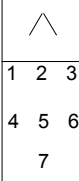


SPECIAL CONDITIONS		NUMBER INJURED <b>2</b>	HIT & RUN FELONY <input checked="" type="checkbox"/>	CITY <b>San Jose</b>	JUDICIAL DISTRICT <b>4</b>		LOCAL REPORT NUMBER	
		NUMBER KILLED	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY <b>San Jose County</b>	REPORTING DISTRICT <b>San J PD</b>	BEAT <b>53</b>		
<b>LOCATION</b>	COLLISION OCCURRED ON <b>California Ave.</b>			MO. DAY YEAR <b>10/23/2002</b>	TIME (2400) <b>8:30</b>	NCIC # <b>6346</b>	OFFICER I.D. <b>4231</b>	
	MILEPOST INFORMATION 51 <input checked="" type="checkbox"/> <input type="checkbox"/> north OF			DAY OF WEEK S M T W T F S <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PHOTOGRAPHS BY: <input checked="" type="checkbox"/> NONE
	<input checked="" type="checkbox"/> AT INTERSECTION WITH <input type="checkbox"/> OR: 46 <input type="checkbox"/> <input type="checkbox"/> East OF			STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		None		
<b>PARTY 1</b>	DRIVER'S LICENSE NUMBER <b>8478573484</b>	STATE <b>CA</b>	CLASS <b>B</b>	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR <b>Ford, pickup, green</b>	LICENSE NUMBER <b>395-DPX</b>	STATE <b>CA</b>
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> <b>Lee, J, Thomlin</b>			OWNERS NAME <input checked="" type="checkbox"/> SAME AS DRIVER				
PEDESTRIAN	STREET ADDRESS <input type="checkbox"/> <b>West 23rd Street</b>			OWNERS ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE	CITY/STATE/ZIP <input type="checkbox"/> <b>San Jose, CA, 59340</b>			DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER				
BCYCLIST	SEX <input type="checkbox"/> <b>M</b>	HAIR <input type="checkbox"/> <b>Brown</b>	EYES <input type="checkbox"/> <b>Brown</b>	HEIGHT <input type="checkbox"/> <b>5.3"</b>	WEIGHT <input type="checkbox"/> <b>190</b>	MO. BIRTHDATE <input type="checkbox"/> <b>07/01/70</b>	Year	RACE <input type="checkbox"/> <b>Caucasian</b>
OTHER	HOME PHONE <input type="checkbox"/> <b>(524)555 3425</b>		BUSINESS PHONE <input type="checkbox"/> <b>(524) 555 2352</b>		VEHICLE IDENTIFICATION NUMBER: <b>John Fredrickson</b>			
	INSURANCE CARRIER <b>ABC Insurance Corp.</b>		POLICY NUMBER <b>53402-1</b>		PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE			
	DIR OF TRAVEL <b>North</b>	ON STREET OR HIGHWAY <b>Yosemite Ave</b>		SPEED LIMIT		SHADE IN DAMAGED AREA 		
<b>PARTY 2</b>	DRIVER'S LICENSE NUMBER <b>59348257</b>	STATE <b>CA</b>	CLASS <b>A</b>	SAFETY EQUIP.	VEH. YEAR <b>2002</b>	MAKE/MODEL/COLOR <b>Dodge Viper / Red</b>	LICENSE NUMBER <b>593-VXR</b>	STATE <b>CA</b>
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> <b>Chris, R, Bones</b>			OWNERS NAME <input checked="" type="checkbox"/> SAME AS DRIVER				
PEDESTRIAN	STREET ADDRESS <input type="checkbox"/> <b>1650 California Ave.</b>			OWNERS ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE	CITY/STATE/ZIP <input type="checkbox"/> <b>San Jose, CA, 59340</b>			DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER				
BCYCLIST	SEX <input type="checkbox"/> <b>M</b>	HAIR <input type="checkbox"/> <b>Blond</b>	EYES <input type="checkbox"/> <b>Blue</b>	HEIGHT <input type="checkbox"/> <b>6.2"</b>	WEIGHT <input type="checkbox"/> <b>250</b>	MO. BIRTHDATE <input type="checkbox"/> <b>03/30/66</b>	Year	RACE <input type="checkbox"/> <b>Caucasian</b>
OTHER	HOME PHONE <input type="checkbox"/> <b>(532) 555 2531</b>		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER: <b>John Fredrickson</b>			
	INSURANCE CARRIER <b>Pacific Insurance Corp.</b>		POLICY NUMBER <b>593-335</b>		PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE			
	DIR OF TRAVEL <b>South</b>	ON STREET OR HIGHWAY <b>Yosemite Ave</b>		SPEED LIMIT <b>40</b>		SHADE IN DAMAGED AREA 		
<b>PARTY 3</b>	DRIVER'S LICENSE NUMBER	STATE	CLASS	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
DRIVER	NAME (FIRST, MIDDLE, LAST) <input type="checkbox"/>			OWNERS NAME <input type="checkbox"/> SAME AS DRIVER				
PEDESTRIAN	STREET ADDRESS <input type="checkbox"/>			OWNERS ADDRESS <input type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE	CITY/STATE/ZIP <input type="checkbox"/>			DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER				
BCYCLIST	SEX <input type="checkbox"/>	HAIR <input type="checkbox"/>	EYES <input type="checkbox"/>	HEIGHT <input type="checkbox"/>	WEIGHT <input type="checkbox"/>	MO. BIRTHDATE <input type="checkbox"/>	Year	RACE <input type="checkbox"/>
OTHER	HOME PHONE <input type="checkbox"/>		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER: <input type="checkbox"/>			
	INSURANCE CARRIER		POLICY NUMBER		PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE			
	DIR OF TRAVEL	ON STREET OR HIGHWAY		SPEED LIMIT		SHADE IN DAMAGED AREA 		
PREPARER'S NAME <b>John Fredrickson</b>				DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		REVIEWER'S NAME <b>John Fredreckson</b>		DATE REVIEWED

