

# LOS ANGELES POLICE COMMISSION

## BOARD OF POLICE COMMISSIONERS

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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

May 24, 2023

BPC #23-090

The Honorable Karen Bass  
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 ON REWARD OFFER FOR DR NO. 22-13-06497.

At the regular meeting of the Board of Police Commissioners held Tuesday, May 23, 2023, the Board APPROVED the Department's report relative to the above matter.

Respectfully,

BOARD OF POLICE COMMISSIONERS

A handwritten signature in blue ink that reads "Rebecca Muñoz".

REBECCA MUÑOZ  
Commission Executive Assistant

Attachment

c: Chief of Police

## INTRADEPARTMENTAL CORRESPONDENCE

*RECEIVED* 5/17/23  
RICHARD M. TEFANK  
EXECUTIVE DIRECTOR  
DATE  
23-090

May 17, 2023  
1.1

**TO:** The Honorable Board of Police Commissioners

**FROM:** Chief of Police

**SUBJECT:** REQUEST FOR PAYMENT OF REWARD OFFER FOR DR NO. 22-13-06497

### 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

On April 15, 2015, the City Council amended the Los Angeles Administrative Code and created a Hit and Run Reward Program Trust. The reward program was created to encourage community members to provide information leading to the identification, apprehension, and conviction, or resolution through civil compromise, of community members who failed to stop and render aid at a traffic crash.

It is requested that rewards be paid to two claimants in the amount of \$25,000.00 each with a total sum of \$50,000.00 for information provided in a Fatal Felony Hit and Run case, Division of Records (DR) No. 22-13-06497. With their assistance, Cristian Ramos-Sanchez was positively identified as the felony hit and run driver, arrested, and convicted on January 23, 2023. Attached are the applications for the reward.

On February 17, 2022, at approximately 2:10 p.m., Ramos was driving an Amazon delivery truck that had just been stolen and was fleeing the scene. Ramos was travelling southbound Main Street, just south of 48th Street, when he crashed into several parked vehicles. Ramos lost control of the truck, drove onto the sidewalk, and crashed into three pedestrians.

After crashing with the pedestrians, the truck came to rest after crashing into a building. One of the pedestrians was pinned between the front end of the truck and the building, which resulted in his death.

The crash was captured on the Amazon delivery truck's interior and exterior video cameras. Ramos was observed exiting the truck and fleeing the scene without rendering aid to the three pedestrians. The Los Angeles Fire Department responded to the scene. The other two pedestrians were treated for minor injuries.

Two witnesses (claimants) observed the crash and saw Ramos fleeing the scene. They telephoned 9-1-1 and followed Ramos. The claimants directed the responding Air Unit to Ramos' location and provided a description. The Air Unit observed Ramos and directed responding patrol units to Ramos' location where he was taken into custody by the officers.

The claimants cooperated with the on-scene investigation and participated in two separate field show-ups. Each claimant was able to identify Ramos as the driver who fled the crash.

On February 19, 2022, the Deputy District Attorney Cathy Choy filed 1-count each of 192(c)(1) Vehicular Manslaughter of the California Penal Code; 487(d) Grand Theft Auto of the California Penal Code; and, 20001(b)(1) Felony Hit and Run of the California Vehicle Code, Case No. BA503219.

On January 23, 2023, Ramos was convicted for 192(c)(1) Vehicular Manslaughter and 487(d) Grand Theft Auto of the California Penal Code and was sentenced to nine years of state prison. It is the opinion of the handling prosecutor, Deputy District Attorney Rose Carrion, that a conviction would not have been possible without the cooperation of the claimants.

It is the opinion of the investigating detective that each claimant qualifies for the \$25,000.00 reward under the Police Commission Notice, BPC No. 14-0441. The information provided by the claimants led to the identification, apprehension, and conviction of Ramos. Based on these facts, it is requested that the reward funds in the total amount of \$50,000.00 be paid to the claimants listed in the attached "Application for Special Reward Payment."

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

Respectfully,

  
MICHEL R. MOORE  
Chief of Police

**BOARD OF  
POLICE COMMISSIONERS**  
Approved *May 23, 2023*  
Secretary *Rebecca Munoz*

Attachments

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

**DISTRIBUTION**

ORIG - LAPD  
DUPE - City Clerk  
DUPE - Claimant

Neither the filing 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 18 of the Los Angeles Administrative Code.

|   |  |  |
|---|--|--|
| 1 | PRINT NAME OF APPLICANT<br>Last <span style="background-color: black; color: black;">[REDACTED]</span> First <span style="background-color: black; color: black;">[REDACTED]</span> Middle <span style="background-color: black; color: black;">[REDACTED]</span>  |  |
| 2 | ADDRESS (Street <span style="background-color: black; color: black;">[REDACTED]</span> (City <span style="background-color: black; color: black;">[REDACTED]</span> (State <span style="background-color: black; color: black;">[REDACTED]</span><br>Daytime Phone & Contact Person <span style="background-color: black; color: black;">[REDACTED]</span> |  |
| 3 | TODAY'S DATE <span style="background-color: black; color: black;">[REDACTED]</span>  | 4 OCCUPATION<br><span style="font-size: 1.2em;">N/A</span>   |
| 5 | DRIVER'S LICENSE # or CALIF ID # <span style="background-color: black; color: black;">[REDACTED]</span>  | 6 SOCIAL SECURITY #<br>(For payment purposes) <span style="background-color: black; color: black;">[REDACTED]</span> |

**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.

|  |                                |   |
|--|--------------------------------|---|
| 7 DATE OF INCIDENT <u>102/17/2022</u>  | 8 TIME OF INCIDENT <u>1410</u> | <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM<br><input type="checkbox"/> NOON <input type="checkbox"/> MIDNIGHT |
| LOCATION OF INCIDENT <u>Main St &amp; 48th St</u>  |                                |   |
| TYPE OF CRIME/INVESTIGATION <u>Fatal Felony Hit &amp; Run</u>  |                                |   |
| 9 DESCRIPTION OF INCIDENT <u>Fatal Felony Hit &amp; Run</u>  |                                |   |
| 12 <input checked="" type="checkbox"/> <span style="background-color: black; color: black;">[REDACTED]</span><br>APPLICANT SIGNATURE |                                | 13 <input checked="" type="checkbox"/><br>PARENT OR GUARDIAN SIGNATURE (under 18 years)   |

**DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY**

INVESTIGATING OFFICER Name Det Campos, J Serial # 31480 Agency LAPD-CTD  
Phone # (213)486-0755

NAME OF VICTIM OR CASE  
Jose Rangel

RECOMMENDATION ☒ APPROVAL ☐ DISAPPROVAL ☐ INSUFFICIENT INVOLVEMENT ☐ INSUFFICIENT INFORMATION  
INVESTIGATION CHECKLIST ATTACHED ☐ Yes ☐ No  
BRIEF EXPLANATION OR COMMENTS

REVIEWED AND APPROVED BY

8 5.17.27

**CITY OF LOS ANGELES  
REWARD CLAIM CHECKLIST**

**This form must be submitted with the Department's recommendation concerning payment of the reward.  
One checklist must be submitted for each claimant.**

COUNCIL FILE NUMBER: \_\_\_\_\_ DR/AGENCY FILE NUMBER: 22-1306497

TYPE OF CRIME/INVESTIGATION: Fatal Hit & Run REWARD AMOUNT: \$ 25,000.00

REWARD EFFECTIVE DATE: 02/17/2022 REWARD EXPIRATION DATE: 02/16/2028

INFO RECEIVED WHILE REWARD IN EFFECT: ☒ YES ☐ NO DATE RECEIVED: 02/17/2022  
(Check one)

CLAIMANT: [REDACTED] CLAIMANT'S OCCUPATION: N/A  
(Name or "Anonymous." If multiple anonymous claimants, indicate as "Claimant A, Claimant B," etc.).

CASE INVEST. BY: LAPD Central Traffic OTHER CITY DEPARTMENT: \_\_\_\_\_  
(Div/Section)

Investigator(s) Assigned: Det Juan Campos Telephone: (213) 486-0755  
(Name and Serial No.) Telephone: ( ) \_\_\_\_\_

The above claimant is ☒ **ELIGIBLE** ☐ **NOT ELIGIBLE** to receive payment of a reward pursuant to the Los Angeles Administrative Code Division 19, Chapter 12, Sections 19.120 through 19.129.4.

**Reason(s) for claimant being NOT ELIGIBLE to receive payment**

- |  |   |
|--|---|
| <input type="checkbox"/> Claimant is a City Officer, employee, or public officer or employee whose employment includes duties of law enforcement.                    | <input type="checkbox"/> 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. |
| <input type="checkbox"/> Claimant is a dependent of a City Officer, employee, or public officer or employee whose duties include law enforcement.                    | <input type="checkbox"/> Claimant has not provided continued cooperation within the criminal justice system relative to the case for which the offer of reward is made.   |
| <input type="checkbox"/> Claimant has already been compensated by his/her employer in some other manner for the actions which are the basis for claiming the reward. | <input type="checkbox"/> Claimant is co-suspect in the crime for which the reward is offered.   |
| <input type="checkbox"/> The suspect would benefit from payment of the reward to the claimant.   | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> The claimant is acting as an agent for the suspect.   |   |

Explanation:

APPROVED BY [Signature] RANK/TITLE DEPUTY - 14  
(If additional space is needed, use next page.)

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

**DISTRIBUTION**  
ORIG - LAPD  
DUPE - City Clerk  
DUPE - Claimant

Neither the filing 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.

|   |  |
|---|--|
| 1 <b>PRINT NAME OF APPLICANT</b><br>Last <u>[REDACTED]</u> First <u>[REDACTED]</u> Middle <u>[REDACTED]</u> | 2 <b>ADDRESS</b> (Street) <u>[REDACTED]</u> (City) <u>[REDACTED]</u> (State - Zip) <u>[REDACTED]</u><br>Phone & Contact Person <u>[REDACTED]</u> |
| 3 <b>TODAY'S DATE</b><br><u>[REDACTED]</u>  | 4 <b>OCCUPATION</b><br><u>Help Desk</u>  |
| 5 <b>DRIVER'S LICENSE # or CALIF ID #</b><br><u>[REDACTED]</u>  | 6 <b>SOCIAL SECURITY #</b><br>(for payment purposes) <u>[REDACTED]</u>   |

**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.

|   |   |
|---|---|
| 7 <b>DATE OF INCIDENT</b> <u>10/17/2022</u>                                     | 8 <b>TIME OF INCIDENT</b> <u>1410</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM<br><input type="checkbox"/> NOON <input type="checkbox"/> MIDNIGHT |
| <b>LOCATION OF INCIDENT</b> <u>Main St &amp; 48th St</u>                        |   |
| <b>TYPE OF CRIME/INVESTIGATION</b> <u>Fatal Felony Hit &amp; Run</u>            |   |
| 9 <b>DESCRIPTION OF INCIDENT</b> <u>Fatal Felony Hit &amp; Run</u>              |   |
| 12 <input checked="" type="checkbox"/> <u>[REDACTED]</u><br>APPLICANT SIGNATURE | 13 <input checked="" type="checkbox"/> <u>[REDACTED]</u><br>PARENT OR GUARDIAN SIGNATURE (under 18 years)   |

**DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY**

**INVESTIGATING OFFICER** Name: Det Campos, J Serial # 31480 Agency LAPD-CTD  
Phone # (213)486-0755

**NAME OF VICTIM OR CASE**  
Jose Rangel

**RECOMMENDATION:** ☐ APPROVAL ☐ DISAPPROVAL ☐ INVESTIGATION CHECKLIST ATTACHED ☐ Yes ☐ No  
☐ INSUFFICIENT INVOLVEMENT  
☐ INSUFFICIENT INFORMATION

**EXPLANATION OF COMMENTS**

**REVIEWED AND APPROVED BY**

**CITY OF LOS ANGELES  
REWARD CLAIM CHECKLIST**

**This form must be submitted with the Department's recommendation concerning payment of the reward.  
One checklist must be submitted for each claimant.**

COUNCIL FILE NUMBER: \_\_\_\_\_ DR/AGENCY FILE NUMBER: 22-1306497  
TYPE OF CRIME/INVESTIGATION: Fatal Hit & Run REWARD AMOUNT: \$ 25,000.00  
REWARD EFFECTIVE DATE: 02/17/2022 REWARD EXPIRATION DATE: 02/16/2028  
INFO RECEIVED WHILE REWARD IN EFFECT: ☒ YES ☐ NO DATE RECEIVED: 02/17/2022  
(Check one)  
CLAIMANT: [REDACTED] CLAIMANT'S OCCUPATION: Help Desk  
(Name or "Anonymous." If multiple anonymous claimants, indicate as "Claimant A, Claimant B," etc.).  
CASE INVEST. BY: LAPD Central Traffic OTHER CITY DEPARTMENT: \_\_\_\_\_  
(Div/Section)  
Investigator(s) Assigned: Det Juan Campos Telephone: (213) 486-0755  
(Name and Serial No.) Telephone: ( ) \_\_\_\_\_

The above claimant is ☒ **ELIGIBLE** ☐ **NOT ELIGIBLE** to receive payment of a reward pursuant to the Los Angeles Administrative Code Division 19, Chapter 12, Sections 19.120 through 19.129.4.

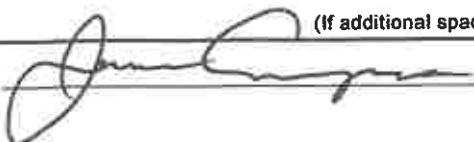
**Reason(s) for claimant being NOT ELIGIBLE to receive payment**

- |  |   |
|--|---|
| <input type="checkbox"/> Claimant is a City Officer, employee, or public officer or employee whose employment includes duties of law enforcement.                    | <input type="checkbox"/> 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. |
| <input type="checkbox"/> Claimant is a dependent of a City Officer, employee, or public officer or employee whose duties include law enforcement.                    | <input type="checkbox"/> Claimant has not provided continued cooperation within the criminal justice system relative to the case for which the offer of reward is made.   |
| <input type="checkbox"/> Claimant has already been compensated by his/her employer in some other manner for the actions which are the basis for claiming the reward. | <input type="checkbox"/> Claimant is co-suspect in the crime for which the reward is offered.   |
| <input type="checkbox"/> The suspect would benefit from payment of the reward to the claimant.   | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> The claimant is acting as an agent for the suspect.   |   |

Explanation:

(If additional space is needed, use next page.)

APPROVED BY



RANK/TITLE

Det Juan Campos - II

Reports  
Follow-Up  
Arrest  
Traffic



# Los Angeles Police Department

## TRAFFIC COLLISION AND ARREST

REF # T40-02-08

|   |  |  |            |                                 |   |                      |   |                     |  |
|---|--|--|------------|---------------------------------|---|----------------------|---|---------------------|--|
| DATE & TIME OCC.<br>02/17/22 1410                       |  | CATEGORY<br>1  |            | STATUS REPORT                   |   |                      |   | DR#<br>22-1306497   |  |
| 1   | DUI  | EVADING  | DEATH<br>Y | TYPE CPI                        | IMP<br>Y  | DATE HOLD REL        | TYPE EVID BKD   | DATE REL            |  |
| VICTIM-S NAME (LAST, FIRST MIDDLE)<br>[REDACTED]        |  |  |            |                                 | LOCATION OF OCCURRENCE<br>Main St and 48 <sup>th</sup> St |                      |   |                     |  |
| PARTY #1 OR ARRESTEE<br>Ramos-Sanchez, Cristian Jovany  |  |  |            |                                 |   | BOOKING #<br>6327311 |   | COURT CASE #        |  |
| H   | DRIVER ID=D<br>Yes   | DRIVER DESCRIPTION, INCLUDING NAME IF KNOWN<br>Cristian Jovany Ramos Sanchez   |            |                                 |   |                      |   | DMV NOTIFIED<br>Yes |  |
| &   | H & R VEHICLE DESCRIPTION<br>2020 FRHT Custom truck  |  |            |                                 |   |                      | LIC. # STATE<br>97568H3                                     |                     |  |
| R   | REGISTERED OWNERS NAME AND ADDRESS<br>Amazon Logistics Inc 1165 Sanctuary Parkway Alpharetta, GA 30009 |  |            |                                 |   |                      |   |                     |  |
| 17B4 P.C SUPV NAME & #                                  |  | CHARGE(S) FILED -- PRECEDE WITH P / W #<br>192(c)(a)PC, 20001(b)(1)VC, 487(d)(1)PC, & 20002(a)VC   |            |                                 |   |                      | RECLASSIFIED TO:  |                     |  |
| DATE OF DEATH<br>02/17/2022                             |  | CLASSIFICATION OF DEATH<br>Traffic   |            | CORONERS CASE #<br>2022-02095   |   | DECEASED TOX.        |   | NOTIFICATIONS:      |  |
| OCCURRENCE SUMMARY<br>Vehicle vs Vehicle vs Pedestrians |  |  |            |                                 |   |                      |   |                     |  |
| DATE<br>02/17/2022                                      |  | ACTIVITIES & NOTES   |            |                                 |   |                      |   |                     |  |
|   |  | <p>Victim-1 [REDACTED] (Decease) Victim-2 [REDACTED] Victim-3 [REDACTED]</p> <p>Party-1/Suspect Cristian Jovany Ramos-Sanchez</p> <p>Witnesses:</p> <p>#1 [REDACTED] #2 [REDACTED] #3 [REDACTED] #4 [REDACTED]</p> <p>#5 [REDACTED] #6 [REDACTED]</p> <p><u>Summary GTA DR #22-1306501</u></p> <p>Witness [REDACTED] is an Amazon delivery driver. He was making a delivery at the 4100 block of Woodlawn Ave. He left the vehicle running and door unlocked. Suspect Ramos-Sanchez was on foot, entered the truck, and drove off with the truck. The suspect did not have permission to drive the truck. While driving the truck, he became involved in a traffic crash where he killed a pedestrian and fled the scene.</p> <p><u>Summary Hit and Run DR #22-1306497</u></p> <p>Party-1 Ramos-Sanchez was driving southbound Main St from 47<sup>th</sup> Pl when he became involved in a traffic crash with a parked vehicle. He lost control of the vehicle, drove onto the sidewalk, and crashed into three pedestrians. He killed one of the pedestrians. After coming to rest, Party-1 fled the scene without rendering aid or identifying himself. The Party-1 was eventually captured and arrested.</p> |            |                                 |   |                      |   |                     |  |
| INVEST. CONT. DATE                                      |  | INVEST. CLOSED DATE  |            | SUPV. APPROVING NAME & SERIAL # |   |                      | INVEST. OFCE & SERIAL #, DETAIL<br>Det-II Campos #31480 W40 |                     |  |

**Investigation**

I was in the field when the radio calls were broadcasted. I responded to the scene were Witnesses [REDACTED] & [REDACTED] followed the suspect from scene of the crash and was arrested by Newton Patrol Officers, see arrest report.

