

STATE OF CALIFORNIA
INJURED / WITNESS / PASSENGERS
CHP 555 Page 3 (Rev. 1-03) OPI 061

| | | | | |
|----------------------------------|-------------|---------|--------------|-----------|
| DATE OF COLLISION (MO. DAY YEAR) | TIME (2400) | INCIC # | OFFICER I.D. | NUMBER |
| 3/26/05 | 1135 | 3000 | 5361 | 05-056677 |

| 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. | PEO. | BICYCLIST | OTHER | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 46 | M | <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: KOLLY MILLER (3-15-59) 28582 CEDAR RIDGE, LAKE FOREST, CA (714) 231-8205 TELEPHONE

(INJURED ONLY) TRANSPORTED BY: _____ TAKEN TO: _____

DESCRIBE INJURIES

VICTIM OF VIOLENT CRIME NOTIFIED

| | | | | | | | | | | | | | | | | | | |
|-------------------------------------|--------------------------|----|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--|--|--|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 52 | 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: VICKIE MILLER (6-29-53) 28582 CEDAR RIDGE, L.F. (714) 231-8205 TELEPHONE

(INJURED ONLY) TRANSPORTED BY: _____ TAKEN TO: _____

DESCRIBE INJURIES

VICTIM OF VIOLENT CRIME NOTIFIED

| | | | | | | | | | | | | | | | | | | |
|--------------------------|--------------------------|--|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--|--|--|--|
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DESCRIBE INJURIES

VICTIM OF VIOLENT CRIME NOTIFIED

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|-----------------|-------------|--------------|-----------------|--------------|
| PREPARER'S NAME | I.D. NUMBER | MO. DAY YEAR | REVIEWER'S NAME | MO. DAY YEAR |
| J. GALAZ | 5361 | 3-26-05 | | |