**TRAFFIC COLLISION CODING**  
 CHP 555 Page 2 (Rev. 8-97) OPI 042

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
10/23/02	8:30		38594	95930
PROPERTY DAMAGE	OWNERS NAME	OWNERS 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 - 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	<b>SAFETY EQUIPMENT</b> L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER 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>M / C BICYCLE- HELMET</b>  DRIVER V - NO W - YES  PASSENGER X - NO Y - YES	<b>EJECTED FROM VEHICLE</b>  0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN
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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	TYPE OF VEHICLE	1	2	3	MOVEMENT PRECEDING COLLISION
<input checked="" type="checkbox"/> A VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <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*	<input checked="" type="checkbox"/> B CONTROLS NOT FUNCTIONING*				B PASSENGER CAR W / TRAILER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		B PROCEEDING STRAIGHT
	<input type="checkbox"/> C CONTROLS OBSCURED				C MOTORCYCLE / SCOOTER				C RAN OFF ROAD
	<input type="checkbox"/> D NO CONTROLS PRESENT / FACTOR*				D PICKUP OR PANEL TRUCK				D MAKING RIGHT TURN
1 C OTHER THAN DRIVER*	<b>TYPE OF COLLISION</b>				E PICKUP / PANEL TRUCK W / TRAILER				E MAKING LEFT TURN
2 D UNKNOWN*	<input checked="" type="checkbox"/> A HEAD - ON				F TRUCK OR TRUCK TRACTOR				F MAKING U TURN
E FELL ASLEEP*	B SIDE SWIPE				G TRUCK / TRUCK TRACTOR W / TRLR.				G BACKING
	C REAR END				H SCHOOL BUS				H SLOWING / STOPPING
	D BROADSIDE				I OTHER BUS				I PASSING OTHER VEHICLE
<b>WEATHER (MARK 1 TO 2 ITEMS)</b>	E HIT OBJECT				J EMERGENCY VEHICLE				J CHANGING LANES
<input checked="" type="checkbox"/> A CLEAR	F OVERTURNED				K HIGHWAY CONST. EQUIPMENT				K PARKING MANEUVER
<input checked="" type="checkbox"/> B CLOUDY	G VEHICLE / PEDESTRIAN				L BICYCLE				L ENTERING TRAFFIC
<input type="checkbox"/> C RAINING	H OTHER*:				M OTHER VEHICLE				M OTHER UNSAFE TURNING
<input type="checkbox"/> D SNOWING	<b>MOTOR VEHICLE INVOLVED WITH</b>				N PEDESTRIAN				N XING INTO OPPOSING LANE
<input type="checkbox"/> E FOG/VISIBILITY FT.	A NON-COLLISION				O MOPED				O PARKED
<input type="checkbox"/> F OTHER*:	B PEDESTRIAN								P MERGING
<input type="checkbox"/> G WIND	C OTHER MOTOR VEHICLE				<b>OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)</b>				Q TRAVELING WRONG WAY
<b>LIGHTING</b>	D MOTOR VEHICLE ON OTHER ROADWAY	1	2	3	A VC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO B VC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO C VC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO D E VISION OBSCUREMENT: F INATTENTION*: G STOP & GO TRAFFIC H ENTERING / LEAVING RAMP I PREVIOUS COLLISION J UNFAMILIAR WITH ROAD K DEFECTIVE VEH. EQUIP.: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO L UNINVOLVED VEHICLE M OTHER*: N NONE APPARENT O RUNAWAY VEHICLE				R OTHER*:
<input checked="" type="checkbox"/> A DAYLIGHT	E PARKED MOTOR VEHICLE								
<input type="checkbox"/> B DUSK -DAWN	F TRAIN								
<input type="checkbox"/> C DARK - STREET LIGHTS	G BICYCLE								
<input type="checkbox"/> D DARK - NO STREET LIGHTS	H ANIMAL:								
<input type="checkbox"/> E DARK - STREET LIGHTS NOT FUNCTIONING*	I FIXED OBJECT:								
<b>ROADWAY SURFACE</b>	J OTHER OBJECT:								
<input checked="" type="checkbox"/> A DRY	<b>PEDESTRIAN'S ACTIONS</b>								<b>SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)</b>
<input type="checkbox"/> B WET	A NO PEDESTRIANS INVOLVED								A HAD NOT BEEN DRINKING
<input type="checkbox"/> C SNOWY - ICY	B CROSSING IN CROSSWALK AT INTERSECTION								B HBD - UNDER INFLUENCE
<input type="checkbox"/> D SLIPPERY (MUDDY, OILY, ETC.)	C CROSSING IN CROSSWALK - NOT AT INTERSECTION								C HBD - NOT UNDER INFLUENCE*
<b>ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)</b>	D CROSSING - NOT IN CROSSWALK								D HBD - IMPAIRMENT UNKNOWN*
<input type="checkbox"/> A HOLES, DEEP RUT*	E IN ROAD - INCLUDES SHOULDER								E UNDER DRUG INFLUENCE*
<input type="checkbox"/> B LOOSE MATERIAL ON ROADWAY*	F NOT IN ROAD								F IMPAIRMENT - PHYSICAL*
<input type="checkbox"/> C OBSTRUCTION ON ROADWAY*	G APPROACHING / LEAVING SCHOOL BUS								G IMPAIRMENT NOT KNOWN
<input type="checkbox"/> D CONSTRUCTION - REPAIR ZONE									H NOT APPLICABLE
<input type="checkbox"/> E REDUCED ROADWAY WIDTH									I SLEEPY / FATIGUED
<input type="checkbox"/> F FLOODED*									<b>SPECIAL INFORMATION</b>
<input type="checkbox"/> G OTHER*:									A HAZARDOUS MATERIAL
<input checked="" type="checkbox"/> H NO UNUSUAL CONDITIONS									