Newton Patrol Officers Bender #43595 and Dzwoniarik #43245 were delegated to conduct the field show-up with the witnesses who saw the suspect driver and/or flee the scene of the crash. Witnesses [REDACTED] identified the suspect as the person seen fleeing the scene of the collision, however, they did not see him drive. Witness [REDACTED] saw the suspect driving his Amazon truck that the suspect stole when making the delivery.

CTD Collision Investigator, Officer Hale #39395, learned that Amazon trucks have video recording system that records the interior and exterior of the truck. He was able to obtain the video from Witnesses [REDACTED] who uploaded it Evidence.Com.

I reviewed the video, and I could clearly see the person driving the stolen Amazon truck in the video is the same person that was arrested by Officers Bender and Dzwoniarik, Suspect Cristian Ramos-Sanchez.



The suspect was arrested and see arrest report for the on-scene investigation and arrest.

The Amazon video system documents the speed of the truck and it is displayed on the video frame. The speed at the time of crash was "33 mph." At the time of crash, something caught the suspect's attention in the truck and began to look up. He took his eyes off the road.

I can see in the video, using the east curb of Main St as a reference, that it appears the truck begins to veer to the right. The truck then crashes into Vehicle-1 that was parked against the east curb of Main St.

The front camera's view is partially obstructed with glare of the sun. The camera captures the crash with Vehicle-2, it then drives up onto the sidewalk, and I was able to see the victim sitting on the chair with two others on each side of him. The truck drives towards them, they are out of the camera's view, and the truck comes to rest after crashing into the building. A few seconds later, the front camera captured Victim-2 [REDACTED] crawling out of a space between a space between the front end of the truck and the building. The interior camera, to the left of the video frame, captured Victim-3 [REDACTED] crawl out of the wreckage.

██████████ was interviewed by CTD Investigator McGowan #25660. ██████████ stated he was sitting against the wall with the Victim-1. He saw the crash between the Amazon truck and the Toyota Echo. He then saw the

Amazon truck driving towards them. He stood up to get out of the way, however, the truck crashed into him and pushed him against the wall. Victim-1 was unable to get out of the way and saw that he was pinned underneath the tire. He stated he saw the driver flee the scene on foot and made a right on 48<sup>th</sup> St. See Officer McGowan's statement form.

██████████ was interviewed by CTD Investigator Palma #26756. ██████████ was sitting to the left of Victim-1. He saw the Amazon truck crash into a parked vehicle, and the truck then began to drive towards them. He attempted to get out of the, however, the truck did contact him. After the truck came to rest, he saw that Victim-1 was struck by the truck and was groaning. ██████████ never saw who the driver was. See Investigator Palma's statement form.

Investigator Palma interviewed the owner of the Toyota Echo, Witness-5 ██████████. He was loading his vehicle when the Amazon truck crashed into his vehicle and the victims. He never saw the driver. See Investigator Palma's statement form.

LA Co Coroner Investigator Cronin #408348 arrived at the scene. He officially identified Victim-1 as ██████████. His Cal Op was in his wallet that was in his pants' pocket.

On 02/18/2022, I received an email from Wit-6 ██████████ and stated that his video system captured the suspect stealing the Amazon truck. He emailed me the video and it was uploaded onto Evidence.Com. I reviewed the video. I could see ██████████ parked the Amazon truck, he stepped out, and began to walk towards the residence which was to the left of the video screen. I then see the suspect come from the right side of the video screen, get into the truck, and moments later drive off with the truck. ██████████ is seen running along the truck attempting to stop the suspect.

### Statement

At the station, CTD Detective Berdin #31958 and I interviewed the suspect. The suspect was read his Miranda's right and stated with yes, yes, yes, and yes. We began to have a conversation with the suspect, however, he would not admit to anything. I showed him a still photo of him behind the wheel of the Amazon truck. ██████████ He acknowledged that the person in the photo was him, however, ██████████ would not describe what he was doing in the photo. He would not admit that he stole and was driving the stolen Amazon truck during the crash.

I then showed him a photo of ██████████ with his exposed intestines. The suspect's demeanor changed and became upset. He stated that he would have never left if he knew he had done that to the victim. He still would not admit he stole the truck and was driving the truck when the crash occurred. He just repeated that he would not of left the scene if he knew that he had done that.

The suspect then stated that he did not believe that it was real. I showed him the video of him driving the truck and the crash. He did not have a response. See arrest report.

The suspect has 10-Felony Convictions ranging from domestic violence related crimes; 273.5PC & 422PC, Weapons violations, Auto Theft, and Receiving Stolen Property. He has 1-misd conviction.

The case was presented to the LA Co DA's Office. DDA Choy filed 3-Felonies 192(c)(1)PC, 20001(b)(1)VC, 487(d)(1)PC, and 1-misd 20002(a)VC

The status of this case is "Cleared By Arrest."

|  |             |   |           |  |        |   |     |  |  |   |         |
|--|-------------|---|-----------|--|--------|---|-----|--|--|---|---------|
| BKG. NO.   | BOOKING NO. | U.O.  | LOC. BKG. | DR. LIC. NO.   | STATE  | MT  | Y   | ARREST REPORT                                    |  | UCR CODE  | CC: 997 |
|  | 6327311     |   | 4201      | F2336725   | CA     |   |     | 22-1306497                                       |  | LA  |         |
| ARRESTEE'S LAST NAME   |             | FIRST   |           | MIDDLE   |        | SUF.  |     | CRIME RPT.                                       |  | CII   |         |
| RAMOSSANCHEZ   |             | CRISTIAN  |           | JOVANY   |        |   |     | MAIN   |  | A22447099                                       |         |
| ADDRESS  |             | 712 E PHILLIPS BL   |           | APT. NO.   |        | STATE   |     | FBI  |  | 918998 P86                                      |         |
| CITY   |             | POMONA  |           | STATE  |        | CA  |     | CDC #  |  | PROBATION #                                     |         |
| SEX  | DESCENT     | HAIR  | EYES      | HEIGHT   | WEIGHT | BIRTHDATE                                     | AGE | A.I.   |  | CWWS WARR AJIS RLSE PAC AWDI                    |         |
| M  | H           | BLK   | BRO       | 510  | 200    | 011385  | 37  |  |  |   |         |
| VEHICLE LIC. NO.   |             | STATE   |           | R.D.   |        | AKA: LAST-FIRST-OR NICKNAME                   |     |  |  |   |         |
|  |             | 1361  |           |  |        |   |     |  |  |   |         |
| BIRTHPLACE   |             | LOSANGELES CA   |           | PROB. INV. UNIT  |        | JUV. DETAINED AT                              |     | AD. CHG.   |  |   |         |
|  |             | LOS ANGELES US  |           | 24   |        |   |     | N  |  |   |         |
| DIVISION   |             | DETAIL ARRESTING  |           | DATE ARRESTED  |        | TIME ARR.                                     |     | TIME BKG.  |  |   |         |
| 4224   |             | T   |           | 021722   |        | 1430  |     | 2130   |  |   |         |
| LOCATION OF ARREST   |             | BROADWAY  |           | BAIL   |        | TOTAL BAIL                                    |     |  |  |   |         |
|  |             | 51ST  |           | 85000  |        | 85000   |     |  |  |   |         |
| TYP.   |             | CHARGE & CODE   |           | DEFINITION   |        | WARRANT NO. ☆                                 |     |  |  |   |         |
| F  |             | 20001(A)VC  |           | FEL HIT AND RUN  |        |   |     |  |  |   |         |
| ADDITIONAL CHARGES (ON ADDL. WARRS. LIST NO., COURT, AND BAIL, INCL. P.A.) |             |   |           |  |        |   |     |  |  | SOCIAL SECURITY NO.                             |         |
| ARRAIGN. DATE  |             | TIME  |           | COURT  |        | LOCATION CRIME COMMITTED                      |     | R.D.   |  | RESIDENCE PHONE NO.                             |         |
|  |             |   |           |  |        | SAA   |     | SAME   |  | 2133060088                                      |         |
| EMPLOYER / SCHOOL  |             | UNKNOWN   |           | PH. ODD.   |        | TT ON CHEEK AND NECK                          |     | EXACT LOCATION / DISPOSITION ARRESTEE'S VEHICLE  |  | HOLD FOR:                                       |         |
| OCCUPATION / GRADE   |             | UNKNOWN   |           |  |        |   |     | US TOW   |  |   |         |
| CLOTHING WORN  |             | CAMO SHRT, GRY PNTS, BLK SHS  |           | FOR 32645748   |        |   |     |  |  |   |         |
| LIST CONNECTING RPTS. BY TYPE & IDENTIFYING NOS.                           |             | TRAFFIC DEATH RPT SAME DEC 4  |           | VEHICLE USED (YEAR, MAKE, MODEL, TYPE, COLORS, LIC. NO., ID MARKS) |        | 2020 FORD F150 BLUE 9756843                   |     | PASSENGERS                                       |  | 0   |         |
| COMPLAINTS / EVID. OF ILLNESS / INJURY / OTHER                             |             | GTA 01/22/23 003501   |           | DRIVING VEH. (DIRECTION & NAME OF STREET) AT OR BETWEEN STREETS    |        | S/O MAIN ST FROM 4TH PL                       |     | RETAINED   |  | CASH  |         |
| MENTAL TUNERS, WEBS  |             |   |           |  |        |   |     | JUV.   |  | P - BOTH PARENTS                                |         |
| INVOLVED PERSONS   |             | Code: V: VICTIM W: WITNESS P/A: PRIVATE PERS. TO: OWNER R: PERSON RPTG. 459: S - PERSON SECURING D - PERSON DISCOVERING   |           |  |        |   |     |  |  | G - GUARDIAN                                    |         |
| NAME   |             | V & W'S   |           | SEX  |        | DESC  |     | D.O.B.   |  | ADDRESS   |         |
| V1   |             |   |           |  |        |   |     |  |  | CITY  |         |
| V2   |             |   |           |  |        |   |     |  |  | ZIP   |         |
|  |             |   |           |  |        |   |     |  |  | PHONE   |         |
|  |             |   |           |  |        |   |     |  |  | DAY   |         |
|  |             |   |           |  |        |   |     |  |  | X   |         |
|  |             |   |           |  |        |   |     |  |  | E-MAIL  |         |
|  |             |   |           |  |        |   |     |  |  | CELL  |         |
|  |             |   |           |  |        |   |     |  |  | E-MAIL  |         |
|  |             |   |           |  |        |   |     |  |  | CELL  |         |
|  |             |   |           |  |        |   |     |  |  | E-MAIL  |         |
|  |             |   |           |  |        |   |     |  |  | CELL  |         |
| COMBINED CRIME REPORT  |             | IF MULTI. ARRESTEES THIS SECTION & ABOVE CRIME RPT. CHECK BOX IS COMPLETED ON ONLY ONE FACE SHEET.  |           | TYPE OF OFFENSE  |        |   |     | VICT'S OCCUPATION                                |  |   |         |
| DATE AND TIME CRIME OCCURRED   |             | TYPE PROPERTY   |           | TOTAL \$   |        | EST. DAMAGE \$                                |     | TYPE PREMISES                                    |  |   |         |
| 459 / BFD ONLY-POINT AND METHOD OF ENTRY                                   |             | WEAPON / FORCE / INSTRUMENT USED  |           | TFV / BFV ONLY - VICT'S VEH. (YR., MAKE, TYPE, LIC.)               |        |   |     |  |  |   |         |
| MO (UNIQUE ACTIONS)  |             |   |           |  |        |   |     |  |  |   |         |
| COMBINED EVID. RPT.  |             | USE THIS SECTION IN LIEU OF PROPERTY REPORT IF ONLY ONE ARRESTEE, NO GUN, AND NO MORE THAN 2 ITEMS OF EVID.   |           | LOC. EVID. BKG.  |        | 10.10.00 GIVEN Y                              |     | Preliminary Drug Test                            |  | SUPV. / INV. OFCR. TESTING                      |         |
| ITEM QUAN. ARTICLE   |             | SERIAL NO. / TYPE TEST OF DRUG  |           | BRAND / DRUG WEIGHT  |        | MODEL NO. / DRUG TEST RESULTS                 |     | MISC.  |  | SERIAL NO. WITNESS OFCR. SERIAL NO.             |         |
| APPROVAL / REPORTING OFFICERS  |             | SUPERVISOR / REPORTING REPORT   |           | SERIAL NO.   |        | PAR. SHEET ATTACHED                           |     | OFFICER(S)                                       |  | SERIAL NO. DIV. / DET.                          |         |
|  |             | Sgt. Val 27843  |           |  |        | YES NO  |     | P.P. ARREST OFFICER BKG. EVID. IF LISTED ON THIS |  | 31480 CTO/100 PRT                               |         |
| JUVENILE DISPO.  |             | Petition Request: <input type="checkbox"/> DETAINED <input type="checkbox"/> RELEASED <input type="checkbox"/> NON-BOOK <input type="checkbox"/> NON-BOOK WARR. |           | PROPERTY BOOKED? Y N   |        | IF YES, 10.08.00 COMPLETED? Y N               |     | DATE / TIME DISPO. REPROD.                       |  | DIV. / CLERK                                    |         |
| FINAL CHARGE, IF DIFFERENT THAN ORIGINAL (SECTION, CODE & DEFINITION)      |             | IF REFERRED, AGENCY & PERSON ACCEPTING REFERRAL   |           | 11 <input type="checkbox"/> C & R                                  |        | 13 <input type="checkbox"/> EXON-INNOCENT     |     | 04 <input type="checkbox"/> CYA                  |  | 18 <input type="checkbox"/> JUV. TRAF. MISD.    |         |
|  |             |   |           | 11 <input type="checkbox"/> ACTION SUSP.                           |        | 12 <input type="checkbox"/> REL-INSUF. EVID.  |     | 03 <input type="checkbox"/> PROBATION            |  | 17 <input type="checkbox"/> FIRE DEPT.          |         |
|  |             |   |           | 14 <input type="checkbox"/> PROVED ADULT                           |        | 03 <input type="checkbox"/> COMMUNITY SERVICE |     | 05 <input type="checkbox"/> OTH. LAW ENF. AGENCY |  | 10 <input type="checkbox"/> DEPT. MENTAL HEALTH |         |
|  |             |   |           |  |        |   |     | 16 <input type="checkbox"/> DCFS                 |  | 16 <input type="checkbox"/> OTHER               |         |

**Source of Activity**

I, Detective-II Campos #31480, was working in business attire and was driving a dual-purpose police vehicle. I was driving back to my station when I heard a radio call of a Felony Hit and Run of a "Vehicle vs Pedestrian" that occurred at Main St and 48<sup>th</sup> St, Inc No. 220217002709. The pedestrian was under the vehicle, and the suspect fled on foot. Immediately after that broadcast, a second RTO broadcasted that the vehicle involved in the hit and run was a stolen Amazon truck related to separate incident at the 4100 block of Woodlawn Ave, Inc No. 220217002702. I began to respond to the scene of the crash.

**Investigation**

As I was responding to the scene, additional comments were being broadcasted. The suspect was described as a male Hispanic wearing a white hat and a white and black camo jacket. The suspect was being followed by citizens westbound on 48<sup>th</sup> St and was heading towards Broadway.

Newton Patrol Unit, **Officers Dzwoniarik #43245 and Bender #43595**, were the primary unit assign to the initial radio call for the theft of the Amazon truck. They were responding to the area where the suspect was last seen. An updated broadcast placed the suspect in the area of Broadway and 51<sup>st</sup> St.

About this time, air unit arrived overhead. The pilot was Officer Dontckels #40441 and the Tactical Flight Officer was Ishida #30952. Officer Ishida spotted the possible suspect that was described by the witnesses. Officer Ishida began direct patrol units to the location of 51<sup>st</sup> St and Broadway.

