### LOS ANGELES POLICE COMMISSION

BOARD OF POLICE COMMISSIONERS

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EILEEN M. DECKER VICE PRESIDENT

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RICHARD M. TEFANK EXECUTIVE DIRECTOR

MARK P. SMITH INSPECTOR GENERAL

EXECUTIVE OFFICE
POLICE ADMINISTRATION BUILDING
100 WEST FIRST STREET, SUITE 134
LOS ANGELES, CA 90012-4112

(213) 236-1400 PHONE (213) 236-1410 FAX (213) 236-1440 TDD

BPC #21-147

August 17, 2021

The Honorable Eric Garcetti Mayor, City of Los Angeles City Hall, Room 303 Los Angeles, CA 90012 The Honorable City Council City of Los Angeles, Room 395 c/o City Clerk's Office

Dear Honorable Members:

RE: REQUEST FOR PAYMENT OF REWARD OFFER FOR DR NO. 17-13-06548.

At the special meeting of the Board of Police Commissioners held Tuesday, August 10, 2021 the Board APPROVED the Department's report relative to the above matter.

This matter is being forwarded to you for approval.

Respectfully,

**BOARD OF POLICE COMMISSIONERS** 

**MARIA SILVA** 

Commission Executive Assistant

Maria Silva

Attachment

c: Chief of Police

### INTRADEPARTMENTAL CORRESPONDENCE

BPC 21-197

EVENUE BIS/21

RICHARD M. TEFANK

EXECUTIVE DIRECTOR

August 4, 2021 4.6

**RECEIVED** 

AUG 0 5 2021

**POLICE COMMISSION** 

TO:

The Honorable Board of Police Commissioners

FROM:

Chief of Police

**SUBJECT:** REQUEST FOR PAYMENT OF REWARD FOR DR NO. 17-13-06548

### RECOMMENDED ACTIONS

1. That the Board of Police Commissioners (Board) REVIEW and APPROVE the attached Application for Special Reward Payment.

2. That the Board TRANSMIT to the Mayor and City Council the Application for Special Reward Payment for review and approval.

### DISCUSSION

It is requested that the Board approve and transmit to the City Council the recommendation that an approved reward offer be paid to Claimants A & B in the sum of \$50,000. The Claimants provided information that was vital to the arrest and conviction of the person responsible for the Fatal Hit and Run of Bobby James Arnold, Traffic Collision Report, DR No.17-13-06548. It is requested that the \$50,000 reward be divided among the two Claimants.

On February 11, 2017, Bobby James Arnold was crossing Broadway within the crosswalk at 49th Street when a dark-colored Nissan Quest mini-van struck him. The driver (suspect) fled the scene without rendering aid or identifying himself or herself. Los Angeles Fire Department paramedics responded to the location and transported Arnold to a local hospital, where he succumbed to his injuries.

The announcement of the reward by Central Traffic Division Detective Johnny Meneses, Serial No. 25980, resulted in the Claimants coming forward and providing crucial information that led to the identity of the driver, Teresa Vergara Amigon. The driver was arrested and convicted for California Vehicle Code Section 20001(b)(2), Felony Hit and Run, and was sentenced to five years in state prison on August 21, 2018, Superior Court Case, BA463279. The information provided by the Claimants was vital in the arrest and conviction of the suspect making the Claimants eligible to receive payment.

It is the opinion of the investigating detectives and the Deputy District Attorney assigned to this case that the information provided by Claimants A & B was vital in the arrest and conviction of the suspect, Teresa Vergara Amigon. Central Traffic Division Detectives believe the Claimants have met the requirements and are eligible to receive the reward payment.

The Honorable Board of Police Commissioners Page 2 4.6

If you have any questions regarding this matter, please contact lead investigator Detective Juan Campos, Central Traffic Division, at (213) 486-0755.

