications, calculations, maps, etc.  
 All dimensions shall be in U.S. Customary (English) Units.

Install red light camera enforcement for southbound US101 offramp at Millbrae Avenue approach. A 20-foot pole with flash light and camera will be installed in the shoulder area on the US101 southbound offramp. A 10-foot pole with flash light and camera will also be installed in the median island on Millbrae Avenue at the subject intersection. All associated conduit and conductors will also be installed in conjunction with the project.

*Copy*

18. Is a city, county, or other agency involved in the approval of this project?

YES (If "YES", check type of project and attach environmental documentation and conditions of approval.)

COMMERCIAL DEVELOPMENT  BUILDING  GRADING  OTHER Traffic Safety

CATEGORICALLY EXEMPT  NEGATIVE DECLARATION  ENVIRONMENTAL IMPACT REPORT  OTHER \_\_\_\_\_

NO (If "NO", please check the category below which best describes the project, and complete page 4 of this application.)

DRIVEWAY OR ROAD APPROACH, RECONSTRUCTION, MAINTENANCE, OR RESURFACING  FENCE

PUBLIC UTILITY MODIFICATIONS, EXTENSIONS, HOOKUPS  MAILBOX

FLAGS, SIGNS, BANNERS, DECORATIONS, PARADES AND CELEBRATIONS  EROSION CONTROL

OTHER \_\_\_\_\_  LANDSCAPING

19. Will this project cause a substantial change in the significance of a historical resource (45 years or older), or cultural resource?  YES  NO  
 (If "YES", provide a description)

20. Is this project on an existing highway or street where the activity involves removal of a scenic resource including a significant tree or stand of trees, a rock outcropping or a historic building?  YES  NO (If "YES", provide a description)

21. Is work being done on applicant's property?  YES  NO (If "YES", attach site and grading plans.)

**STANDARD ENCROACHMENT PERMIT APPLICATION**

TR-0100 (REV. 05/2006)

PERMIT NO. \_\_\_\_\_

22. Will this proposed project require the disturbance of soil within highway right-of-way?  YES  NOIf "YES", estimate the area in square feet AND acres: \_\_\_\_\_ (ft<sup>2</sup>)  
\_\_\_\_\_ (acres)23. Will this proposed project require dewatering?  YES  NO

If "YES", estimate daily volume in gallons per day: \_\_\_\_\_ (gpd)

24. How will any storm water or ground water be disposed of from within or near the limits of this proposed project?

- Storm Drain System     Combined Sewer / Storm System     Storm Water Retention Basin  
 Other (explain): No ground water or storm water will be encountered during the project.

PLEASE READ THE FOLLOWING CLAUSES PRIOR TO SIGNING THIS ENCROACHMENT PERMIT APPLICATION.

*The applicant, understands and herein agrees to that an encroachment permit can be denied, and/or a bond required for non-payment of prior or present encroachment permit fees. Encroachment Permit fees may still be due when an application is withdrawn or denied, and that a denial may be appealed, in accordance with the California Streets and Highways Code, Section 671.5. All work shall be done in accordance with Caltrans rules and regulations subject to inspection and approval.*

*The applicant, understands and herein agrees to the general provisions, special provisions and conditions of the encroachment permit, and to indemnify and hold harmless the State, its officers, directors, agents, employees and each of them (Indemnitees) from and against any and all claims, demands, causes of action, damages, costs, expenses, actual attorneys' fees, judgments, losses and liabilities of every kind and nature whatsoever (Claims) arising out of or in connection with the issuance and/or use of this encroachment permit for: 1) bodily injury and/or death to persons including but not limited to the Applicant, the State and its officers, directors, agents and employees, the Indemnities, and the public; and 2) damage to property of anyone. Except as provided by law, the indemnification provisions stated above shall apply regardless of the existence or degree of fault of Indemnities. The Applicant, however, shall not be obligated to indemnify Indemnities for Claims arising from conduct delineated in Civil Code Section 2782.*

**DISCHARGES OF STORM WATER AND NON-STORM WATER:** Work within State highway right-of-way shall be conducted in compliance with all applicable requirements of the National Pollutant Discharge Elimination System (NPDES) permit issued to the Department of Transportation (Department), to govern the discharge of storm water and non-storm water from its properties. Work shall also be in compliance with all other applicable Federal, State and Local laws and regulations, and with the Department's Encroachment Permits Manual and encroachment permit. Compliance with the Departments NPDES permit requires amongst other things, the preparation and submission of a Storm Water Pollution Protection Plan (SWPPP), or a Water Pollution Control Program (WPCP), and the approval of same by the appropriate reviewing authority prior to the start of any work. Information on the requirements may also be reviewed on the Department's Construction Website at:

<http://www.dot.ca.gov/hq/construc/stormwater1.htm>

25. NAME of APPLICANT or ORGANIZATION (Print or Type)

City of Millbrae

E-MAIL ADDRESS

klim@ci.millbrae.ca.us

ADDRESS of APPLICANT or ORGANIZATION WHERE PERMIT IS TO BE MAILED (Include City and Zip Code)

621 Magnolia Avenue, Millbrae, CA 94030

PHONE NUMBER  
(650) 259-2347FAX NUMBER  
(650) 697-8158

26. NAME of AUTHORIZED AGENT / ENGINEER (Print or Type)

Khee Lim

IS LETTER OF AUTHORIZATION ATTACHED?

 YES  NO

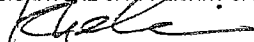
E-MAIL ADDRESS

ADDRESS of AUTHORIZED AGENT / ENGINEER (Include City and Zip Code)

621 Magnolia Avenue, Millbrae, CA 94030

PHONE NUMBER  
(650) 259-2347FAX NUMBER  
(650) 697-8158

27. SIGNATURE of APPLICANT or AUTHORIZED AGENT



28. PRINT OR TYPE NAME

Khee Lim

29. TITLE

City Engineer

30. DATE

May 31, 2007

**STANDARD ENCROACHMENT PERMIT APPLICATION**

TR-0100 (REV. 05/2006)

PERMIT NO.

**INSTRUCTIONS**  
for completing page 4

This page needs to be completed when the proposed project DOES NOT involve a City, County or other public agency.

Your answers to these questions will assist departmental staff in identifying any physical, biological, social or economic resources that may be affected by your proposed project within the State highway right-of-way. And, to determine which type of environmental studies may be required to approve your application for an encroachment permit.

It is the applicant's responsibility for the production of all required environmental documentation and supporting studies, in some cases this may be costly and time-consuming. If possible, attach photographs of the location of the proposed project.

Please answer these questions to the best of your ability. Provide a description of any "YES" answers (type, name, number, etc.)

1. Will any existing vegetation and/or landscaping within the highway right-of-way be disturbed?

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2. Will the proposed project involve any soil disturbance within highway right-of-way (trenching or excavation)?

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3. Are there waterways (river, creek, pond, natural pool or dry streambed) adjacent to or within the limits of the project or highway right-of-way?

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4. Is the proposed project located within five miles of the coast line?

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5. Will the proposed project generate construction noise levels greater than 86 dBA (i.e. jack-hammering, pile driving)?

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6. Will the proposed project incorporate land from a public park, recreation area or wildlife refuge open to the public?

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7. Are there any recreational trails or paths within the limits of the proposed project or highway right-of-way?

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8. Will the proposed project impact any structures, buildings, rail lines, or bridges within highway right-of-way?

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9. Will the proposed project impact access to any businesses or residences?

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10. Will the proposed project impact any existing public utilities or public services?

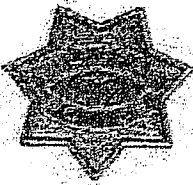
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11. Will the proposed project impact existing pedestrian facilities, such as sidewalks, crosswalks, or overcrossings?

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12. Will new lighting be constructed within or adjacent to highway right-of-way?

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# Millbrae Police Department

581 Magnolia Avenue ♦ Millbrae, California 94030  
650.259.2300 Fax 650.259.2344



November 6, 2007

Caltrans District 4  
111 Grand Avenue  
Oakland, Ca. 94612

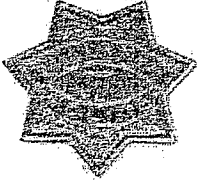
Dear Sir or Madam:

The City of Millbrae is the second City in San Mateo County to have a red light photo enforcement program. Currently, the City's largest and busiest intersection is equipped with this technology. In the first year of the red light photo enforcement program we have experienced a drastic reduction in red light violations and vehicle collisions at this intersection.

The City of Millbrae is preparing for expansion of this program to two additional intersections. One of these intersections is the south bound Hwy 101/Millbrae Avenue off-ramp. Statistical data compiled by our current vendor as well as frequent vehicle collisions in this area support the need for enforcement at this location. By implementing red light photo enforcement at this intersection, we are committed to ensuring public safety and reducing violation and collision rates. Our ultimate objective is to make this intersection even safer for the daily commuters and general public.

Approach Monitored	# Hours Monitored	Total Violations	Left Turn Violations	Straight Through Violations	Right Turn Violations
EB Millbrae @ El Camino	4	2	0	0	2
SB Millbrae @ El Camino	4	8	7	0	1
Hwy 101 @ Millbrae	3.5	37	-	-	37

Collisions at E. Millbrae Ave/Hwy 101	
2004	16
2005	18
2006	3



# Millbrae Police Department

381 Magdala Avenue \* Millbrae, California 94030  
650.259.2300 Fax 650.259.2344



If you may have any questions please do not hesitate to contact me at 650-259-2314.

Sincerely,

A handwritten signature in black ink, appearing to read "John Aronis". The signature is fluid and cursive, with a long horizontal stroke at the end.

John Aronis  
Sergeant-Millbrae Police Department  
Red Light Photo Enforcement Supervisor

June 22, 2009

Mr. R.B. Dantes, District Branch Chief  
California Department of Transportation  
Office of Permits  
111 Grand Avenue  
P O Box 23360  
Oakland, CA 94612

Subject: 04-SM-101/17.9/07-0929  
Southbound US101 Millbrae ARLES

Dear Mr. Dantes:

This is in response to our permit application for the installation of an Automated Red Light Enforcement System (ARLES) on State Highway 04-SM-101, Post Mile 17.90, at the Millbrae Avenue off-ramp in the City of Millbrae.

We believe that the subject intersection of Millbrae Avenue and southbound US101 off-ramp warrants the installation of the ARLES for the following reasons:

1. There were 17 injury accidents between January 2004 and November 2008.
2. There were 101 property damage collisions that Millbrae Police Department responded but no accident reports were written.

As requested we have plotted the 17 injury accidents in collision diagram format. A copy of which is attached with this letter for your reference.

Please do not hesitate to contact me if you should have any questions. I can be reached at (650) 259-2347. Thank you.

Sincerely,

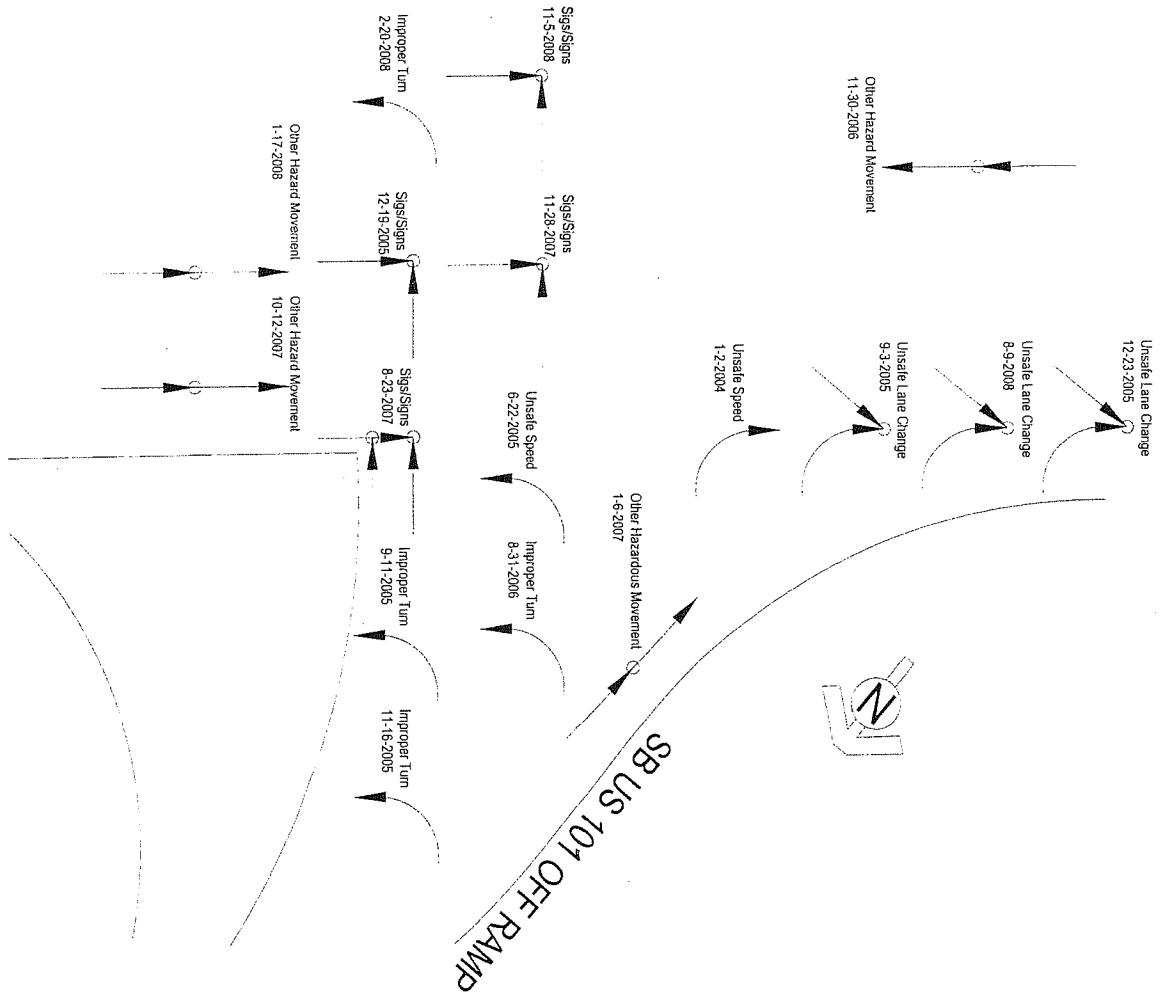
Khee Lim  
City Engineer

cc: John Aronis, Police Sergeant  
Ron Popp, Public Works Director

Enclosure: Collision Diagram



E. MILLBRAE AVE



Date: June 2009  
 Designer: B. A. Riddell  
 Designer: B. A. Riddell  
 Checked By: K. Linn  
**SHEET 1 OF 1**  
 City Project No. N/A

**City of Millbrae**  
 Public Works Department  
 621 Magnolia Avenue  
 Millbrae, CA 94030  
 Tel: (650) 259-2339, Fax: (650) 697-8158  
 www.ci.millbrae.ca.us

NO.	DESCRIPTION	BY	DATE

Collision Diagram  
 2004 - 2008  
**East Millbrae Avenue  
 at US 101 Off-Ramp**





"Khee Lim"  
<klim@ci.millbrae.ca.us>

08/20/2009 11:30 AM

Please respond to  
<klim@ci.millbrae.ca.us>

To "Farshid Brojeni" <farshid\_brojeni@dot.ca.gov>

cc "John Aronis" <jaronis@ci.millbrae.ca.us>

bcc

Subject Collision Diagrams

Hi Farshid,

Enclosed please find the collision diagram for Millbrae/ECR. They are a total of 9 reported accidents at the subject intersection between 2005 and 2009.

Also, I am sending you hard copies of those accidents that you told me Caltrans could not verified for the intersection of US101/Millbrae. There are a total of 14 reported accidents at the US101/Millbrae intersection. In our previous letter to you, we stated that we had 17 accidents but 3 of those accidents involved only properties damage and therefore our Police Department did not write accident reports for.

Thanks for your help.

Khee

(650) 259-2347



Millbrae Ave. at ECR Collision Diagram 2004-2009.pdf E. Millbrae Ave. at Hwy 101 Collision Diagram 2004-2009.pdf



"Kelly O'Dea"  
<kodea@ci.millbrae.ca.us>  
08/20/2009 12:06 PM


To <farshid\_brojeni@dot.ca.gov>  
cc <klim@ci.millbrae.ca.us>  
bcc  
Subject Traffic Accident Reports for US 101/Millbrae ARLES project

Farshid,

Attached are the traffic accident reports for the subject project.

Thank you.

Kelly O'Dea  
Senior Office Assistant  
City of Millbrae, Public Works Department  
621 Magnolia Avenue, Millbrae, CA 94030  
(650) 259-2448 direct; (650) 697-8158 fax  
[kodea@ci.millbrae.ca.us](mailto:kodea@ci.millbrae.ca.us)

 Think before you print



081909 Traffic Reports to Caltrans Offc of Permits RE US101-Millbrae ARLES.pdf



# *Transmittal*

**City of Millbrae  
Public Works Dept.**  
621 Magnolia Avenue  
Millbrae, CA 94030  
650.259.2339  
Fax 650.697.8158

**DATE:** 8-20-2009

**TO:** Farshid Vahedian Brojeni, P.E.

**Organization:** Caltrans, Office of Permits

**Subject:** Traffic Reports for US101/Millbrae ARLES project

**SENT BY:** Khee Lim, City Engineer

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**WE ARE SENDING via :**

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Enclosed  | <input checked="" type="checkbox"/> For Your Review | <input checked="" type="checkbox"/> For Your Information |
| <input type="checkbox"/> Under Separate Cover | <input type="checkbox"/> For Your File              | <input type="checkbox"/> For Your Signature              |
| <input type="checkbox"/> As Requested         | <input type="checkbox"/> For Your Approval          | <input type="checkbox"/> Other                           |

**THE FOLLOWING:**

- Traffic Reports for US101/Millbrae ARLES project

Permit No.  
 0407-NMC0929

Dist/Co/Rte/PM  
 04-SM- 101 17.9

In compliance with (Check one):

- Your application of May 31, 2007
- Utility Notice No. \_\_\_\_\_ of \_\_\_\_\_
- Agreement No. \_\_\_\_\_ of \_\_\_\_\_
- R/W Contract No. \_\_\_\_\_ of \_\_\_\_\_

Date  
 September 10, 2009

Fee Paid \$	Deposit \$
Performance Bond Amount (1)	Payment Bond Amount (2)

Bond Company

Bond Number (1)	Bond Number (2)
-----------------	-----------------

TO:  City of Millbrae  
 621 Magnolia Avenue  
 Millbrae, CA 94030

Attn: Mr. Khee Lim  
 Phone: (650) 259- 2347  , PERMITTEE

and subject to the following, **PERMISSION IS HEREBY GRANTED** to:

Install Automated Red Light Enforcement System (ARLES), poles, flashlights and associated conduits and wirings, on State Highway 04-SM-101, Post Mile 17.9, at the Millbrae Avenue Off-ramp, in the City of Millbrae.