Officer Ishida saw the suspect run into 5101 S. Broadway, an office building. While orbiting overhead and waiting for officers to arrive, Officer Ishida saw the suspect step out of the building and would duck back in.

Officers Dzwoniarik and Bender arrived at scene along with other Newton Patrol Officers. A perimeter was established around the building.

I decided to respond to 5101 S Broadway. When I arrived, I saw the suspect exit the north door of the building. Officers position by the door, **Alvarenga #44267 and Rodriguez #44305**, began to give the suspect commands to surrender and he complied. The suspect was taken into custody, and Officers Dzwoniarik and Bender took control of the suspect. The suspect was identified as Cristian Ramos-Sanchez.

**I saw the suspect was wearing a white sweater and it was inside-out. I was able to see that the exterior of the sweater had a black and white camouflage pattern. It matched the description given by the witnesses who followed the suspect.**

I directed Officers Dzwoniarik and Bender to coordinate a field show-up with the witnesses who followed the suspect.

Officers Dzwoniarik and Bender met with **Witness-1** [REDACTED]. They interviewed him and stated he was a passenger in **Witness-2** [REDACTED] vehicle. He witnessed the Amazon truck become involved a traffic crash at Main St. After the crash, they saw the possible driver running from the crash scene. David presumed that was the driver. [REDACTED] began to follow the possible driver as he called 9-1-1.

and advised the operator of the suspect's location. They eventually lost sight of the suspect in the area of

Broadway and 51<sup>st</sup> St. A field show-up was conducted with [REDACTED] and [REDACTED] stated, "That's the guy." See Officers Dzwoniarik's and Bender's statement form.

Officers Dzwoniarik and Bender interviewed Witness-2 [REDACTED] next. They interviewed him and stated he was driving when he witnessed the Amazon truck become involved a traffic crash at Main St. After the crash, they saw the possible driver running from the crash scene. Israel presumed that was the driver. [REDACTED] began to follow the possible driver as [REDACTED] called 9-1-1 and advised the operator the suspect's location. They eventually lost sight of the suspect in the area of Broadway and 51<sup>st</sup> St. A field show-up was conducted with Israel, and [REDACTED] stated, "Yeah, that's the guy." See Officers Dzwoniarik's and Bender's statement form.

After delegating the field show-ups, I responded to the scene of the crash. When I arrived, there were several LAFD Fire Engines at the scene. After exiting my vehicle, I saw the aftermath of the crash. There was an Amazon truck on the sidewalk and front of the truck had crashed into the building. There was a silver 2001 Toyota Echo that was smashed up, was at rest to the left of the Amazon truck, and it appeared it crashed into a blue 1994 Chevy Astro van that was parked curbed side, and the Chevy Van had crashed into silver 2008 Toyota Tacoma that was also parked curbside, and the Toyota Tacoma crashed into a white 2005 Honda Civic. I approached the LAFD Battalion Commander, and he advised me that there was a victim pinned between the front end of truck and the building. It was apparent to him the victim was dead and were in recovery mode.

Using their heavy-duty trucks, they were able to move the truck enough not to disturb the crime scene, however, enough room for the Coroner to recover the body. The victim was declared dead by LAFD Firefighter Smith #341329.

Victim-1 [REDACTED] was still sitting on a chair that he was sitting on when the crash occurred. Victim-1's intestines had burst out of his stomach when he was crushed by the truck. I took photos of Victim-1 and the crime scene.

CTD Collision Investigator Hale #39395 was assigned the traffic crash call and was delegated to complete the traffic crash report. He interviewed Witness-3 [REDACTED], the Amazon delivery driver. He stated he was delivering a package at the 4100 block of Woodlawn Ave. He exited his vehicle with a package, began to walk up to the residence, however, left the motor running.

Moments later, he heard the engine of the truck revved. He began to walk back to his truck and saw a male Hispanic drive off with the truck. The suspect was wearing a black and white camouflage jacket. See Officer Hale's statement form.

A Grand Theft Auto report was completed by CTD Motor Officer Dawson #35298.

[REDACTED] was asked if he would be able to identify the suspect, and he stated he might be able to. Officers Bender and Dzwoniarik were tasked to conduct a field show-up with Hernandez. When the field show-up was conducted, [REDACTED] told them, "Yeah, that's him." See Officers Dzwoniarik's and Bender's statement form.

Officers Dzwoniarik and Bender transported the suspect to Central Station.

During the at-scene investigation, it was revealed Amazon trucks are equipped with video recording system that records the exterior and interior of the truck. [REDACTED] was advised from staff from Amazon that there is footage of the suspect and the crash.

Officer Hale spoke with Witness-4 [REDACTED] who is representative of Amazon, told him he had access to the video footage and could send him a copy. Officer Hale was able to send [REDACTED] link to upload the video onto Evidence.Com.

Once the video was received and uploaded, I reviewed the video, and I could clearly see Cristian Ramos-Sanchez driving the stolen Amazon truck. I could also clearly see the black and white camouflage sweater in the video, and it was the same one he was wearing inside out at the time he was taken into custody in my presence. See embedded photos:



The video system also documents the speed of the truck and it indicated the truck was travelling approximately 33 mph when the crash occurred. Using the traffic flow that was captured in the video as a reference, it appears the speed of the truck was not travelling faster than posted speed limit of 35 mph. The nearest posted speed limit sign is located at the southwest corner of Main St and 45<sup>th</sup> St.

As the suspect was driving, he was looking around in the interior. Something caught his attention to look up. As he was looking up, the truck appears to veer to the right, and the crash occurs. The suspect was ejected from the truck and goes out of camera view.

The front camera's view is partially obstructed with glare of the sun. The camera captures the crash with Vehicle-2, it then drives up onto the sidewalk, and I was able to see the victim sitting on the chair with two others on each side of him. The truck drives towards them, they are out of the camera's view, and the truck comes to rest after crashing into the building. A few seconds later, the front camera captured Victim-2 [REDACTED] crawling out of a space between a space between the front end of the truck and the building. The interior camera, to the left of the video frame, captured Victim-3 Israel Gonzalez crawl out of the wreckage.

[REDACTED] was interviewed by CTD Investigator McGowan #25660. [REDACTED] stated he was sitting against the wall with the Victim-1. He saw the crash between the Amazon truck and the Toyota Echo. He then saw the



Amazon truck driving towards them. He stood up to get out of the way, however, the truck crashed into him and pushed him against the wall. Victim-1 was unable to get out of the way and saw that he was

**DR 22-1306497**

**Continuation**

**5 of 6**

pinned underneath the tire. He stated he saw the driver flee the scene on foot and made a right on 48<sup>th</sup> St. See Officer McGowan's statement form.

[REDACTED] was interviewed by CTD Investigator Palma #26756. [REDACTED] was sitting to the left of Victim-1. He saw the Amazon truck crash into a parked vehicle, and the truck then began to drive towards them. He attempted to get out of the, however, the truck did contact him. After the truck came to rest, he saw that Victim-1 was struck by the truck and was groaning. [REDACTED] never saw who the driver was. See Investigator Palma's statement form.

Investigator Palma interviewed the owner of the Toyota Echo, [REDACTED]. He was loading his vehicle when the Amazon truck crashed into his vehicle and the victims. He never saw the driver. See Investigator Palma's statement form.

LA Co Coroner Investigator Cronin #408348 arrived at the scene. He officially identified Victim-1 as [REDACTED]. His Cal Op was in his wallet that was in his pants' pocket.

#### **Arrest**

Cristian Ramos-Sanchez was arrested for 20001(a) VC Felony Hit and Run. He was transported to Central Station by Officers Dzwoniarik and Bender.

#### **Booking**

CTD Watch Commander, Sgt Anderson #27019, gave booking advise for 2001(a)VC Felony Hit and Run. Central Watch Commander, Lt Gallegos #35849, gave booking approval for 20001(a)VC Felony Hit and Run.

CTD Officer Sayers #41271 and a Long Beach Officer, who is on loan from LBPd for the Street Racing Task Force, booked the suspect.

#### **Statement**

At the station, CTD Detective Berdin #31958 and I interviewed the suspect. The suspect was read his Miranda's right and stated with yes, yes, yes, and yes. We began to have a conversation with the suspect, however, he would not admit to anything. I showed him a still photo of him behind the wheel of the Amazon truck. He acknowledged that the person in the photo was him, however, [REDACTED] Describe what he was doing in the photo. He would not admit that he stole and was driving the stolen Amazon truck during the crash.

I then showed him a photo of Rangel with his exposed intestines. The suspect's demeanor changed and became upset. He stated that he would have never left if he knew he had done that to the victim. He still would not admit he stole the truck and was driving the truck when the crash occurred. He just repeated that he would not of left the scene if he knew that he had done that.

The suspect then stated that he did not believe that it was real. I showed him the video of him driving the truck and the crash. He did not have a response.

**Photos**

TID Photographer Emery #N5607 responded to the scene and took overall photographs of the crime scene, the vehicles, and Victim-1.

**BWV**

Officers Hale, Dzwoniarik, Bender, and Palma had their BWV activated.

I did not have my BWV with me in the field, however, I used my BWV to interview the suspect.

**Injuries**

Preliminary observations from Coroner Investigator Cronin, Victim-1 [REDACTED] died from blunt force trauma.

Victim-2 [REDACTED] had complained of pain to right elbow and it was swollen.

Victim-3 [REDACTED] had complained of pain to his right leg.

**Court Information**

I can testify to the contents of this report, the on-scene investigation, the interview with the suspect, and reviewing of video and BWV.

Officer Hale can testify to the traffic report he completed, his on-scene investigation, and interviews he conducted.

Det Berdin can testify to the on-scene investigation, the interview with witnesses David & Israel Montano.

Officers Dzwoniarik & Bender can testify to the arrest of the suspect and the field show-ups they conducted.

Officer Palma can testify to the interviews he conducted with the victims and the Montano witnesses.

Officers Alvarenga and Rodriguez can testify on the arrest of the suspect.

Chp555\_0320.pdf

INL #220217002709

| SPECIAL CONDITIONS |   | NUMBER INJURED | HIT & RUN FELONY                    | CITY   | JUDICIAL DISTRICT   | LOCAL REPORT NUMBER      |   |
|--------------------|---|----------------|-------------------------------------|--|---|--------------------------|---|
| Arrest             |   | 2              | <input checked="" type="checkbox"/> | Los Angeles  | Los Angeles   | 2213-06497               |   |
| atal               |   | NUMBER KILLED  | HIT & RUN MISDEMEANOR               | COUNTY   | REPORTING DISTRICT  | BEAT                     | DAY OF WEEK   |
|                    |   | 1              | <input type="checkbox"/>            | Los Angeles  | 1361  | 24TL28                   | Thursday  |
|                    |   |                |                                     |  |   | TOWAWAY                  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| LOCATION           | CRASH OCCURRED ON   |                |                                     |  | MO. DAY YEAR  | TIME (2400)              | NDIC #  |
|                    | Main Street   |                |                                     |  | 02/17/2022  | 14:10                    | 1942  |
|                    | MILEPOST INFORMATION  |                |                                     |  | GPS COORDINATES   |                          | OFFICER ID  |
|                    | FEET/MILES OF   |                |                                     |  | LATITUDE LONGITUDE  |                          | 39395   |
| LOCATION           | AT INTERSECTION WITH  |                |                                     |  | STATE HWY REL   |                          | PHOTOGRAPHS BY:   |
|                    | <input checked="" type="checkbox"/> OR: 156 FEET/MILES NORTH OF 48th Street |                |                                     |  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                          | <input type="checkbox"/> NONE                                       |
|                    |   |                |                                     |  |   |                          | Emery # N5607 360's D# 0803609                                      |
|                    |   |                |                                     |  |   |                          | Stills D# 0803610   |
| PARTY 4            | DRIVER'S LICENSE NUMBER   |                |                                     |  | STATE   | CLASS                    | AIR BAG   |
| DRIVER             | NAME (FIRST, MIDDLE, LAST)  |                |                                     |  | VEH. YEAR   | MAKE/MODEL/COLOR         | LICENSE NUMBER  |
| PEDESTRIAN         | STREET ADDRESS  |                |                                     |  | 2008  | Toyota / Tacoma / Silver | 8518541   |
| PARKED VEHICLE     | CITY/STATE/ZIP  |                |                                     |  |   |                          | STATE   |
| BICYCLIST          | SEX   | HAIR           | EYES                                | HEIGHT   | WEIGHT  | BIRTHDATE                | RACE  |
| OTHER              | HOME PHONE  | BUSINESS PHONE |                                     |  |   |                          |   |
| OPERATOR           | INSURANCE CARRIER   |                |                                     |  | POLICY NUMBER   |                          |   |
| DIR OF TRAVEL      | ON STREET OR HIGHWAY  |                |                                     | LANE   | THRU LANES  | TOTAL LANES              | SPEED LIMIT   |
| S                  | Main Street   |                |                                     | Parking  | 2   | 2                        | 30  |
| PARTY 5            | DRIVER'S LICENSE NUMBER   |                |                                     |  | STATE   | CLASS                    | AIR BAG   |
| DRIVER             | NAME (FIRST, MIDDLE, LAST)  |                |                                     |  | VEH. YEAR   | MAKE/MODEL/COLOR         | LICENSE NUMBER  |
| PEDESTRIAN         | STREET ADDRESS  |                |                                     |  | 2005  | Honda / Civic / White    | 8CIM258   |
| PARKED VEHICLE     | CITY/STATE/ZIP  |                |                                     |  |   |                          | STATE   |
| BICYCLIST          | SEX   | HAIR           | EYES                                | HEIGHT   | WEIGHT  | BIRTHDATE                | RACE  |
| OTHER              | HOME PHONE  | BUSINESS PHONE |                                     |  |   |                          |   |
| OPERATOR           | INSURANCE CARRIER   |                |                                     |  | POLICY NUMBER   |                          |   |
| DIR OF TRAVEL      | ON STREET OR HIGHWAY  |                |                                     | LANE   | THRU LANES  | TOTAL LANES              | SPEED LIMIT   |
| S                  | Main Street   |                |                                     | Parking  | 2   | 2                        | 30  |
| PARTY 6            | DRIVER'S LICENSE NUMBER   |                |                                     |  | STATE   | CLASS                    | AIR BAG   |
| DRIVER             | NAME (FIRST, MIDDLE, LAST)  |                |                                     |  | VEH. YEAR   | MAKE/MODEL/COLOR         | LICENSE NUMBER  |
| PEDESTRIAN         | STREET ADDRESS  |                |                                     |  |   |                          | STATE   |
| PARKED VEHICLE     | CITY/STATE/ZIP  |                |                                     |  |   |                          |   |
| BICYCLIST          | SEX   | HAIR           | EYES                                | HEIGHT   | WEIGHT  | BIRTHDATE                | RACE  |
| OTHER              | HOME PHONE  | BUSINESS PHONE |                                     |  |   |                          |   |
| OPERATOR           | INSURANCE CARRIER   |                |                                     |  | POLICY NUMBER   |                          |   |
| DIR OF TRAVEL      | ON STREET OR HIGHWAY  |                |                                     | LANE   | THRU LANES  | TOTAL LANES              | SPEED LIMIT   |
| E                  | Main Street   |                |                                     | Sidewalk   |   |                          |   |
| DRIVER'S NAME      |   |                |                                     | DISPATCH NOTIFIED  |   |                          |   |
| # 39395            |   |                |                                     | <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A |   |                          |   |