SKETCH	<b>MISCELLANEOUS</b> Lee Thomlin was speeding excessively. He swerved and collided with Chris Bones' Ford pickup on Yosemite Ave. Lee Thomlin's vehicle was thrown from the road, causing Bones' vehicle to flip over and skid across the road for 140 feet.  When arriving at scene, there was an overturned red vehicle facing east in the #1 N/Bound lane. The vehicle had Major front and driver side damage. I also saw a green pickup facing SE on the NE section of the street.
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DATE OF COLLISION (MO. DAY YEAR) <b>10/23/2002</b>				TIME (2400) <b>8:31</b>		NCIC # <b>95</b>		OFFICER I.D. <b>05483</b>				NUMBER					
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)					PARTY NUMBER	SEAT POS.	SAFETY EQUIP.	EJECTED	
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER					
<input type="checkbox"/> #	<input type="checkbox"/>	<b>25</b>	<b>M</b>	<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"/>	<b>1</b>	<b>1</b>	<b>G</b>	<b>0</b>

NAME / D. O. B. / ADDRESS: **Lee Thomlin**      07/01/70      West 23rd Street      TELEPHONE: **(524) 555 342**

(INJURED ONLY) TRANSPORTED BY: **San Jose Ambulance**      TAKEN TO: **San Jose Hospital**

DESCRIBE INJURIES  
**Lee has serious bruising in the upper torso.**

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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NAME / D. O. B. / ADDRESS: **Chris Bones**      03/30/66      1650 California ave      TELEPHONE: **(532) 555 253**

(INJURED ONLY) TRANSPORTED BY: **San Jose Ambulance**      TAKEN TO: **San Jose Hospital**

DESCRIBE INJURIES  
**Chris had a broken right arm, and minor bumps and bruises**

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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NAME / D. O. B. / ADDRESS: \_\_\_\_\_      TELEPHONE: \_\_\_\_\_

(INJURED ONLY) TRANSPORTED BY: \_\_\_\_\_      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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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NAME / D. O. B. / ADDRESS: \_\_\_\_\_      TELEPHONE: \_\_\_\_\_

(INJURED ONLY) TRANSPORTED BY: \_\_\_\_\_      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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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NAME / D. O. B. / ADDRESS: \_\_\_\_\_      TELEPHONE: \_\_\_\_\_

