

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL An Internationally Accredited Agency REPORT OF COLLISION - NEWS RELEASE



DATE TIME INVESTIGATING OFFICER AREA TYPE OF COLLISION Fatal Hit & Run LOCATION WEATHER Injury Property Damage SAFETY EQUIP USED PERSONS INVOLVED DIR. VEHICLE PARTY AGE SEX CITY OF RESIDENCE **INJURY/HOSPITAL** *ARREST of TRAVEL YEAR & MAKE NAME NO Driver Passenger Pedestrian M YES □ N MINOR MODERATE MAJOR FATAL YES Motorcyclist Bicyclist F □NO □w □e 🗌 NO ⊡s Driver Passenger Pedestrian ΠN MINOR MODERATE MAJOR FATAL ☐ YES □ M □YES □W □E Motorcyclist Bicyclist ΠF □ NO □s Driver Passenger Pedestrian ΠN MINOR MODERATE MAJOR FATAL YES **□**NO Motorcyclist Bicyclist F □W □E 🗌 NO □s Driver Passenger Pedestrian MINOR MODERATE MAJOR FATAL □ N YES □ M | □ YES Motorcyclist Bicyclist F **□**NO □W □E 🗌 NO □s Driver Passenger Pedestrian □ M □YES □ N MINOR MODERATE MAJOR FATAL YES Motorcyclist Bicyclist ΓF □ NO □w □e 🗌 NO ⊡s Driver Passenger Pedestrian N YES □w □e 🗌 NO Motorcyclist Bicyclist F

* Information provided on this document is in accordance with Government Code sections 6254(f) and 6254(f)(2).

SUMMARY

SUBMITTED BY:

TIME