| SPECIAL CONDITIONS  |                            | NUMBER INJURED   | HIT & RUN FELONY                    | CITY        | JUDICIAL DISTRICT  | LOCAL REPORT NUMBER                                 |  |
|---|----------------------------|--|-------------------------------------|-------------|--|---|--|
| Arrest  |                            | 2  | <input checked="" type="checkbox"/> | Los Angeles | Los Angeles  | 2213-06497  |  |
| Total   |                            | NUMBER KILLED  | HIT & RUN NON-FELONY                | COUNTY      | REPORTING DISTRICT   | BEAT  | DAY OF WEEK  |
|   |                            | 1  | <input type="checkbox"/>            | Los Angeles | 1361   | 24TL28  | Thursday   |
|   |                            |  |                                     |             |  |   | TOWAWAY<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| LOCATION  | CRASH OCCURRED ON          |  |                                     |             | MO. DAY YEAR   | TIME (2400)   | NCIC #   |
|   | Main Street                |  |                                     |             | 02/17/2022   | 14:10   | 1942   |
|   | MILEPOST INFORMATION       |  |                                     |             | GPS COORDINATES  |   | OFFICER ID   |
|   | FEET/MILES OF              |  |                                     |             | LATITUDE LONGITUDE   |   | 39395  |
| <input type="checkbox"/> AT INTERSECTION WITH                       |                            | STATE HWY REL  |                                     |             |  | PHOTOGRAPHS BY: <input type="checkbox"/> NONE       |  |
| <input checked="" type="checkbox"/> OR: 156                         |                            | NORTH OF 48th Street   |                                     |             |  | Emery # N5607 360's D# 0803609<br>Stills D# 0803610 |  |
| <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                            |  |                                     |             |  |   |  |
| PARTY 7   | DRIVER'S LICENSE NUMBER    |  | STATE                               | CLASS       | AIR BAG  | SAFETY EQUIP.                                       | VEH. YEAR  |
| DRIVER  | NAME (FIRST, MIDDLE, LAST) |  |                                     |             |  |   | MAKE/MODEL/COLOR   |
| <input type="checkbox"/>  | STREET ADDRESS             |  |                                     |             |  |   | LICENSE NUMBER   |
| <input checked="" type="checkbox"/>                                 | CITY/STATE/ZIP             |  |                                     |             |  |   | STATE  |
| <input type="checkbox"/>  | SEX                        | HAIR   | EYES                                | HEIGHT      | WEIGHT   | BIRTHDATE   | OWNER'S NAME   |
| <input type="checkbox"/>  |                            |  |                                     |             |  |   | <input type="checkbox"/> SAME AS DRIVER  |
| <input type="checkbox"/>  | HOME PHONE                 |  | BUSINESS PHONE                      |             | OWNER'S ADDRESS  |   |  |
| <input type="checkbox"/>  |                            |  |                                     |             | <input type="checkbox"/> SAME AS DRIVER  |   |  |
| <input type="checkbox"/>  | INSURANCE CARRIER          |  | POLICY NUMBER                       |             | DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER |   |  |
| <input type="checkbox"/>  |                            |  |                                     |             | PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE                         |   |  |
| <input type="checkbox"/>  | DIR OF TRAVEL              | ON STREET OR HIGHWAY   |                                     | LANE        | THRU LANES   | TOTAL LANES   | VEHICLE IDENTIFICATION NUMBER:   |
| <input type="checkbox"/>  | E                          | Main Street  |                                     | Sidewalk    |  |   |  |
| PARTY 8   | DRIVER'S LICENSE NUMBER    |  | STATE                               | CLASS       | AIR BAG  | SAFETY EQUIP.                                       | VEH. YEAR  |
| DRIVER  | NAME (FIRST, MIDDLE, LAST) |  |                                     |             |  |   | MAKE/MODEL/COLOR   |
| <input type="checkbox"/>  | STREET ADDRESS             |  |                                     |             |  |   | LICENSE NUMBER   |
| <input checked="" type="checkbox"/>                                 | CITY/STATE/ZIP             |  |                                     |             |  |   | STATE  |
| <input type="checkbox"/>  | SEX                        | HAIR   | EYES                                | HEIGHT      | WEIGHT   | BIRTHDATE   | OWNER'S NAME   |
| <input type="checkbox"/>  |                            |  |                                     |             |  |   | <input type="checkbox"/> SAME AS DRIVER  |
| <input type="checkbox"/>  | HOME PHONE                 |  | BUSINESS PHONE                      |             | OWNER'S ADDRESS  |   |  |
| <input type="checkbox"/>  |                            |  |                                     |             | <input type="checkbox"/> SAME AS DRIVER  |   |  |
| <input type="checkbox"/>  | INSURANCE CARRIER          |  | POLICY NUMBER                       |             | DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER |   |  |
| <input type="checkbox"/>  |                            |  |                                     |             | PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE                         |   |  |
| <input type="checkbox"/>  | DIR OF TRAVEL              | ON STREET OR HIGHWAY   |                                     | LANE        | THRU LANES   | TOTAL LANES   | VEHICLE IDENTIFICATION NUMBER:   |
| <input type="checkbox"/>  | E                          | Main Street  |                                     | Sidewalk    |  |   |  |
| PARTY 9   | DRIVER'S LICENSE NUMBER    |  | STATE                               | CLASS       | AIR BAG  | SAFETY EQUIP.                                       | VEH. YEAR  |
| DRIVER  | NAME (FIRST, MIDDLE, LAST) |  |                                     |             |  |   | MAKE/MODEL/COLOR   |
| <input type="checkbox"/>  | STREET ADDRESS             |  |                                     |             |  |   | LICENSE NUMBER   |
| <input checked="" type="checkbox"/>                                 | CITY/STATE/ZIP             |  |                                     |             |  |   | STATE  |
| <input type="checkbox"/>  | SEX                        | HAIR   | EYES                                | HEIGHT      | WEIGHT   | BIRTHDATE   | OWNER'S NAME   |
| <input type="checkbox"/>  |                            |  |                                     |             |  |   | <input type="checkbox"/> SAME AS DRIVER  |
| <input type="checkbox"/>  | HOME PHONE                 |  | BUSINESS PHONE                      |             | OWNER'S ADDRESS  |   |  |
| <input type="checkbox"/>  |                            |  |                                     |             | <input type="checkbox"/> SAME AS DRIVER  |   |  |
| <input type="checkbox"/>  | INSURANCE CARRIER          |  | POLICY NUMBER                       |             | DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER |   |  |
| <input type="checkbox"/>  |                            |  |                                     |             | PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE                         |   |  |
| <input type="checkbox"/>  | DIR OF TRAVEL              | ON STREET OR HIGHWAY   |                                     | LANE        | THRU LANES   | TOTAL LANES   | VEHICLE IDENTIFICATION NUMBER:   |
| <input type="checkbox"/>  |                            |  |                                     |             |  |   |  |
| PARER'S NAME  |                            | DISPATCH NOTIFIED  |                                     | REVIEWED BY |  | DATE REVIEWED                                       |  |
| # 39395   |                            | <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A |                                     | # 39395     |  | 2-20-22   |  |

|  |                      |   |                     |  |
|--|----------------------|---|---------------------|--|
| DATE OF CRASH (MO. DAY YEAR)<br>02/17/2022 | TIME (2400)<br>14:10 | NCIC #<br>1942  | OFFICER ID<br>39395 | NUMBER<br>2213-06497   |
| PROPERTY DAMAGE<br>Holly Cross School      |                      | OWNER'S ADDRESS<br>104 W 47th Place Los Angeles, CA 90011 |                     |  |
| PERSON NOTIFIED<br>[ ] SAME AS OWNER       |                      | TELEPHONE NUMBER  |                     | METHOD OF NOTIFICATION (MARK ALL THAT APPLY)<br>[ ] IN PERSON [ ] PHONE [ ] DISPATCH [ ] CHP 422 |
| LOG / INCIDENT NUMBER                      |                      |   |                     |  |

|   |   |  |  |  |
|---|---|--|--|--|
| DESCRIPTION OF DAMAGE<br>Minor damage to building | SEATING POSITION<br><b>A</b> 1 TO 9 - STANDARD SEATING POSITION<br>1 2 3<br>4 5 6<br>7 8 9<br>10<br>10 - REAR OCC. TRK, VAN, STATION WAGON, ETC.*<br>11 - POSITION UNKNOWN*<br>0 - OTHER* | SAFETY EQUIPMENT<br><b>OCCUPANTS</b><br>A - NONE IN VEHICLE<br>B - UNKNOWN<br>C - LAP BELT USED<br>D - LAP BELT NOT USED<br>E - SHOULDER HARNESS USED<br>F - SHOULDER HARNESS NOT USED<br>G - LAP / SHOULDER HARNESS USED<br>H - LAP / SHOULDER HARNESS NOT USED<br>J - PASSIVE RESTRAINT USED<br>K - PASSIVE RESTRAINT NOT USED<br>P - NOT REQUIRED<br><b>CHILD RESTRAINT</b><br>Q - IN VEHICLE USED<br>R - IN VEHICLE NOT USED<br>S - IN VEHICLE USE UNKNOWN<br>T - IN VEHICLE IMPROPER USE<br>U - NONE IN VEHICLE<br><b>MC / BICYCLE - HELMET</b><br>DRIVER PASSENGER<br>V - NO X - NO<br>W - YES Y - YES | AIR BAG<br>B - UNKNOWN<br>L - AIR BAG DEPLOYED<br>M - AIR BAG NOT DEPLOYED<br>N - OTHER<br>P - NOT REQUIRED<br><b>EJECTED FROM VEHICLE</b><br>0 - NOT EJECTED<br>1 - FULLY EJECTED<br>2 - PARTIALLY EJECTED<br>3 - UNKNOWN | INATTENTION CODES<br>A - CELL PHONE HANDHELD<br>B - CELL PHONE HANDSFREE<br>C - ELECTRONIC EQUIPMENT<br>D - RADIO / CD<br>E - SMOKING<br>F - EATING<br>G - CHILDREN<br>H - ANIMALS<br>I - PERSONAL HYGIENE<br>J - READING<br>K - OTHER |
|---|---|--|--|--|

ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (\*) SHOULD BE EXPLAINED IN THE NARRATIVE.

| PRIMARY CRASH FACTOR LIST NUMBER (1 OF PARTY AT FAULT)  | TRAFFIC CONTROL DEVICES                              | 1                                   | 2                                   | 3                                   | VEHICLE AUTOMATION LEVEL  | 1                                   | 2                                   | 3                                   | MOVEMENT PRECEDING CRASH                                |
|---|--|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <b>A</b> CVC SECTION VIOLATED: 22350 (a) CVC / 24650<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | <b>A</b> CONTROLS FUNCTIONING                        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <b>A</b> SAE LEVEL - 0  |                                     |                                     |                                     | <b>A</b> STOPPED  |
| <b>B</b> OTHER IMPROPER DRIVING*  | <b>B</b> CONTROLS NOT FUNCTIONING*                   |                                     |                                     |                                     | <b>B</b> SAE LEVEL - 1  | <input checked="" type="checkbox"/> |                                     |                                     | <b>B</b> PROCEEDING STRAIGHT                            |
| <b>C</b> OTHER THAN DRIVER*   | <b>C</b> CONTROLS OBSCURED                           |                                     |                                     |                                     | <b>C</b> SAE LEVEL - 2  |                                     |                                     |                                     | <b>C</b> RAN OFF ROAD                                   |
| <b>D</b> UNKNOWN*   | <b>D</b> NO CONTROLS PRESENT / FACTOR*               |                                     |                                     |                                     | <b>D</b> SAE LEVEL - 3  |                                     |                                     |                                     | <b>D</b> MAKING RIGHT TURN                              |
|   | <b>E</b> SAE LEVEL - 4                               |                                     |                                     |                                     | <b>E</b> SAE LEVEL - 4  |                                     |                                     |                                     | <b>E</b> MAKING LEFT TURN                               |
|   | <b>F</b> SAE LEVEL - 5                               |                                     |                                     |                                     | <b>F</b> SAE LEVEL - 5  |                                     |                                     |                                     | <b>F</b> MAKING U TURN                                  |
|   | <b>G</b> UNKNOWN*                                    |                                     |                                     |                                     | <b>G</b> UNKNOWN*   |                                     |                                     |                                     | <b>G</b> BACKING  |
| <b>WEATHER (MARK 1 TO 2 ITEMS)</b>  | <b>H</b> OTHER*                                      |                                     |                                     |                                     | <b>VEHICLE AUTOMATION ENGAGED</b>   |                                     |                                     |                                     | <b>H</b> SLOWING / STOPPING                             |
| <input checked="" type="checkbox"/> <b>A</b> CLEAR  | <b>A</b> HEAD-ON                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <b>A</b> NO AUTOMATION  |                                     |                                     |                                     | <b>I</b> PASSING OTHER VEHICLE                          |
| <b>B</b> CLOUDY   | <b>B</b> SIDE SWIPE                                  |                                     |                                     |                                     | <b>B</b> DRIVER ASSISTANCE  |                                     |                                     |                                     | <b>J</b> CHANGING LANES                                 |
| <b>C</b> RAINING  | <b>C</b> REAR END                                    |                                     |                                     |                                     | <b>C</b> PARTIAL AUTOMATION   |                                     |                                     |                                     | <b>K</b> PARKING MANEUVER                               |
| <b>D</b> SNOWING  | <b>D</b> BROADSIDE                                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <b>D</b> CONDITIONAL AUTOMATION   |                                     |                                     |                                     | <b>L</b> ENTERING TRAFFIC                               |
| <b>E</b> FOG / VISIBILITY FT.   | <b>E</b> HIT OBJECT                                  |                                     |                                     |                                     | <b>E</b> HIGH AUTOMATION  |                                     |                                     |                                     | <b>M</b> OTHER UNSAFE TURNING                           |
| <b>F</b> OTHER*   | <b>F</b> OVERTURNED                                  |                                     |                                     |                                     | <b>F</b> FULL AUTOMATION  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                     | <b>N</b> XING INTO OPPOSING LANE                        |
| <b>G</b> WIND   | <b>G</b> VEHICLE / PEDESTRIAN                        |                                     |                                     |                                     | <b>G</b> UNKNOWN*   |                                     |                                     |                                     | <b>O</b> PARKED   |
| <b>LIGHTING</b>   | <b>H</b> OTHER*                                      |                                     |                                     |                                     |   |                                     |                                     |                                     | <b>P</b> MERGING  |
| <input checked="" type="checkbox"/> <b>A</b> DAYLIGHT   | <b>A</b> NONCOLLISION                                |                                     |                                     |                                     | <b>OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)</b>   |                                     |                                     |                                     | <b>Q</b> TRAVELING WRONG WAY                            |
| <b>B</b> DUSK - DAWN  | <b>B</b> PEDESTRIAN                                  |                                     |                                     |                                     | <b>A</b> CVC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <b>R</b> OTHER*   |
| <b>C</b> DARK - STREET LIGHTS   | <b>C</b> OTHER MOTOR VEHICLE                         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <b>B</b> CVC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                                     |                                     |                                     | <b>S</b> LANE SPLITTING                                 |
| <b>D</b> DARK - NO STREET LIGHTS  | <b>D</b> MOTOR VEHICLE ON OTHER ROADWAY              |                                     |                                     |                                     | <b>C</b> CVC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                                     |                                     |                                     | <b>SOBRIETY - DRUG - PHYSICAL (MARK ALL THAT APPLY)</b> |
| <b>E</b> DARK - STREET LIGHTS NOT FUNCTIONING*  | <b>E</b> PARKED MOTOR VEHICLE                        |                                     |                                     |                                     | <b>D</b> VISION OBSCUREMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO          |                                     |                                     |                                     | <b>A</b> HAD NOT BEEN DRINKING                          |
| <b>ROADWAY SURFACE</b>  | <b>F</b> TRAIN                                       |                                     |                                     |                                     | <b>E</b> STOP & GO TRAFFIC  |                                     |                                     |                                     | <b>B</b> HBD - UNDER THE INFLUENCE                      |
| <input checked="" type="checkbox"/> <b>A</b> DRY  | <b>G</b> BICYCLE                                     |                                     |                                     |                                     | <b>H</b> ENTERING / LEAVING RAMP  |                                     |                                     |                                     | <b>C</b> HBD - NOT UNDER INFLUENCE*                     |
| <b>B</b> WET  | <b>H</b> ANIMAL:                                     |                                     |                                     |                                     | <b>I</b> PREVIOUS CRASH   |                                     |                                     |                                     | <b>D</b> HBD - IMPAIRMENT UNKNOWN*                      |
| <b>C</b> SNOWY - ICY  | <b>I</b> FIXED OBJECT:                               |                                     |                                     |                                     | <b>J</b> UNFAMILIAR WITH ROAD   |                                     |                                     |                                     | <b>E</b> UNDER DRUG INFLUENCE*                          |
| <b>D</b> SLIPPERY (MUDDY, OILY, ETC.)   | <b>J</b> OTHER OBJECT:                               |                                     |                                     |                                     | <b>K</b> DEFECTIVE VEH. EQUIP.: CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                                     |                                     |                                     | <b>DRE EXAM. CONDUCTED</b>                              |
| <b>ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)</b>   | <b>K</b> ADDITIONAL OBJECT(S) STRUCK                 | <input checked="" type="checkbox"/> |                                     |                                     | <b>L</b> UNINVOLVED VEHICLE   |                                     |                                     |                                     | <b>STIMULANT</b>  |
| <b>A</b> HOLES, DEEP RUT*   | <b>PEDESTRIAN'S ACTIONS</b>                          |                                     |                                     |                                     | <b>M</b> OTHER*   |                                     |                                     |                                     | <b>HALLUCINOGEN</b>                                     |
| <b>B</b> LOOSE MATERIAL ON ROADWAY*   | <b>A</b> NO PEDESTRIANS INVOLVED                     |                                     |                                     |                                     |   |                                     |                                     |                                     | <b>DISSOCIATIVE ANESTHETICS</b>                         |
| <b>C</b> OBSTRUCTION ON ROADWAY*  | <b>B</b> CROSSING IN CROSSWALK - AT INTERSECTION     |                                     |                                     |                                     |   |                                     |                                     |                                     | <b>NARCOTIC ANALGESIC</b>                               |
| <b>D</b> CONSTRUCTION - REPAIR ZONE   | <b>C</b> CROSSING IN CROSSWALK - NOT AT INTERSECTION |                                     |                                     |                                     |   |                                     |                                     |                                     | <b>INHALANT</b>   |
| <b>E</b> REDUCED ROADWAY WIDTH  | <b>D</b> CROSSING - NOT IN CROSSWALK                 |                                     |                                     |                                     |   |                                     |                                     |                                     | <b>CANNABIS</b>   |
| <b>F</b> FLOODED*   | <b>E</b> IN ROAD - INCLUDES SHOULDER                 |                                     |                                     |                                     |   |                                     |                                     |                                     | <b>DEPRESSANT</b>                                       |
| <b>G</b> OTHER*   | <b>F</b> NOT IN ROAD                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |   |                                     |                                     |                                     | <b>F</b> IMPAIRMENT - PHYSICAL*                         |
| <input checked="" type="checkbox"/> <b>H</b> NO UNUSUAL CONDITIONS  | <b>G</b> APPROACHING / LEAVING SCHOOL BUS            |                                     |                                     |                                     |   |                                     |                                     |                                     | <b>G</b> IMPAIRMENT NOT KNOWN                           |
|   |  |                                     |                                     |                                     |   |                                     |                                     |                                     | <b>H</b> NOT APPLICABLE                                 |
|   |  |                                     |                                     |                                     |   |                                     |                                     |                                     | <b>I</b> SLEEPY / FATIGUED*                             |