A minimum of one week prior to the start of work under this permit, notice shall be given to, and approval of construction details, operations, public safety, and traffic control shall be obtained from State Representative Fred Farid, 110 Rickard Street, San Francisco CA 94134, 510-715-9553, weekdays, between 7:30AM & 4:00PM.

All permitted work requires the permittee to apply for and obtain a work authorization number prior to the start of work. See the attached "Encroachment Permit Project Work Scheduling Procedures" and the attached "Permit Project Work Scheduling Request Form". Additional time beyond the minimum seven-day advanced notice required in the above paragraph may be required for obtaining approval.

The following attachments are also included as part of this permit (Check applicable):

- Yes  No General Provisions
- Yes  No Utility Maintenance Provisions
- Yes  No Storm Water Special Provisions
- Yes  No A Cal-OSHA permit required prior to beginning work:  
# \_\_\_\_\_

In addition to fee, the permittee will be billed actual costs for:

- Yes  No Review
- Yes  No Inspection
- Yes ----- Field Work

(If any Caltrans effort expended)

Yes  No The information in the environmental documentation has been reviewed and considered prior to approval of this permit.

This permit is void unless the work is completed before September 30, 2010

This permit is to be strictly construed and no other work other than specifically mentioned is hereby authorized. No project work shall be commenced until all other necessary permits and environmental clearances have been obtained.

CC  
 CC: Bob Salazar (2), FF  
 Field Elect: J. Tubon  
 TMC/ J. Richardson,  
 Traffic System/P. Chan

APPROVED:

**BIJAN SARTIPI, District Director**

BY:

  
**M. D. CONDIE, District Permit Engineer**

When approved, traffic control performed under this permit shall be in accordance with the appropriate State Standard Plans T-10 through T-14. Where required by the plan, the use of a flashing arrow-board is **MANDATORY**.

Off-Ramp must remain open at all times. Shoulder may be closed from 9:00AM to 3:00 PM, Monday thru Friday, Holidays are excluded. For shoulder closure, use Standard Plan T-10.

No other lane closure is permitted at any other times.

Parking may be restricted while work is actively in progress.

The site of the work shall be enclosed by suitable barricades, signs and lights, as approved by State's representative, to warn and protect traffic effectively.

**The City of Millbrae shall instruct their officers not to contact Caltrans if only the Automated Traffic Light Enforcement System (ARLES) is damaged due to an accident.**

**If Caltrans is called out and finds that only the red light equipment is damaged, The City of Millbrae shall reimburse Caltrans for the costs of the call-out.**

**The ARLES shall be powered from a separate source other than Caltrans.**

**Installation of additional loops is prohibited. The City of Millbrae may install wireless detection or any other method of detection that does not damage the State roadways.**

**Access to signal cabinet shall be performed at the presence of Caltrans Representative.**

**In the event of future modifications to the traffic signal by Caltrans, the City of Millbrae shall be responsible for relocation costs of the ARLES.**

**Caltrans will provide initial yellow interval information to the City of Millbrae for installing the ARLES upon request. Any subsequent need for verification of the yellow interval shall be the responsibility of the City of Millbrae.**

**The ARLES cables shall be installed in a separate conduit with distinctively marked pull boxes and no ARLES equipment shall be installed in the traffic signal controller cabinet.**

**Any connections to the State system shall be in the form of 24 Volt DC or less sensing unit. This unit shall not be hard wired to State conductors.**

**Any damage to the existing State facilities shall be repaired at permittee's expense.**

**At least five working days before starting work on any signal or lighting facilities under this permit, State's Permit Electrical Engineer J. Tubon shall be contacted at (415) 330 -6544 for approval of construction and operational details.**

A safe minimum passageway of 1.21m (4') shall be maintained through the working area at existing pedestrian or bicycle facilities. At no time shall pedestrian be diverted onto a portion of the street used for vehicular traffic. At locations where safe alternate passageways cannot be provided, appropriate signs and barricades shall be installed at the limit of construction and in advance of the limits of construction at the nearest crosswalk or intersection to detour pedestrian to facilities across the street.

Excavations made within the limits of the highway shall be backfilled before leaving the work site for the night. After backfilling the trench, temporary surfacing shall be placed if required by State's representative.

Trench backfill shall conform to Section 19-3.06 of the State's Standard Specifications and the current edition of the Standard Plans. Tests for relative compaction of structure backfill material used in backfilling trenches may be made in accordance with Test Method No. California 231 (Nuclear gauge). Any base, surfacing or pavement shall be replaced in kind, or as otherwise required by State's representative.

All Permittee's personnel shall wear appropriate personal protective equipment, including hard hats and bright-colored vests, shirts or jackets with retro-reflective material while on State highway right-of-way.

All utility work shall be performed in accordance with the appropriate provisions contained in the Department of Transportation Encroachment Permit Utility Provisions dated July 2009 .

Notwithstanding General Provision No.4, your contractor is required to apply for and obtain an encroachment permit prior to starting work and the application shall be accompanied by a check of \$ 1148 and a \$25,000.00 performance bond. The bond shall be in Caltrans bond form. Permittee's contractor shall be billed for any additional inspection cost at the current Caltrans rate of \$82.00/hr.

**Immediately following completion of the work permitted herein, the permittee shall fill out and mail the notice of completion attached to this permit.**

**AS BUILT PLAN REQUIREMENTS:**

Upon completion of the work provided herein, the permittee shall send one vellum or paper set of As-Built plans, to the State representative. Mylar or paper sepia plans are not acceptable. In addition, provide the State representative a complete set of acceptable full-sized reproducible As-Built plans on a CD-ROM (MicroStation.dgn file Release 5.0 or later) complying with STATE'S current CADD Users Manual and State's current Drafting and Plans Manual and all contract records, including survey documents and all corrected original full size structure plans.

All changes in the work will be shown on the plans, as issued with the permit, including changes approved by Encroachment Permit Rider. All changes to project plans and specifications or changes affecting State facilities shall be shown on As-Built plans.

The As-Built plans must also show all the detailed information required by paragraph 9.h of the Variance (00-V-RAR-02) issued by Department of Toxic Substances Control (DTSC) to State regarding the reuse of aerial deposited lead in soil within PROJECT limits.

Any relocated or new facilities shall be correctly shown and identified on the As-Built plans.



The plans are to be stamped or otherwise noted AS BUILT by the permittee's representative who was responsible for overseeing the work. Any original plan that was approved by a state stamp, or Caltrans representative signature, shall be used for producing the As-Built plans.

If "As-Built" plans include signing and striping, the dates of signing or striping removal, relocation or installation shall be shown on the plans when required as a condition of the permit. When the construction plans show signing and striping for Staged construction on separate sheets, the sheet for each stage shall show the removal, relocation or installation dates of the appropriate staged striping and signing.

As-Built plans shall contain the Permit Number, County, Route, Post Mile and Kilometer Post on each sheet.

Disclaimer statement of any kind, that differ from the obligations and protection provided by Sections 6735 through 6735.6 of the California Business and Professions Code, shall not be included on the As-Built plans. Such statements constitute non-compliance with Encroachment Permit requirements, and may result in the Department of Transportation retaining Performance Bonds or deposits until proper plans are submitted.

Failure to comply may result in denial of future permits, or a provision for a public agency to supply additional bonding.

TRAFFIC COLLISION REPORT

SPECIAL CONDITIONS		NO. INJURED 1	HIT & RUN FELONY <input type="checkbox"/>	CITY MILLBRAE	JUDICIAL DISTRICT NORTHERN	LOCAL REPORT NUMBER 2008-01540	
		NO. KILLED <input type="checkbox"/>	HIT & RUN MISD <input type="checkbox"/>	COUNTY SAN MATEO	REPORTING DISTRICT CONTROL DOCUMENT#4	BEAT 4	DAY OF WEEK SATURDAY
LOCATION	COLLISION OCCURRED ON: EAST MILLBRAE				MO 8/9/2008	DAY OF YEAR 218	TIME/GATE 0628
	MILEPOST INFORMATION				GPS Coordinates		PHOTOGRAPHS BY: <input type="checkbox"/> NONE
	<input checked="" type="checkbox"/> AT INTERSECTION WITH S/B HWY 101 OFF RAMP <input type="checkbox"/> OR				STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		NCIC # CA0411000
						OFFICER I.D. 111	
PARTY 1	DRIVERS LICENSE NUMBER	STATE CA	CLASS C	AIRBAG M	SAFETY EQUIP. G	VEH YEAR 1994	MAKE/MODEL/COLOR MAZD/VAN/BLU
DRIVER	NAME [REDACTED]				LICENSE NUMBER [REDACTED]		
PEDEST	STREET ADDRESS [REDACTED]				OWNER NAME <input type="checkbox"/> SAME AS DRIVER		
PKD VEH	CITY/STATE/ZIP SAN BRUNO, CA 94066				OWNER ADDRESS [REDACTED]		
BICYCLST	SEX M	HAIR BRO	EYES BRO	HEIGHT 5'9"	WEIGHT 170	BIRTHDATE 12/10/1985	RACE B
OTHER	HOME PHONE [REDACTED]		BUSINESS PHONE [REDACTED]		VEHICLE IDENTIFICATION NUMBER: [REDACTED]		
	INSURANCE CARRIER ESSEX INS CO		POLICY NUMBER [REDACTED]		VEHICLE TYPE <input checked="" type="checkbox"/> MOD <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MAJOR <input type="checkbox"/> MINOR <input type="checkbox"/> ROLL-OVER		
	DIR OF TRAVEL WEST	ON STREET OR HIGHWAY EAST MILLBRAE		SPEED LIMIT 35		SHADE IN DAMAGED AREA [REDACTED]	
PARTY 2	DRIVERS LICENSE NUMBER	STATE CA	CLASS B	AIRBAG M	SAFETY EQUIP. G	VEH YEAR 2005	MAKE/MODEL/COLOR VANH/TOUR BUS/WHI
DRIVER	NAME [REDACTED]				LICENSE NUMBER [REDACTED]		
PEDEST	STREET ADDRESS [REDACTED]				OWNER NAME <input type="checkbox"/> SAME AS DRIVER		
PKD VEH	CITY/STATE/ZIP HAYWARD, CA 94545				OWNER ADDRESS [REDACTED]		
BICYCLST	SEX M	HAIR BLK	EYES BLK	HEIGHT 5'11"	WEIGHT 205	BIRTHDATE 6/14/1967	RACE B
OTHER	HOME PHONE [REDACTED]		BUSINESS PHONE [REDACTED]		VEHICLE IDENTIFICATION NUMBER: [REDACTED]		
	INSURANCE CARRIER RLI INS CO		POLICY NUMBER [REDACTED]		VEHICLE TYPE 10 <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		
	DIR OF TRAVEL WEST	ON STREET OR HIGHWAY EAST MILLBRAE AV		SPEED LIMIT 35		SHADE IN DAMAGED AREA [REDACTED]	
PARTY 3	DRIVERS LICENSE NUMBER	STATE	CLASS	AIRBAG	SAFETY EQUIP.	VEH YEAR	MAKE/MODEL/COLOR
DRIVER	NAME				LICENSE NUMBER		
PEDEST	STREET ADDRESS				OWNER NAME		
PKD VEH	CITY/STATE/ZIP				OWNER ADDRESS		
BICYCLST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:		
	INSURANCE CARRIER		POLICY NUMBER		VEHICLE TYPE		
	DIR OF TRAVEL	ON STREET OR HIGHWAY		SPEED LIMIT		SHADE IN DAMAGED AREA	
PREPARED BY DAN HAMPTON 111		DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA		REVIEWED BY RON GLEESON 100		DATE REVIEWED 8/9/2008	

# TRAFFIC COLLISION REPORT

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

2


SPECIAL CONDITIONS		NO INJURED 2	HIT & RUN FELONY <input type="checkbox"/>	CITY MILLBRAE	JUDICIAL DISTRICT MILLBRAE CENTRAL MUNI COURT	LOCAL REPORT NUMBER 2008-02071	
		NO. KILLED 0	HIT & RUN MISD <input type="checkbox"/>	COUNTY SAN MATEO	REPORTING DISTRICT 15 DO NOT DUPLICATE	BEAT 4	DAY OF WEEK WEDNESDAY
		TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		MO DAY YEAR 11/5/2008		TIME 1453	NCIC # CA0411000
L O C A T I O N	COLLISION OCCURRED ON: E MILLBRAE AV		GPS Coordinates		OFFICER I.D. 103		PHOTOGRAPHS BY: <input type="checkbox"/> NONE
	MILEPOST INFORMATION		STATE HWY REL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		ABOUT 103		
	<input type="checkbox"/> AT INTERSECTION WITH		77 FEET SOUTH BOUND US 101 OFF AT MILLBRAE AVE				
PARTY 1	DRIVERS LICENSE NUMBER	STATE	CLASS	AIRBAG	SAFETY EQUIP.	VEH YEAR	MAKE/MODEL/COLOR
DRIVER	NAME			L	G	1997	HOND/ACCORD/GRY
PEDEST	STREET ADDRESS						LICENSE NUMBER
PKD VEH	CITY/STATE/ZIP						CA
BICYCLST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE
	M	BLK	BRO	5'6"	150	6/24/1984	H
OTHER	HOME PHONE	BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE	
						DESCRIBE	
	INSURANCE CARRIER	POLICY NUMBER		VEHICLE TYPE		SHADE IN DAMAGED AREA	
	UNKNOWN			01		UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/>	
	DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT	CA	DOT	CAL-T	TCP/PSC
	SOUTH	E MILLBRAE AV	35				MC/MX
PARTY 2	DRIVERS LICENSE NUMBER	STATE	CLASS	AIRBAG	SAFETY EQUIP.	VEH YEAR	MAKE/MODEL/COLOR
DRIVER	NAME	CA	C	M	G	2007	FORD/ECONOLINE/WHI
PEDEST	STREET ADDRESS						LICENSE NUMBER
PKD VEH	CITY/STATE/ZIP						CA
BICYCLST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE
	M	BRO	GRN	5'7"	160	8/19/1979	W
OTHER	HOME PHONE	BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE	
						DESCRIBE	
	INSURANCE CARRIER	POLICY NUMBER		VEHICLE TYPE		SHADE IN DAMAGED AREA	
	TRAVELERS			22		UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/>	
	DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT	CA	DOT	CAL-T	TCP/PSC
	WEST	E MILLBRAE AV	35				MC/MX
PARTY 3	DRIVERS LICENSE NUMBER	STATE	CLASS	AIRBAG	SAFETY EQUIP.	VEH YEAR	MAKE/MODEL/COLOR
DRIVER	NAME						LICENSE NUMBER
PEDEST	STREET ADDRESS						STATE
PKD VEH	CITY/STATE/ZIP						
BICYCLST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE
OTHER	HOME PHONE	BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE	
						DESCRIBE VEHICLE DAMAGE	
	INSURANCE CARRIER	POLICY NUMBER		VEHICLE TYPE		SHADE IN DAMAGED AREA	
						UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/>	
	DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT	CA	DOT	CAL-T	TCP/PSC
							MC/MX
PREPARED BY JIM ABOUT 103		DISPATCH NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		REVIEWED BY RON GLEESON 100		DATE REVIEWED 11/17/2008	

TRAFFIC COLLISION REPORT

3

SPECIAL CONDITIONS		# INURED 1	HIT & RUN FELONY <input type="checkbox"/>	CITY Millbrae	JUDICIAL DISTRICT Municipal	CASE NUMBER 2005-1894	
		# KILLED 0	HIT & RUN MISD <input type="checkbox"/>	COUNTY San Mateo	REPORTING DISTRICT Northern	BEAT 3	
LOCATION	COLLISION OCCURRED ON Millbrae Avenue			DATE 12-9-05	TIME (2400) 1019	NCIC # 04110	OFFICER I.D. 17
	MILEPOST INFORMATION FEET			DO NOT DUPLICATE	DAY Friday	TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PHOTOGRAPHS BY
	<input type="checkbox"/> AT INTERSECTION WITH			STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> NONE	
	<input checked="" type="checkbox"/> OR 10.10 FEET East of the east prolonged edge of S/B US 101 off ramp						
PARTY 1	DRIVER'S LICENSE NUMBER		STATE Ca	CLASS C	SAFETY N	VEH. YR. 1999	MAKE / MODEL / COLOR Chevy / 2500 Crew Cab
DRIVER	NAME (FIRST, MI, LAST)						LICENSE NUMBER [REDACTED]
PED	STREET ADDRESS					OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER	
PKD VEH	CITY / STATE / ZIP					OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER	
BICYCLIST	SEX M	HAIR Brn	EYES Brn	HEIGHT 604	WEIGHT 250	BIRTHDATE 11/16/1966	RACE W
OTHER	HOME PHONE		WORK PHONE		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER Towed		
	INSURANCE CARRIER Sterling Casualty Insurance		POLICY NUMBER [REDACTED]		CHP USE ONLY VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE: INDICATE DAMAGED AREA <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> TOTAL
	D.O.T.	ON STREET/HIGHWAY		SPD. LMT.	PCF		
	W/B	Millbrae Avenue		35	CVC21453(a)		
					<input type="checkbox"/> DOT <input type="checkbox"/> CA <input type="checkbox"/> ICC <input type="checkbox"/> PUC		
PARTY 2	DRIVER'S LICENSE NUMBER		STATE Ca	CLASS C	SAFETY Y	VEH. YR. 2004	MAKE / MODEL / COLOR Chevy / Silverado / Grey
DRIVER	NAME (FIRST, MI, LAST)						LICENSE NUMBER [REDACTED]
PED	STREET ADDRESS					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER	
PKD VEH	CITY / STATE / ZIP					OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER	
BICYCLIST	SEX F	HAIR Brn	EYES Hzi	HEIGHT 508	WEIGHT 135	BIRTHDATE 05/30/1965	RACE W
OTHER	HOME PHONE		WORK PHONE		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER Towed		
	INSURANCE CARRIER HR&H		POLICY NUMBER [REDACTED]		CHP USE ONLY VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE: INDICATE DAMAGED AREA <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> TOTAL
	D.O.T.	ON STREET/HIGHWAY		SPD. LMT.	PCF		
	S/B	Millbrae Avenue		35			
					<input type="checkbox"/> DOT <input type="checkbox"/> CA <input type="checkbox"/> ICC <input type="checkbox"/> PUC		
PARTY 3	DRIVER'S LICENSE NUMBER		STATE	CLASS	SAFETY	VEH. YR.	MAKE / MODEL / COLOR
DRIVER	NAME (FIRST, MI, LAST)						LICENSE NUMBER
PED	STREET ADDRESS					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER	
PKD VEH	CITY / STATE / ZIP					OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER	
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE
OTHER	HOME PHONE		WORK PHONE		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
	INSURANCE CARRIER		POLICY NUMBER		CHP USE ONLY VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE: INDICATE DAMAGED AREA <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> TOTAL
	D.O.T.	ON STREET/HIGHWAY		SPD. LMT.	PCF		
					<input type="checkbox"/> DOT <input type="checkbox"/> CA <input type="checkbox"/> ICC <input type="checkbox"/> PUC		
RED BY. K. Reeves 777		REVIEWED BY. [Signature]		DATE REVIEWED 12/15/05		COPIES: FILE / PUBLIC WORKS	
						C.R.O.	