(INJURED ONLY) TRANSPORTED BY: \_\_\_\_\_      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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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NAME / D. O. B. / ADDRESS: \_\_\_\_\_      TELEPHONE: \_\_\_\_\_

(INJURED ONLY) TRANSPORTED BY: \_\_\_\_\_      TAKEN TO: \_\_\_\_\_

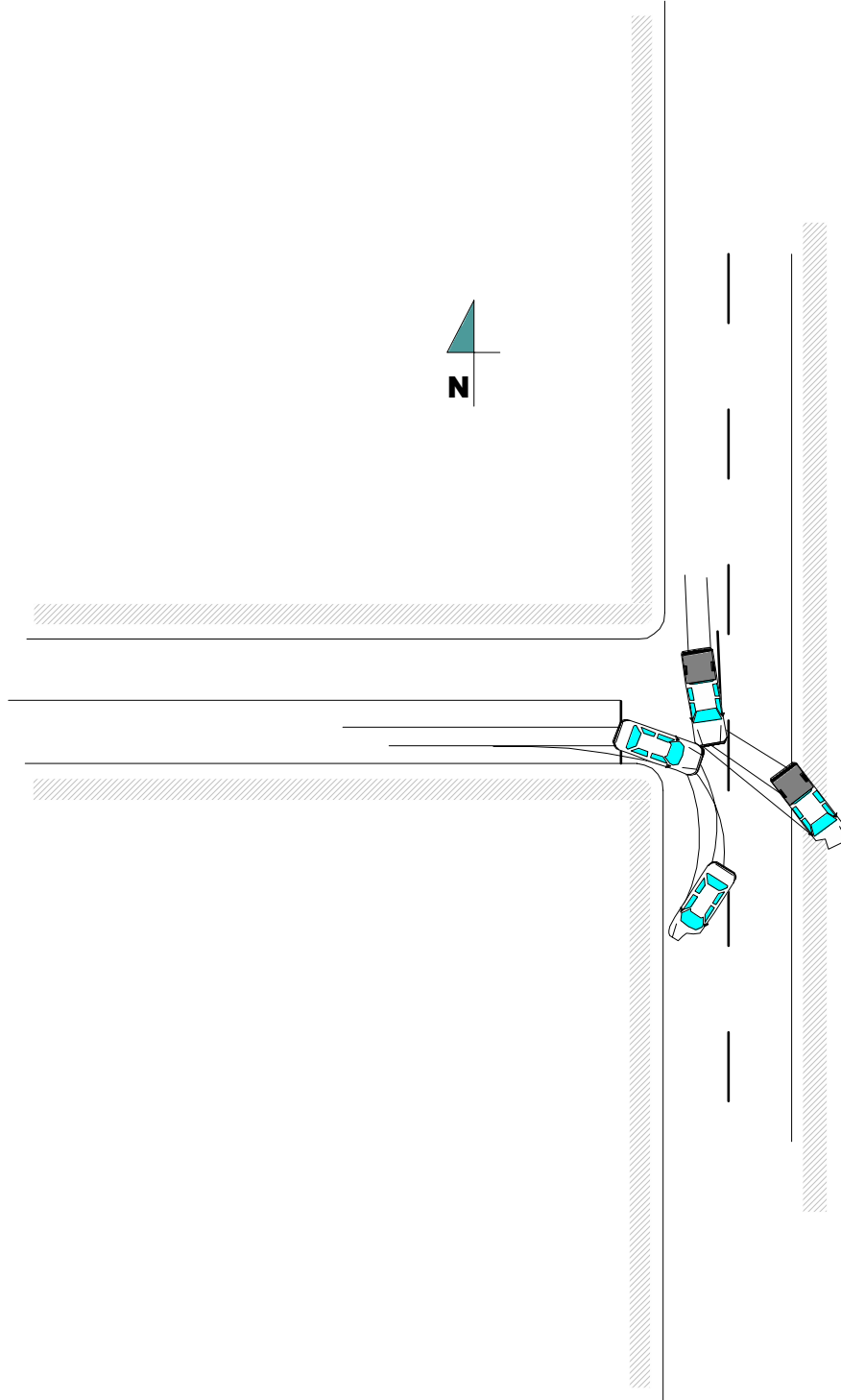
DESCRIBE INJURIES

VICTIM OF VIOLENT CRIME NOTIFIED

PREPARER'S NAME <b>George Hambleton</b>				I.D. NUMBER <b>4567</b>		MO. DAY YEAR <b>10/23/02</b>		REVIEWER'S NAME <b>Stephany Burdok</b>				MO. DAY YEAR <b>10/23/02</b>	
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DATE OF COLLISION (MO. DAY YEAR) 10/23/02	TIME (2400) 8:31	NCIC # 35645	OFFICER I.D. 3524	NUMBER 988
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PREPARED BY	LD. NUMBER	MO . DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
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