|   |  |
|---|--|
| SKETCH (Hand sketch diagram in the space below.)<br><br>INDICATE NORTH | MISCELLANEOUS<br><b>1</b> <b>2</b> <b>3</b><br><b>A</b> HAZARDOUS MATERIAL<br><b>B</b> CELL PHONE HANDHELD IN USE<br><b>C</b> CELL PHONE HANDSFREE IN USE<br><input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <b>D</b> CELL PHONE NOT IN USE<br><b>E</b> CELL PHONE USE UNKNOWN<br><b>F</b> SCHOOL BUS RELATED<br><b>BIKEWAY FACILITY</b><br><b>1</b> <b>2</b> <b>3</b><br><b>A</b> SHARED ROADWAY<br><b>B</b> CLASS I - BIKE PATH*<br><b>C</b> CLASS II - BIKE LANE*<br><b>D</b> CLASS III - BIKE ROUTE*<br><b>E</b> CLASS IV - SEPARATED BIKEWAY* |
|---|--|

|  |                      |   |                     |                      |
|--|----------------------|---|---------------------|----------------------|
| DATE OF CRASH (MO. DAY YEAR)<br>02/17/2022   | TIME (2400)<br>14:10 | NCIC #<br>1942  | OFFICER ID<br>39395 | NUMBER<br>2213-06497 |
| PROPERTY DAMAGE<br>None  |                      | OWNER'S NAME<br>Holly Cross School                        |                     |                      |
| PERSON NOTIFIED  |                      | OWNER'S ADDRESS<br>104 W 47th Place Los Angeles, CA 90011 |                     |                      |
| SAME AS OWNER <input type="checkbox"/>   |                      | TELEPHONE NUMBER  |                     |                      |
| METHOD OF NOTIFICATION (MARK ALL THAT APPLY)<br><input type="checkbox"/> IN PERSON <input type="checkbox"/> PHONE <input type="checkbox"/> DISPATCH <input type="checkbox"/> CHP 422 |                      | LOG / INCIDENT NUMBER                                     |                     |                      |

|   |  |  |
|---|--|--|
| DESCRIPTION OF DAMAGE<br>Minor damage to building | SEATING POSITION<br><div><div>A</div><div>1 TO 9 - STANDARD SEATING POSITION</div><div>10 - REAR OCC. TRK, VAN, STATION WAGON, ETC.*</div><div>11 - POSITION UNKNOWN*</div><div>0 - OTHER*</div></div> | SAFETY EQUIPMENT<br><div><div>OCCUPANTS</div><div>A - NONE IN VEHICLE</div><div>B - UNKNOWN</div><div>C - LAP BELT USED</div><div>D - LAP BELT NOT USED</div><div>E - SHOULDER HARNESS USED</div><div>F - SHOULDER HARNESS NOT USED</div><div>G - LAP / SHOULDER HARNESS USED</div><div>H - LAP / SHOULDER HARNESS NOT USED</div><div>J - PASSIVE RESTRAINT USED</div><div>K - PASSIVE RESTRAINT NOT USED</div><div>P - NOT REQUIRED</div></div> <div><div>CHILD RESTRAINT</div><div>Q - IN VEHICLE USED</div><div>R - IN VEHICLE NOT USED</div><div>S - IN VEHICLE USE UNKNOWN</div><div>T - IN VEHICLE IMPROPER USE</div><div>U - NONE IN VEHICLE</div></div> <div><div>MC / BICYCLE - HELMET</div><div>DRIVER PASSENGER</div><div>V - NO X - NO</div><div>W - YES Y - YES</div></div> |
|---|--|--|

|  |   |   |   |   |   |   |   |   |  |                      |
|--|---|---|---|---|---|---|---|---|--|----------------------|
| ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.                   |   |   |   |   |   |   |   |   |  |                      |
| PRIMARY CRASH FACTOR LIST NUMBER (1) OF PARTY AT FAULT   | TRAFFIC CONTROL DEVICES                         | 4 | 5 | 6 | VEHICLE AUTOMATION LEVEL  | 4 | 5 | 6 | MOVEMENT PRECEDING CRASH                         |                      |
| A CVC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO<br>22350(a) CVC | A CONTROLS FUNCTIONING                          |   |   |   | A SAE LEVEL - 0   |   |   |   | A STOPPED  |                      |
| B OTHER IMPROPER DRIVING*  | B CONTROLS NOT FUNCTIONING*                     |   |   |   | B SAE LEVEL - 1   |   |   |   | B PROCEEDING STRAIGHT                            |                      |
| C OTHER THAN DRIVER*   | C CONTROLS OBSCURED                             |   |   |   | C SAE LEVEL - 2   |   |   |   | C RAN OFF ROAD                                   |                      |
| D UNKNOWN*   | D NO CONTROLS PRESENT / FACTOR*                 |   |   |   | D SAE LEVEL - 3   |   |   |   | D MAKING RIGHT TURN                              |                      |
|  | TYPE OF CRASH                                   |   |   |   | E SAE LEVEL - 4   |   |   |   | E MAKING LEFT TURN                               |                      |
|  | A HEAD-ON                                       |   |   |   | F SAE LEVEL - 5   |   |   |   | F MAKING U TURN                                  |                      |
|  | B SIDE SWIPE                                    |   |   |   | G UNKNOWN*  |   |   |   | G BACKING  |                      |
|  | C REAR END                                      |   |   |   | VEHICLE AUTOMATION ENGAGED  |   |   |   |  | H SLOWING / STOPPING |
| WEATHER (MARK 1 TO 2 ITEMS)  | D BROADSIDE                                     | 1 | 2 | 3 | A NO AUTOMATION   |   |   |   | I PASSING OTHER VEHICLE                          |                      |
| X A CLEAR  | E HIT OBJECT                                    |   |   |   | B DRIVER ASSISTANCE   |   |   |   | J CHANGING LANES                                 |                      |
| B CLOUDY   | F OVERTURNED                                    |   |   |   | C PARTIAL AUTOMATION  |   |   |   | K PARKING MANEUVER                               |                      |
| C RAINING  | G VEHICLE / PEDESTRIAN                          |   |   |   | D CONDITIONAL AUTOMATION  |   |   |   | L ENTERING TRAFFIC                               |                      |
| D SNOWING  | H OTHER*  |   |   |   | E HIGH AUTOMATION   |   |   |   | M OTHER UNSAFE TURNING                           |                      |
| E FOG / VISIBILITY FT.   | MOTOR VEHICLE INVOLVED WITH (MARK 1 TO 2 ITEMS) |   |   |   | F FULL AUTOMATION   |   |   |   | N XING INTO OPPOSING LANE                        |                      |
| F OTHER*   | A NONCOLLUSION                                  |   |   |   | G UNKNOWN*  |   |   |   | O PARKED   |                      |
| G WIND   | B PEDESTRIAN                                    |   |   |   | OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)  |   |   |   |  | P MERGING            |
| LIGHTING   | C OTHER MOTOR VEHICLE                           |   |   |   | A CVC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO  |   |   |   | Q TRAVELING WRONG WAY                            |                      |
| X A DAYLIGHT   | D MOTOR VEHICLE ON OTHER ROADWAY                |   |   |   | B CVC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO  |   |   |   | R OTHER*   |                      |
| B DUSK - DAWN  | E PARKED MOTOR VEHICLE                          |   |   |   | C CVC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO  |   |   |   | S LANE SPLITTING                                 |                      |
| C DARK - STREET LIGHTS   | F TRAIN   |   |   |   | D   |   |   |   | SOBRIETY - DRUG - PHYSICAL (MARK ALL THAT APPLY) |                      |
| D DARK - NO STREET LIGHTS  | G BICYCLE                                       |   |   |   | E VISION OBSCUREMENT  |   |   |   | A HAD NOT BEEN DRINKING                          |                      |
| E DARK - STREET LIGHTS NOT FUNCTIONING*  | H ANIMAL:                                       |   |   |   | F INATTENTION*  |   |   |   | B HBD - UNDER THE INFLUENCE                      |                      |
| ROADWAY SURFACE  | I FIXED OBJECT:                                 |   |   |   | G STOP & GO TRAFFIC   |   |   |   | C HBD - NOT UNDER INFLUENCE*                     |                      |
| X A DRY  | J OTHER OBJECT:                                 |   |   |   | H ENTERING / LEAVING RAMP   |   |   |   | D HBD - IMPAIRMENT UNKNOWN*                      |                      |
| B WET  | K ADDITIONAL OBJECT(S) STRUCK                   |   |   |   | I PREVIOUS CRASH  |   |   |   | E UNDER DRUG INFLUENCE*                          |                      |
| C SNOWY - ICY  | PEDESTRIAN'S ACTIONS                            |   |   |   | J UNFAMILIAR WITH ROAD  |   |   |   | DRE EXAM. CONDUCTED                              |                      |
| D SLIPPERY (MUDDY, OILY, ETC.)   | A NO PEDESTRIANS INVOLVED                       |   |   |   | K DEFECTIVE VEH. EQUIP.: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO |   |   |   | STIMULANT  |                      |
| ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)   | B CROSSING IN CROSSWALK - AT INTERSECTION       |   |   |   | L UNINVOLVED VEHICLE  |   |   |   | HALLUCINOGEN                                     |                      |
| A HOLES, DEEP RUT*   | C CROSSING IN CROSSWALK - NOT AT INTERSECTION   |   |   |   | M OTHER*  |   |   |   | DISSOCIATIVE ANESTHETICS                         |                      |
| B LOOSE MATERIAL ON ROADWAY*   | D CROSSING - NOT IN CROSSWALK                   |   |   |   | N NONE APPARENT   |   |   |   | NARCOTIC ANALGESIC                               |                      |
| C OBSTRUCTION ON ROADWAY*  | E IN ROAD - INCLUDES SHOULDER                   |   |   |   | O RUNAWAY VEHICLE   |   |   |   | INHALANT   |                      |
| D CONSTRUCTION - REPAIR ZONE   | F NOT IN ROAD                                   |   |   |   |   |   |   |   | CANNABIS   |                      |
| E REDUCED ROADWAY WIDTH  | G APPROACHING / LEAVING SCHOOL BUS              |   |   |   |   |   |   |   | DEPRESSANT                                       |                      |
| F FLOODED*   |   |   |   |   |   |   |   |   | F IMPAIRMENT - PHYSICAL*                         |                      |
| G OTHER*   |   |   |   |   |   |   |   |   | G IMPAIRMENT NOT KNOWN                           |                      |
| X H NO UNUSUAL CONDITIONS  |   |   |   |   |   |   |   |   | H NOT APPLICABLE                                 |                      |

|  |               |   |   |   |                                 |  |
|--|---------------|---|---|---|---------------------------------|--|
| SKETCH (Please sketch diagram in the space below.) | MISCELLANEOUS | 4 | 5 | 6 | SPECIAL INFORMATION             |  |
| <div><div></div><div>INDICATE NORTH</div></div>    |               |   |   |   | A HAZARDOUS MATERIAL            |  |
|  |               |   |   |   | B CELL PHONE HANDHELD IN USE    |  |
|  |               |   |   |   | C CELL PHONE HANDSFREE IN USE   |  |
|  |               |   |   |   | D CELL PHONE NOT IN USE         |  |
|  |               |   |   |   | E CELL PHONE USE UNKNOWN        |  |
|  |               |   |   |   | F SCHOOL BUS RELATED            |  |
|  |               |   |   |   | BIKEWAY FACILITY                |  |
|  |               |   |   |   | A SHARED ROADWAY                |  |
|  |               |   |   |   | B CLASS I - BIKE PATH*          |  |
|  |               |   |   |   | C CLASS II - BIKE LANE*         |  |
|  |               |   |   |   | D CLASS III - BIKE ROUTE*       |  |
|  |               |   |   |   | E CLASS IV - SEPARATED BIKEWAY* |  |



STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**INJURED / WITNESS / PASSENGERS**  
CHP 555 Page 3 (Rev. 3-20) OPI 060

Page 6 of

|   |  |   |  |                             |          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                          |                     |               |        |
|---|--|---|--|-----------------------------|----------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|---------------------|---------------|--------|
| DATE OF CRASH (MO. DAY YEAR)<br><b>02/17/2022</b>         |  |   |  | TIME (2400)<br><b>14:10</b> |          | NCIC #<br><b>1942</b>               |                          | OFFICER ID<br><b>39395</b>          |                          |                          |                          | NUMBER<br><b>2213-06497</b>         |                          |                          |                          |                     |               |        |
| <input checked="" type="checkbox"/> WITNESS ONLY          |  | <input type="checkbox"/> PASSENGER ONLY |  | AGE                         | SEX      | EXTENT OF INJURY ("X" ONE)          |                          |                                     |                          | INJURED WAS ("X" ONE)    |                          |                                     |                          | PARTY                    | SEAT POS.                | AIR BAG             | SAFETY EQUIP. | UNITED |
|   |  |   |  |                             |          | FATAL INJURY                        | SUSPECTED SERIOUS INJURY | SUSPECTED MINOR INJURY              | POSSIBLE INJURY          | DRIVER                   | PASS.                    | PED.                                | BICYCLIST                | OTHER                    | OPER.                    |                     |               |        |
| <input type="checkbox"/> #                                |  | <input type="checkbox"/>                |  | <b>67</b>                   | <b>M</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>6</b>            |               |        |
| NAME (I.D.#) / ADDRESS                                    |  |   |  |                             |          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                          | TELEPHONE           |               |        |
| (INJURED ONLY) TRANSPORTED BY:                            |  |   |  |                             |          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                          | TAKEN TO:           |               |        |
| <b>Coroner 1104 N Mission Road Los Angeles, CA</b>        |  |   |  |                             |          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                          |                     |               |        |
| DESCRIBE INJURIES   |  |   |  |                             |          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                          |                     |               |        |
| <b>blunt force trauma causing fatal injuries.</b>         |  |   |  |                             |          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                          |                     |               |        |
| <input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED |  |   |  |                             |          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                          |                     |               |        |
| <input type="checkbox"/> #                                |  | <input type="checkbox"/>                |  | <b>55</b>                   | <b>M</b> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>7</b>            |               |        |
| NAME (I.D.#) / ADDRESS                                    |  |   |  |                             |          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                          | TELEPHONE           |               |        |
|   |  |   |  |                             |          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                          | <b>323-684-5067</b> |               |        |
| (INJURED ONLY) TRANSPORTED BY:                            |  |   |  |                             |          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                          | TAKEN TO:           |               |        |
| DESCRIBE INJURIES   |  |   |  |                             |          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                          |                     |               |        |
| <b>COP to right leg</b>                                   |  |   |  |                             |          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                          |                     |               |        |
| <input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED |  |   |  |                             |          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                          |                     |               |        |
| <input type="checkbox"/> #                                |  | <input type="checkbox"/>                |  | <b>33</b>                   | <b>M</b> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>8</b>            |               |        |
| NAME (I.D.#) / ADDRESS                                    |  |   |  |                             |          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                          | TELEPHONE           |               |        |
|   |  |   |  |                             |          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                          | <b>323-392-0297</b> |               |        |
| (INJURED ONLY) TRANSPORTED BY:                            |  |   |  |                             |          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                          | TAKEN TO:           |               |        |
| DESCRIBE INJURIES   |  |   |  |                             |          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                          |                     |               |        |
| <b>COP to right elbow, elbow swollen</b>                  |  |   |  |                             |          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                          |                     |               |        |
| <input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED |  |   |  |                             |          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                          |                     |               |        |
| <input type="checkbox"/> # 1                              |  | <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"/> |                     |               |        |
| NAME (I.D.#) / ADDRESS                                    |  |   |  |                             |          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                          | TELEPHONE           |               |        |
|   |  |   |  |                             |          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                          | <b>323-504-2757</b> |               |        |
| (INJURED ONLY) TRANSPORTED BY:                            |  |   |  |                             |          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                          | TAKEN TO:           |               |        |
| DESCRIBE INJURIES   |  |   |  |                             |          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                          |                     |               |        |
|   |  |   |  |                             |          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                          |                     |               |        |
| <input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED |  |   |  |                             |          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                          |                     |               |        |
| <input checked="" type="checkbox"/> # 2                   |  | <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"/> |                     |               |        |
| NAME (I.D.#) / ADDRESS                                    |  |   |  |                             |          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                          | TELEPHONE           |               |        |
|   |  |   |  |                             |          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                          | <b>323-448-9027</b> |               |        |
| (INJURED ONLY) TRANSPORTED BY:                            |  |   |  |                             |          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                          | TAKEN TO:           |               |        |
| DESCRIBE INJURIES   |  |   |  |                             |          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                          |                     |               |        |
|   |  |   |  |                             |          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                          |                     |               |        |
| <input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED |  |   |  |                             |          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                          |                     |               |        |
| <input checked="" type="checkbox"/> # 3                   |  | <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"/> |                     |               |        |
| NAME (I.D.#) / ADDRESS                                    |  |   |  |                             |          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                          | TELEPHONE           |               |        |
|   |  |   |  |                             |          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                          | <b>323-632-3965</b> |               |        |
| (INJURED ONLY) TRANSPORTED BY:                            |  |   |  |                             |          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                          | TAKEN TO:           |               |        |
| DESCRIBE INJURIES   |  |   |  |                             |          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                          |                     |               |        |
|   |  |   |  |                             |          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                          |                     |               |        |
| <input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED |  |   |  |                             |          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                          |                     |               |        |

|                             |                           |                                  |                 |              |
|-----------------------------|---------------------------|----------------------------------|-----------------|--------------|
| SPARE'S NAME<br><b>sale</b> | ID NUMBER<br><b>39395</b> | MO. DAY YEAR<br><b>2/17/2022</b> | REVIEWER'S NAME | MO. DAY YEAR |
|-----------------------------|---------------------------|----------------------------------|-----------------|--------------|