ORCA 3 CC: ENG/CHP  
11/12/05

DATE OF COLLISION <b>12/9/05</b>	TIME(2400) <b>1019</b>	NCIC NUMBER <b>0411000</b>	OFFICER ID <b>17</b>	NUMBER <b>200-1894</b>
OWNER'S NAME / ADDRESS <b>City Of Millbrae</b>				NOTIFIED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROPERTY AGE	DESCRIPTION OF DAMAGE <b>Keep Right street sign was knocked down/ Damage to the curb on the center median.</b>			
<b>SEATING POSITION</b>	<b>OCCUPANTS</b>	<b>SAFETY EQUIPMENT</b>		<b>EJECTED FROM VEHICLE</b>
	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 - AIRBAG DEPLOYED M - AIRBAG NOT DEPLOYED N - OTHER P - NOT REQUIRED		0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN
MILLBRAE POLICE DEPARTMENT CONTROL DOCUMENT CHILD RESTRAINT Q - IN VEHICLE R - IN VEHICLE NOT USED S - IN VEHICLE USED UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE W - YES X - NO Y - YES				

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

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	TYPE OF VEHICLE			MOVEMENT PRECEDING COLLISION
		1	2	3	
# 1 A VC SECTION VIOLATED CITED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>CVC 21453(a)</b>	<input checked="" type="checkbox"/> A CONTROLS FUNCTIONING		<input checked="" type="checkbox"/>	A PASSENGER CAR/STATION WAGON	A STOPPED
# B OTHER IMPROPER DRIVING*	<input type="checkbox"/> B CONTROLS NOT FUNCTIONING*			B PASSENGER CAR W/ TRAILER	B PROCEEDING STRAIGHT
C OTHER THAN DRIVER*	<input type="checkbox"/> C CONTROLS OBSCURED			C MOTORCYCLE/SCOOTER	C RAN OFF ROAD
D UNKNOWN*	<input type="checkbox"/> D NO CONTROLS PRESENT*	<input checked="" type="checkbox"/>		D PICK UP PANEL TRUCK	D MAKING RIGHT TURN
# E FELL ASLEEP*	TYPE OF COLLISION			E PICKUP/PANEL TRUCK W/ TRAILER	E MAKING LEFT TURN
	<input type="checkbox"/> A HEAD-ON			F TRUCK OR TRUCK TRAILER	F MAKING U TURN
	<input type="checkbox"/> B SIDESWIPE			G TRUCK/TRUCK TRACTOR W/ TRLR.	G BACKING
	<input type="checkbox"/> C REAR END			H SCHOOL BUS	H SLOWING/STOPPING
WEATHER (MARK 1 TO 2 ITEMS)	<input checked="" type="checkbox"/> D BROADSIDE			I OTHER BUS	I PASSING OTHER VEHICLE
<input checked="" type="checkbox"/> A CLEAR	<input type="checkbox"/> E HIT OBJECT			J EMERGENCY VEHICLE	J CHANGING LANES
<input type="checkbox"/> B CLOUDY	<input type="checkbox"/> F OVERTURNED			K HIGHWAY CONST. EQUIPMENT	K PARKING MANEUVER
<input type="checkbox"/> C RAINING	<input type="checkbox"/> G VEHICLE/ PEDESTRIAN			L BICYCLE	L ENTERING TRAFFIC
<input type="checkbox"/> D SNOWING	<input type="checkbox"/> H OTHER*			M OTHER VEHICLE	M OTHER UNSAFE TURNING
E FOG/VISIBILITY FT.	MOTOR VEHICLE INVOLVED WITH			N PEDESTRIAN	N XING INTO OPPOSING LANE
F OTHER*	<input type="checkbox"/> A NON-COLLISION			O MOPED	O PARKED
G WIND	<input type="checkbox"/> B PEDESTRIAN				P MERGING
LIGHTING	<input checked="" type="checkbox"/> C OTHER MOTOR VEHICLE				Q TRAVELING WRONG WAY
<input checked="" type="checkbox"/> A DAYLIGHT	<input type="checkbox"/> D VEHICLE ON OTHER ROADWAY			OTHER ASSOCIATED FACTURE(S) (MARK 1 TO 2 ITEMS)	
<input type="checkbox"/> B DUSK - DAWN	<input type="checkbox"/> E PARKED VEHICLE			A VC SECTION VIOLATION: CITED <input type="checkbox"/> Yes <input type="checkbox"/> No	
DARK - STREETLIGHTS	<input type="checkbox"/> F TRAIN			B VC SECTION VIOLATION: CITED <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> D DARK - NO STREETLIGHTS	<input type="checkbox"/> G BICYCLE			C VC SECTION VIOLATION: CITED <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> E DARK - STREETLIGHTS NOT FUNCTIONING*	<input type="checkbox"/> H ANIMAL:			D	SOBRIETY - DRUG (PHYSICAL) (MARK 1 TO 2 ITEMS)
ROADWAY SURFACE	<input checked="" type="checkbox"/> I FIXED OBJECT: Curb				A HAD NOT BEEN DRINKING
<input checked="" type="checkbox"/> A DRY	<input checked="" type="checkbox"/> J OTHER OBJECT: Street Sign			E VISION OBSCUREMENT	B HBD-UNDER INFLUENCE
<input type="checkbox"/> B WET	PEDESTRIAN'S INVOLVED			F INATTENTION*	C HBD-NOT UNDER INFLUENCE
<input type="checkbox"/> C SNOWY - ICY	<input checked="" type="checkbox"/> A NO PEDSTRIANS INVOLVED			G STOP & GO TRAFFIC	D HBD-IMPAIRMENT UNK.*
<input type="checkbox"/> D SLIPPERY (MUDDY, OILY, ETC.)	<input type="checkbox"/> B CROSSING IN CROSSWALK AT INTERSECTION			H ENTERING/LEAVING RAMP	E UNDER DRUG INFLUENCE*
ROADWAY CONDITION (S) (MARK 1 TO 2 ITEMS)	<input type="checkbox"/> C CROSSING IN CROSSWALK NOT AT INTERSECTION			I PREVIOUS COLLISION	F IMPAIRMENT-PHYSICAL*
<input type="checkbox"/> A HOLES, DEEP RUT*	<input type="checkbox"/> D CROSSING-NOT IN CROSSWALK			J UNFAMILIAR WITH ROAD	G IMPAIRMENT NOT KNOWN
<input type="checkbox"/> B LOOSE MATERIAL ON ROADWAY*	<input type="checkbox"/> E IN ROAD / SHOULDER			K DEFECTIVE VEHICLE EQUIP.: <input type="checkbox"/> Yes <input type="checkbox"/> No	H NOT APPLICABLE
<input type="checkbox"/> C OBSTRUCTION ON ROADWAY*	<input type="checkbox"/> F NOT IN ROAD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	L UNINVOLVED VEHICLE	I SLEEPY/FATIGUED
<input type="checkbox"/> D CONSTRUCTION - REPAIR ZONE	<input type="checkbox"/> G TO / FROM SCHOOL BUS			M OTHER*	SPECIAL INFORMATION
<input type="checkbox"/> E REDUCED ROADWAY WIDTH				N NONE APPARENT	A HAZARDOUS MATERIAL
<input type="checkbox"/> F FLOODED*				O RUNAWAY VEHICLE	
<input type="checkbox"/> G OTHER*					
<input checked="" type="checkbox"/> H NO UNUSUAL CONDITIONS					



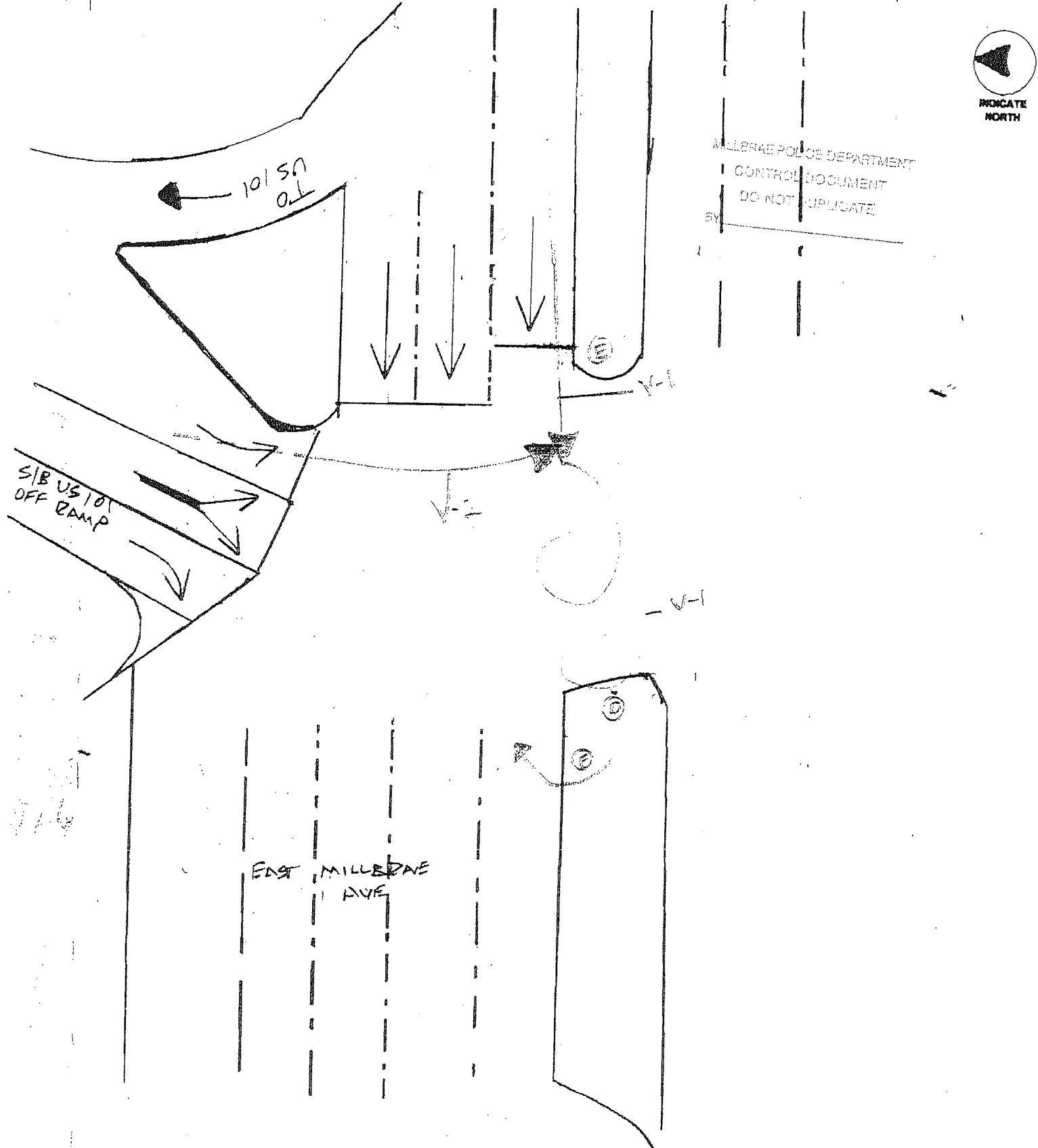
INDICATE NORTH

MISCELLANEOUS

**FACTUAL DIAGRAM**  
 CHP 555 Page 4 (Rev. 8-87) OPI 042

DATE OF COLLISION (MO. DAY YEAR) 12-19-05	TIME (2400) 1019	MCIC # S4110	OFFICER I.D. REEVES # 577	NUMBER 205-1892
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE)



PREPARED BY A. [Signature]	I.O. NUMBER	MO DAY YEAR	REVIEWER'S NAME	MO. D
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**FACTUAL DIAGRAM**  
 CHP 555 Page 4 (Rev. 8-97) OPI 042

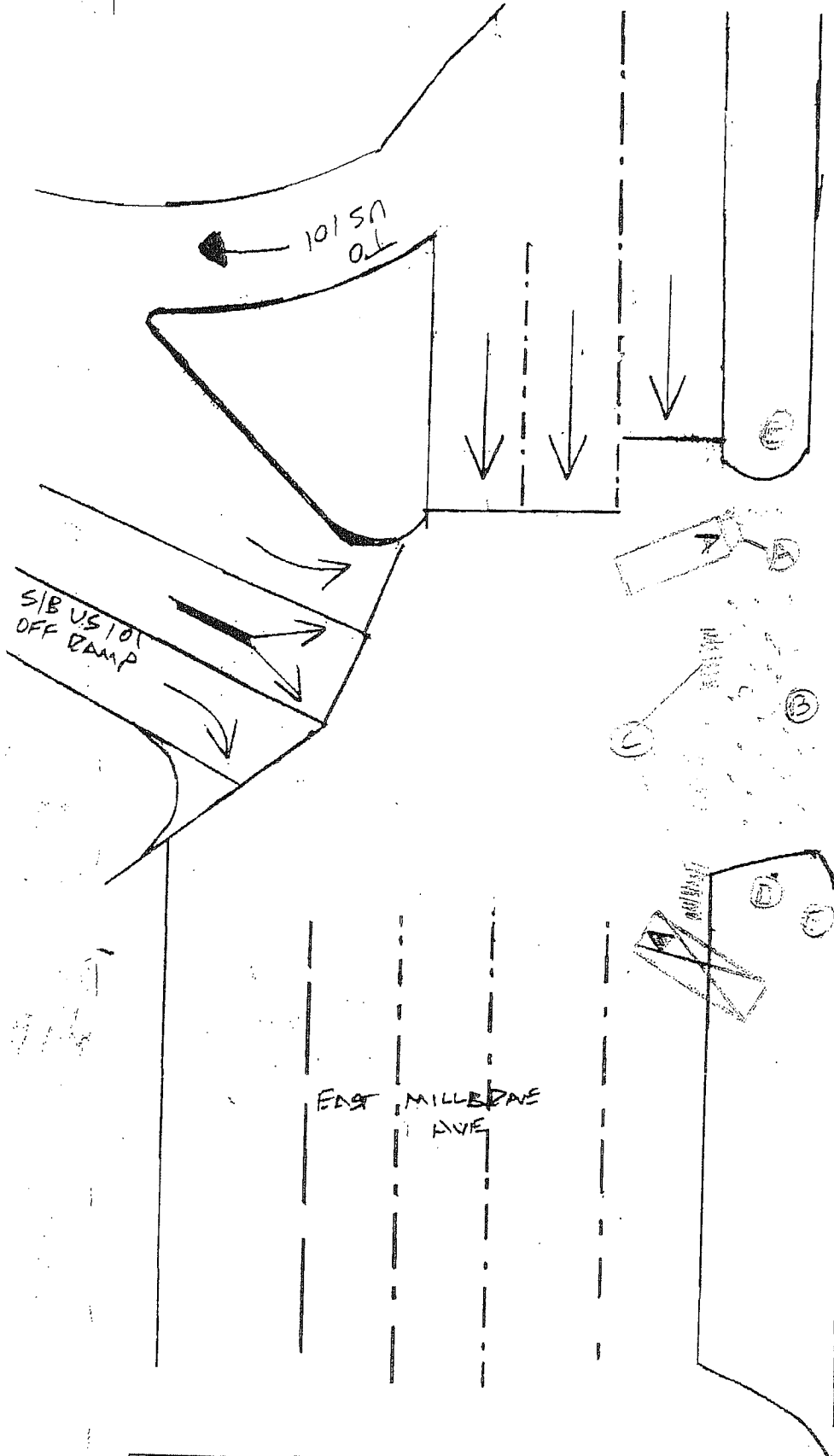
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DATE OF COLLISION (MO. DAY YEAR) 12-19-05	TIME (2400) 1019	NCIC # 04110	OFFICER I.D. REEVES D379	NUMBER 2005-1594
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE = )



MILLBURN POLICE DEPARTMENT  
 CONTAIN DOCUMENT  
 DO NOT DUPLICATE



PREPARED BY A. H. [Signature]	ID NUMBER	MO DAY YEAR	REVIEWER'S NAME	MO. D
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TRAFFIC COLLISION REPORT

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SPECIAL CONDITIONS NONE	# INURED 0	HIT & RUN FELONY <input type="checkbox"/>	CITY Millbrae	JUDICIAL DISTRICT Municipal	CASE NUMBER
	# KILLED 0	HIT & RUN MISD. <input type="checkbox"/>	COUNTY San Mateo	REPORTING DISTRICT Northern	BEAT 3
					2005-01756

L O C A T I O N	COLLISION OCCURRED ON E. MILLBRAE AVENUE	DATE 11-16-05	TIME (2400) 2112	NCIC # 04110	OFFICER I.D. 15
	MILEPOST INFORMATION	DAY Wednesday	TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PHOTOGRAPHS BY:	
	<input type="checkbox"/> AT INTERSECTION WITH <input checked="" type="checkbox"/> OR 321 FEET EAST OF HIGHWAY 101 S/B ON-RAMP	STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> NONE	

PARTY 1	DRIVER'S LICENSE NUMBER	STATE GA	CLASS unk	SAFETY P	VEH. YR. 87	MAKE / MODEL / COLOR TOYOTA/SUPRA/BLU	LICENSE NUMBER	STATE CA
DRIVER	NAME (FIRST, MI, LAST)							

PED	STREET ADDRESS	OWNER'S NAME	<input type="checkbox"/> SAME AS DRIVER
-----	----------------	--------------	---

PKD VEH	CITY / STATE / ZIP	OWNER'S ADDRESS	<input type="checkbox"/> SAME AS DRIVER
---------	--------------------	-----------------	---

BICYCLIST	SEX M	HAIR Blk	EYES Brn	HEIGHT 505	WEIGHT 135	BIRTHDATE 05/05/83	RACE A	DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER
-----------	----------	-------------	-------------	---------------	---------------	-----------------------	-----------	---

OTHER	HOME PHONE	WORK PHONE UNKNOWN	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE
-------	------------	-----------------------	---

INSURANCE CARRIER UNKNOWN		POLICY NUMBER UNKNOWN		CHP USE ONLY 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 checked="" type="checkbox"/> TOTAL	INDICATE DAMAGED AREA
D.O.T.	ON STREET/HIGHWAY E/B E. MILLBRAE AVE.	SPD. LMT. 35	PCF CVC 22350	<input type="checkbox"/> DOT <input type="checkbox"/> CA <input type="checkbox"/> ICC <input type="checkbox"/> PUC		

PARTY 2	DRIVER'S LICENSE NUMBER	STATE	CLASS	SAFETY	VEH. YR.	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE
DRIVER	NAME (FIRST, MI, LAST)							

PED	STREET ADDRESS	OWNER'S NAME	<input type="checkbox"/> SAME AS DRIVER
-----	----------------	--------------	---

PKD VEH	CITY / STATE / ZIP	OWNER'S ADDRESS	<input type="checkbox"/> SAME AS DRIVER
---------	--------------------	-----------------	---

BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER
-----------	-----	------	------	--------	--------	-----------	------	--