Respectfully,

BOARD OF POLICE COMMISSIONERS
Approved by August 10, 2021
Secretary Mann Silva

MICHEL R. MOORE Chief of Police

Attachments

### CITY OF LOS ANGELES

### APPLICATION FOR SPECIAL REWARD PAYMENT

DISTRIBUTION
ORIG - LAPD
DUPE - City Clerk
UPE - Claimant

Neither the filling nor submitting of information, nor the receipt or consideration thereof by the City, shall establish legal claim to, or right of recovery of, any reward offered. The provision of payment shall be governed by Chapter 12, Division 19 of the Los Angeles Administrative Code.

|   | Los Angeles Administra  | tive Code,                            | ,   | , , , , , ,       |  | reinad by      | Courte Dark L     | 12, DIVISION 18 0  | i une   |
|---|---|---------------------------------------|---|-------------------|--|----------------|-------------------|--|---|
| 1.  | PRINT NAME OF APPLICANT; Last,  |                                       | Fist,   | Middle            |  |                |                   |  |   |
| 2.  | ADDRESS: (Street) Daytima Phone & Contact Person  |                                       |   |                   | (City)   |                | (State - Zip)     |  | Эт ф.1ца.   |
| )<br>/2   | 0/21  |                                       |   | 4.                | OCCUPATION:  | <del>FER</del> | - THE PROPERTY OF | orani.   | Allyck hydys  |
| 5.  | DRIVER'S LICENSE # or CALIF ID #;   |                                       |   | 6.                | SOCIAL SECURITY #:   |                |                   |  |   |
| gration strang areason and the stranger | terget anverser der eine im einstelle dielemenspektiche "bereitsbestelliche deutsche den deutsche der der ein e<br>er K relleme die Veller Velkolle die gegenemmen eine in der die gleiche der voll.  - den der | DESCRIPT                              | ON OF CIRCUMS                                 | TANCE             | S- (Fill in or m   | erk ALL ti     | nei apply         |  | indowega.go.go.go.go.go.go.go.go.go.go.go.go.go.  |
|   | NOTE: The applicant is resp<br>information may be disappre  | onaible for prov<br>oved for insuffic | riding ALL of the follo<br>cient information. | Wing req          | ulred information.   | A claim the    | l does not        | provide the follow   | ing required  |
| 7.  | DATE OF INCIDENT:   | 02/11/2017                            |   | 8.                | TIME OF INC  | IDENT:         | 0620              | _ WAM  | PM  |
|   | COCATION OF INCIDENT  | Scadway a                             | nd 49th St                                    |                   | aller or all the control of the cont |                |                   |  | MIDNIGHT  |
|   | TO PEOPLOR OR HERBYES FO  | ATION: Fel                            | ony Fetal Hit and                             | Run               |  |                |                   | And the state of t | deplete on the content of the first part of the first of |
| 9.  | DESCRIPTION OF INCIDENT: Pedestrain was struck by vehicle and dies. The driver failed to stop to render aid and identify herself.   |                                       |   |                   |  |                |                   |  |   |
| 12.   |   | APPLICANT SIGNATURE                   |   |                   | PARENT OR GUARDIAN SIGNATURE (under 18   |                |                   |  | nder 18 years)  |
|   |   | DO NOT                                | WRITE BELOW T                                 | HIS LIN           |  |                |                   |  |   |
| NVE!  | STIGATING OFFICER:  |                                       | e Det De Leon #                               |                   |  | Serial #       |                   | Agency LAPE  | O-CTD   |
|   | IE OF VICTIM OR CASE:<br>bby James Arnold   |                                       |   |                   |  |                |                   |  |   |
| RJEF  | OMMENDATION:   EXPLANATION OR COMMEI  licant passed on informa  | PPROVAL  [ NTS:  stion to Det E       | DISAPPROVAL INSUFFICIENT   INSUFFICIENT       | INVOLVE<br>INFORM | EMENT<br>ATION   |                |                   | ACHED: Yes   |   |
|   | EWED AND APPROVED BY:   |                                       | - Indonyi                                     | -g : e1¢          |  | mgon as        | wie GRIVE         | er of the hit and  | 7 run vehicle   |

