


STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
TRAFFIC COLLISION REPORT
CHP 555 Page 1 (Rev. 4-11) OPI 060

SPECIAL CONDITIONS		NUMBER INJURED 1	HIT & RUN FELONY <input type="checkbox"/>	CITY SANTA CLARITA	JUDICIAL DISTRICT NEWHALL	LOCAL REPORT NUMBER 921-10728-0649-471		
		NUMBER KILLED 0	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY LOS ANGELES	REPORTING DISTRICT 0649	BEAT 62T1	DAY OF WEEK S M T W T F S	
				TOW AWAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
LOCATION	COLLISION OCCURRED ON COPPER HILL DRIVE				MO DAY YEAR 08-06-2021	TIME (2400) 2126	NCIC # 1900	
	MILEPOST INFORMATION FEET/MILES OF				GPS COORDINATES LATITUDE 34.460814 LONGITUDE -118.528087		OFFICER I.D. 629500	
	<input checked="" type="checkbox"/> AT INTERSECTION WITH GOLD CANYON DRIVE				STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PHOTOGRAPHS BY: <input checked="" type="checkbox"/> NONE	
	<input type="checkbox"/> CR. FEET/MILES OF							
PARTY 1	DRIVER'S LICENSE NUMBER [REDACTED]	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP G	VEH. YEAR 2017	MAKE/MODEL/COLOR TOYOTA/ALOMA/GRY	
DRIVER	NAME (FIRST, MIDDLE, LAST) MARCELO IGNACIO RAFFI				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER CITY LOS ANGELES		LICENSE NUMBER [REDACTED]	
PEDESTRIAN	STREET ADDRESS [REDACTED]				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER LOS ANGELES CA			
PARKED VEHICLE	CITY/STATE/ZIP SANTA CLARITA CA 91390				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER DRIVE AWAY			
BICYCLIST	SEX M	HAIR BRN	EYES BRN	HEIGHT 507	WEIGHT 165	BIRTHDATE Day Year [REDACTED]	RACE W	
OTHER	HOME PHONE [REDACTED]		BUSINESS PHONE 213-486-6933		PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE			
INSURANCE CARRIER SELF INSURED		POLICY NUMBER		VEHICLE IDENTIFICATION NUMBER [REDACTED]		VEHICLE TYPE 22		
DIR OF TRAVEL E		ON STREET OR HIGHWAY COPPERHILL DRIVE		SPEED LIMIT 45		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"/> ROLL-OVER		
PARTY 2	DRIVER'S LICENSE NUMBER	STATE	CLASS C	AIR BAG P	SAFETY EQUIP P	VEH. YEAR	MAKE/MODEL/COLOR	
DRIVER	NAME (FIRST, MIDDLE, LAST) ROHINI S PERERA				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		LICENSE NUMBER	
PEDESTRIAN	STREET ADDRESS [REDACTED]				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER			
PARKED VEHICLE	CITY/STATE/ZIP SANTA CLARITA CA 91390				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER			
BICYCLIST	SEX F	HAIR BLK	EYES BRN	HEIGHT 503	WEIGHT 165	BIRTHDATE Day Year [REDACTED]	RACE O	
OTHER	HOME PHONE [REDACTED]		BUSINESS PHONE		PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE			
INSURANCE CARRIER		POLICY NUMBER		VEHICLE IDENTIFICATION NUMBER: 60		VEHICLE TYPE 60		
DIR OF TRAVEL E		ON STREET OR HIGHWAY COPPER HILL DRIVE		SPEED LIMIT 45		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		
PARTY 3	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	
DRIVER	NAME (FIRST, MIDDLE, LAST) LARCIS & SCANNED				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		LICENSE NUMBER	
PEDESTRIAN	STREET ADDRESS P. Suarez				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER			
PARKED VEHICLE	CITY/STATE/ZIP Date: 8-11-21				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER			
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo Day Year	RACE	
OTHER	HOME PHONE		BUSINESS PHONE		PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE			
INSURANCE CARRIER		POLICY NUMBER		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE		
DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		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		
PREPARER'S NAME B STEFFEN #629500		DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		REVIEWER'S NAME CRAMER, M 472724		DATE REVIEWED 8-11-2021		

DATE OF COLLISION (MO. DAY YEAR) 08-06-2021	TIME (2400) 2126	NCIC # 1900	OFFICER I.D. 629500	NUMBER 921-10728-0649-471
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PROPERTY DAMAGE	OWNER'S NAME OWNER'S ADDRESS	NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIPTION OF DAMAGE		