OTHER	HOME PHONE	WORK PHONE	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE
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INSURANCE CARRIER		POLICY NUMBER		CHP USE ONLY 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"/> TOTAL	INDICATE DAMAGED AREA
D.O.T.	ON STREET/HIGHWAY	SPD. LMT.	PCF	<input type="checkbox"/> DOT <input type="checkbox"/> CA <input type="checkbox"/> ICC <input type="checkbox"/> PUC		

PARTY 3	DRIVER'S LICENSE NUMBER	STATE	CLASS	SAFETY	VEH. YR.	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE
DRIVER	NAME (FIRST, MI, LAST)							

PED	STREET ADDRESS	OWNER'S NAME	<input type="checkbox"/> SAME AS DRIVER
-----	----------------	--------------	---

PKD VEH	CITY / STATE / ZIP	OWNER'S ADDRESS	<input type="checkbox"/> SAME AS DRIVER
---------	--------------------	-----------------	---

BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER
-----------	-----	------	------	--------	--------	-----------	------	--

OTHER	HOME PHONE	WORK PHONE	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE
-------	------------	------------	--

INSURANCE CARRIER		POLICY NUMBER		CHP USE ONLY 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"/> TOTAL	INDICATE DAMAGED AREA
D.O.T.	ON STREET/HIGHWAY	SPD. LMT.	PCF	<input type="checkbox"/> DOT <input type="checkbox"/> CA <input type="checkbox"/> ICC <input type="checkbox"/> PUC		

PREPARED BY: ROSENBLATT	REVIEWED BY:	DATE REVIEWED: 11/20/05	COPIES: Sacto/Eng	C.R.O.
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12/5/05

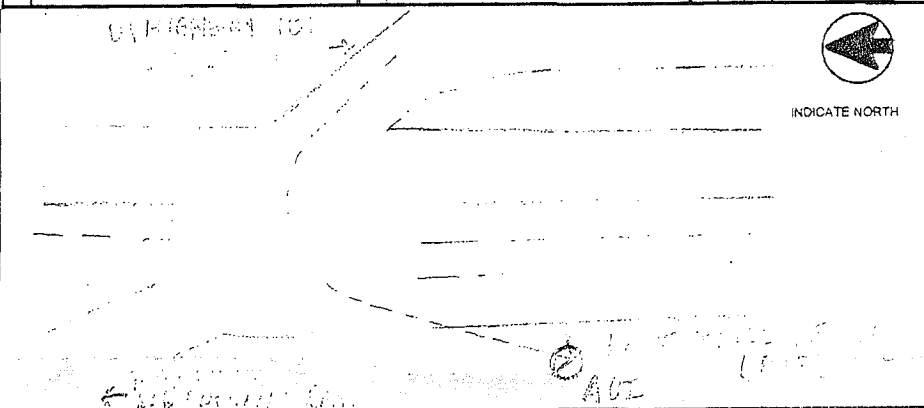


TRAFFIC COLLISION CODING

DATE OF COLLISION <b>11/16/05</b>	TIME(2400) <b>2112</b>	NCIC NUMBER <b>0411000</b>	OFFICER ID <b>15</b>	NUMBER <b>2005-01756</b>
PROPERTY DAMAGE	OWNER'S NAME / ADDRESS			NOTIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No
	DESCRIPTION OF DAMAGE <b>Vehicle was totaled.</b>			
SEATING POSITION	OCCUPANTS	SAFETY EQUIPMENT DEPARTMENT CONTROL DOCUMENT		EJECTED FROM VEHICLE
	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 - AIRBAG DEPLOYED NOT DUPLICATED M - AIRBAG NOT DEPLOYED N - OTHER P - NOT REQUIRED		M/C BICYCLE - HELMET DRIVER V - NO W - YES PASSENGER X - NO Y - YES
		O - IN VEHICLE R - IN VEHICLE NOT USED S - IN VEHICLE USED UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE		0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN

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

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES			TYPE OF VEHICLE			MOVEMENT PRECEDING COLLISION			
	1	2	3	1	2	3	1	2	3	
# 1 A VC SECTION VIOLATED CITED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>CVC 22350</b>	<input checked="" type="checkbox"/> A CONTROLS FUNCTIONING			<input checked="" type="checkbox"/> A PASSENGER CAR/STATION WAGON						A STOPPED
# B OTHER IMPROPER DRIVING*	<input checked="" type="checkbox"/> B CONTROLS NOT FUNCTIONING*			B PASSENGER CAR W/ TRAILER						B PROCEEDING STRAIGHT
# C OTHER THAN DRIVER*	C CONTROLS OBSCURED			C MOTORCYCLE/SCOOTER						C RAN OFF ROAD
D UNKNOWN*	D NO CONTROLS PRESENT*			D PICK OR PANEL TRUCK						D MAKING RIGHT TURN
# E FELL ASLEEP*	TYPE OF COLLISION			E PICKUP/PANEL TRUCK W/ TRAILER			<input checked="" type="checkbox"/>			E MAKING LEFT TURN
	A HEAD-ON			F TRUCK OR TRUCK TRAILER						F MAKING U TURN
	B SIDESWIPE			G TRUCK/TRUCK TRACTOR W/ TRLR.						G BACKING
WEATHER (MARK 1 TO 2 ITEMS)	C REAR END			H SCHOOL BUS						H SLOWING/STOPPING
<input checked="" type="checkbox"/> A CLEAR	D BROADSIDE			I OTHER BUS						I PASSING OTHER VEHICLE
B CLOUDY	E HIT OBJECT			J EMERGENCY VEHICLE						J CHANGING LANES
C RAINING	<input checked="" type="checkbox"/> F OVERTURNED			K HIGHWAY CONST. EQUIPMENT						K PARKING MANEUVER
D SNOWING	G VEHICLE/ PEDESTRIAN			L BICYCLE						L ENTERING TRAFFIC
E FOG/VISIBILITY FT.	H OTHER*:			M OTHER VEHICLE						M OTHER UNSAFE TURNING
F OTHER*:	MOTOR VEHICLE INVOLVED WITH			N PEDESTRIAN						N XING INTO OPPOSING LANE
G WIND	<input checked="" type="checkbox"/> A NON-COLLISION			O MOPED						O PARKED
LIGHTING	B PEDESTRIAN			OTHER ASSOCIATED FACTURE(S) (MARK 1 TO 2 ITEMS)						P MERGING
A DAYLIGHT	C OTHER MOTOR VEHICLE			A VC SECTION VIOLATION: CITED <input type="checkbox"/> Yes <input type="checkbox"/> No						Q TRAVELING WRONG WAY
B DUSK - DAWN	D VEHICLE ON OTHER ROADWAY			B VC SECTION VIOLATION: CITED <input type="checkbox"/> Yes <input type="checkbox"/> No						R OTHER*:
C DARK - STREETLIGHTS	E PARKED VEHICLE			C VC SECTION VIOLATION: CITED <input type="checkbox"/> Yes <input type="checkbox"/> No						
D DARK - NO STREETLIGHTS	F TRAIN			D						
E DARK - STREETLIGHTS NOT FUNCTIONING*	G BICYCLE			SOBRIETY - DRUG (PHYSICAL) (MARK 1 TO 2 ITEMS)						
ROADWAY SURFACE	H ANIMAL:			A HAD NOT BEEN DRINKING						
<input checked="" type="checkbox"/> A DRY	I FIXED OBJECT: Cement Curb			B HBD-UNDER INFLUENCE						
B WET	J OTHER OBJECT:			C HBD-NOT UNDER INFLUENC						
C SNOWY - ICY				D HBD-IMPAIRMENT UNK.*						
D SLIPPERY (MUDDY, OILY, ETC.)	PEDESTRIAN'S INVOLVED			E UNDER DRUG INFLUENCE*						
ROADWAY CONDITION (S) (MARK 1 TO 2 ITEMS)	<input checked="" type="checkbox"/> A NO PEDSTRIANS INVOLVED			F IMPAIRMENT-PHYSICAL*						
A HOLES, DEEP RUT*	B CROSSING IN CROSSWALK AT INTERSECTION			G IMPAIRMENT NOT KNOWN						
B LOOSE MATERIAL ON ROADWAY*	C CROSSING IN CROSSWALK NOT AT INTERSECTION			H NOT APPLICABLE						
C OBSTRUCTION ON ROADWAY*	D CROSSING-NOT IN CROSSWALK			I SLEEPY/FATIGUED						
D CONSTRUCTION - REPAIR ZONE	E IN ROAD / SHOULDER			SPECIAL INFORMATION						
E REDUCED ROADWAY WIDTH	F NOT IN ROAD			A HAZARDOUS MATERIAL						
F FLOODED*	G TO / FROM SCHOOL BUS									
G OTHER*:										
<input checked="" type="checkbox"/> H NO UNUSUAL CONDITIONS										



MISCELLANEOUS

ADI = 0 FTS OF THE S CL  
OF E. MILLBRAE AVENUE

3218 FT E OF E CL  
OF THE HIGHWAY 101 SIB  
ON RAMP GOREPOINT

# TRAFFIC COLLISION REPORT

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MILLBRAE POLICE DEPARTMENT

5

SPECIAL CONDITIONS		NO. INJURED 0	HIT & RUN FELONY <input type="checkbox"/>	CITY MILLBRAE	JUDICIAL DISTRICT DO NOTHERN GATE		LOCAL REPORT NUMBER 2006-01694		
		NO. KILLED 0	HIT & RUN MISD <input type="checkbox"/>	COUNTY SAN MATEO	REPORTING DISTRICT 15	BEAT 4			
LOCATION	COLLISION OCCURRED ON MILLBRAE AVENUE				MO DAY YEAR 08/31/2006	TIME 0756	NCIC # CA0411000		
	MILEPOST INFORMATION				DAY OF WEEK THURSDAY	TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER ID 113		
	<input checked="" type="checkbox"/> AT INTERSECTION WITH S/B US101 OFF RAMP OR				STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PHOTOGRAPHS BY M. TRIEU		
PARTY 1	DRIVERS LICENSE NUMBER	STATE CA	CLASS C	AIRBAG M	SAFETY EQUIP. G	VEH YEAR 1992	MAKE/MODEL/COLOR FORD/FSERIES/BLU	LICENSE NUMBER	STATE CA
DRIVER	NAME [REDACTED] OS					OWNER NAME	SAME AS DRIVER		
PEDEST	STREET ADDRESS					OWNER ADDRESS	SAME AS DRIVER		
PKD VEH	CITY/STATE/ZIP SAN FRANCISCO, CA 94030					DISPOSITION OF VEHICLE ON ORDERS OF	OFFICER <input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		
BICYCLST	SEX M	HAIR BLK	EYES BRO	HEIGHT 5'5"	WEIGHT 150	BIRTHDATE 07/30/1985	RACE H	PRIOR MECH DEFECTS <input checked="" type="checkbox"/> NONE APP	REFER TO NARRATIVE
OTHER	HOME PHONE	BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER		DESCRIBE VEHICLE DAMAGE		SHADE IN DAMAGED AREA	
INSURANCE CARRIER UNIGARD		POLICY NUMBER		VEHICLE TYPE		<input type="checkbox"/> UNK <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER			
DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT		CA		DOT			
DIR OF TRAVEL	MILLBRAE AVENUE	35		CAL-T		TCP/PSC		MC/MX	
PARTY 2	DRIVERS LICENSE NUMBER	STATE	CLASS	AIRBAG	SAFETY EQUIP.	VEH YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
DRIVER	NAME					OWNER NAME	SAME AS DRIVER		
PEDEST	STREET ADDRESS					OWNER ADDRESS	SAME AS DRIVER		
PKD VEH	CITY/STATE/ZIP					DISPOSITION OF VEHICLE ON ORDERS OF	OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER <input type="checkbox"/>		
BICYCLST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	PRIOR MECH DEFECTS <input type="checkbox"/> NONE APP	REFER TO NARRATIVE
OTHER	HOME PHONE	BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER		DESCRIBE VEHICLE DAMAGE		SHADE IN DAMAGED AREA	
INSURANCE CARRIER		POLICY NUMBER		VEHICLE TYPE		<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			
DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT		CA		DOT			
DIR OF TRAVEL				CAL-T		TCP/PSC		MC/MX	
PARTY 3	DRIVERS LICENSE NUMBER	STATE	CLASS	AIRBAG	SAFETY EQUIP.	VEH YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
DRIVER	NAME					OWNER NAME	SAME AS DRIVER		
PEDEST	STREET ADDRESS					OWNER ADDRESS	SAME AS DRIVER		
PKD VEH	CITY/STATE/ZIP					DISPOSITION OF VEHICLE ON ORDERS OF	OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER <input type="checkbox"/>		
BICYCLST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	PRIOR MECH DEFECTS <input type="checkbox"/> NONE APP	REFER TO NARRATIVE
OTHER	HOME PHONE	BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER		DESCRIBE VEHICLE DAMAGE		SHADE IN DAMAGED AREA	
INSURANCE CARRIER		POLICY NUMBER		VEHICLE TYPE		<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			
DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT		CA		DOT			
DIR OF TRAVEL				CAL-T		TCP/PSC		MC/MX	
PREPARED BY	DISPATCH NOTIFIED		REVIEWED BY		DATE REVIEWED				
STEPHEN O'MALLEY 113	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<i>[Signature]</i>		<i>[Date]</i>				

Revised 9/12/06 - PG-30

SOCTE

TRAFFIC COLLISION CODING

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DATE OF COLLISION (MO. DAY YEAR) 08/31/2006	TIME (2400) 0756	NGIC # CA0411000	OFFICER I.D. 113	NUMBER 2006-01694
OWNER	OWNER ADDRESS		NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	
PROPERTY DAMAGE	DESCRIPTION OF DAMAGE			

SEATING POSITION



- 1 - DRIVER
- 2 TO 6 - PASSENGERS
- 7 - STA. WGN REAR
- 8 - RR, OCC TRK, OR VAN
- 9 - POSITION UNKNOWN
- 0 - OTHER

SAFETY EQUIPMENT

- L - AIR BAG DEPLOYED
- N - AIR BAG NOT DEPLOYED
- N - OTHER
- P - NOT REQUIRED
- CHILD RESTRAINT
  - O - 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 UNPASSENGER
- V - NO
- X - NO
- DO NOT WEAR SEATBELT
- EJECTED FROM VEHICLE
  - C - 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

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
A VC SECTION VIOLATED 22350 CITED <input type="checkbox"/> YES <input checked="" 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				C RAN OFF ROAD
D UNKNOWN*	D NO CONTROLS PRESENT/FACTOR*			X	D CELL PHONE NOT IN USE				D MAKING RIGHT TURN
E FELL ASLEEP*	E TYPE OF COLLISION				E SCHOOL BUS RELATED			X	E MAKING LEFT TURN
WEATHER (MARK 1 TO 2 ITEMS)	A HEAD-ON				F 75 FT MOTOR TRUCK COMBO				F MAKING U TURN
A CLEAR	B SIDE SWIPE				G 32 FT TRAILER COMBO				G BACKING
B CLOUDY	C REAR END				H SIDESHOW				H SLOWING/STOPPING
C RAINING	D BROADSIDE				I STREET RACING				I PASSING OTHER VEHICLE
D SNOWING	E HIT OBJECT								J CHANGING LANES
E FOG/VISIBILITY	F OVERTURNED								K PARKING MANEUVER
F OTHER*	G VEHICLE-PEDESTRIAN								L ENTERING TRAFFIC
G WIND	H OTHER								M OTHER UNSAFE TURNING
LIGHTING	A NON-COLLISION								N XING INTO OPPOSING LANE
A DAYLIGHT	B PEDESTRIAN								O PARKED
B DUSK - DAWN	C OTHER MOTOR VEHICLE								P MERGING
C DARK - STREET LIGHTS	D MOTOR VEHICLE ON OTHER ROWAY		1	2	3	OTHER ASSOCIATED FACTORS (MARK 1 TO 2 ITEMS)			Q TRAVELING WRONG WAY
D DARK - NO STREET LIGHTS	E PARKED MOTOR VEHICLE					A VC SECTION VIOLATED. CITED <input type="checkbox"/> YES <input type="checkbox"/> NO			R OTHER*
E DARK - STREET LIGHTS NOT FUNCTIONING	F TRAIN					B VC SECTION VIOLATED. CITED <input type="checkbox"/> YES <input type="checkbox"/> NO			
ROADWAY SURFACE	G BICYCLE					C VC SECTION VIOLATED. CITED <input type="checkbox"/> YES <input type="checkbox"/> NO			SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)
A DRY	H ANIMAL					D VC SECTION VIOLATED. CITED <input type="checkbox"/> YES <input type="checkbox"/> NO			A HAD NOT BEEN DRINKING
B WET	I FIXED OBJECT:							X	B HBD - UNDER INFLUENCE
C SNOWY - ICY	J OTHER OBJECT. ROADWAY					E VISION OBSCURED*			C HBD - NOT UNDER INFLUENCE*
D SLIPPERY (MUDDY, OILY, ETC.)						F INATTENTION:			D HBD - IMPAIRMENT UNKNOWN*
ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS)	A NO PEDESTRIANS INVOLVED					G STOP & GO TRAFFIC			E UNDER DRUG INFLUENCE*
A HOLES, DEEP RUT*	B CROSSING IN CROSSWALK AT INTERSECTION					H ENTERING /LEAVING RAMP			F IMPAIRMENT - PHYSICAL*
B LOOSE MATERIAL ON RDWAY*	C CROSSING IN CROSSWALK - NOT IN INTERSECTION					I PREVIOUS COLLISION			G IMPAIRMENT NOT KNOWN
C OBSTRUCTION ON ROADWAY*	D CROSSING - NOT IN CROSSWALK					J UNFAMILIAR WITH ROAD			H NOT APPLICABLE
D CONSTRUCTION - REPAIR ZONE	E IN ROAD - INCLUDES SHOULDER					K DEFECTIVE VEH EQUIP CITED <input type="checkbox"/> YES <input type="checkbox"/> NO			I SLEEPY/FATIGUED
E REDUCED ROADWAY WIDTH	F NOT IN ROAD					L UNINVOLVED VEHICLE			
F FLOODED*	G APPROACHING/LEAVING SCH BUS					M OTHER*			
G OTHER*						N NONE APPARENT			
H NO UNUSUAL CONDITIONS						O RUNAWAY VEHICLE			