## CITY OF LOS ANGELES REWARD CLAIM CHECKLIST

| This form must be submitted with the Department's recomm ne checklist must be submitted for each claimant.                                  | nendation concerning payment of the reward.  |  |  |  |  |
|---|--|--|--|--|--|
| COUNCIL FILE NUMBER:  | DR/AGENCY FILE NUMBER: 17-13 06548   |  |  |  |  |
| TYPE OF CRIME/INVESTIGATION: FORM HETERLES  | REWARD AMOUNT: \$ 50,000.00  |  |  |  |  |
| REWARD EFFECTIVE DATE: 2-11-17  | REWARD EXPIRATION DATE: 5-4-(7   |  |  |  |  |
| INFO RECEIVED WHILE REWARD IN EFFECT: YES NO  | O DATE RECEIVED: //- 9-17  |  |  |  |  |
| CLAIMANT: (Name or "Anonymous." If multiple anonymous claimants, Indicate as "Claimants)  |  |  |  |  |  |
| CASE INVEST. BY: LAPD CONTRAL TRACEPO   | OTHER CITY DEPARMENT:  |  |  |  |  |
| Investigator(s) Assigned: DET DE LEON  DET CAMPS T  (Name and Serial No.)   | *31480 Telephone: (48) 486-0755  |  |  |  |  |
| The above claimant is FLIGIBLE NOT ELIGIBLE to rece<br>Division 19, Chapter 12, sections 19.120 through 19.129.4.                           | ive payment of a reward pursuant to the Los Angeles Administrative Code  |  |  |  |  |
| Reason(s) for claimant being NOT ELIGIBLE to receive paym   | ent  |  |  |  |  |
| Claimant is a City Officer, employee, or public officer or employee whose employment includes duties of law enforcement.                    | Claimant obtained information for a relative who is a City Officer, employee, or public officer or employee, and that person obtained the information in the course of his/her employment. |  |  |  |  |
| Claimant is a dependent of a City Officer, employee, or public officer or employee whose duties include law enforcement.                    | Claimant has not provided continued cooperation within the criminal justice system relative to the case for which the offer of reward is made.   |  |  |  |  |
| Claimant has already been compensated by his/her employer in some other manner for the actions which are the basis for claiming the reward. | Claimant is co-suspect in the crime for which the reward is offered.   |  |  |  |  |
| The suspect would benefit from payment of the reward to the claimant.   | Other:   |  |  |  |  |
| The claimant is acting as an agent for the suspect.   |  |  |  |  |  |
| Explanation:  |  |  |  |  |  |
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| APPROVED BY   | RANK/TITLE   |  |  |  |  |

### CITY OF LOS ANGELES APPLICATION FOR SPECIAL REWARD PAYMENT

DISTRIBUTION ORIG -- LAPD

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12.

DUPE -- City Clerk **DUPE** -- Claimant

Neither the filling nor submitting of information, nor the receipt or consideration thereof by the City, shall establish legal claim to, or right of recovery of, any reward offered. The provision of payment shall be governed by Chapter 12, Division 19 of the Los Angeles Administrative Code. PRINT NAME OF APPLICANT: Last. First, Middle ADDRESS: (Street) (City) (State - Zip) Daylime Phone & Contact Person\_ TODAY'S DATE: OCCUPATION: 4-21-21 DRIVER'S LICENSE # or CALIF ID #: SOCIAL SECURITY #: (For payment purposes) DESCRIPTION OF CIRCUMSTANCES: (Fill in or mark ALL that apply) NOTE: The applicant is responsible for providing ALL of the following required information. A claim that does not provide the following required information may be disapproved for insufficient information. 02/11/2017 DATE OF INCIDENT: \_\_\_ TIME OF INCIDENT: 0620 **✓** AM □РМ **MIDNIGHT** NOON LOCATION OF INCIDENT: Broadway and 49th St Felony Fatal Hit and Run TYPE OF CRIME/INVESTIGATION: DESCRIPTION OF INCIDENT: Pedestrain was struck by vehicle and dies. The driver failed to stop to render aid and identify herself. X **TAPPLICANT SIGNATURE** PARENT OR GUARDIAN SIGNATURE (under 18 years) DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY INVESTIGATING OFFICER: Name Det De Leon #23911/Det Campos Serial # 31480 Agency LAPD-CTD Phone # (213)486-0755 NAME OF VICTIM OR CASE: **Bobby James Arnold ✓** APPROVAL RECOMMENDATION: DISAPPROVAL INVESTIGATION CHECKLIST ATTACHED: Yes No INSUFFICIENT INVOLVEMENT

**BRIEF EXPLANATION OR COMMENTS:** 

Applicant passed on information to Det De Leon indetifying Teresa Vergara Amigon as the driver of the hit and run vehicle.

