


5102

RK

SPECIAL CONDITIONS On Duty Emergency Vehicle <b>CPI</b>		NUMBER INJURED 3	HT & RUN FELLOW <input type="checkbox"/>	CITY Los Angeles	JUDICIAL DISTRICT Los Angeles		LOCAL REPORT NUMBER 22-06-08990		
		NUMBER KILLED 0	HT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY Los Angeles	REPORTING DISTRICT 0666	BEAT 27T31-W3	DAY OF WEEK Tuesday	TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
LOCATION	CRASH OCCURRED ON Wilcox Av				MO. DAY YEAR 04/19/2022	TIME (2400) 04:31	NCIC # 1942	OFFICER ID 42640	
	MILEPOST INFORMATION FEET/MILES OF				GPS COORDINATES LATITUDE LONGITUDE		PHOTOGRAPHS BY: <input type="checkbox"/> NONE		
	<input checked="" type="checkbox"/> AT INTERSECTION WITH <input type="checkbox"/> OR: FEET/MILES OF Santa Monica Bl				STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Axon Capture Wei 42640		
PARTY 1	DRIVER'S LICENSE NUMBER	STATE CA	CLASS C	AIR BAG L	SAFETY EQUIP. G	VEH. YEAR 2016	MAKE/MODEL/COLOR Ford Explorer Black/White	LICENSE NUMBER [REDACTED]	STATE CA
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> David Maciasmedina				Shop #81008				
PEDESTRIAN	STREET ADDRESS [REDACTED]				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		City of Los Angeles		
PARKED VEHICLE	CITY/STATE/ZIP Los Angeles, CA 90028				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		555 Ramirez St. Los Angeles, CA 90012		
BICYCLIST	SEX M	HAIR Blk	EYES Bro	HEIGHT 5'6"	WEIGHT 190	BIRTHDATE Mo. Day Year	RACE H	DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER	
OTHER	HOME PHONE		BUSINESS PHONE 213-972-2971		VEHICLE IDENTIFICATION NUMBER: 48 98		LAPD Shop Tow - 555 Ramirez St. Los Angeles, CA 90012		
OPERATOR	INSURANCE CARRIER City of Los Angeles		POLICY NUMBER Self Insured		VEHICLE TYPE 07		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		
	DIR OF TRAVEL S	ON STREET OR HIGHWAY Wilcox Av	LANE 1	THRU LANES 1	TOTAL LANES 1	SPEED LIMIT 25	SHADE IN DAMAGED AREA		
PARTY 2	DRIVER'S LICENSE NUMBER	STATE CA	CLASS C	AIR BAG L	SAFETY EQUIP. G	VEH. YEAR 2015	MAKE/MODEL/COLOR Nissan Xterra Black	LICENSE NUMBER [REDACTED]	STATE CA
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> Craig David Elliot				OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER		OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER		
PEDESTRIAN	STREET ADDRESS [REDACTED]				DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		Hollywood Tow OPG - 1015 N Mansfield Av. Los Angeles, CA 90038		
PARKED VEHICLE	CITY/STATE/ZIP [REDACTED]				VEHICLE IDENTIFICATION NUMBER: 07		PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
BICYCLIST	SEX M	HAIR Bald	EYES Blu	HEIGHT 6'0"	WEIGHT 185	BIRTHDATE Mo. Day Year	RACE W	VEHICLE TYPE 07	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input checked="" type="checkbox"/> MAJOR <input checked="" type="checkbox"/> ROLL-OVER
OTHER	HOME PHONE		BUSINESS PHONE		SHADE IN DAMAGED AREA				
OPERATOR	INSURANCE CARRIER No Proof - Refer to Narrative		POLICY NUMBER		VEHICLE TYPE 07		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input checked="" type="checkbox"/> MAJOR <input checked="" type="checkbox"/> ROLL-OVER		
	DIR OF TRAVEL W	ON STREET OR HIGHWAY Santa Monica Bl	LANE 2	THRU LANES 2	TOTAL LANES 3	SPEED LIMIT 35	SHADE IN DAMAGED AREA		
PARTY 3	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
DRIVER	NAME (FIRST, MIDDLE, LAST)				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		
PEDESTRIAN	STREET ADDRESS				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
PARKED VEHICLE	CITY/STATE/ZIP				VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	SHADE IN DAMAGED AREA	
OTHER	HOME PHONE		BUSINESS PHONE		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		
OPERATOR	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	LANE	THRU LANES	TOTAL LANES	SPEED LIMIT	SHADE IN DAMAGED AREA		
PREPARER'S NAME Wei #42640		DISPATCH NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		REVIEWER'S NAME [Signature]		DATE REVIEWED 4/23/22			