SKETCH



INDICATE NORTH

MISCELLANEOUS

# TRAFFIC COLLISION REPORT

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6

SPECIAL CONDITIONS		NO. INJURED 0	HIT & RUN FELONY <input type="checkbox"/>	CITY MILLBRAE	JUDICIAL DISTRICT CENTRAL MUNI COURT	LOCAL REPORT NUMBER 2007-00029	
		NO. KILLED 0	HIT & RUN MISD <input checked="" type="checkbox"/>	COUNTY SAN MATEO	REPORTING DISTRICT 15	BEAT 4	
LOCATION	COLLISION OCCURRED ON S/B US 101 OFF RAMP AT MILLBRAE AVE				MO DAY YEAR 6/6/2007	TIME 11:45	NCIC # CA0411000
	MILEPOST INFORMATION				PHOTOGRAPHS BY <input checked="" type="checkbox"/> NONE		
	<input type="checkbox"/> AT INTERSECTION WITH <input checked="" type="checkbox"/> OR 50 FEET NORTH OF MILLBRAE AVE.				STATE HWY REL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
PARTY 1	DRIVERS LICENSE NUMBER	STATE CA	CLASS C	AIRBAG M	SAFETY EQUIP. S	VEH YEAR 2000	MAKE/MODEL/COLOR FORD/RANGER/RED
DRIVER	NAME [REDACTED]				OWNER NAME <input checked="" type="checkbox"/> SAME AS DRIVER		
PEDEST	STREET ADDRESS [REDACTED]				OWNER ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER		
PKD VEH	CITY/STATE/ZIP BURLINGAME, CA 94010				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER LEFT PARKED AT SCENE		
BICYCLST	SEX M	HAIR BRO	EYES BLU	HEIGHT 6'	WEIGHT 175	BIRTHDATE 4/26/1964	RACE W
OTHER	HOME PHONE [REDACTED]		BUSINESS PHONE [REDACTED]		VEHICLE TYPE 82 <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		
INSURANCE CARRIER PROGRESSIVE		POLICY NUMBER [REDACTED]					
DIR OF TRAVEL	ON STREET OR HIGHWAY SOUTH		S/B US 101 OFF AT MILLBRAE AVE		SPEED LIMIT 35		
PARTY 2	DRIVERS LICENSE NUMBER	STATE CA	CLASS C	AIRBAG M	SAFETY EQUIP. G	VEH YEAR 2004	MAKE/MODEL/COLOR AUDI/SIL
DRIVER	NAME J [REDACTED]				OWNER NAME <input checked="" type="checkbox"/> SAME AS DRIVER		
PEDEST	STREET ADDRESS [REDACTED]				OWNER ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER		
PKD VEH	CITY/STATE/ZIP BURLINGAME, CA 94010				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER DRIVEN FROM SCENE		
BICYCLST	SEX M	HAIR BRO	EYES BRO	HEIGHT 5'10"	WEIGHT 175	BIRTHDATE 6/15/1968	RACE W
OTHER	HOME PHONE [REDACTED]		BUSINESS PHONE [REDACTED]		VEHICLE TYPE 01 <input checked="" type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		
INSURANCE CARRIER 21ST CENTURY		POLICY NUMBER [REDACTED]					
DIR OF TRAVEL	ON STREET OR HIGHWAY SOUTH		S/B US 101 OFF AT MILLBRAE AVE		SPEED LIMIT 35		
PARTY 3	DRIVERS LICENSE NUMBER	STATE	CLASS	AIRBAG	SAFETY EQUIP.	VEH YEAR	MAKE/MODEL/COLOR
DRIVER	NAME				OWNER NAME <input type="checkbox"/> SAME AS DRIVER		
PEDEST	STREET ADDRESS				OWNER ADDRESS <input type="checkbox"/> SAME AS DRIVER		
PKD VEH	CITY/STATE/ZIP				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
BICYCLST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE TYPE <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		
INSURANCE CARRIER		POLICY NUMBER					
DIR OF TRAVEL	ON STREET OR HIGHWAY				SPEED LIMIT		
PREPARED BY	DISPATCH NOTIFIED		REVIEWED BY		DATE REVIEWED		
JIM ABOUT 103	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		SSA # 540		1/13/07		

Handwritten signatures and initials at the bottom right of the page.



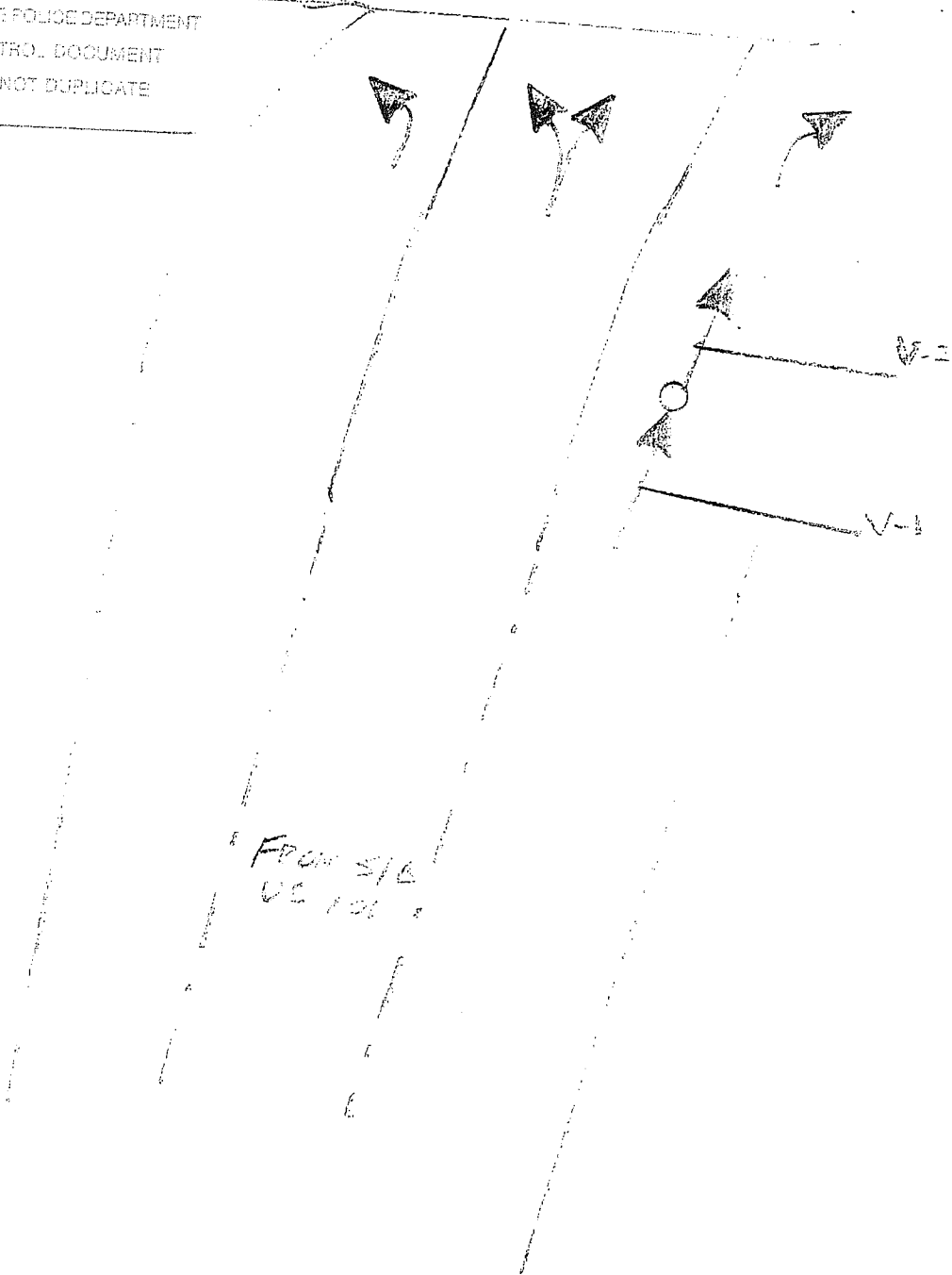
DATE OF COLLISION (MO DAY YEAR) 01 06 1997	TIME (2400) 19:05	NCIC #	OFFICER I.D. 103	NUMBER 510000
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE = )



INDICATE  
NORTH

MILLBRAE POLICE DEPARTMENT  
 CONTROL DOCUMENT  
 DO NOT DUPLICATE  
 BY \_\_\_\_\_



PREPARED BY Newman	I.D. NUMBER 103	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
-----------------------	--------------------	--------------	-----------------	--------------

7

SPECIAL CONDITIONS		NO. INJURED 0	HIT & RUN FLOWN <input type="checkbox"/>	CITY MILLBRAE	JUDICIAL DISTRICT NORTHERN		LOCAL REPORT NUMBER 2007-01446
		NO. KILLED 0	HIT & RUN MISD <input type="checkbox"/>	COUNTY SAN MATEO	REPORTING DISTRICT MILLBRAE POLICE DEPARTMENT	BEAT 4	
LOCATION	COLLISION OCCURRED ON: MILLBRAE AVE				MO DAY YEAR 8/23/2007	TIME 1844	NCIC # CA0411000
	MILEPOST INFORMATION				DAY OF WEEK THURSDAY	TOW AWAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PHOTOGRAPHS BY. <input type="checkbox"/> NONE
	<input checked="" type="checkbox"/> AT INTERSECTION WITH NB SR-101 OFF-RAMP <input type="checkbox"/> OR				STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		ROSENBLATT, #15
PARTY 1	DRIVERS LICENSE NUMBER	STATE CA	CLASS C	AIRBAG L	SAFETY EQUIP. G	VEH YEAR 1998	MAKE/MODEL/COLOR VOLV/570/BLK
DRIVER	NAME	OWNER NAME <input checked="" type="checkbox"/> SAME AS DRIVER					
PEDEST	STREET ADDRESS	OWNER ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER					
PKD VEH	CITY/STATE/ZIP	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
BICYCLST	SEX M	HAIR	EYES	HEIGHT 5'8"	WEIGHT 170	BIRTHDATE 1/27/1936	RACE W
OTHER	HOME PHONE	BUSINESS PHONE 000-000-0000		PRIOR MECH. DEFECTS <input checked="" type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE			
	INSURANCE CARRIER COMMERCE WEST INSURANCE	POLICY NUMBER		VEHICLE IDENTIFICATION NUMBER: [REDACTED]			
	DIR OF TRAVEL E	ON STREET OR HIGHWAY MILLBRAE AVE		SPEED LIMIT 35	VEHICLE TYPE 01		
				DESCRIBE DAMAGE <input checked="" type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER			
PARTY 2	DRIVERS LICENSE NUMBER	STATE CA	CLASS C	AIRBAG M	SAFETY EQUIP. B	VEH YEAR 1991	MAKE/MODEL/COLOR CHEV/S-10 BLAZER/BLU
DRIVER	NAME	OWNER NAME <input checked="" type="checkbox"/> SAME AS DRIVER					
PEDEST	STREET ADDRESS	OWNER ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER					
PKD VEH	CITY/STATE/ZIP	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
BICYCLST	SEX M	HAIR BRO	EYES BRO	HEIGHT 6'	WEIGHT 210	BIRTHDATE 9/8/1964	RACE W
OTHER	HOME PHONE	BUSINESS PHONE 000-000-0000		PRIOR MECH. DEFECTS <input checked="" type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE			
	INSURANCE CARRIER AAA	POLICY NUMBER		VEHICLE IDENTIFICATION NUMBER: [REDACTED]			
	DIR OF TRAVEL N	ON STREET OR HIGHWAY NB SR-101 OFF-RAMP		SPEED LIMIT 35	VEHICLE TYPE 07		
				DESCRIBE DAMAGE <input checked="" type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER			
PARTY 3	DRIVERS LICENSE NUMBER	STATE CA	CLASS C	AIRBAG M	SAFETY EQUIP. B	VEH YEAR 2000	MAKE/MODEL/COLOR CHEV/S10/BLU
DRIVER	NAME	OWNER NAME <input type="checkbox"/> SAME AS DRIVER					
PEDEST	STREET ADDRESS	OWNER ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER					
PKD VEH	CITY/STATE/ZIP	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
BICYCLST	SEX M	HAIR BRO	EYES BLU	HEIGHT 5'10"	WEIGHT 165	BIRTHDATE 11/13/1989	RACE W
OTHER	HOME PHONE	BUSINESS PHONE 000-000-0000		PRIOR MECH. DEFECTS <input checked="" type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE			
	INSURANCE CARRIER AAA	POLICY NUMBER		VEHICLE IDENTIFICATION NUMBER: [REDACTED]			
	DIR OF TRAVEL N	ON STREET OR HIGHWAY NB SR-101 OFF-RAMP		SPEED LIMIT 35	VEHICLE TYPE 82		
				DESCRIBE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER			
PREPARED BY	ARI KOLOKITHAS 104			DISPATCH NOTIFIED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		REVIEWED BY
							DATE REVIEWED

*Reviewed 9/10/07  
to CHP*





# TRAFFIC COLLISION REPORT

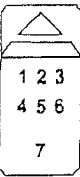
CHP 555 Page 1 (Rev 11-06) OPI 065

8

SPECIAL CONDITIONS		NO. INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER		
			<input type="checkbox"/>	MILLBRAE	NORTHERN	2007-01770		
		NO. KILLED	HIT & RUN MISD	COUNTY	REPORTING DISTRICT	BEAT	DAY OF WEEK	
			<input type="checkbox"/>	SAN MATEO	15	4	FRIDAY	
				TOW AWAY		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
LOCATION	COLLISION OCCURRED ON:				MO DAY YEAR	TIME	NCIC #	
	S/B US 101 OFF-RAMP				MILLBRAE	10/12/2007	CA0411000	
	MILEPOST INFORMATION				GPS Coordinates	CONTROL DOCUMENT		
					DO NOT DUPLICATE		PHOTOGRAPHS BY: <input checked="" type="checkbox"/> NONE	
		<input checked="" type="checkbox"/> AT INTERSECTION WITH EAST MILLBRAE AVENUE		STATE HWY REL				
		<input type="checkbox"/> OR		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
PARTY 1	DRIVERS LICENSE NUMBER	STATE	CLASS	AIRBAG	SAFETY EQUIP.	VEH YEAR	MAKE/MODEL/COLOR	
	[REDACTED]	CA	C	M	G	2006	CHEV/3500/WHI	
DRIVER	NAME						LICENSE NUMBER	STATE
	<input checked="" type="checkbox"/> [REDACTED]						[REDACTED]	CA
PEDEST	STREET ADDRESS						OWNER NAME	
	[REDACTED]						[REDACTED]	
PKD VEH	CITY/STATE/ZIP						OWNER ADDRESS	
	LODI, CA 95242						[REDACTED]	
BICYCLST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	
	M	BLK	BRO	5'9"	220	6/25/1986	W	
OTHER	HOME PHONE	BUSINESS PHONE						DRIVEN WAY
	[REDACTED]	[REDACTED]						
	INSURANCE CARRIER	POLICY NUMBER						PRIOR MECH. DEFECTS
	STATE FARM INS	[REDACTED]						<input checked="" type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE
	DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT		VEHICLE IDENTIFICATION NUMBER:			
	S/B	US 101 OFF RAMP	25		[REDACTED]			
					VEHICLE TYPE	DESCRIBE VEHICLE DAMAGE	SHADE IN DAMAGED AREA	
					82 35	<input type="checkbox"/> UNK <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR		
					<input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER			
					CA	DOT	CAL-T	
							TCP/PSC	
							MCMX	
PARTY 2	DRIVERS LICENSE NUMBER	STATE	CLASS	AIRBAG	SAFETY EQUIP.	VEH YEAR	MAKE/MODEL/COLOR	
	[REDACTED]	CA	C	M	G	2007	FORD/EXPLORER/BLU	
DRIVER	NAME						LICENSE NUMBER	STATE
	<input checked="" type="checkbox"/> [REDACTED]						[REDACTED]	CA
PEDEST	STREET ADDRESS						OWNER NAME	
	[REDACTED]						[REDACTED]	
PKD VEH	CITY/STATE/ZIP						OWNER ADDRESS	
	MILLBRAE, CA 94030						[REDACTED]	
BICYCLST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	
	F	BLN	HAZ	5'8"	175	6/22/1971	W	
OTHER	HOME PHONE	BUSINESS PHONE						DRIVEN AWAY
	[REDACTED]	[REDACTED]						
	INSURANCE CARRIER	POLICY NUMBER						PRIOR MECH. DEFECTS
	HERTZ - SELF INSURED	[REDACTED]						<input checked="" type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE
	DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT		VEHICLE IDENTIFICATION NUMBER:			
	S/B	S/B US101 OFF RAMP	25		[REDACTED]			
					VEHICLE TYPE	DESCRIBE VEHICLE DAMAGE	SHADE IN DAMAGED AREA	
					01	<input type="checkbox"/> UNK <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR		
					<input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER			
					CA	DOT	CAL-T	
							TCP/PSC	
							MCMX	
PARTY 3	DRIVERS LICENSE NUMBER	STATE	CLASS	AIRBAG	SAFETY EQUIP.	VEH YEAR	MAKE/MODEL/COLOR	
	[REDACTED]							
DRIVER	NAME						LICENSE NUMBER	STATE
	<input type="checkbox"/> [REDACTED]							
PEDEST	STREET ADDRESS						OWNER NAME	
	[REDACTED]						[REDACTED]	
PKD VEH	CITY/STATE/ZIP						OWNER ADDRESS	
	[REDACTED]						[REDACTED]	
BICYCLST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	
OTHER	HOME PHONE	BUSINESS PHONE						DRIVEN AWAY
	[REDACTED]	[REDACTED]						
	INSURANCE CARRIER	POLICY NUMBER						PRIOR MECH. DEFECTS
								<input type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE
	DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT		VEHICLE IDENTIFICATION NUMBER:			
					[REDACTED]			
					VEHICLE TYPE	DESCRIBE VEHICLE DAMAGE	SHADE IN DAMAGED AREA	
						<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			
					CA	DOT	CAL-T	
							TCP/PSC	
							MCMX	
PREPARED BY	DISPATCH NOTIFIED			REVIEWED BY			DATE REVIEWED	
GABY CHAGHOURI 101	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			RON GLEESON 100			10/16/2007	


**TRAFFIC COLLISION CODING**

DATE OF COLLISION (MO. DAY YEAR) 10/12/2007	TIME (2400) 1745	NCIC # CA0411000	OFFICER I.D. 101	NUMBER 2007-01770
PROPERTY DAMAGE		OWNER ADDRESS		NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIPTION OF DAMAGE				

<b>SEATING POSITION</b> 	<b>OCCUPANTS</b> A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULD 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	<b>SAFETY EQUIPMENT</b> L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED NOT DUPLICATED 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 POLICE DEPARTMENT M/C BICYCLE - HELMET DRIVER PASSENGER V - NO X - NO Y - YES EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	<b>INATTENTION CODES</b> 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
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ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (\*) SHOULD BE EXPLAINED IN THE NARRATIVE

