



(Yvette Gomez sent it)

STATE OF CALIFORNIA TRAFFIC COLLISION REPORT

CHP 555 CAR3 Page 1 (Rev. 1-09; CP 06)

ORIGINAL

SPECIAL CONDITIONS		NUMBER INJURED 0	MT & RUSH FELONY <input type="checkbox"/>	CITY LAKE FOREST	JUDICIAL DISTRICT HARBOR JUSTICE CTR.		LOCAL REPORT NUMBER 05-056677	
		NUMBER KILLED 0	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY ORANGE	REPORTING DISTRICT		BEAT 745	
LOCATION	COLLISION OCCURRED ON: LAKE FOREST DR.				MO 3/26/2005	DAY SATURDAY	YEAR 2005	TIME (2400) 1135
	MILEPOST INFORMATION:				DAY OF WEEK SATURDAY	TO/V AWAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		NCIC # 3000
	<input checked="" type="checkbox"/> AT INTERSECTION WITH: OR: PITTSFORD DR.				STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		OFFICER I.D. 5361	
PHOTOGRAPHS BY: <input checked="" type="checkbox"/> NONE								
PARTY 1	DRIVER'S LICENSE NUMBER N7218525	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 04	MAKE / MODEL / COLOR SATURN ION RED	LICENSE NUMBER 5FYT160
DRIVER	NAME (FIRST, MIDDLE, LAST) MICHAEL STEVEN LAHAM				OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER			
PEDESTRIAN	STREET ADDRESS 26841 LA ALAMEDA #636				OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER			
PARKED VEHICLE	CITY / STATE / ZIP MISION VIEJO CA 929691				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER			
BICYCLIST	SEX M	HAIR BLK	EYES BRN	HEIGHT 5-10	WEIGHT 165	BIRTHDATE Mo 3/30/1959 Day Year	RACE W	PRIOR MECH. DEFECTS <input checked="" type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE
OTHER	HOME PHONE (562)982-6844	BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:		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"/> ROLL-OVER
INSURANCE CARRIER STATE FARM		POLICY NUMBER L34-7741-C12-6844		DIR OF TRAVEL ON STREET OR HIGHWAY W LAKE FOREST DR		SPEED LIMIT 40		SHADE IN DAMAGED AREA 
PARTY 2	DRIVER'S LICENSE NUMBER D7952552	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 91	MAKE / MODEL / COLOR HONDA CIVIC BLU	LICENSE NUMBER 2YAD185
DRIVER	NAME (FIRST, MIDDLE, LAST) KATRINA AYUMI KURAIISHI				OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER			
PEDESTRIAN	STREET ADDRESS 1 COLDSTREAM				OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER			
PARKED VEHICLE	CITY / STATE / ZIP IRVINE CA 92604				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER			
BICYCLIST	SEX F	HAIR BLK	EYES BRN	HEIGHT 5-0	WEIGHT 120	BIRTHDATE Mo 12/30/1988 Day Year	RACE A	PRIOR MECHANICAL DEFECTS <input checked="" type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE
OTHER	HOME PHONE (949)679-7556	BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:		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"/> ROLL-OVER
INSURANCE CARRIER AAA		POLICY NUMBER G9104190		DIR OF TRAVEL ON STREET OR HIGHWAY N PITTSFORD DR		SPEED LIMIT 25		SHADE IN DAMAGED AREA 
PARTY 3	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER
DRIVER	NAME (FIRST, MIDDLE, LAST)				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER			
PEDESTRIAN	STREET ADDRESS				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER			
PARKED VEHICLE	CITY / STATE / ZIP				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	PRIOR MECHANICAL DEFECTS <input type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE
OTHER	HOME PHONE	BUSINESS PHONE		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
INSURANCE CARRIER		POLICY NUMBER		DIR OF TRAVEL ON STREET OR HIGHWAY		SPEED LIMIT		SHADE IN DAMAGED AREA
PREPARER'S NAME J.R. GALVEZ 5361		DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		REVIEWER'S NAME J. Gomez #524		DATE REVIEWED 4-11-05		