02-17-22

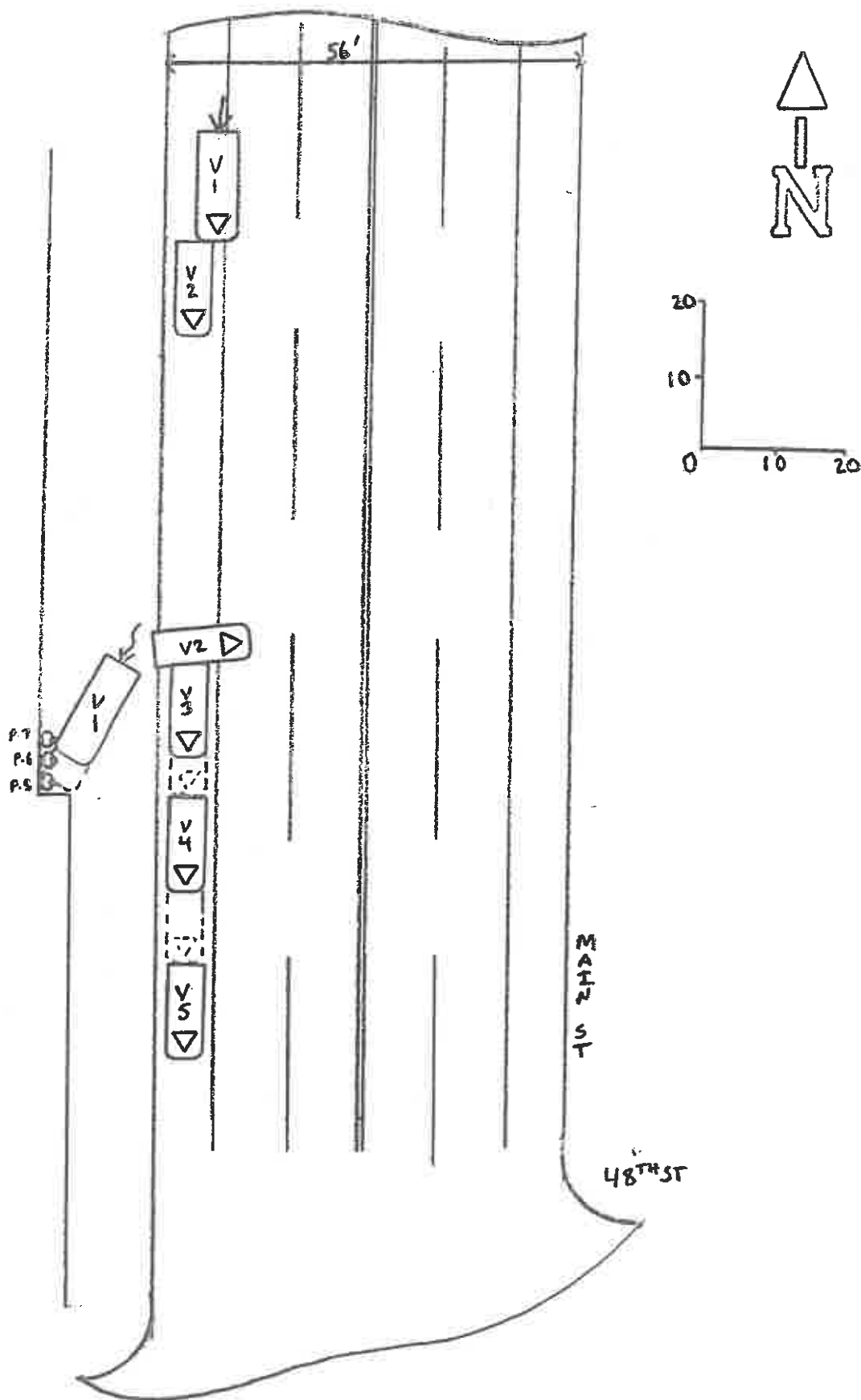
1410

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2215-06477

1/11



LEDESMA 37540

02-17-22

|   |  |   |  |                             |
|---|--|---|--|-----------------------------|
| DATE OF INCIDENT/OCCURRENCE<br><b>02/17/2022</b>  | TIME (2400)<br><b>1410</b>   | NCIC NUMBER<br><b>1942</b>  | OFFICER I.D. NUMBER<br><b>39395</b>  | NUMBER<br><b>2213-06497</b> |
| <input checked="" type="checkbox"/> * ONE<br><input checked="" type="checkbox"/> Narrative<br><input type="checkbox"/> Supplemental | <input checked="" type="checkbox"/> * ONE<br><input checked="" type="checkbox"/> Collision report<br><input type="checkbox"/> Other: | TYPE SUPPLEMENTAL (* / * APPLICABLE)<br><input type="checkbox"/> BA update<br><input type="checkbox"/> Hazardous materials<br><input type="checkbox"/> Fatal<br><input type="checkbox"/> School bus<br><input type="checkbox"/> Hit and run update<br><input type="checkbox"/> Other: |  |                             |
| CITY/COUNTY/JUDICIAL DISTRICT<br><b>Los Angeles / Los Angeles / Los Angeles</b>   |  |   | REPORTING DISTRICT/BEAT<br><b>1361</b>   | CITATION NUMBER             |
| LOCATION/SUBJECT<br><b>Main Street / 48th Street</b>  |  |   | STATE HIGHWAY RELATED<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             |

**STATEMENTS/ADDITIONAL:**

Collision Summary: Vehicle 1 southbound Main Street collided with vehicle 2 parked southbound Main Street. The collision pushed vehicle 2 into vehicle 3 parked southbound Main Street. The collision caused vehicle 1 to veer to the right and collided with party 6, party 7 and party 8 while simultaneously vehicle 3 collided with vehicle 4. That collision caused vehicle 4 to collide with vehicle 5.

AOI's: All measurements were taken from the N / W / C of Main St & 48th St using a measuring wheel. The measurement was taken by Officer Ledesma #37540 and Officer Balmaceda # 38502.

AOI #1 (V1 vs V2) 156ft. N / N curb of 48th St & 6 ft. E / W curb of Main St.  
AOI #2 (V2 vs V3) 99 ft. N / N curb of 48th St & 3ft. E / W curb of Main St  
AOI #3 (V1 vs Ped (Party 6) 85ft. N / N curb of 48th St & 15ft. W / W curb of Main St  
AOI #4 (V1 vs Ped (Party 7) 87 ft. N / N curb of 48th St & 15 ft. W / W curb of Main St  
AOI #5 (V1 vs Ped (Party 8) 83 ft. N / N curb of 48th St & 15ft. W / W curb of Main St.  
AOI #6 (Ped (party 6) vs Wall) 85 ft. N / N curb of 48th St & 16 ft. W / W curb of Main St  
AOI #7 (V1 vs Wall) 79 ft. N / N curb of 48th St & 12 ft. W / W curb of Main St  
AOI #8 (V3 vs V4) 81ft. N / N curb of 48th St & 3 ft. E / W curb of Main St  
AOI #9 (V4 vs V5) 57ft. N / N curb of 48th St & 3 ft. E / W curb of Main St

**On Arrival:**

2-17-2022, I was working 24TL28, I was working in full police uniform and driving a marked black and white police vehicle. I received a radio call of a traffic collision at 1417 hours and I arrived at 1426 hours. As I arrived I observed major damage from a collision on the west side of Main Street north of 48th Street. I observed multiple fire department engines and firefighters on Main Street parked at the area of the collision. I observed a male in an Amazon vest standing on the east side of Main Street. I spoke with a fire fighter and was advised that a male is pinned in front of vehicle 1. I walked around vehicle 1 and observed party 6 pinned against vehicle 1 and a wall of a building. I observed multiple people standing around the area. I attempted to locate witnesses but was unable to at the time. I started advising everyone to move back and arriving units started placing a perimeter around the collision location. I observed a heavy lift tow truck from the fire department move vehicle 1 back a few feet to get to party 6. After moving vehicle 1 Rescue 246 (Firefighter Smith 341329) pronounced party 6 deceased at 1443 hours.

All vehicles other then vehicle 1 was not moved after the collision and the at rest positions are as follows.

**V2 was at rest as follows:**

LF 89 ft. N / N curb of 48th St & 1 ft. E / W curb of Main St  
RF 84 ft. N / N curb of 48th St & 4ft. E / W curb of Main St  
LR 85 ft. N / N curb of 48th St & 5 ft. W / W curb of Main St  
RR 81 ft. N / N curb of 48th St & 3 ft. W / W curb of Main St

|   |                           |                 |      |
|---|---------------------------|-----------------|------|
| REPORTER'S NAME AND I.D. NUMBER<br><b>39395</b> | DATE<br><b>02/20/2022</b> | REVIEWER'S NAME | DATE |
|---|---------------------------|-----------------|------|

|  |  |   |  |                             |
|--|--|---|--|-----------------------------|
| DATE OF INCIDENT/OCCURRENCE<br><b>02/17/2022</b>   | TIME (2400)<br><b>1410</b>   | NCIC NUMBER<br><b>1942</b>  | OFFICER I.D. NUMBER<br><b>39395</b>  | NUMBER<br><b>2213-06497</b> |
| <input checked="" type="checkbox"/> * ONE<br><input type="checkbox"/> Narrative<br><input type="checkbox"/> Supplemental | <input checked="" type="checkbox"/> * ONE<br><input checked="" type="checkbox"/> Collision report<br><input type="checkbox"/> Other: | TYPE SUPPLEMENTAL (* * APPLICABLE)<br><input type="checkbox"/> BA update<br><input type="checkbox"/> Hazardous materials<br><input type="checkbox"/> Fatal<br><input type="checkbox"/> School bus<br><input type="checkbox"/> Hit and run update<br><input type="checkbox"/> Other: |  |                             |
| CITY/COUNTY/JUDICIAL DISTRICT<br><b>Los Angeles / Los Angeles / Los Angeles</b>  |  |   | REPORTING DISTRICT/BEAT<br><b>1361</b>   | CITATION NUMBER             |
| LOCATION/SUBJECT<br><b>Main Street / 48th Street</b>   |  |   | STATE HIGHWAY RELATED<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             |

**STATEMENTS/ADDITIONAL:**

V3 was at rest as follows:

LF 67 ft. N / N curb of 48th St & 4 ft. E / W curb of Main St  
RF 67 ft. N / N curb of 48th St & 1ft. W / W curb of Main St  
LR 77 ft. N / N curb of 48th St & 5 ft. E / W curb of Main St  
RR 81 ft. N / N curb of 48th St & 0 ft. E / W curb of Main St

V4 was at rest as follows:

LF 48 ft. N / N curb of 48th St & 6 ft. E / W curb of Main St  
RF 48 ft. N / N curb of 48th St & 0ft. E / W curb of Main St  
LR 59 ft. N / N curb of 48th St & 6 ft. E / W curb of Main St  
RR 59 ft. N / N curb of 48th St & 0 ft. E / W curb of Main St

V5 was at rest as follows:

LF 34 ft. N / N curb of 48th St & 6 ft. E / W curb of Main St  
RF 34 ft. N / N curb of 48th St & 2ft. E / W curb of Main St  
LR 43 ft. N / N curb of 48th St & 6 ft. E / W curb of Main St  
RR 43 ft. N / N curb of 48th St & 2 ft. E / W curb of Main St

Physical Evidence : I observed post impact locked skid marks at the following location.

MARK #1 Start: 157 ft. N / N curb of 48th St & 12 ft E / W curb of Main St  
End: 142 ft N / N curb of 48th St & 11 ft E / W curb of Main St  
TOTAL: 15 ft long.

MARK #2 Start: 136 ft. N / N curb of 48th St & 10 ft E / W curb of Main St  
End: 103 ft N / N curb of 48th St & 6 ft E / W curb of Main St  
TOTAL: 33 ft long.

I observed a gauge mark located at the following location.

V-2 left a gauge mark

Start: 95 ft. N / N curb of 48th St & 4 ft E / W curb of Main St  
End: 88 ft N / N curb of 48th St & 2 ft E / W curb of Main St  
TOTAL: 7 ft long.

Physical Evidence : Party 6 suffered blunt force trauma causing fatal injuries. Party 7 had COP to his right leg, and Party 8 had COP and swelling to his right elbow.

Lighting: Daylight and clear.

|   |                           |                 |      |
|---|---------------------------|-----------------|------|
| REPORTER'S NAME AND I.D. NUMBER<br><b>39395</b> | DATE<br><b>02/20/2022</b> | REVIEWER'S NAME | DATE |
|---|---------------------------|-----------------|------|

|   |  |   |                                     |  |
|---|--|---|-------------------------------------|--|
| DATE OF INCIDENT/OCCURRENCE<br><b>02/17/2022</b>  | TIME (2400)<br><b>1410</b>   | NCIC NUMBER<br><b>1942</b>  | OFFICER I.D. NUMBER<br><b>39395</b> | NUMBER<br><b>2213-06497</b>            |
| <input checked="" type="checkbox"/> ONE<br><input checked="" type="checkbox"/> Narrative<br><input type="checkbox"/> Supplemental | <input checked="" type="checkbox"/> ONE<br><input checked="" type="checkbox"/> Collision report<br><input type="checkbox"/> Other: | TYPE SUPPLEMENTAL ("✓" APPLICABLE)<br><input type="checkbox"/> BA update<br><input type="checkbox"/> Hazardous materials<br><input type="checkbox"/> Fatal<br><input type="checkbox"/> School bus<br><input type="checkbox"/> Hit and run update<br><input type="checkbox"/> Other: |                                     |  |
| CITY/COUNTY/JUDICIAL DISTRICT<br><b>Los Angeles / Los Angeles / Los Angeles</b>   |  |   |                                     | REPORTING DISTRICT/BEAT<br><b>1361</b> |
| LOCATION/SUBJECT<br><b>Main Street / 48th Street</b>  |  |   |                                     | CITATION NUMBER                        |
| STATE HIGHWAY RELATED<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                      |  |   |                                     |  |

**STATEMENTS/ADDITIONAL:**

Photographs: I spoke to the manager for Amazon (witness 3) and he uploaded the video for the dash camera for vehicle 1 to Evidence. com. BWV was recorded by multiple officers and were uploaded to Evidence. com. TID was notified and Emery # N5607 responded and took still photos D# 0803610, and 360's D# 0803609.

I reviewed the dash camera and it showed party 1 driving vehicle 1 and before the collision he looks at his cell phone, then looks in the area of the dash camera and appears to look toward the top of the vehicle before colliding with vehicle 2. It shows the right side of vehicle 1 cross into the parking lane before the collision.

Remarks: 4.37's were exchanged and advised on how to receive a copy of the report. Coroner Investigator Cronin # 408348 responded and conducted an investigation before transporting party 6 to 1104 N Mission Road. Officer Palma # 26756 responded to party 6's residence and spoke with Sonia Ranger 310-987-6947, Wife of party 6 to notify her of party 6's death.

Party 1 was placed under arrest and booked fore 20001(a) CVC booking number 6327311. Det Campos # 31480 completed the arrest report.

Cause: Party 1 was in violation of unsafe speed for the conditions with an associated factor of inattention.

Party Identification: Party 6 was identified by his California Driver License located in his pocket by the coroner investigator. Party 7 and party 8 were self identified.

**Statements:**

I spoke with the amazon delivery driver and he stated he was making a delivery and his vehicle was stolen (see statement form).

Party 7 stated he was sitting next to party 6 and party 8 when the collision occurred and was struck by vehicle 1 (see statement form).

Party 8 stated he was hit by vehicle 1 when it collided with party 6 and the wall (see statement form).