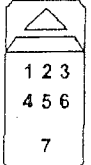
PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	1	2	3	SPECIAL INFORMATION	1	2	3	MOVEMENT PRECEDING COLLISION
A VC SECTION VIOLATED: 22350 CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	A CONTROLS FUNCTIONING				A HAZARDOUS MATERIAL				A STOPPED
B OTHER IMPROPER DRIVING*	B CONTROLS NOT FUNCTIONING*				B CELL PHONE HANDHELD IN USE	X			B PROCEEDING STRAIGHT
C OTHER THAN DRIVER*	C CONTROLS OBSCURED				C CELL PHONE HANDSFREE IN USE				C RAN OFF ROAD
D UNKNOWN*	D NO CONTROLS PRESENT/FACTOR*	X			D CELL PHONE NOT IN USE				D MAKING RIGHT TURN
E FELL ASLEEP*	E TYPE OF COLLISION				E SCHOOL BUS RELATED				E MAKING LEFT TURN
	A HEAD-ON				F 75 FT MOTOR TRUCK COMBO				F MAKING U TURN
	B SIDE SWIPE				G 32 FT TRAILER COMBO				G BACKING
	X C REAR END				H SIDESHOW				H SLOWING/STOPPING
WEATHER (MARK 1 TO 2 ITEMS)	D BROADSIDE				I STREET RACING				I PASSING OTHER VEHICLE
X A CLEAR	E HIT OBJECT								J CHANGING LANES
B CLOUDY	F OVERTURNED								K PARKING MANEUVER
C RAINING	G VEHICLE-PEDESTRIAN								L ENTERING TRAFFIC
D SNOWING	H OTHER								M OTHER UNSAFE TURNING
E FOG/VISIBILITY									N XING INTO OPPOSING LANE
F OTHER*									O PARKED
G WIND	MOTOR VEHICLE INVOLVED WITH								P MERGING
	A NON-COLLISION								Q TRAVELING WRONG WAY
LIGHTING	B PEDESTRIAN								R OTHER*
X A DAYLIGHT	X C OTHER MOTOR VEHICLE				OTHER ASSOCIATED FACTORS (MARK 1 TO 2 ITEMS)				
B DUSK - DAWN	D MOTOR VEHICLE ON OTHER RDWAY	1	2	3	A VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
C DARK - STREET LIGHTS	E PARKED MOTOR VEHICLE				B VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
D DARK - NO STREET LIGHTS	F TRAIN				C VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
E DARK - STREET LIGHTS NOT FUNCTIONING	G BICYCLE				D [REDACTED]	X	X		A HAD NOT BEEN DRINKING
ROADWAY SURFACE	H ANIMAL:				E VISION OBSCURED:				B HBD - UNDER INFLUENCE
A DRY	I FIXED OBJECT:				F INATTENTION:				C HBD - NOT UNDER INFLUENCE*
X B WET	J OTHER OBJECT:				G STOP & GO TRAFFIC				D HBD - IMPAIRMENT UNKNOWN*
C SNOWY - ICY					H ENTERING /LEAVING RAMP				E UNDER DRUG INFLUENCE*
D SLIPPERY (MUDDY, OILY, ETC.)					I PREVIOUS COLLISION				F IMPAIRMENT - PHYSICAL*
ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS)	PEDESTRIAN ACTIONS				J UNFAMILIAR WITH ROAD				G IMPAIRMENT NOT KNOWN
A HOLES, DEEP RUT*	X A NO PEDESTRIANS INVOLVED				K DEFECTIVE VEH EQUIP: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				H NOT APPLICABLE
B LOOSE MATERIAL ON RDWAY*	B CROSSING IN CROSSWALK AT INTERSECTION								I SLEEPY/FATIGUED
C OBSTRUCTION ON ROADWAY*	C CROSSING IN CROSSWALK - NOT IN INTERSECTION				L UNINVOLVED VEHICLE				
D CONSTRUCTION - REPAIR ZONE	D CROSSING - NOT IN CROSSWALK				M OTHER*				
E REDUCED ROADWAY WIDTH	E IN ROAD - INCLUDES SHOULDER				N NONE APPARENT				
F FLOODED*	F NOT IN ROAD	X	X		O RUNAWAY VEHICLE				
G OTHER*	G APPROACHING/LEAVING SCH BUS								

SKETCH  <div style="text-align: center; margin-top: 50px;">                     INDICAT  </div>	MISCELLANEOUS
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9

SPECIAL CONDITIONS		NO. INJURED 0	HIT & RUN FELONY <input type="checkbox"/>	CITY MILLBRAE	JUDICIAL DISTRICT CENTRAL MUNI COURT	LOCAL REPORT NUMBER 2007-02088	
		NO. KILLED 0	HIT & RUN MISD <input type="checkbox"/>	COUNTY SAN MATEO	REPORTING DISTRICT MILLBRAE POLICE DEPARTMENT	BEAT 4	DAY OF WEEK WEDNESDAY
						TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
LOCATION	COLLISION OCCURRED ON: E/B MILLBRAE AVE & N/B US 101 OFF-RAMP				MO DAY (BEAT) TIME 11/28/2007 1622	NCIC # CA0411000	OFFICER I.D. 128
	MILEPOST INFORMATION				GPS Coordinates	PHOTOGRAPHS BY: <input type="checkbox"/> NONE	
	<input type="checkbox"/> AT INTERSECTION WITH				STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	EL HADDAD #7	
PARTY 1	DRIVERS LICENSE NUMBER	STATE CA	CLASS X	AIRBAG M	SAFETY EQUIP B	VEH YEAR 2001	MAKE/MODEL/COLOR MAZD/TRIBUTE DX/DGR
DRIVER	NAME [REDACTED]				LICENSE NUMBER [REDACTED]		
PEDEST	STREET ADDRESS [REDACTED]				OWNER NAME <input type="checkbox"/> SAME AS DRIVER		
PKD VEH	CITY/STATE/ZIP REDWOOD CITY, CA 94065				OWNER ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER		
BICYCLST	SEX M	HAIR BLN	EYES BLU	HEIGHT 5'10"	WEIGHT 135	BIRTHDATE 10/14/1991	RACE W
OTHER	HOME PHONE [REDACTED]		BUSINESS PHONE [REDACTED]		VEHICLE IDENTIFICATION NUMBER: [REDACTED]		
DIR OF TRAVEL E/B		ON STREET OR HIGHWAY MILLBRAE AVENUE		SPEED LIMIT 35		VEHICLE TYPE 01	
						DESCRIBE DAMAGE IN DAMAGED AREA <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	
						DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER	
						PRIOR MECH. DEFECTS <input checked="" type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE	
PARTY 2	DRIVERS LICENSE NUMBER	STATE CA	CLASS C	AIRBAG M	SAFETY EQUIP B	VEH YEAR 2006	MAKE/MODEL/COLOR MERZ/E350/GRY
DRIVER	NAME [REDACTED]				LICENSE NUMBER [REDACTED]		
PEDEST	STREET ADDRESS [REDACTED]				OWNER NAME <input checked="" type="checkbox"/> SAME AS DRIVER		
PKD VEH	CITY/STATE/ZIP FOSTER CITY, CA 94404				OWNER ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER		
BICYCLST	SEX F	HAIR BLK	EYES BRO	HEIGHT 5'6"	WEIGHT 120	BIRTHDATE 11/2/1967	RACE A
OTHER	HOME PHONE [REDACTED]		BUSINESS PHONE [REDACTED]		VEHICLE IDENTIFICATION NUMBER: [REDACTED]		
DIR OF TRAVEL N/B		ON STREET OR HIGHWAY US 101 OFF-RAMP E. MILLBRAE AV		SPEED LIMIT		VEHICLE TYPE 01	
						DESCRIBE DAMAGE IN DAMAGED AREA <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	
						DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER	
						PRIOR MECH. DEFECTS <input type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE	
PARTY 3	DRIVERS LICENSE NUMBER	STATE	CLASS	AIRBAG	SAFETY EQUIP.	VEH YEAR	MAKE/MODEL/COLOR
DRIVER	NAME				LICENSE NUMBER		
PEDEST	STREET ADDRESS				OWNER NAME		
PKD VEH	CITY/STATE/ZIP				OWNER ADDRESS		
BICYCLST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:		
DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		VEHICLE TYPE	
						DESCRIBE VEHICLE DAMAGE SHADE IN DAMAGED AREA <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	
						DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER	
						PRIOR MECH. DEFECTS <input type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE	
PREPARED BY MICHAEL ELHADDAD 128		DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA		REVIEWED BY STEPHEN O'MALLEY 113		DATE REVIEWED 12/13/2007	


DATE OF COLLISION (MO. DAY YEAR) 11/28/2007	TIME (2400) 1622	NCIC # CA0411000	OFFICER I.D. 128	NUMBER 2007-02088
PROPERTY DAMAGE		OWNER	OWNER ADDRESS	NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIPTION OF DAMAGE				

<b>SEATING POSITION</b>  <p>1 - DRIVER                  2 TO 6 - PASSENGERS                  7 - STA. WGN REAR                  8 - RR, OCC TRK, OR VAN                  9 - POSITION UNKNOWN                  0 - OTHER</p>	<b>SAFETY EQUIPMENT</b> OCCUPANTS A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULD HARNESSED USED F - SHOULDER HARNESSED NOT USED G - LAP/SOULDER HARNESSED USED H - LAP/SOULDER HARNESSED 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 BICYCLE HELMET DRIVER PASSENGER DIV. NOT KNOWN W - YES Y - YES EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	<b>INATTENTION CODES</b> A - CELLPHONE HANDHELD B - CELLPHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO/C/D E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONAL HYGIENE J - READING
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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	1 2 3			SPECIAL INFORMATION	1 2 3			MOVEMENT PRECEDING COLLISION
		1	2	3		1	2	3	
<input checked="" type="checkbox"/> A VC SECTION VIOLATED: CITED <input type="checkbox"/> YES 21453 (A) <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> A CONTROLS FUNCTIONING				A HAZARDOUS MATERIAL				A STOPPED
<input type="checkbox"/> B OTHER IMPROPER DRIVING*	<input type="checkbox"/> B CONTROLS NOT FUNCTIONING*				B CELL PHONE HANDHELD IN USE			<input checked="" type="checkbox"/>	B PROCEEDING STRAIGHT
<input type="checkbox"/> C OTHER THAN DRIVER*	<input type="checkbox"/> C CONTROLS OBSCURED				C CELL PHONE HANDSFREE IN USE				C RAN OFF ROAD
<input type="checkbox"/> D UNKNOWN*	<input type="checkbox"/> D NO CONTROLS PRESENT/FACTOR*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		D CELL PHONE NOT IN USE				D MAKING RIGHT TURN
<input type="checkbox"/> E FELL ASLEEP*	<input type="checkbox"/> E TYPE OF COLLISION				E SCHOOL BUS RELATED			<input checked="" type="checkbox"/>	E MAKING LEFT TURN
	<input type="checkbox"/> A HEAD-ON				F 75 FT MOTOR TRUCK COMBO				F MAKING U TURN
	<input type="checkbox"/> B SIDE SWIPE				G 32 FT TRAILER COMBO				G BACKING
	<input type="checkbox"/> C REAR END				H SIDESHOW				H SLOWING/STOPPING
<input checked="" type="checkbox"/> WEATHER (MARK 1 TO 2 ITEMS)	<input checked="" type="checkbox"/> D BROADSIDE				I STREET RACING				I PASSING OTHER VEHICLE
<input checked="" type="checkbox"/> A CLEAR	<input type="checkbox"/> E HIT OBJECT								J CHANGING LANES
<input type="checkbox"/> B CLOUDY	<input type="checkbox"/> F OVERTURNED								K PARKING MANEUVER
<input type="checkbox"/> C RAINING	<input type="checkbox"/> G VEHICLE-PEDESTRIAN								L ENTERING TRAFFIC
<input type="checkbox"/> D SNOWING	<input type="checkbox"/> H OTHER								M OTHER UNSAFE TURNING
<input type="checkbox"/> E FOG/VISIBILITY									N XING INTO OPPOSING LANE
<input type="checkbox"/> F OTHER*	<input type="checkbox"/> MOTOR VEHICLE INVOLVED WITH								O PARKED
<input type="checkbox"/> G WIND	<input type="checkbox"/> A NON-COLLISION								P MERGING
<input type="checkbox"/> LIGHTING	<input type="checkbox"/> B PEDESTRIAN								Q TRAVELING WRONG WAY
<input checked="" type="checkbox"/> A DAYLIGHT	<input checked="" type="checkbox"/> C OTHER MOTOR VEHICLE								R OTHER*
<input type="checkbox"/> B DUSK - DAWN	<input type="checkbox"/> D MOTOR VEHICLE ON OTHER RDWAY								
<input type="checkbox"/> C DARK - STREET LIGHTS	<input type="checkbox"/> E PARKED MOTOR VEHICLE	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> A VC SECTION VIOLATED: CITED <input checked="" type="checkbox"/> YES 12814.6 CVC <input type="checkbox"/> NO				
<input type="checkbox"/> D DARK - NO STREET LIGHTS	<input type="checkbox"/> F TRAIN				<input type="checkbox"/> B VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
<input type="checkbox"/> E DARK - STREET LIGHTS NOT FUNCTIONING	<input type="checkbox"/> G BICYCLE				<input type="checkbox"/> C VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
<input type="checkbox"/> ROADWAY SURFACE	<input type="checkbox"/> H ANIMAL:								
<input checked="" type="checkbox"/> A DRY	<input type="checkbox"/> I FIXED OBJECT:								
<input type="checkbox"/> B WET	<input type="checkbox"/> J OTHER OBJECT:				<input checked="" type="checkbox"/> D VISION OBSCURED:			<input checked="" type="checkbox"/>	A HAD NOT BEEN DRINKING
<input type="checkbox"/> C SNOWY - ICY					<input type="checkbox"/> F INATTENTION:				B HBD - UNDER INFLUENCE
<input type="checkbox"/> D SLIPPERY (MUDDY, OILY, ETC.)					<input type="checkbox"/> G STOP & GO TRAFFIC				C HBD - NOT UNDER INFLUENCE*
<input type="checkbox"/> ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS)	<input type="checkbox"/> PEDESTRIAN ACTIONS				<input type="checkbox"/> H ENTERING /LEAVING RAMP				D HBD - IMPAIRMENT UNKNOWN*
<input type="checkbox"/> A HOLES, DEEP RUT*	<input checked="" type="checkbox"/> A NO PEDESTRIANS INVOLVED				<input type="checkbox"/> I PREVIOUS COLLISION				E UNDER DRUG INFLUENCE*
<input type="checkbox"/> B LOOSE MATERIAL ON RDWAY*	<input type="checkbox"/> B CROSSING IN CROSSWALK AT INTERSECTION				<input type="checkbox"/> J UNFAMILIAR WITH ROAD				F IMPAIRMENT - PHYSICAL*
<input type="checkbox"/> C OBSTRUCTION ON ROADWAY*	<input type="checkbox"/> C CROSSING IN CROSSWALK - NOT IN INTERSECTION				<input type="checkbox"/> K DEFECTIVE VEH EQUIP: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				G IMPAIRMENT NOT KNOWN
<input type="checkbox"/> D CONSTRUCTION - REPAIR ZONE	<input type="checkbox"/> D CROSSING - NOT IN CROSSWALK				<input type="checkbox"/> L UNINVOLVED VEHICLE				H NOT APPLICABLE
<input type="checkbox"/> E REDUCED ROADWAY WIDTH	<input type="checkbox"/> E IN ROAD - INCLUDES SHOULDER				<input type="checkbox"/> M OTHER*				I SLEEPY/FATIGUED
<input type="checkbox"/> F FLOODED*	<input type="checkbox"/> F NOT IN ROAD				<input type="checkbox"/> N NONE APPARENT				
<input checked="" type="checkbox"/> H NO UNUSUAL CONDITIONS	<input type="checkbox"/> G APPROACHING/LEAVING SCH BUS			<input checked="" type="checkbox"/>	<input type="checkbox"/> O RUNAWAY VEHICLE				

SKETCH

INDICATE 

MISCELLANEOUS

STATE OF CALIFORNIA  
**TRAFFIC COLLISION REPORT**  
 CHP 555 Page 1 (Rev 11-08) OPI 065

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SPECIAL CONDITIONS		NO. INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER					
			<input type="checkbox"/>	MILLBRAE	NORTHERN	2008-00104					
		NO. KILLED	HIT & RUN MISD	COUNTY	REPORTING DISTRICT	BEAT	DAY OF WEEK	TOW AWAY			
			<input type="checkbox"/>	SAN MATEO	15	4	THURSDAY	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
LOCATION	COLLISION OCCURRED ON:				MO DAY YEAR	TIME	NCIC #	OFFICER I.D.			
	EAST MILLBRAE AVENUE				MILLBRAE POLICE DEPARTMENT	1517	CA0411000	101			
	MILEPOST INFORMATION				GPS Coordinates	CONTROL DOCUMENT?		PHOTOGRAPHS BY:			
					DO NOT DUPLICATE		<input type="checkbox"/> NONE				
<input type="checkbox"/> AT INTERSECTION WITH				STATE HWY REL		OFFICER CHAGHOURI					
<input checked="" type="checkbox"/> OR				AT US101 OVERPASS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
PARTY 1	DRIVERS LICENSE NUMBER	STATE	CLASS	AIRBAG	SAFETY EQUIP.	VEH YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE		
	[REDACTED]	OR		M	G	1989	JEEP/CHEROKEE/WHI	[REDACTED]	CA		
DRIVER	NAME				OWNER NAME						
<input checked="" type="checkbox"/>	[REDACTED]				<input checked="" type="checkbox"/> SAME AS DRIVER						
PEDEST	STREET ADDRESS				OWNER ADDRESS						
<input type="checkbox"/>	[REDACTED]				<input checked="" type="checkbox"/> SAME AS DRIVER						
PKD VEH	CITY/STATE/ZIP				DISPOSITION OF VEHICLE ON ORDERS OF:						
<input type="checkbox"/>	SO. SAN FRANCISCO, CA 94080				<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER						
BICYCLST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	DRIVEN AWAY			
<input type="checkbox"/>	M	BLK	BRO	5'10"	170	5/12/1977	H	PRIOR MECH. DEFECTS <input checked="" type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE			
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER						
<input type="checkbox"/>	[REDACTED]		[REDACTED]		[REDACTED]						
	INSURANCE CARRIER		POLICY NUMBER		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE				
	ALLSTATE		[REDACTED]		01		SHADE IN DAMAGED AREA				
	DIR OF TRAVEL	ON STREET OR HIGHWAY		SPEED LIMIT		CA	DOT	CAL-T	TCP/PSC	MCMX	
	E/B	EAST MILLBRAE AVENUE		35							
PARTY 2	DRIVERS LICENSE NUMBER	STATE	CLASS	AIRBAG	SAFETY EQUIP.	VEH YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE		
	[REDACTED]	CA	C	M	G	2008	TOYT/TUNDRA/GRY	[REDACTED]	CA		
DRIVER	NAME				OWNER NAME						
<input checked="" type="checkbox"/>	[REDACTED]				<input checked="" type="checkbox"/> SAME AS DRIVER						
PEDEST	STREET ADDRESS				OWNER ADDRESS						
<input type="checkbox"/>	[REDACTED]				<input checked="" type="checkbox"/> SAME AS DRIVER						
PKD VEH	CITY/STATE/ZIP				DISPOSITION OF VEHICLE ON ORDERS OF:						
<input type="checkbox"/>	SAN JOSE, CA 95128				<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER						
BICYCLST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	DRIVEN AWAY			
<input type="checkbox"/>	M	BLN	BLU	6'1"	200	6/22/1976	W	PRIOR MECH. DEFECTS <input checked="" type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE			
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER						
<input type="checkbox"/>	[REDACTED]		[REDACTED]		[REDACTED]						
	INSURANCE CARRIER		POLICY NUMBER		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE				
	COAST NATIONAL INSURANCE		[REDACTED]		82		SHADE IN DAMAGED AREA				
	DIR OF TRAVEL	ON STREET OR HIGHWAY		SPEED LIMIT		CA	DOT	CAL-T	TCP/PSC	MCMX	
	E/B	EAST MILLBRAE AVENUE		35							
PARTY 3	DRIVERS LICENSE NUMBER	STATE	CLASS	AIRBAG	SAFETY EQUIP.	VEH YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE		
DRIVER	NAME				OWNER NAME						
<input type="checkbox"/>					<input type="checkbox"/> SAME AS DRIVER						
PEDEST	STREET ADDRESS				OWNER ADDRESS						
<input type="checkbox"/>					<input type="checkbox"/> SAME AS DRIVER						
PKD VEH	CITY/STATE/ZIP				DISPOSITION OF VEHICLE ON ORDERS OF:						
<input type="checkbox"/>					<input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER						
BICYCLST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	DRIVEN AWAY			
<input type="checkbox"/>								PRIOR MECH. DEFECTS <input type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE			
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER						
<input type="checkbox"/>											
	INSURANCE CARRIER		POLICY NUMBER		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE				
							SHADE IN DAMAGED AREA				
	DIR OF TRAVEL	ON STREET OR HIGHWAY		SPEED LIMIT		CA	DOT	CAL-T	TCP/PSC	MCMX	
PREPARED BY			DISPATCH NOTIFIED			REVIEWED BY			DATE REVIEWED		
GABY CHAGHOURI 101			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			JOE FREGOSI 120			1/18/2008		