SEATING POSITION 	SAFETY EQUIPMENT OCCUPANTS A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP/SHOULDER HARNESS USED H - LAP/SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED P - NOT REQUIRED CHILD RESTRAINT Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE M/C BICYCLE HELMET DRIVER PASSENGER V - NO X - NO W - YES Y - YES	AIR BAG B - UNKNOWN L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	INATTENTION CODES A - CELLPHONE HANDHELD B - CELLPHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONAL HYGIENE J - READING K - OTHER
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ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	1	2	3	SPECIAL INFORMATION	1	2	3	MOVEMENT PRECEDING COLLISION
1 A VC SECTION VIOLATED: 21950 (A) CVC <small>CITED YES</small>	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*				D CELL PHONE NOT IN USE				D MAKING RIGHT TURN
	TYPE OF COLLISION				E SCHOOL BUS RELATED				E MAKING LEFT TURN
	A HEAD - ON				F 75 FT MOTORTRUCK COMBO				F MAKING U TURN
	B SIDE SWIPE				G 32 FT TRAILER COMBO				G BACKING
	C REAR END				H				H SLOWING / STOPPING
	D BROADSIDE				I				I PASSING OTHER VEHICLE
WEATHER (MARK 1 TO 2 ITEMS)	E HIT OBJECT				J				J CHANGING LANES
A CLEAR	F OVERTURNED				K				K PARKING MANEUVER
B CLOUDY	G VEHICLE / PEDESTRIAN				L				L ENTERING TRAFFIC
C RAINING	H OTHER*:				M				M OTHER UNSAFE TURNING
D SNOWING					N				N XING INTO OPPOSING LANE
E FOG / VISIBILITY FT.					O				O PARKED
F OTHER*:	MOTOR VEHICLE INVOLVED WITH								P MERGING
G WIND	A NON - COLLISION								Q TRAVELING WRONG WAY
	B PEDESTRIAN								R OTHER*:
LIGHTING	C OTHER MOTOR VEHICLE				OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)				
A DAYLIGHT	D MOTOR VEHICLE ON OTHER ROADWAY				A VC SECTION VIOLATION <small>CITED YES</small>				
B DUSK - DAWN	E PARKED MOTOR VEHICLE				B VC SECTION VIOLATION <small>CITED YES</small>				
C DARK - STREET LIGHTS	F TRAIN				C VC SECTION VIOLATION: <small>CITED YES</small>				
D DARK - NO STREET LIGHTS	G BICYCLE								
E DARK - STREET LIGHTS NOT FUNCTIONING*	H ANIMAL:								
	I FIXED OBJECT:								
ROADWAY SURFACE	J OTHER OBJECT:								
A DRY					D				A HAD NOT BEEN DRINKING
B WET					E VISION OBSCUREMENT:				B HBD - UNDER THE INFLUENCE
C SNOWY - ICY					F INATTENTION*:				C HBD - NOT UNDER INFLUENCE*
D SLIPPERY (MUDDY, OILY, ETC.)					G STOP & GO TRAFFIC				D HBD - IMPAIRMENT UNKNOWN*
	PEDESTRIAN'S ACTIONS				H ENTERING / LEAVING RAMP				E UNDER DRUG INFLUENCE*
ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS)	A NO PEDESTRIANS INVOLVED				I PREVIOUS COLLISION				F IMPAIRMENT - PHYSICAL*
A HOLES, DEEP RUT*	B CROSSING IN CROSSWALK - AT INTERSECTION				J UNFAMILIAR WITH ROAD				G IMPAIRMENT NOT KNOWN
B LOOSE MATERIAL ON ROADWAY*	C CROSSING IN CROSSWALK - NOT AT INTERSECTION				K DEFECTIVE VEH. EQUIP.: <small>CITED YES</small>				H NOT APPLICABLE
C OBSTRUCTION ON ROADWAY*	D CROSSING - NOT IN CROSSWALK								I SLEEPY / FATIGUED*
D CONSTRUCTION - REPAIR ZONE	E IN ROAD - INCLUDES SHOULDER				L UNINVOLVED VEHICLE				
E REDUCED ROADWAY WIDTH	F NOT IN ROAD				M OTHER*:				
F FLOODED*	G APPROACHING / LEAVING SCHOOL BUS				N NONE APPARENT				
G OTHER*:					O RUNAWAY VEHICLE				
H NO UNUSUAL CONDITIONS									

SKETCH
SEE PAGE 4
FOR SKETCH

○
INDICATE NORTH

MISCELLANEOUS
15' W ECL
GOLD
81' N NCL
COPPER HILL

DATE OF COLLISION (MO. DAY YEAR) 08-06-2021				TIME (2400) 2126		NCIC # 1900		OFFICER I.D. 629500				NUMBER 921-10728-0649-471						
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	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST						OTHER	
<input type="checkbox"/> #	<input type="checkbox"/>	46	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	O	P	P	0
NAME / D O B / ADDRESS ROHINI S PERERA / [REDACTED]																		
(INJURED ONLY) TRANSPORTED BY AMR																		
TAKEN TO HENRY MAYO HOSPITAL																		
DESCRIBE INJURIES 2 1/2" LACERATION TO BACK OF HEAD																		
LOS ANGELES COUNTY FIRE #111 UNDER CAPTAIN GREENLEE																		
<input type="checkbox"/> 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"/>					
NAME / D O B / ADDRESS																		
TELEPHONE																		
(INJURED ONLY) TRANSPORTED BY																		
TAKEN TO																		
DESCRIBE INJURIES																		
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PREPARER'S NAME B STEFFEN				I.D. NUMBER 629500		MO DAY YEAR 08-06-2021		REVIEWER'S NAME				MO. DAY YEAR						