Two witness' observed the collision and chased after party 1 after the collision until he was arrested by responding police officers (see statement form.)

|  |                           |                 |      |
|--|---------------------------|-----------------|------|
| PREPARED BY NAME AND I.D. NUMBER<br><b>39395</b> | DATE<br><b>02/20/2022</b> | REVIEWER'S NAME | DATE |
|--|---------------------------|-----------------|------|

|   |  |                            |  |                            |  |                                       |       |                                |                |
|---|--|----------------------------|--|----------------------------|--|---------------------------------------|-------|--------------------------------|----------------|
| DATE<br><b>02/17/2022</b>                             |  | TIME (2400)<br><b>1410</b> |  | NCIC NUMBER<br><b>1942</b> |  | OFFICER SERIAL NUMBER<br><b>39395</b> |       | DR NUMBER<br><b>2213-06497</b> |                |
| JUV<br>PTYS.<br>OR JUV.<br>WITS/PASS<br>JECT<br>ILING | D/P/W # NAME OF PARENTS OR GUARDIAN &<br>SPOUSE OR PERSON WITH WHOM LIVING |                            |  | ADDRESS                    |  |                                       | PHONE | DOB                            | SCHOOL & GRADE |
|   |  |                            |  |                            |  |                                       |       |                                |                |

|              |   |              |  |                  |                     |             |               |               |  |
|--------------|---|--------------|--|------------------|---------------------|-------------|---------------|---------------|--|
| BKG.<br>INFO | D/P/W #   | CHARGE       | BOOKING NO.  | LOCATION BKD.    | D/P/W #             | CHARGE      | BOOKING NO.   | LOCATION BKD. |  |
|              | Party 1   | 20001(a) CVC | 6327311  | MDC              |                     |             |               |               |  |
|              |   |              |  |                  |                     |             |               |               |  |
| DUI          | DRIVING ESTABLISHED BY<br><input type="checkbox"/> OFCRS. <input type="checkbox"/> WITS <input type="checkbox"/> 40300.5 V.C. |              | OPINION OF SOBRIETY: IN OFFICER(S) OPINION, DRIVER OF WAS UNDER THE INFLUENCE OF AN INTOXICANT AND UNABLE TO SAFELY DRIVE A MOTOR VEHICLE. <span style="float:right"><input type="checkbox"/> YES <input type="checkbox"/> NO</span> |                  |                     |             |               |               |  |
|              | BREATH TEST   | ADMIN. BY    | LOCATION   | OBSERV. FOR TEST | TIME FOR 1ST SAMPLE | EC/IR NO.   | READINGS      |               |  |
|              | BLOOD TEST  | DRAWN BY     | TIME OBTAINED  |                  | URINE TEST          | TIME VOIDED | TIME OBTAINED |               |  |
|              |   |              |  |                  |                     |             |               |               |  |

**SUSPECT** USE LINES 2&3 FOR ADDITIONAL SUSPECTS OR FOR CONFLICTING DESCRIPTIONS OF P-1

|     | DESCRIBED BY | SEX  | DESC | HAIR  | EYES  | HEIGHT | WEIGHT | AGE | CLOTHING                                | PHYSICAL ODDITIES |
|-----|--------------|------|------|-------|-------|--------|--------|-----|---|-------------------|
| P-1 | Officers     | MALE | H    | Black | Brown | 510    | 200    | 37  | Cristian Ramos Sanchez<br>DOB 1-13-1985 |                   |
| P-  |              |      |      |       |       |        |        |     |   |                   |
| P-  |              |      |      |       |       |        |        |     |   |                   |

**H&R VEHICLE** USE LINES 2&3 FOR ADDITIONAL SUSPECTS OR FOR CONFLICTING DESCRIPTIONS OF V-1

|     | DESCRIBED BY | YEAR | MAKE   | MODEL  | BODY TYPE | COLOR (TOP/BOTTOM) | UNIQUE CHARACTERISTICS | LIC. NO. | LIC. PLATE<br>STATE: OR<br>COLOR<br>OF LETTERS/<br>BACKGROUND |
|-----|--------------|------|--------|--------|-----------|--------------------|------------------------|----------|---|
| V-1 | Officers     | 2020 | Fright | Fright | Van       | Blue               |                        | 97568H3  | CA  |
| V-  |              |      |        |        |           |                    |                        |          |   |
| V-  |              |      |        |        |           |                    |                        |          |   |

**V-1**

|  |   |        |  |
|--|---|--------|--|
| VEHICLE INSPECTED BY INVESTIGATING OFFICER<br><input type="checkbox"/> YES <input type="checkbox"/> NO | INDICATE EXACT LOCATION OF DAMAGE         |        | EXTENT OF DAMAGE<br><input type="checkbox"/> PAINT TRANSFER ONLY<br><input type="checkbox"/> DENT, CREASE, ETC.<br><input type="checkbox"/> SMASHED FENDER, ETC. |
|  | HEIGHT IN INCHES FROM GROUND              | LENGTH |  |
|  | DESCRIBE DAMAGE AND COLOR PAINT TRANSFER: |        |  |

**V-2**

|  |   |        |  |
|--|---|--------|--|
| VEHICLE INSPECTED BY INVESTIGATING OFFICER<br><input type="checkbox"/> YES <input type="checkbox"/> NO | INDICATE EXACT LOCATION OF DAMAGE         |        | EXTENT OF DAMAGE<br><input type="checkbox"/> PAINT TRANSFER ONLY<br><input type="checkbox"/> DENT, CREASE, ETC.<br><input type="checkbox"/> SMASHED FENDER, ETC. |
|  | HEIGHT IN INCHES FROM GROUND              | LENGTH |  |
|  | DESCRIBE DAMAGE AND COLOR PAINT TRANSFER: |        |  |

**V-3**

|  |   |        |  |
|--|---|--------|--|
| VEHICLE INSPECTED BY INVESTIGATING OFFICER<br><input type="checkbox"/> YES <input type="checkbox"/> NO | INDICATE EXACT LOCATION OF DAMAGE         |        | EXTENT OF DAMAGE<br><input type="checkbox"/> PAINT TRANSFER ONLY<br><input type="checkbox"/> DENT, CREASE, ETC.<br><input type="checkbox"/> SMASHED FENDER, ETC. |
|  | HEIGHT IN INCHES FROM GROUND              | LENGTH |  |
|  | DESCRIBE DAMAGE AND COLOR PAINT TRANSFER: |        |  |

**REPORTING SEQUENCE:** 1. COLLISION SUMMARY 2. AREAS OF IMPACT 3. UPON ARRIVAL 4. TRAFFIC CONTROLS 5. PHYSICAL EVIDENCE 6. LIGHTING  
7. PHOTOGRAPHS 8. INJURIES 9. REMARKS 10. CAUSE 11. PARTY IDENTIFICATION 12. STATEMENTS 13. ARREST NARRATIVE

|   |                           |                                   |      |
|---|---------------------------|-----------------------------------|------|
| PREPARED BY NAME AND SERIAL NUMBER<br><b>Hale 39395</b> | DATE<br><b>02/20/2022</b> | REVIEWER'S NAME AND SERIAL NUMBER | DATE |
|---|---------------------------|-----------------------------------|------|

|   |             |   |   |                 |
|---|-------------|---|---|-----------------|
| DATE OF INCIDENT/OCCURRENCE   | TIME (2400) | NCIC NUMBER   | OFFICER I.D. NUMBER   | NUMBER          |
| TYPE<br><input type="checkbox"/> Narrative<br><input type="checkbox"/> Supplemental |             | "X" ONE<br><input type="checkbox"/> Collision Report<br><input type="checkbox"/> Other: | TYPE SUPPLEMENTAL ("X" APPLICABLE)<br><input type="checkbox"/> BA Update<br><input type="checkbox"/> Hazardous Materials<br><input type="checkbox"/> Fatal<br><input type="checkbox"/> School Bus<br><input type="checkbox"/> Hit and Run Update<br><input type="checkbox"/> Other: |                 |
| CITY/COUNTY/JUDICIAL DISTRICT   |             |   | REPORTING DISTRICT/BEAT   | CITATION NUMBER |
| LOCATION/SUBJECT  |             |   | STATE HIGHWAY RELATED<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |                 |

1. WITNESS [REDACTED]

2. [REDACTED]

3. [REDACTED]

4. [REDACTED]

5. I WAS DELIVERING A PACKAGE AT 4121 WOODLAWN AVE. AS SOON AS I GOT OUT

6. OF MY VAN I WENT TO DELIVER THE PACKAGE. I DIDNT SHUT OFF THE

7. ENGINE, BECAUSE IT WAS ONLY GOING TO TAKE ME A COUPLE SECONDS TO

8. DROP OFF THE <sup>U.C.H.</sup> PACKAGE. AS SOON AS I TURNED AROUND I HEARD

9. THE ENGINE TO MY TRUCK REV. I WALKED BACK AS QUICK AS I COULD

10. AND THE DRIVER TOOK OFF AND MADE A LEFT ON 41ST PLACE. THE

11. DRIVER WAS A MALE HISPANIC WITH WHITE + BLACK CAMO JACKET

12. THAT ZIPS UP, DARK GREEN HAT, I DONT REMEMBER THE TIME MY

13. TRUCK WAS TAKEN, [REDACTED]

14. [REDACTED]

15. [REDACTED]

16. [REDACTED]

17. [REDACTED]

18. [REDACTED]

19. [REDACTED]

20. [REDACTED]

21. [REDACTED]

22. [REDACTED]

23. [REDACTED]

24. [REDACTED]

25. [REDACTED]

26. [REDACTED]

27. [REDACTED]

28. [REDACTED]

29. [REDACTED]

30. [REDACTED]

31. [REDACTED]

|   |                 |                 |      |
|---|-----------------|-----------------|------|
| PREPARER'S NAME and I.D. NUMBER<br>HALE 39395 | DATE<br>2-17-22 | REVIEWER'S NAME | DATE |
|---|-----------------|-----------------|------|

## NARRATIVE/SUPPLEMENTAL

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|   |  |  |                   |  |      |  |            |  |      |     |        |
|---|--|--|-------------------|--|------|--|------------|--|------|-----|--------|
| DATE OF INCIDENT / OCCURRENCE<br>2/17/22  |  | TIME (2400)<br>1415  |                   | NCHC NUMBER<br>1942  |      | OFFICER I.D. NUMBER<br>39393   |            | CPL NUMBER<br>2213-06497   |      |     |        |
| <input checked="" type="checkbox"/> Narrative<br><input checked="" type="checkbox"/> Supplemental |  | <input checked="" type="checkbox"/> Collision Report<br><input type="checkbox"/> Other |                   | TYPE SUPPLEMENTAL (X=APPLICABLE)<br><input type="checkbox"/> BA Update<br><input type="checkbox"/> Hazardous Materials |      | <input type="checkbox"/> Fatal<br><input type="checkbox"/> School Bus                        |            | <input checked="" type="checkbox"/> Hit & Run Update<br><input checked="" type="checkbox"/> Other: Statement |      |     |        |
| CITY<br>Los Angeles   |  | COUNTY<br>Los Angeles  |                   | JUDICIAL DISTRICT<br>Los Angeles   |      | REPORTING DISTRICT<br>1361   |            | CITATION NUMBER  |      |     |        |
| LOCATION / SUBJECT<br>MAIN ST / 48TH ST   |  |  |                   |  |      | STATE HIGHWAY RELATED<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |  |      |     |        |
| FIRST NAME  | MIDDLE   | LAST   | RESIDENCE ADDRESS |  | CITY | ZIP  | RES. PHONE |  |      |     |        |
|   |  |  |                   |  |      |  |            |  |      |     |        |
| EMPLOYER  | OCCUPATION                                       |  | BUSINESS ADDRESS  |  | CITY | ZIP  | BUS. PHONE |  |      |     |        |
|   |  |  |                   |  |      |  |            |  |      |     |        |
| DRIVER'S LICENSE NUMBER   | STATE  | TYPE   | DESCENT           | HAIR   | EYES | HEIGHT   | WEIGHT     | BIRTHDATE  | AGE  | SEX | INJURY |
|   |  |  |                   |  |      |  |            |  |      |     |        |
| VEH. YEAR   | MAKE   | MODEL  | TYPE              | COLOR(S)   |      | VEHICLE LICENSE NUMBER   |            | STATE  | YEAR |     |        |
|   |  |  |                   |  |      | 8CTN 258 CA  |            |  |      |     |        |
| REGISTERED OWNER  |  |  | ADDRESS           |  |      | CITY   | ZIP        |  |      |     |        |
|   |  |  |                   |  |      |  |            |  |      |     |        |
| AUTOMOBILE INSURANCE COMPANY  |  |  |                   |  |      | POLICY NUMBER  |            |  |      |     |        |
|   |  |  |                   |  |      |  |            |  |      |     |        |
| 1.  |  |  |                   |  |      |  |            |  |      |     |        |
| 2.  | ON 2/17/22 AT APPROX I WAS SITTING IN A          |  |                   |  |      |  |            |  |      |     |        |
| 3.  | CHAIR ON THE WEST SIDEWALK OF MAIN ST APPROX     |  |                   |  |      |  |            |  |      |     |        |
| 4.  | 50' NORTH OF 48TH ST. I HEARD A COLLISION        |  |                   |  |      |  |            |  |      |     |        |
| 5.  | AND OBSERVED A BLUE AMAZON TRUCK HIT A PARKED    |  |                   |  |      |  |            |  |      |     |        |
| 6.  | GRAY TOYOTA ECNO. I GOT UP FROM MY SEAT          |  |                   |  |      |  |            |  |      |     |        |
| 7.  | AND OBSERVED BOTH VEHICLES COMING TOWARD ME.     |  |                   |  |      |  |            |  |      |     |        |
| 8.  | I MOVED TOWARDS THE BRICK WALL. I THEN SAW THE   |  |                   |  |      |  |            |  |      |     |        |
| 9.  | TRUCK AND TOYOTA COME UP ON THE SIDEWALK AND HIT |  |                   |  |      |  |            |  |      |     |        |
| 10.   | MY FRIEND WHO WAS SITTING NEXT TO ME. HE WAS     |  |                   |  |      |  |            |  |      |     |        |
| 11.   | UNABLE TO GET UP. BOTH VEHICLES ENDED UP STOPPED |  |                   |  |      |  |            |  |      |     |        |
| 12.   | ON THE WEST SIDEWALK. THE TRUCK PINNED MY FRIEND |  |                   |  |      |  |            |  |      |     |        |
| 13.   | UNDER THE FRONT WHEEL. THE DRIVER OF THE TRUCK   |  |                   |  |      |  |            |  |      |     |        |
| 14.   | EXITED AND STARTED RUNNING SOUTHBOUND ON MAIN ST |  |                   |  |      |  |            |  |      |     |        |
| 15.   | AND TURNED WESTBOUND ON 48TH ST. THE TRUCK       |  |                   |  |      |  |            |  |      |     |        |
| 16.   | HIT ME AND KNOCKED ME AGAINST THE WALL CAUSING   |  |                   |  |      |  |            |  |      |     |        |
| 17.   | ME TO HIT MY ELBOW ON THE WALL.                  |  |                   |  |      |  |            |  |      |     |        |
| 18.   |  |  |                   |  |      |  |            |  |      |     |        |
| 19.   |  |  |                   |  |      |  |            |  |      |     |        |
| 20.   |  |  |                   |  |      |  |            |  |      |     |        |
| 21.   |  |  |                   |  |      |  |            |  |      |     |        |
| NAME  |  | I.D. NUMBER  |                   | DATE   |      | REVIEWER'S NAME  |            | DATE   |      |     |        |
| McGowan, E.   |  | 25660  |                   | 2/17/22  |      | J. B. JONES  |            | 02-20-22   |      |     |        |

## NARRATIVE/SUPPLEMENTAL

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|  |        |   |                                    |   |                      |
|--|--------|---|------------------------------------|---|----------------------|
| DATE OF INCIDENT/OCCURRENCE<br>02/17/2022  |        | TIME (2400)   | NCIC NUMBER<br>1942                | OFFICER I.D. NUMBER   | NUMBER<br>2213-06497 |
| <input type="checkbox"/> Narrative<br><input checked="" type="checkbox"/> Supplemental |        | X-ONE<br><input checked="" type="checkbox"/> Collision Report<br><input type="checkbox"/> Other |                                    | TYPE SUPPLEMENTAL (X APPLICABLE)<br><input type="checkbox"/> BA Update<br><input type="checkbox"/> Fatal<br><input type="checkbox"/> Hit & Run Update<br><input type="checkbox"/> Hazardous Material<br><input type="checkbox"/> School bus<br><input type="checkbox"/> Other Statement |                      |
| LOCATION/SUBJECT<br>Los Angeles / Los Angeles / Los Angeles                            |        |   |                                    | REPORTING DISTRICT  | CITATION<br>N/A      |
| Main St @ 48 <sup>th</sup> St  |        |   |                                    | STATE HIGHWAY RELATED<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |                      |
| FIRST NAME   | MIDDLE | LAST  | RESIDENCE ADDRESS                  | CITY  | ZIP                  |
|  |        |   |                                    |   |                      |
| EMPLOYMENT   |        |   | BUSINESS ADDRESS                   | CITY  | ZIP                  |
|  |        |   |                                    |   |                      |
| DRIVER'S LICENSE NUMBER  | STATE  | TYPE  | DESCENT                            | HAIR  | EYES                 |
|  |        |   |                                    |   |                      |
|  |        |   | HEIGHT                             | WEIGHT  | BIRTH DATE           |
|  |        |   |                                    |   |                      |
| VEH YEAR   | MAKE   | MODEL   | TYPE                               | COLOR(S)  | VEHICLE LIC. NO.     |
|  |        |   |                                    |   | STATE                |
|  |        |   |                                    |   | YEAR                 |
| REGISTERED OWNER   |        |   | REGISTERED OWNER-S ADDRESS         | CITY  | ZIP                  |
|  |        |   |                                    |   |                      |
| AUTOMOBILE INSURANCE COMPANY   |        |   | AUTOMOBILE INSURANCE POLICY NUMBER |   |                      |
|  |        |   |                                    |   |                      |

The above named individual is a victim of a hit and run and provided me with a statement in Spanish which was captured in my BWV.