**TRAFFIC COLLISION CODING**

DATE OF COLLISION (MO. DAY YEAR) 1/17/2008	TIME (2400) 1517	NGC # CA0411000	OFFICER I.D. 101	NUMBER 2008-00104
OWNER		OWNER ADDRESS		NOTIFIED
PROPERTY DAMAGE		CONTROL DOCUMENT		<input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIPTION OF DAMAGE				
DO NOT DUPLICATE				

<p><b>SEATING POSITION</b></p>	<p><b>SAFETY EQUIPMENT</b></p> <p>OCCUPANTS                  A - NONE IN VEHICLE                  B - UNKNOWN                  C - LAP BELT USED                  D - LAP BELT NOT USED                  E - SHOULD 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</p> <p>L - AIR BAG DEPLOYED                  M - AIR BAG NOT DEPLOYED                  N - OTHER                  P - NOT REQUIRED</p> <p>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</p> <p>M/C BICYCLE - HELMET                  DRIVER PASSENGER                  V - NO X - NO                  W - YES Y - YES</p> <p>EJECTED FROM VEHICLE                  0 - NOT EJECTED                  1 - FULLY EJECTED                  2 - PARTIALLY EJECTED                  3 - UNKNOWN</p>	<p><b>INATTENTION CODES</b></p> <p>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</p>
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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	1	2	3	SPECIAL INFORMATION	1	2	3	MOVEMENT PRECEDING COLLISION
1 A VC SECTION VIOLATED: CITED YES 22350 cvc <input checked="" 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	X	X		B PROCEEDING STRAIGHT
C OTHER THAN DRIVER*	C CONTROLS OBSCURED				C CELL PHONE HANDSFREE IN USE				C RAN OFF ROAD
D UNKNOWN*	D NO CONTROLS PRESENT/FACTOR*				D CELL PHONE NOT IN USE				D MAKING RIGHT TURN
E FELL ASLEEP*	E TYPE OF COLLISION				E SCHOOL BUS RELATED				E MAKING LEFT TURN
	A HEAD-ON				F 75 FT MOTOR TRUCK COMBO				F MAKING U TURN
	B SIDE SWIPE				G 32 FT TRAILER COMBO				G BACKING
	C REAR END				H SIDESHOW				H SLOWING/STOPPING
	D BROADSIDE				I STREET RACING				I PASSING OTHER VEHICLE
X A CLEAR	E HIT OBJECT								J CHANGING LANES
B CLOUDY	F OVERTURNED								K PARKING MANEUVER
C RAINING	G VEHICLE-PEDESTRIAN								L ENTERING TRAFFIC
D SNOWING	H OTHER								M OTHER UNSAFE TURNING
E FOG/VISIBILITY									N XING INTO OPPOSING LANE
F OTHER*									O PARKED
G WIND	A NON-COLLISION								P MERGING
H LIGHTING	B PEDESTRIAN								Q TRAVELING WRONG WAY
X A DAYLIGHT	X C OTHER MOTOR VEHICLE								R OTHER*
B DUSK - DAWN	D MOTOR VEHICLE ON OTHER RDWAY	1	2	3	OTHER ASSOCIATED FACTORS (MARK 1 TO 2 ITEMS)				
C DARK - STREET LIGHTS	E PARKED MOTOR VEHICLE				A VC SECTION VIOLATED: CITED				
D DARK - NO STREET LIGHTS	F TRAIN				B VC SECTION VIOLATED: CITED				
E DARK - STREET LIGHTS NOT FUNCTIONING	G BICYCLE				C VC SECTION VIOLATED: CITED				
	H ANIMAL								
	I FIXED OBJECT:								
X A DRY	J OTHER OBJECT:								
B WET					D				A HAD NOT BEEN DRINKING
C SNOWY - ICY					E VISION OBSCURED:				B HBD - UNDER INFLUENCE
D SLIPPERY (MUDDY, OILY, ETC.)					F INATTENTION:				C HBD - NOT UNDER INFLUENCE*
					G STOP & GO TRAFFIC				D HBD - IMPAIRMENT UNKNOWN*
					H ENTERING /LEAVING RAMP				E UNDER DRUG INFLUENCE*
					I PREVIOUS COLLISION				F IMPAIRMENT - PHYSICAL*
					J UNFAMILIAR WITH ROAD				G IMPAIRMENT NOT KNOWN
					K DEFECTIVE VEH EQUIP: CITED				H NOT APPLICABLE
									I SLEEPY/FATIGUED
					L UNINVOLVED VEHICLE				
					M OTHER*				
					N NONE APPARENT				
					O RUNAWAY VEHICLE				

<p>SKETCH</p> <div style="text-align: center; margin-top: 50px;"> </div>	<p>MISCELLANEOUS</p>
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STATE OF CALIFORNIA  
**TRAFFIC COLLISION REPORT**  
 CHP 555 Page 1 (Rev 11-06) OPI 085

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SPECIAL CONDITIONS		NO. INJURED 0	HIT & RUN FELONY <input type="checkbox"/>	CITY MILLBRAE	JUDICIAL DISTRICT	LOCAL REPORT NUMBER 2008-00314	
		NO. KILLED 0	HIT & RUN MISD <input type="checkbox"/>	COUNTY SAN MATEO	REPORTING DISTRICT 15	BEAT 4	DAY OF WEEK WEDNESDAY
					TIME 082300 NOT DU	NGIC# CA04H000	TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
L O C A T I O N	COLLISION OCCURRED ON: EAST MILLBRAE AVENUE				MO DAY YEAR 2/20/2008	OFFICER I.D. 101	
	MILEPOST INFORMATION		GPS Coordinates		BY	PHOTOGRAPHS BY: <input type="checkbox"/> NONE	
	<input checked="" type="checkbox"/> AT INTERSECTION WITH S/B US101 OFF RAMP <input type="checkbox"/> OR				STATE HWY REL. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	OFFICER HAMPTON	
PARTY 1	DRIVERS LICENSE NUMBER	STATE CA	CLASS C	AIRBAG M	SAFETY EQUIP. G	VEH YEAR 1994	MAKE/MODEL/COLOR BMW/325IS/DGR
DRIVER	NAME [REDACTED]				OWNER NAME <input type="checkbox"/> SAME AS DRIVER		
PEDEST	STREET ADDRESS [REDACTED]				OWNER ADDRESS <input type="checkbox"/> SAME AS DRIVER		
PKD VEH	CITY/STATE/ZIP FOSTER CITY, CA 94404				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
BICYCLST	SEX F	HAIR BLK	EYES BLK	HEIGHT 5'5"	WEIGHT 105	BIRTHDATE 5/23/1966	RACE O
OTHER	HOME PHONE [REDACTED]		BUSINESS PHONE [REDACTED]		VEHICLE IDENTIFICATION NUMBER: [REDACTED]		
	INSURANCE CARRIER AAA		POLICY NUMBER [REDACTED]		VEHICLE TYPE 01	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	
	DIR OF TRAVEL E/B	ON STREET OR HIGHWAY EAST MILLBRAE AVENUE		SPEED LIMIT 35	CA	DOT	CAL-T TCP/PSC MCMX
PARTY 2	DRIVERS LICENSE NUMBER	STATE	CLASS	AIRBAG	SAFETY EQUIP.	VEH YEAR	MAKE/MODEL/COLOR
DRIVER	NAME				OWNER NAME <input type="checkbox"/> SAME AS DRIVER		
PEDEST	STREET ADDRESS				OWNER ADDRESS <input type="checkbox"/> SAME AS DRIVER		
PKD VEH	CITY/STATE/ZIP				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
BICYCLST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:		
	INSURANCE CARRIER		POLICY 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	
	DIR OF TRAVEL	ON STREET OR HIGHWAY		SPEED LIMIT	CA	DOT	CAL-T TCP/PSC MCMX
PARTY 3	DRIVERS LICENSE NUMBER	STATE	CLASS	AIRBAG	SAFETY EQUIP.	VEH YEAR	MAKE/MODEL/COLOR
DRIVER	NAME				OWNER NAME <input type="checkbox"/> SAME AS DRIVER		
PEDEST	STREET ADDRESS				OWNER ADDRESS <input type="checkbox"/> SAME AS DRIVER		
PKD VEH	CITY/STATE/ZIP				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
BICYCLST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:		
	INSURANCE CARRIER		POLICY 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	
	DIR OF TRAVEL	ON STREET OR HIGHWAY		SPEED LIMIT	CA	DOT	CAL-T TCP/PSC MCMX
PREPARED BY GABY CHAGHOURI 101		DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		REVIEWED BY MIKE GROGAN 091		DATE REVIEWED 2/26/2008	

CITY OF MILLBRAE / STATE OF CALIFORNIA  
**TRAFFIC COLLISION REPORT**

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SPECIAL CONDITIONS		# INURED 0	HIT & RUN FELONY <input type="checkbox"/>	CITY Millbrae		JUDICIAL DISTRICT Municipal		CASE NUMBER	
		# KILLED 0	HIT & RUN MISD. <input type="checkbox"/>	COUNTY San Mateo		REPORTING DISTRICT Northern		BEAT D3	
L O C A T I O N	COLLISION OCCURRED ON W/B Millbrae Ave					DATE 1-3-04	TIME (2400) 1753	NCIC # 04110	OFFICER I.D. 10
	MILEPOST INFORMATION FEET					DAY Saturday	TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PHOTOGRAPHS BY:	
	<input type="checkbox"/> AT INTERSECTION WITH					STATE HWY REL. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> NONE	
	<input checked="" type="checkbox"/> OR 490 FEET West of Rollins Rd								
PARTY 1	DRIVER'S LICENSE NUMBER			STATE CA	CLASS C	SAFETY G	VEH. YR. 1995	MAKE / MODEL / COLOR Ford / red / MARK VIII	LICENSE NUMBER STATE [REDACTED] CA
<input checked="" type="checkbox"/>	DRIVER NAME (FIRST, MI, LAST)								
<input type="checkbox"/>	STREET ADDRESS					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER			
<input type="checkbox"/>	CITY / STATE / ZIP					OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER			
<input type="checkbox"/>	SEX F	HAIR Bld	EYES Grn	HEIGHT 507	WEIGHT 120	BIRTHDATE 10-15-87	RACE W	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER driven away	
<input type="checkbox"/>	HOME PHONE			WORK PHONE student		PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE			
INSURANCE CARRIER State Farm		POLICY NUMBER			CHP USE ONLY VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE: INDICATE DAMAGED AREA		
D.O.T.	ON STREET/HIGHWAY	SPD. LMT.	PCF			<input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR			
W/B	Millbrae Ave	35	22350			<input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> TOTAL			
						<input type="checkbox"/> DOT <input type="checkbox"/> CA <input type="checkbox"/> ICC <input type="checkbox"/> PUC			
PARTY 2	DRIVER'S LICENSE NUMBER			STATE CA	CLASS C	SAFETY G	VEH. YR. 1994	MAKE / MODEL / COLOR Linc. / silver	LICENSE NUMBER STATE [REDACTED] CA
<input checked="" type="checkbox"/>	DRIVER NAME (FIRST, MI, LAST)								
<input type="checkbox"/>	STREET ADDRESS					OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER			
<input type="checkbox"/>	CITY / STATE / ZIP					OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER			
<input type="checkbox"/>	SEX M	HAIR Brn	EYES Brn	HEIGHT 600	WEIGHT 235	BIRTHDATE 10-20-30	RACE W	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER towed	
<input type="checkbox"/>	HOME PHONE			WORK PHONE		PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE			
INSURANCE CARRIER AAA		POLICY NUMBER			CHP USE ONLY VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE: INDICATE DAMAGED AREA		
D.O.T.	ON STREET/HIGHWAY	SPD. LMT.	PCF			<input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR			
W/B	Millbrae Ave	35				<input checked="" type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> TOTAL			
						<input type="checkbox"/> DOT <input type="checkbox"/> CA <input type="checkbox"/> ICC <input type="checkbox"/> PUC			
PARTY 3	DRIVER'S LICENSE NUMBER			STATE	CLASS	SAFETY	VEH. YR.	MAKE / MODEL / COLOR	LICENSE NUMBER STATE
<input checked="" type="checkbox"/>	DRIVER NAME (FIRST, MI, LAST)								
<input type="checkbox"/>	STREET ADDRESS					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER			
<input type="checkbox"/>	CITY / STATE / ZIP					OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER			
<input type="checkbox"/>	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER	
<input type="checkbox"/>	HOME PHONE			WORK PHONE		PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE			
INSURANCE CARRIER		POLICY NUMBER			CHP USE ONLY VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE: INDICATE DAMAGED AREA		
D.O.T.	ON STREET/HIGHWAY	SPD. LMT.	PCF			<input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR			
						<input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> TOTAL			
						<input type="checkbox"/> DOT <input type="checkbox"/> CA <input type="checkbox"/> ICC <input type="checkbox"/> PUC			
RED BY: [Signature]		REVIEW BY: [Signature]		DATE REVIEWED		COPIES:		C.R.O. [Signature]	

01/05/04





TRAFFIC COLLISION REPORT

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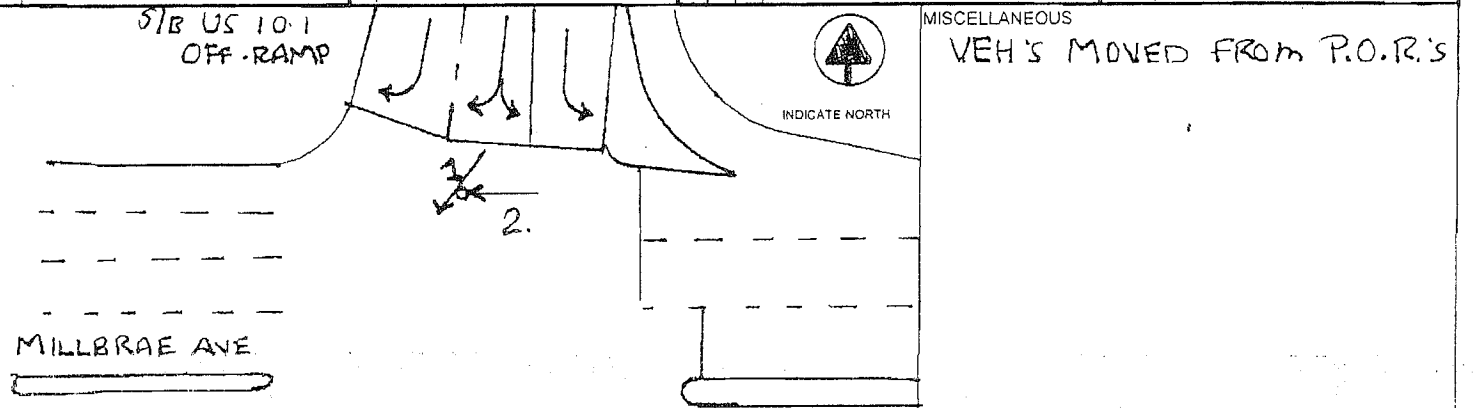
SPECIAL CONDITIONS		# INJURED 0	HIT & RUN FELONY <input type="checkbox"/>	CITY Millbrae	JUDICIAL DISTRICT Municipal		CASE NUMBER	
		# KILLED 0	HIT & RUN MISD. <input type="checkbox"/>	COUNTY San Mateo	REPORTING DISTRICT MILLBRAE POLICE DEPARTMENT	BEAT 3	2004-0069	
LOCATION	COLLISION OCCURRED ON Millbrae Avenue		CONTROL DOCUMENT DO NOT DUPLICATE		DATE 1-13-04	TIME (2400) 0549	NCIC # 04110	OFFICER I.D. Sgt 1
	MILEPOST INFORMATION FEET		BY		DAY Tuesday	TOW AWAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PHOTOGRAPHS BY:	
	<input type="checkbox"/> AT INTERSECTION WITH				STATE HWY REL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> NONE	
	<input checked="" type="checkbox"/> OR 475' FEET East of Rollins Road							
PARTY 1	DRIVER'S LICENSE NUMBER	STATE Ca	CLASS C	SAFETY G	VEH. YR. 1990	MAKE / MODEL / COLOR BMW 325 i, 4 dr, Black	LICENSE NUMBER	STATE Ca
<input checked="" type="checkbox"/>	NAME (FIRST, MI, LAST)							
<input type="checkbox"/>	STREET ADDRESS				OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER			
<input type="checkbox"/>	CITY / STATE / ZIP S.F. Ca 94107				OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER			
<input type="checkbox"/>	SEX F	HAIR Blk	EYES Brn	HEIGHT 5'6"	WEIGHT 120	BIRTHDATE 07/17/62	RACE A	DISPOSITION OF VEHICLE ON ORDERS OF <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER Driven Away
<input type="checkbox"/>	HOME PHONE		WORK PHONE		PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE			
	INSURANCE CARRIER 21st Century		POLICY NUMBER		CHP USE ONLY VEHICLE TYPE	DESCRIBE VEHICLE DAMAGE: <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> TOTAL	INDICATE DAMAGED AREA	
	D.O.T. W/B	ON STREET/HIGHWAY Millbrae Ave	SPD. LMT. 35	PCF 21453 b CVC	<input type="checkbox"/> DOT <input type="checkbox"/> CA <input type="checkbox"/> ICC <input type="checkbox"/> PUC			
PARTY 2	DRIVER'S LICENSE NUMBER	STATE	CLASS	SAFETY	VEH. YR.	MAKE / MODEL / COLOR Huffy, Howler, 18 spd	LICENSE NUMBER	STATE
<input type="checkbox"/>	NAME (FIRST, MI, LAST)							
<input type="checkbox"/>	STREET ADDRESS				OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER			
<input type="checkbox"/>	CITY / STATE / ZIP San Bruno, Ca, 94066				OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER			
<input checked="" type="checkbox"/>	SEX M	HAIR Brn	EYES Brn	HEIGHT 5'7"	WEIGHT 160	BIRTHDATE 04/17/80	RACE H	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER Taken by D-2
<input type="checkbox"/>	HOME PHONE		WORK PHONE		PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE			
	INSURANCE CARRIER		POLICY NUMBER		CHP USE ONLY VEHICLE TYPE	DESCRIBE VEHICLE DAMAGE: <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> TOTAL	INDICATE DAMAGED AREA	
	D.O.T. W/B	ON STREET/HIGHWAY Millbrae Ave	SPD. LMT. 35	PCF	<input type="checkbox"/> DOT <input type="checkbox"/> CA <input type="checkbox"/> ICC <input type="checkbox"/> PUC			
PARTY 3	DRIVER'S LICENSE NUMBER	STATE	CLASS	SAFETY	VEH. YR.	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE
<input type="checkbox"/>	NAME (FIRST, MI, LAST)							
<input type="checkbox"/>	STREET ADDRESS				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER			
<input type="checkbox"/>	CITY / STATE / ZIP				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER			
<input checked="" type="checkbox"/>	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER
<input type="checkbox"/>	HOME PHONE		WORK PHONE		PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE			
	INSURANCE CARRIER		POLICY NUMBER		CHP USE ONLY 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"/> TOTAL	INDICATE DAMAGED AREA	
	D.O.T.	ON STREET/HIGHWAY	SPD. LMT.	PCF	<input type="checkbox"/> DOT <input type="checkbox"/> CA <input type="checkbox"/> ICC <input type="checkbox"/> PUC			
RED BY: Gleeson Sgt 1		REVIEWED BY:		DATE REVIEWED:		COPIES: Eng.		C.R.O. PG-X a/g/dh