DATE OF CRASH (MO. DAY YEAR) 04/19/2022		TIME (2400) 04:31	NCIC # 1942	OFFICER ID 42640	NUMBER 22-06-08990
PROPERTY DAMAGE	OWNER'S NAME Los Angeles Department of Water and Power	OWNER'S ADDRESS 111 North Hope Street Los Angeles, CA 90012			
PERSON NOTIFIED	<input checked="" type="checkbox"/> SAME AS OWNER	TELEPHONE NUMBER	METHOD OF NOTIFICATION (MARK ALL THAT APPLY) <input type="checkbox"/> IN PERSON <input type="checkbox"/> PHONE <input checked="" type="checkbox"/> DISPATCH <input type="checkbox"/> CHP 422		LOG / INCIDENT NUMBER


DESCRIPTION OF DAMAGE  
 Timber Power Pole sheared at base. Pole #16829M

<b>SEATING POSITION</b>  <p>1 TO 9 - STANDARD SEATING POSITION          10 - REAR OCC. TRK, VAN, STATION WAGON, ETC.*          11 - POSITION UNKNOWN*          0 - OTHER*</p>	<b>SAFETY EQUIPMENT</b> <b>OCCUPANTS</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 P - NOT REQUIRED <b>CHILD RESTRAINT</b> Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE <b>MC / BICYCLE - HELMET</b> DRIVER PASSENGER V - NO X - NO W - YES Y - YES	<b>AIR BAG</b> B - UNKNOWN L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED <b>EJECTED FROM VEHICLE</b> 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	<b>INATTENTION CODES</b> A - CELL PHONE HANDHELD B - CELL PHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONAL HYGIENE J - READING K - OTHER
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ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (\*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY CRASH FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	VEHICLE AUTOMATION LEVEL			MOVEMENT PRECEDING CRASH
		1	2	3	
A CVC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO	A CONTROLS FUNCTIONING	x	x		A STOPPED
B OTHER IMPROPER DRIVING**	B CONTROLS NOT FUNCTIONING*				B PROCEEDING STRAIGHT
C OTHER THAN DRIVER*	C CONTROLS OBSCURED				C RAN OFF ROAD
D UNKNOWN*	D NO CONTROLS PRESENT / FACTOR*				D MAKING RIGHT TURN
	<b>TYPE OF CRASH</b>				E MAKING LEFT TURN
	A HEAD - ON				F MAKING U TURN
	B SIDE SWIPE				G BACKING
	C REAR END				H SLOWING / STOPPING
WEATHER (MARK 1 TO 2 ITEMS)	D BROADSIDE	1	2	3	I PASSING OTHER VEHICLE
A CLEAR	E HIT OBJECT	x	x		J CHANGING LANES
X 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 FT.	<b>MOTOR VEHICLE INVOLVED WITH (MARK 1 TO 2 ITEMS)</b>				N XING INTO OPPOSING LANE
F OTHER**	A NONCOLLISION				O PARKED
G WIND	B PEDESTRIAN				P MERGING
<b>LIGHTING</b>	C OTHER MOTOR VEHICLE	1	2	3	Q TRAVELING WRONG WAY
A DAYLIGHT	D MOTOR VEHICLE ON OTHER ROADWAY				R OTHER**
B DUSK - DAWN	E PARKED MOTOR VEHICLE				S LANE SPLITTING
X C DARK - STREET LIGHTS	F TRAIN				<b>SOBRIETY - DRUG - PHYSICAL (MARK ALL THAT APPLY)</b>
D DARK - NO STREET LIGHTS	G BICYCLE				A HAD NOT BEEN DRINKING
E DARK - STREET LIGHTS NOT FUNCTIONING*	H ANIMAL				B HBD - UNDER THE INFLUENCE
<b>ROADWAY SURFACE</b>	I FIXED OBJECT:				C HBD - NOT UNDER INFLUENCE*
X A DRY	J OTHER OBJECT:				D HBD - IMPAIRMENT UNKNOWN*
B WET	K ADDITIONAL OBJECT(S) STRUCK				E UNDER DRUG INFLUENCE*
C SNOWY - ICY	<b>PEDESTRIAN'S ACTIONS</b>				DRE EXAM. CONDUCTED
D SLIPPERY (MUDDY, OILY, ETC.)	A NO PEDESTRIANS INVOLVED				STIMULANT
<b>ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)</b>	B CROSSING IN CROSSWALK - AT INTERSECTION				HALLUCINOGEN
A HOLES, DEEP RUT*	C CROSSING IN CROSSWALK - NOT AT INTERSECTION				DISSOCIATIVE ANESTHETICS
B LOOSE MATERIAL ON ROADWAY*	D CROSSING - NOT IN CROSSWALK				NARCOTIC ANALGESIC
C OBSTRUCTION ON ROADWAY*	E IN ROAD - INCLUDES SHOULDER				INHALANT
D CONSTRUCTION - REPAIR ZONE	F NOT IN ROAD	x	x		CANNABIS
E REDUCED ROADWAY WIDTH	G APPROACHING / LEAVING SCHOOL BUS				DEPRESSANT
F FLOODED*					F IMPAIRMENT - PHYSICAL*
G OTHER**					G IMPAIRMENT NOT KNOWN
X H NO UNUSUAL CONDITIONS					H NOT APPLICABLE
					I SLEEPY / FATIGUED*