██████████ stated that he was sitting with his two friends and he was to the left of the decedent ██████████ said that he saw the van traveling on Main St (southbound) and saw the car was losing control. He saw the van collided with the parked car and then saw the van coming towards them. When ██████████ was trying to get out of the way, the van struck ██████████ but managed to get out of the way. The van struck his friend and he heard him groaning. A crowd gathered and the police came. ██████████ stated that they sell their merchandise here. ██████████ did not see the driver of the van. ██████████ complained of pain to his right leg and he was checked by paramedics at the scene.

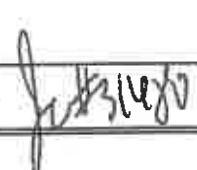
PREPARER'S NAME AND I.D. NUMBER

R. Palma 26756

DATE

02/17/2022

REVIEWER-S NAME



DATE

2/18/22



## NARRATIVE/SUPPLEMENTAL

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|--|--|---|--|---|----------------------|
| DATE OF INCIDENT/OCCURRENCE<br>02/17/2022        |  | TIME (2400)                                 | NCIC NUMBER<br>1942  | OFFICER I.D. NUMBER                       | NUMBER<br>2213-06497 |
| X-ONE  |  | TYPE SUPPLEMENTAL (X APPLICABLE)            |  |   |                      |
| <input type="checkbox"/> Narrative               | <input checked="" type="checkbox"/> Collision Report | <input type="checkbox"/> BA Update          | <input type="checkbox"/> Fatal   | <input type="checkbox"/> Hit & Run Update |                      |
| <input checked="" type="checkbox"/> Supplemental | <input type="checkbox"/> Other                       | <input type="checkbox"/> Hazardous Material | <input type="checkbox"/> School bus  | <input type="checkbox"/> Other Statement  |                      |
| Los Angeles / Los Angeles / Los Angeles          |  |   | REPORTING DISTRICT   | CITATION<br>N/A                           |                      |
| LOCATION/SUBJECT<br>Main St @ 48th St            |  |   | STATE HIGHWAY RELATED<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |                      |
| FIRST NAME                                       | MIDDLE   | LAST  | RESIDENCE ADDRESS  | CITY                                      | ZIP                  |
|  |  |   |  |   |                      |
| EMPLOYMENT                                       |  |   | BUSINESS ADDRESS   | CITY                                      | ZIP                  |
|  |  |   |  |   |                      |
| DRIVER'S LICENSE NUMBER                          | STATE  | TYPE  | DESCENT  | HAIR                                      | EYES                 |
|  |  |   |  |   |                      |
| VEH YEAR   | MAKE   | MODEL                                       | TYPE   | COLOR(S)                                  |                      |
|  |  |   |  |   |                      |
| REGISTERED OWNER                                 |  |   | REGISTERED OWNER-S ADDRESS   | CITY                                      | ZIP                  |
|  |  |   |  |   |                      |
| AUTOMOBILE INSURANCE COMPANY                     |  |   | AUTOMOBILE INSURANCE POLICY NUMBER   |   |                      |
|  |  |   |  |   |                      |

provided me with a statement in Spanish which was captured on my BWV. stated that his car was parked by the light pole and he was in the back of his car (Toyota 4D Silver 5YEE091) putting his belongings in the trunk and he was talking with someone when he turned around and saw the van drive through the light and saw the van coming directly towards him. jumped out of the way on to the sidewalk and the van hit his car and took it down the street. took out his phone to take photos and the driver of the van was already gone. did not see the driver of the van.

ARER'S NAME AND I.D. NUMBER  
R. Palma 26756

DATE  
02/17/2022

REVIEWER-S NAME

*John 14*

*7/15/22*

## NARRATIVE/SUPPLEMENTAL

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|   |  |  |                                    |   |            |  |            |   |            |  |
|---|--|--|------------------------------------|---|------------|--|------------|---|------------|--|
| DATE OF INCIDENT/OCCURRENCE<br>02/17/2022                   |  | TIME (2400)  |                                    | NCIC NUMBER<br>1942                         |            | OFFICER I.D. NUMBER  |            | NUMBER<br>2213-06497                      |            |  |
| X-ONE   |  | TYPE SUPPLEMENTAL (X APPLICABLE)                     |                                    |   |            |  |            |   |            |  |
| <input type="checkbox"/> Narrative                          |  | <input checked="" type="checkbox"/> Collision Report |                                    | <input type="checkbox"/> BA Update          |            | <input type="checkbox"/> Fatal   |            | <input type="checkbox"/> Hit & Run Update |            |  |
| <input checked="" type="checkbox"/> Supplemental            |  | <input type="checkbox"/> Other                       |                                    | <input type="checkbox"/> Hazardous Material |            | <input type="checkbox"/> School bus  |            | <input type="checkbox"/> Other Statement  |            |  |
| LOCATION/SUBJECT<br>Los Angeles / Los Angeles / Los Angeles |  |  |                                    |   |            | REPORTING DISTRICT   |            | CITATION<br>N/A                           |            |  |
| Main St @ 48 <sup>th</sup> St                               |  |  |                                    |   |            | STATE HIGHWAY RELATED<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |            |   |            |  |
| FIRST NAME MIDDLE LAST                                      |  |  | RESIDENCE ADDRESS                  |   |            | CITY   |            | ZIP                                       |            |  |
| [REDACTED]  |  |  | [REDACTED]                         |   |            | [REDACTED]   |            | [REDACTED]                                |            |  |
| EMPLOYMENT  |  |  | BUSINESS ADDRESS                   |   |            | CITY   |            | ZIP                                       |            |  |
| [REDACTED]  |  |  | [REDACTED]                         |   |            | [REDACTED]   |            | [REDACTED]                                |            |  |
| DRIVER'S LICENSE NUMBER STATE TYPE                          |  |  | DESCENT                            |   | HAIR       |  | EYES       |   | HEIGHT     |  |
| [REDACTED]  |  |  | H                                  |   | [REDACTED] |  | [REDACTED] |   | [REDACTED] |  |
| VEH YEAR MAKE MODEL TYPE COLOR(S)                           |  |  | VEHICLE LIC. NO                    |   | STATE      |  | YEAR       |   |            |  |
| [REDACTED]  |  |  | [REDACTED]                         |   | [REDACTED] |  | [REDACTED] |   |            |  |
| REGISTERED OWNER  |  |  | REGISTERED OWNER-S ADDRESS         |   |            | CITY   |            | ZIP                                       |            |  |
| [REDACTED]  |  |  | [REDACTED]                         |   |            | [REDACTED]   |            | [REDACTED]                                |            |  |
| AUTOMOBILE INSURANCE COMPANY                                |  |  | AUTOMOBILE INSURANCE POLICY NUMBER |   |            |  |            |   |            |  |
| [REDACTED]  |  |  | [REDACTED]                         |   |            |  |            |   |            |  |

My partner (Detective Berdin #31958) and I received information from Detective Campos regarding two witnesses who saw the collision. Detective Campos provided us with the witness information. Detective Berdin and I conducted a follow-up to [REDACTED] to obtain a statement. We began the interview with [REDACTED] and [REDACTED] as we spoke with [REDACTED]. Both interviews were captured on BWV.

[REDACTED] stated he was in the car with his brother [REDACTED] when an Amazon van cut them off. The continued driving and [REDACTED] saw the van on the sidewalk. [REDACTED] told [REDACTED] to stop the car in case the van backs up. When [REDACTED] stopped his vehicle, [REDACTED] observes a man running and they followed. [REDACTED] observed the man turn the corner on 48<sup>th</sup> St and go to a house. [REDACTED] and [REDACTED] drove to 49<sup>th</sup> St and waited there. They observe the man and called 911. They continued to follow the man but kept their distance. The lost sight of the man and then saw the police and helicopter and they decided to go home. [REDACTED] drove and made a left on Broadway and Israel told [REDACTED] that he saw the man. They turned around and the police were already there. [REDACTED] did a field show-up and recognized the man by the clothes the man was wearing.

ARER'S NAME AND I.D. NUMBER  
R. Palma 26756

DATE  
02/17/2022

REVIEWER-S NAME

*jc #31480*

*12/18/22*

## NARRATIVE/SUPPLEMENTAL

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|   |  |  |  |   |  |                                     |  |   |  |
|---|--|--|--|---|--|-------------------------------------|--|---|--|
| DATE OF INCIDENT/OCCURRENCE<br>02/17/2022   |  | TIME (2400)  |  | NCIC NUMBER<br>1942                         |  | OFFICER I.D. NUMBER                 |  | NUMBER<br>2213-06497                      |  |
| X-ONE   |  | TYPE SUPPLEMENTAL (X APPLICABLE)                     |  |   |  |                                     |  |   |  |
| <input type="checkbox"/> Narrative  |  | <input checked="" type="checkbox"/> Collision Report |  | <input type="checkbox"/> BA Update          |  | <input type="checkbox"/> Fatal      |  | <input type="checkbox"/> Hit & Run Update |  |
| <input checked="" type="checkbox"/> Supplemental  |  | <input type="checkbox"/> Other                       |  | <input type="checkbox"/> Hazardous Material |  | <input type="checkbox"/> School bus |  | <input type="checkbox"/> Other Statement  |  |
| LOCATION/SUBJECT<br>Los Angeles / Los Angeles / Los Angeles<br>Main St @ 48 <sup>th</sup> St  |  |  |  |   |  | REPORTING DISTRICT                  |  | CITATION<br>N/A                           |  |
| STATE HIGHWAY RELATED<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |  |  |   |  |                                     |  |   |  |
| FIRST NAME  |  | MIDDLE   |  | LAST  |  | RESIDENCE ADDRESS                   |  | CITY                                      |  |
| [REDACTED]  |  | [REDACTED]   |  | [REDACTED]                                  |  | [REDACTED]                          |  | [REDACTED]                                |  |
| EMPLOYMENT  |  | BUSINESS ADDRESS                                     |  | CITY  |  | ZIP                                 |  | BUS. PHONE                                |  |
| [REDACTED]  |  | [REDACTED]   |  | [REDACTED]                                  |  | [REDACTED]                          |  | [REDACTED]                                |  |
| DRIVER'S LICENSE NUMBER   |  | STATE  |  | TYPE  |  | DESCENT                             |  | HAIR                                      |  |
| [REDACTED]  |  | [REDACTED]   |  | [REDACTED]                                  |  | [REDACTED]                          |  | [REDACTED]                                |  |
| VEH YEAR  |  | MAKE   |  | MODEL                                       |  | TYPE                                |  | COLOR S                                   |  |
| [REDACTED]  |  | [REDACTED]   |  | [REDACTED]                                  |  | [REDACTED]                          |  | [REDACTED]                                |  |
| VEHICLE LIC. NO.  |  | STATE  |  | YEAR  |  | [REDACTED]                          |  | [REDACTED]                                |  |
| [REDACTED]  |  | [REDACTED]   |  | [REDACTED]                                  |  | [REDACTED]                          |  | [REDACTED]                                |  |
| REGISTERED OWNER  |  | REGISTERED OWNER-S ADDRESS                           |  | CITY  |  | ZIP                                 |  |   |  |
| [REDACTED]  |  | [REDACTED]   |  | [REDACTED]                                  |  | [REDACTED]                          |  |   |  |
| AUTOMOBILE INSURANCE COMPANY  |  | AUTOMOBILE INSURANCE POLICY NUMBER                   |  |   |  |                                     |  |   |  |
| [REDACTED]  |  | [REDACTED]   |  |   |  |                                     |  |   |  |
| <p>My partner (Detective Berdin #31958) and I received information from Detective Campos regarding two witnesses who saw the collision. Detective Campos provided us with the witness information. Detective Berdin and I conducted a follow-up to [REDACTED] to obtain a statement. We began the interview with [REDACTED] and [REDACTED] we spoke with [REDACTED]. Both interviews were captured on BWV.</p> <p>[REDACTED] stated that he was the driver and his brother [REDACTED] was the passenger. [REDACTED] was driving south on Main St and 41<sup>st</sup> St having a conversation with [REDACTED] when Israel saw an Amazon van driving on the left side of [REDACTED] and cut him off. [REDACTED] said that the van came from San Pedro St to Main. Israel looked at the traffic light and saw the light was green. [REDACTED] slowed down and yielded to the van who then drove to the right lane. [REDACTED] continued driving south on Main St talking with [REDACTED] when Israel saw a large dust cloud and saw the van hit something but didn't know what the van hit. The van then swerved and hit the building. [REDACTED] stopped and saw a man wearing a white and gray camouflage pattern long sleeve shirt running away from the van. The man made a right turn and [REDACTED] followed. [REDACTED] saw the man jumped through the houses, so [REDACTED] drove to 49<sup>th</sup> St, stop the car, and waited. [REDACTED] saw the man walking and was breathing hard and looking around. [REDACTED] then lost sight of him and decided to start driving home when he saw the man again go into an apartment complex. The man was eventually detained by police and [REDACTED] did a field show up and recognized the man by the clothes he was wearing.</p> |  |  |  |   |  |                                     |  |   |  |
| DRIVER'S NAME AND I.D. NUMBER<br>Palma 26756  |  |  |  | DATE<br>02/17/2022                          |  | REVIEWER-S NAME<br>[Signature]      |  |   |  |
|   |  |  |  |   |  | DATE<br>2/18/22                     |  |   |  |

|  |   |  |                                     |   |
|--|---|--|-------------------------------------|---|
| DATE OF INCIDENT/OCCURRENCE<br><b>02/17/2022</b>   | TIME (2400)<br><b>1415</b>  | NCIC NUMBER  | OFFICER I.D. NUMBER<br><b>43595</b> | NUMBER<br><b>2213-06497</b>   |
| <input checked="" type="checkbox"/> "ONE" Narrative<br><input type="checkbox"/> Supplemental | <input checked="" type="checkbox"/> "ONE" Collision report<br><input type="checkbox"/> Other: | TYPE SUPPLEMENTAL ("✓" APPLICABLE)<br><input type="checkbox"/> BA update<br><input type="checkbox"/> Hazardous materials |                                     | <input type="checkbox"/> Fatal<br><input type="checkbox"/> School bus<br><input type="checkbox"/> Hit and run update<br><input type="checkbox"/> Other: |
| CITY/COUNTY/JUDICIAL DISTRICT<br><b>Los Angeles / LOS ANGELES / LOS ANGELES</b>              |   |  |                                     | REPORTING DISTRICT/BEAT<br><b>1361</b>  |
| LOCATION/SUBJECT<br><b>49th St/ Main St</b>  |   |  |                                     | STATE HIGHWAY RELATED<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |

**STATEMENTS/ADDITIONAL:**

**Source of Activity**

On February 17, 2022, my partner, Officer Dzwoniariek, Serial No. 43245, and I, Officer Bender, Serial No. 43595, were assigned to 13X45-W4 in Newton Area. We were patrolling in a marked police vehicle, wearing full police uniforms. Officers received a radio call for a Stolen Amazon Truck that was involved in a auto vs pedestrian at 49th St/ Main St. INC #22021700002711.

**Investigation**

While enroute to the 49th St/ Main St, Air 3 observed a Suspect (later identified as Ramos-Sanchez, Cristian) in the area of 51st St and Broadway. Air 3 began directing units to 5101 S Broadway where he had Suspect in the apartment complex. Unit 13A41 (Alvarenga #44267 and Rodriguez #44305) with my partner and I observed the Suspect matching the description walked out of the apartment complex. The Suspect was then taken into custody without incident in front of 5101 S Broadway. Unit 13A41 then placed the Suspect in their Police vehicle.

My Partner and I met with Witness- [REDACTED] who stated that he was the passenger in a vehicle that was driving southbound on main. The Witness observed a Amazon truck also driving southbound on Main. The Amazon truck then cut off the witness's vehicle and observed the Amazon T/C into a vehicle and then went up on to the curb. The Witness then observed a Suspect run from the scene of the T/C. The Witness stated he did not observe the Suspect exit the vehicle, but it appeared he ran from the front of the Amazon truck. The Witness then followed the Suspect to 51st St/ Broadway where he lost sight of the Suspect. We gave the Witness the Field Show up Admonishment and transported him to 51st ST/ Grand Ave. From the back seat of our Police vehicle from approximately 30 feet with an unobstructed view of the Suspect, the Witness positively identified the Suspect by stating, "That's the Guy".

My Partner and I met with Witness [REDACTED] who stated that he was the Driver of the vehicle with [REDACTED] the passenger that was driving southbound on main. His statement matched [REDACTED] statement. We gave the Witness the Field Show up Admonishment and transported him to 51st ST/ Grand Ave. From the back seat of our Police vehicle from approximately 30 feet with an unobstructed view of the Suspect, the Witness positively identified the Suspect by stating, "Yes, That's the Guy".

My partner and I then met with the Amazon Truck driver [REDACTED] who's truck was stolen from Woodlawn Ave/ 41st St. We gave the Witness the Field Show up Admonishment and transported him to 51st ST/ Grand Ave. From the back seat of our Police vehicle from approximately 30 feet with an unobstructed view of the Suspect, the Witness positively identified the Suspect by stating, "Yeah, That's Him".

My partner I and responded back to 51st St/ Grand Ave where we then took custody of the Suspect and transported him to Central Station.

|  |                           |                                       |                         |
|--|---------------------------|---------------------------------------|-------------------------|
| PREPARER'S NAME AND I.D. NUMBER<br><b>Jer/ Dzwoniariek 43595/43245</b> | DATE<br><b>02/17/2022</b> | REVIEWER'S NAME<br><b>[Signature]</b> | DATE<br><b>02-20-22</b> |
|--|---------------------------|---------------------------------------|-------------------------|