TRAFFIC COLLISION CODING

DATE OF COLLISION <b>1/13/04</b>	TIME(2400) <b>0549</b>	NCIC NUMBER <b>0411000</b>	OFFICER ID <b>Sgt 1</b>	NUMBER <b>2004-00069</b>
OWNER'S NAME / ADDRESS				NOTIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No
PARTY AGE				DESCRIPTION OF DAMAGE

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

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	TYPE OF VEHICLE			MOVEMENT PRECEDING COLLISION
		1	2	3	
# 1 A VC SECTION VIOLATED CITED 21453 b CVC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> A CONTROLS FUNCTIONING	<input checked="" type="checkbox"/>		A PASSENGER CAR/STATION WAGON	A STOPPED
# B OTHER IMPROPER DRIVING*	<input checked="" type="checkbox"/> B CONTROLS NOT FUNCTIONING*			B PASSENGER CAR W/ TRAILER	B PROCEEDING STRAIGHT
	C CONTROLS OBSCURED			C MOTORCYCLE/SCOOTER	C RAN OFF ROAD
C OTHER THAN DRIVER*	D NO CONTROLS PRESENT*			D PICK OR PANEL TRUCK	D MAKING RIGHT TURN
D UNKNOWN*	TYPE OF COLLISION			E PICKUP/PANEL TRUCK W/ TRAILER	E MAKING LEFT TURN
# E FELL ASLEEP*	A HEAD-ON			F TRUCK OR TRUCK TRAILER	F MAKING U TURN
	B SIDESWIPE			G TRUCK/TRUCK TRACTOR W/ TRLR.	G BACKING
WEATHER (MARK 1 TO 2 ITEMS)	C REAR END			H SCHOOL BUS	H SLOWING/STOPPING
<input checked="" type="checkbox"/> A CLEAR	<input checked="" type="checkbox"/> D BROADSIDE			I OTHER BUS	I PASSING OTHER VEHICLE
B CLOUDY	E HIT OBJECT			J EMERGENCY VEHICLE	J CHANGING LANES
C RAINING	F OVERTURNED			K HIGHWAY CONST. EQUIPMENT	K PARKING MANEUVER
D SNOWING	G VEHICLE/ PEDESTRIAN		<input checked="" type="checkbox"/>	L BICYCLE	L ENTERING TRAFFIC
E FOG/VISIBILITY FT.	H OTHER*			M OTHER VEHICLE	M OTHER UNSAFE TURNING
F OTHER*	MOTOR VEHICLE INVOLVED WITH			N PEDESTRIAN	N XING INTO OPPOSING LANE
G WIND	A NON-COLLISION			O MOPED	O PARKED
LIGHTING	B PEDESTRIAN				P MERGING
A DAYLIGHT	C OTHER MOTOR VEHICLE				Q TRAVELING WRONG WAY
DUSK - DAWN	D VEHICLE ON OTHER ROADWAY			OTHER ASSOCIATED FACTURE(S) (MARK 1 TO 2 ITEMS)	
DARK - STREETLIGHTS	E PARKED VEHICLE			A VC SECTION VIOLATION: CITED <input type="checkbox"/> Yes <input type="checkbox"/> No	
D DARK - NO STREETLIGHTS	F TRAIN			B VC SECTION VIOLATION: CITED 21201 d cvc <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
E DARK - STREETLIGHTS NOT FUNCTIONING*	<input checked="" type="checkbox"/> G BICYCLE		<input checked="" type="checkbox"/>	C VC SECTION VIOLATION: CITED <input type="checkbox"/> Yes <input type="checkbox"/> No	
ROADWAY SURFACE	H ANIMAL:			D	SOBRIETY - DRUG (PHYSICAL) (MARK 1 TO 2 ITEMS)
<input checked="" type="checkbox"/> A DRY	I FIXED OBJECT:				A HAD NOT BEEN DRINKING
B WET	J OTHER OBJECT:				B HBD-UNDER INFLUENCE
C SNOWY - ICY				E VISION OBSCUREMENT	C HBD-NOT UNDER INFLUENCE
D SLIPPERY (MUDDY, OILY, ETC.)				F INATTENTION*	D HBD-IMPAIRMENT*UNK.*
ROADWAY CONDITION (S) (MARK 1 TO 2 ITEMS)	PEDESTRIAN'S INVOLVED			G STOP & GO TRAFFIC	E UNDER DRUG INFLUENCE*
A HOLES, DEEP RUT*	<input checked="" type="checkbox"/> A NO PEDSTRIANS INVOLVED		<input checked="" type="checkbox"/>	H ENTERING/LEAVING RAMP	F IMPAIRMENT-PHYSICAL*
B LOOSE MATERIAL ON ROADWAY*	B CROSSING IN CROSSWALK AT INTERSECTION			I PREVIOUS COLLISION	G IMPAIRMENT NOT KNOWN
C OBSTRUCTION ON ROADWAY*	C CROSSING IN CROSSWALK NOT AT INTERSECTION			J UNFAMILIAR WITH ROAD	H NOT APPLICABLE
D CONSTRUCTION - REPAIR ZONE	D CROSSING-NOT IN CROSSWALK			K DEFECTIVE VEHICLE EQUIP.: <input type="checkbox"/> Yes <input type="checkbox"/> No	I SLEEPY/FATIGUED
E REDUCED ROADWAY WIDTH	E IN ROAD / SHOULDER			L UNINVOLVED VEHICLE	SPECIAL INFORMATION
F FLOODED*	F NOT IN ROAD			M OTHER*	A HAZARDOUS MATERIAL
G OTHER*	G TO / FROM SCHOOL BUS			N NONE APPARENT	
<input checked="" type="checkbox"/> H NO UNUSUAL CONDITIONS				O RUNAWAY VEHICLE	



TRAFFIC COLLISION REPORT

14

SPECIAL CONDITIONS	# INURED 0	HIT & RUN FELONY <input type="checkbox"/>	CITY Millbrae	MILLBRAE POLICE DEPARTMENT	JUDICIAL DISTRICT Municipal	CASE NUMBER
	# KILLED 0	HIT & RUN MISD. <input type="checkbox"/>	COUNTY San Mateo	COUNTY REPORTING DISTRICT Northern	BEAT 3	2005-00919

LOCATION	COLLISION OCCURRED ON North bound Hwy 101/Millbrae Avenue off-ramp	DATE 6-22-05	TIME (2400) 2110 hrs	NCIC # 04110	OFFICER I.D. 8
	MILEPOST INFORMATION	DAY Wednesday	TOW AWAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PHOTOGRAPHS BY: John Aronis #8	
	<input checked="" type="checkbox"/> AT INTERSECTION WITH <input type="checkbox"/> OR E/B Millbrae Avenue	STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> NONE	

PARTY 1	DRIVER'S LICENSE NUMBER	STATE WI	CLASS ABCD	SAFETY G	VEH. YR. 05	MAKE / MODEL / COLOR KW/TT/Blue	LICENSE NUMBER	STATE MN
DRIVER	NAME (FIRST, MI, LAST)							

PED	STREET ADDRESS	OWNER'S NAME
<input type="checkbox"/>		
PKD VEH	CITY / STATE / ZIP Tripoli, WI 54564	OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER
<input type="checkbox"/>		

BICYCLIST	SEX F	HAIR Brn	EYES Brn	HEIGHT 5-06	WEIGHT 125	BIRTHDATE 06-03-1959	RACE W	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER
<input type="checkbox"/>	Driven away by driver							

OTHER	HOME PHONE	WORK PHONE	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE
<input type="checkbox"/>			

INSURANCE CARRIER	POLICY NUMBER	CHP USE ONLY VEHICLE TYPE	DESCRIBE VEHICLE DAMAGE: <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> TOTAL	INDICATE DAMAGED AREA
Ross Nesbit Agencies				
D.O.T.	ON STREET/HIGHWAY	SPD. LMT.	PCF	
W/B	Millbrae Ave.	35	22107 cvc	
		<input type="checkbox"/> DOT <input type="checkbox"/> CA <input type="checkbox"/> ICC <input type="checkbox"/> PUC		

PARTY 2	DRIVER'S LICENSE NUMBER	STATE	CLASS	SAFETY	VEH. YR.	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE
DRIVER	NAME (FIRST, MI, LAST)							

PED	STREET ADDRESS	OWNER'S NAME
<input type="checkbox"/>		<input type="checkbox"/> SAME AS DRIVER
VEH	CITY / STATE / ZIP	OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER
<input type="checkbox"/>		

BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER
<input type="checkbox"/>								

OTHER	HOME PHONE	WORK PHONE	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE
<input type="checkbox"/>			

INSURANCE CARRIER	POLICY NUMBER	CHP USE ONLY 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"/> TOTAL	INDICATE DAMAGED AREA
D.O.T.	ON STREET/HIGHWAY	SPD. LMT.	PCF	
		<input type="checkbox"/> DOT <input type="checkbox"/> CA <input type="checkbox"/> ICC <input type="checkbox"/> PUC		

PARTY 3	DRIVER'S LICENSE NUMBER	STATE	CLASS	SAFETY	VEH. YR.	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE
DRIVER	NAME (FIRST, MI, LAST)							

PED	STREET ADDRESS	OWNER'S NAME
<input type="checkbox"/>		<input type="checkbox"/> SAME AS DRIVER
PKD VEH	CITY / STATE / ZIP	OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER
<input type="checkbox"/>		

BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER
<input type="checkbox"/>								

OTHER	HOME PHONE	WORK PHONE	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE
<input type="checkbox"/>			

INSURANCE CARRIER	POLICY NUMBER	CHP USE ONLY 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"/> TOTAL	INDICATE DAMAGED AREA
D.O.T.	ON STREET/HIGHWAY	SPD. LMT.	PCF	
		<input type="checkbox"/> DOT <input type="checkbox"/> CA <input type="checkbox"/> ICC <input type="checkbox"/> PUC		

PREPARED BY: John Aronis #8	REVIEWED BY: [Signature]	DATE REVIEWED JUN 28 2005	COPIES: DEPT. MOTOR VEHICLES ENG. / 615	C.R.O.
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CITY OF MILLBRAE - PUBLIC WORKS  
RECORDS UNIT

**TRAFFIC COLLISION CODING**

DATE OF COLLISION <b>6/22/05</b>		TIME(2400) <b>2110 hrs</b>	NCIC NUMBER <b>0411000</b>	OFFICER ID <b>8</b>	NUMBER <b>2005-00919</b>
PROPERTY OWNER'S NAME / ADDRESS <b>City of Millbrae/ Cal-Trans</b>	NOTIFIED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
DAMAGE DESCRIPTION OF DAMAGE <b>Damaged to light post with pedestrian signal</b>	<b>MILLBRAE POLICE DEPARTMENT</b>				
<b>SEATING POSITION</b>	<b>OCCUPANTS</b>	<b>SAFETY EQUIPMENT</b>		<b>CONTROL DOCUMENT</b>	
	A - NONE IN VEHICLE	K - PASSIVE RESTRAINT NOT USED	BY DRIVER		
	B - UNKNOWN	L - AIRBAG DEPLOYED	M/C BICYCLE - HELMET		
	C - LAP BELT USED	M - AIRBAG NOT DEPLOYED	DO NOT DUPLICATE		
	D - LAP BELT NOT USED	N - OTHER	V - NO		
	E - SHOULDER HARNESS USED	P - NOT REQUIRED	W - YES		
	F - SHOULDER HARNESS NOT USED		X - NO		
	G - LAP / SHOULDER HARNESS USED		Y - YES		
	H - LAP / SHOULDER HARNESS NOT USED		Z - NONE IN VEHICLE		
	J - PASSIVE RESTRAINT USED				

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

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	TYPE OF VEHICLE			MOVEMENT PROCEEDING COLLISION				
		1	2	3	1	2	3		
<input checked="" type="checkbox"/> A VC SECTION VIOLATED - CITED <b>VC 22107</b> <input type="checkbox"/> No	<input checked="" type="checkbox"/> A CONTROLS FUNCTIONING				A PASSENGER CAR/STATION WAGON			A STOPPED	
<input type="checkbox"/> B OTHER IMPROPER DRIVING*	B CONTROLS NOT FUNCTIONING*				B PASSENGER CAR W/ TRAILER			B PROCEEDING STRAIGHT	
<input type="checkbox"/> C OTHER THAN DRIVER*	C CONTROLS OBSCURED				C MOTORCYCLE/SCOOTER			C RAN OFF ROAD	
<input type="checkbox"/> D UNKNOWN*	D NO CONTROLS PRESENT*				D PICKUP OR PANEL TRUCK			D MAKING RIGHT TURN	
<input type="checkbox"/> E FELL ASLEEP*	TYPE OF COLLISION				E PICKUP/PANEL TRUCK W/ TRAILER	<input checked="" type="checkbox"/>		E MAKING LEFT TURN	
	A HEAD-ON				F TRUCK OR TRUCK TRAILER			F MAKING U TURN	
	B SIDESWIPE	<input checked="" type="checkbox"/>			G TRUCK/TRUCK TRACTOR W/ TRLR.			G BACKING	
	C REAR END				H SCHOOL BUS			H SLOWING/STOPPING	
<input checked="" type="checkbox"/> A CLEAR	D BROADSIDE				I OTHER BUS			I PASSING OTHER VEHICLE	
<input type="checkbox"/> B CLOUDY	<input checked="" type="checkbox"/> E HIT OBJECT				J EMERGENCY VEHICLE			J CHANGING LANES	
<input type="checkbox"/> C RAINING	F OVERTURNED				K HIGHWAY CONST. EQUIPMENT			K PARKING MANEUVER	
<input type="checkbox"/> D SNOWING	G VEHICLE/ PEDESTRIAN				L BICYCLE			L ENTERING TRAFFIC	
<input type="checkbox"/> E FOG/VISIBILITY FT.	H OTHER*				M OTHER VEHICLE			M OTHER UNSAFE TURNING	
<input type="checkbox"/> F OTHER*	MOTOR VEHICLE INVOLVED WITH				N PEDESTRIAN			N XING INTO OPPOSING LANE	
<input type="checkbox"/> G WIND	A NON-COLLISION				O MOPED			O PARKED	
LIGHTING		B PEDESTRIAN						P MERGING	
<input type="checkbox"/> A DAYLIGHT	C OTHER MOTOR VEHICLE							Q TRAVELING WRONG WAY	
<input type="checkbox"/> B DUSK - DAWN	D VEHICLE ON OTHER ROADWAY				OTHER ASSOCIATED FACTURE(S) (MARK 1 TO 2 ITEMS)			R OTHER*	
<input type="checkbox"/> C DARK - STREETLIGHTS	E PARKED VEHICLE				A VC SECTION VIOLATION: CITED <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> D DARK - NO STREETLIGHTS	F TRAIN				B VC SECTION VIOLATION: CITED <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> E DARK - STREETLIGHTS NOT FUNCTIONING*	G BICYCLE				C VC SECTION VIOLATION: CITED <input type="checkbox"/> Yes <input type="checkbox"/> No				
ROADWAY SURFACE		H ANIMAL:			D			SOBRIETY - DRUG (PHYSICAL) (MARK 1 TO 2 ITEMS)	
<input checked="" type="checkbox"/> A DRY	I FIXED OBJECT:							A HAD NOT BEEN DRINKING	
<input type="checkbox"/> B WET	<input checked="" type="checkbox"/> J OTHER OBJECT: Light post/Signal Light				E VISION OBSCUREMENT			B HBD-UNDER INFLUENCE	
<input type="checkbox"/> C SNOWY - ICY	PEDESTRIAN'S INVOLVED				F INATTENTION*			C HBD-NOT UNDER INFLUENC	
<input type="checkbox"/> D SLIPPERY (MUDDY, OILY, ETC.)	<input checked="" type="checkbox"/> A NO PEDSTRIANS INVOLVED				G STOP & GO TRAFFIC			D HBD-IMPAIRMENT UNK.*	
ROADWAY CONDITION (S) (MARK 1 TO 2 ITEMS)		B CROSSING IN CROSSWALK AT INTERSECTION			H ENTERING/LEAVING RAMP			E UNDER DRUG INFLUENCE*	
<input type="checkbox"/> A HOLES, DEEP RUT*	C CROSSING IN CROSSWALK NOT AT INTERSECTION				I PREVIOUS COLLISION			F IMPAIRMENT-PHYSICAL*	
<input type="checkbox"/> B LOOSE MATERIAL ON ROADWAY*	D CROSSING-NOT IN CROSSWALK				J UNFAMILIAR WITH ROAD			G IMPAIRMENT NOT KNOWN	
<input type="checkbox"/> C OBSTRUCTION ON ROADWAY*	E IN ROAD / SHOULDER				K DEFECTIVE VEHICLE EQUIP.: <input type="checkbox"/> Yes <input type="checkbox"/> No			H NOT APPLICABLE	
<input type="checkbox"/> D CONSTRUCTION - REPAIR ZONE	F NOT IN ROAD				L UNINVOLVED VEHICLE			I SLEEPY/FATIGUED	
<input type="checkbox"/> E REDUCED ROADWAY WIDTH	G TO / FROM SCHOOL BUS				M OTHER*			SPECIAL INFORMATION	
<input type="checkbox"/> F FLOODED*					N NONE APPARENT			A HAZARDOUS MATERIAL	
<input type="checkbox"/> G OTHER*					O RUNAWAY VEHICLE				
<input checked="" type="checkbox"/> H NO UNUSUAL CONDITIONS									