SKETCH (Hand sketch diagram in the space below.)



INDICATE NORTH

MISCELLANEOUS				SPECIAL INFORMATION		
Partner: Veliz #33757				1	2	3
						A HAZARDOUS MATERIAL
						B CELL PHONE HANDHELD IN USE
						C CELL PHONE HANDSFREE IN USE
				x	x	D CELL PHONE NOT IN USE
						E CELL PHONE USE UNKNOWN
						F SCHOOL BUS RELATED
				1	2	3
						<b>BIKEWAY FACILITY</b>
						A SHARED ROADWAY
						B CLASS I - BIKE PATH*
						C CLASS II - BIKE LANE*
						D CLASS III - BIKE ROUTE*
						E CLASS IV - SEPARATED BIKEWAY*

DATE OF CRASH (MO. DAY YEAR) <b>04/19/2022</b>			TIME (2400) <b>04:31</b>	NCIC # <b>1942</b>	OFFICER ID <b>42640</b>	NUMBER <b>22-06-08990</b>
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WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
				FATAL INJURY	SUSPECTED SERIOUS INJURY	SUSPECTED MINOR INJURY	POSSIBLE INJURY	DRIVER	PASS.	PED.	BICYCLIST	OTHER					
<input checked="" type="checkbox"/> # 1	<input type="checkbox"/>	22	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

NAME / D.O.B. / ADDRESS <b>Candice Denny</b> [REDACTED]													TELEPHONE [REDACTED]				
(INJURED ONLY) TRANSPORTED BY: <b>Los Angeles Fire Department</b>								EMS RUN NUMBER					TAKEN TO: <b>Cedars Sinai Trauma 2</b>				

DESCRIBE INJURIES

VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/> #	<input type="checkbox"/>	52	M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	1	L	G	0
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NAME / D.O.B. / ADDRESS <b>Craig David Elliot</b> [REDACTED]													TELEPHONE [REDACTED]				
(INJURED ONLY) TRANSPORTED BY: <b>Los Angeles Fire Department</b>								EMS RUN NUMBER					TAKEN TO: <b>Cedars Sinai Trauma 2</b>				

DESCRIBE INJURIES

MRN 990-008-312. Treated by Dr. Rudd for dislocated left shoulder (already reset upon Ofcr Wei interview at hospital), contusions and abrasions all over, complaint of pain to lower left back.

VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/> #	<input type="checkbox"/>	26	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	L	G	0
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NAME / D.O.B. / ADDRESS <b>David Maciasmedina</b> [REDACTED] <b>#44245</b>													TELEPHONE [REDACTED]				
(INJURED ONLY) TRANSPORTED BY: <b>Los Angeles Fire Department</b>								EMS RUN NUMBER					TAKEN TO: <b>Cedars Sinai Trauma 43</b>				

DESCRIBE INJURIES

MRN 202-781-183. Treated by Dr. Rudd for visible contusions to left wrist, complaint of pain to right leg, left shoulder, back.

VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/> #	<input type="checkbox"/>	27	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	3	L	G	0
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NAME / D.O.B. / ADDRESS <b>Salvador Chavez Jr.</b> [REDACTED] <b>#44226</b>													TELEPHONE [REDACTED]				
(INJURED ONLY) TRANSPORTED BY: <b>Los Angeles Fire Department</b>								EMS RUN NUMBER					TAKEN TO: <b>Cedars Sinai Trauma 43</b>				

DESCRIBE INJURIES

MRN 202-781-184. Treated by Dr. Rudd for visible abrasions to legs, complaint of pain to face.

VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
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NAME / D.O.B. / ADDRESS													TELEPHONE				
(INJURED ONLY) TRANSPORTED BY:								EMS RUN NUMBER					TAKEN TO:				

DESCRIBE INJURIES

VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
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NAME / D.O.B. / ADDRESS													TELEPHONE				
(INJURED ONLY) TRANSPORTED BY:								EMS RUN NUMBER					TAKEN TO:				

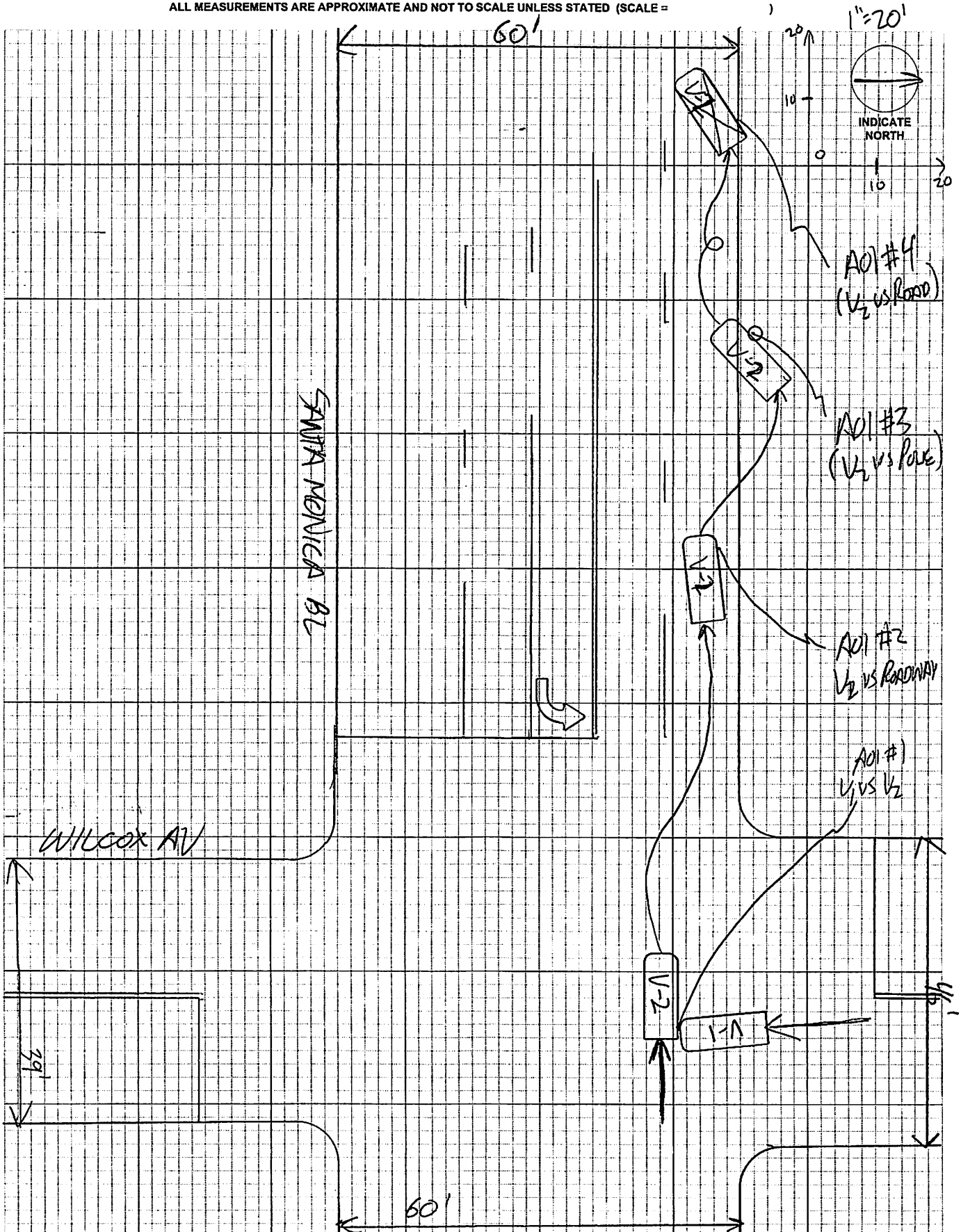
DESCRIBE INJURIES

VICTIM OF VIOLENT CRIME NOTIFIED

PREPARER'S NAME <b>Wei</b>	ID NUMBER <b>42640</b>	MO. DAY YEAR <b>4/20/2022</b>	REVIEWER'S NAME	MO. DAY YEAR
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DATE OF COLLISION (MO. DAY YEAR) 4 19 22	TIME (2400) 0431	NCIC # 1942	OFFICER I.D. 42640	NUMBER 2206 08990
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE =



PREPARED BY Wei	I.D. NUMBER 42640	MO. DAY YEAR 4/20/22	REVIEWER'S NAME	MO. DAY YEAR
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