INSUFFICIENT INFORMATION

REVIEWED AND APPROVED BY:

### CITY OF LOS ANGELES REWARD CLAIM CHECKLIST

|   | · · · · · · · · · · · · · · · · · · ·  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| "his form must be submitted with the Department's recomme e checklist must be submitted for each claimant.                                  | ndation concerning payment of the reward.  |  |  |  |  |  |
| COUNCIL FILE NUMBER:  | DR/AGENCY FILE NUMBER: 17-1304548  |  |  |  |  |  |
| TYPE OF CRIME/INVESTIGATION: PAPEL HITERUN  | REWARD AMOUNT: \$ 50,000.00  |  |  |  |  |  |
| REWARD EFFECTIVE DATE: 2-11-17  | REWARD EXPIRATION DATE: 5-11-17  |  |  |  |  |  |
| INFO RECEIVED WHILE REWARD IN EFFECT: YES (Check one)   |  |  |  |  |  |  |
| CLAIMANT (Name or "Anonymous." if multiple anonymous claimants, indicate as "Claimant   | GLAIMANT'S OCCUPATION: A, Claimant B," etc.).  |  |  |  |  |  |
| CASE INVEST. BY: LAPD CONTRACT TEAFFEE (Div/Section)  | OTHER CITY DEPARMENT:  |  |  |  |  |  |
| Investigator(s) Assigned: DET DELECTION (Name and Serial No.)   | Telephone: (13) 486-0755   |  |  |  |  |  |
| The above claimant is XELIGIBLE NOT ELIGIBLE to receive Division 19, Chapter 12, Sections 19.120 through 19.129.4.                          | ve payment of a reward pursuant to the Los Angeles Administrative Code   |  |  |  |  |  |
| Reason(s) for claimant being NOT ELIGIBLE to receive payme  | ent  |  |  |  |  |  |
| Claimant is a City Officer, employee, or public officer or employee whose employment includes duties of law enforcement.                    | Claimant obtained information for a relative who is a City Officer, employee, or public officer or employee, and that person obtained the information in the course of his/her employment. |  |  |  |  |  |
| Claimant is a dependent of a City Officer, employee, or public officer or employee whose duties include law enforcement.                    | Claimant has not provided continued cooperation within the criminal justice system relative to the case for which the offer of reward is made.   |  |  |  |  |  |
| Claimant has already been compensated by his/her employer in some other manner for the actions which are the basis for claiming the reward. | Claimant is co-suspect in the crime for which the reward is offered.   |  |  |  |  |  |
| The suspect would benefit from payment of the reward to the claimant.   | Other:   |  |  |  |  |  |
| The claimant is acting as an agent for the suspect.   |  |  |  |  |  |  |
| Explanation:  |  |  |  |  |  |  |
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| APPROVED BY   | RANK/TITLE // POTTE - 17   |  |  |  |  |  |



Los Angeles Police Department

newsroom (/newsroom) / 2017 archives (/2017\_archives) / february 2017 (/february\_2017)

### News Release

Monday, February 13, 2017



# Elderly Man Dies from Hit and Run Collision NR17049im

**Los Angeles:** The Los Angeles Police Department Central Traffic Division detectives are asking for the public's help in providing any information that would lead to the identification and arrest of the suspect involved in a hit and run collision that fatally injured a 69-year-old man.

Today, Saturday, February 11, 2017, at 6:20 a.m., a vehicle traveling south on Broadway Boulevard collided with a 69-year-old man, the elderly man was crossing westbound on Broadway Boulevard at 49th Street within the marked crosswalk when he was struck. The driver, failed to remain at the scene, identify himself, and render assistance as required by law.

Los Angeles Fire Department paramedics responded to the location and transported the elderly man to a local hospital, where he succumbed to his injuries. The vehicle description is pending review of nearby surveillance videos. The identity of the elderly man is pending verification from the Los Angeles County Coroner's Office.

On April 15, 2015, the City Council amended the Los Angeles Administrative Code and created a Hit and Run Reward Program Trust Fund. A reward of up to \$50,000 is available to community members who provide information leading to the offender's identification, apprehension, and conviction or resolution through a civil compromise.

Anyone with information regarding the incident is asked to contact Central Traffic Division at 213-833-3713. During non-business hours or on weekends, calls should be directed to 1-877-LAPD-24-7 (877-527-3247). Anyone wishing to remain anonymous should call the LA Regional Crime Stoppers at 1-800-222-TIPS (800-222-8477) or go directly to www.lacrimestoppers.org. Tipsters may also visit ww.lapdonline.org, and click on "Anonymous Web Tips" under the "Get Involved-Crime Stoppers" menu to submit an online tip. Lastly, tipsters may also download the "P3 Tips" mobile application and select the LA Regional Crime Stoppers as their local program.