

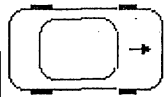
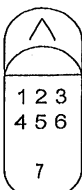



SPECIAL CONDITIONS		NUMBER INJURED <b>1</b>	HT & RUN FELONY <input type="checkbox"/>	CITY <b>Oakland</b>	JUDICIAL DISTRICT <b>Alameda County Superior</b>		LOCAL REPORT NUMBER <b>14-028546</b>			
		NUMBER KILLED <b>0</b>	HT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY <b>Alameda</b>	REPORTING DISTRICT <b>1</b>	BEAT <b>07X</b>				
<b>LOCATION</b>	COLLISION OCCURRED ON <b>Market St.</b>				MO. DAY YEAR <b>06/08/14</b>	TIME (2400) <b>1739</b>	NGIC # <b>0109</b>	OFFICER I.D. <b>9188</b>		
	MILEPOST INFORMATION				DAY OF WEEK <b>(S) M T W T F S</b>	TOWAWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PHOTOGRAPHS BY: <b>A. GODDARD</b> <input type="checkbox"/> NONE			
	<input checked="" type="checkbox"/> AT INTERSECTION WITH OR: <b>AT 26th St.</b>				STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
<b>PARTY 1</b>	DRIVERS LICENSE NUMBER	STATE <b>CA</b>	CLASS <b>C</b>	AIR BAG <b>M</b>	SAFETY EQUIP. <b>G</b>	VEH. YEAR <b>2008</b>	MAKE/MODEL/COLOR <b>NISS,MAX,GRY/GRY</b>	LICENSE NUMBER <b>[REDACTED]</b>	STATE <b>CA</b>	
<input checked="" type="checkbox"/>	DRIVER NAME (FIRST, MIDDLE, LAST) <b>[REDACTED]</b>				OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER					
<input type="checkbox"/>	STREET ADDRESS <b>[REDACTED]</b>				OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER					
<input type="checkbox"/>	CITY/STATE/ZIP <b>[REDACTED]</b>				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
<input type="checkbox"/>	SEX	HAIR	EYES	HEIGHT	WEIGHT	Mo. BIRTHDATE Day Year	RACE	Vehicle Towed by Owner		
<input type="checkbox"/>	<b>[REDACTED]</b>	<b>[REDACTED]</b>	<b>[REDACTED]</b>	<b>[REDACTED]</b>	<b>[REDACTED]</b>	<b>[REDACTED]</b>	<b>[REDACTED]</b>	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
<input type="checkbox"/>	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER: <b>[REDACTED]</b>					
<input type="checkbox"/>	INSURANCE CARRIER		POLICY NUMBER		VEHICLE TYPE <b>01</b>	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA 		
	DIR OF TRAVEL ON STREET OR HIGHWAY <b>E 26th St</b>		SPEED LIMIT <b>25 MPH</b>		CA _____ DOT _____ CAL-T _____ TCP/PSC _____ MC/MX _____					
<b>PARTY 2</b>	DRIVERS LICENSE NUMBER	STATE <b>CA</b>	CLASS <b>C</b>	AIR BAG <b>M</b>	SAFETY EQUIP. <b>G</b>	VEH. YEAR <b>2011</b>	MAKE/MODEL/COLOR <b>LEXS,RX450H,GRY/GRY</b>	LICENSE NUMBER <b>6RTB083</b>	STATE <b>CA</b>	
<input checked="" type="checkbox"/>	DRIVER NAME (FIRST, MIDDLE, LAST) <b>Jean Quan</b>				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER <b>Toyota Lease Trust</b>					
<input type="checkbox"/>	STREET ADDRESS <b>[REDACTED]</b>				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER <b>1 FRANK OGAWA PLAZA 3RD FLOOR Oakland CA 94612</b>					
<input type="checkbox"/>	CITY/STATE/ZIP <b>[REDACTED]</b>				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
<input type="checkbox"/>	SEX	HAIR	EYES	HEIGHT	WEIGHT	Mo. BIRTHDATE Day Year	RACE	Towed by Driver		
<input type="checkbox"/>	<b>[REDACTED]</b>	<b>[REDACTED]</b>	<b>[REDACTED]</b>	<b>[REDACTED]</b>	<b>[REDACTED]</b>	<b>[REDACTED]</b>	<b>[REDACTED]</b>	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
<input type="checkbox"/>	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER: <b>JTJBC1BA9B2040917</b>					
<input type="checkbox"/>	INSURANCE CARRIER <b>CSAC Excess Insurance Authority</b>		POLICY NUMBER <b>EIA-PE10GL2-14</b>		VEHICLE TYPE <b>01</b>	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA 		
	DIR OF TRAVEL ON STREET OR HIGHWAY <b>N Market St</b>		SPEED LIMIT <b>25 MPH</b>		CA _____ DOT _____ CAL-T _____ TCP/PSC _____ MC/MX _____					
<b>PARTY 3</b>	DRIVERS LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE	
<input type="checkbox"/>	DRIVER NAME (FIRST, MIDDLE, LAST)				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER					
<input type="checkbox"/>	STREET ADDRESS				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER					
<input type="checkbox"/>	CITY/STATE/ZIP				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
<input type="checkbox"/>	SEX	HAIR	EYES	HEIGHT	WEIGHT	Mo. BIRTHDATE Day Year	RACE	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
<input type="checkbox"/>	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:					
<input type="checkbox"/>	INSURANCE CARRIER		POLICY NUMBER		VEHICLE TYPE	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> LINK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA 		
	DIR OF TRAVEL ON STREET OR HIGHWAY		SPEED LIMIT		CA _____ DOT _____ CAL-T _____ TCP/PSC _____ M C / M X _____					
PREPARER'S NAME <b>R Gallinatti</b>			DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			REVIEWER'S NAME <b>G Hara</b>			DATE REVIEWED <b>07/01/2014</b>	

DATE OF COLLISION (MO. DAY YEAR) 06/08/14		TIME (2400) 1739	NCIC # 0109	OFFICER I.D. 9188	NUMBER 14-028546					
OWNER'S NAME			OWNER'S ADDRESS		NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO					
PROPERTY DAMAGE DESCRIPTION OF DAMAGE										
<b>SEATING POSITION</b>  <p>1 - DRIVER                  2 TO 6 - PASSENGERS                  7 - STATION WAGON REAR                  8 - REAR OCC. TRK. OR VAN                  9 - POSITION UNKNOWN                  0 - OTHER</p>		<b>OCCUPANTS</b> A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP/SHOULDER HARNESS USED H - LAP/SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED		<b>SAFETY EQUIPMENT</b> L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE						
		<b>M / C BICYCLE- HELMET</b> DRIVER PASSENGER V - NO X - NO W - YES Y - YES		<b>INATTENTION CODES</b> A - CELL PHONE HANDHELD B - CELL PHONE HANDS FREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONAL HYGIENE J - READING K - OTHER						
ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.										
PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT		TRAFFIC CONTROL DEVICES			SPECIAL INFORMATION			MOVEMENT PRECEDING COLLISION		
VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO X A VC21453 (A) B OTHER IMPROPER DRIVING* C OTHER THAN DRIVER* D UNKNOWN*		A CONTROLS FUNCTIONING B CONTROLS NOT FUNCTIONING* C CONTROLS OBSCURED D NO CONTROLS PRESENT / FACTOR* TYPE OF COLLISION A HEAD - ON B SIDESWIPE C REAR END D BROADSIDE E HIT OBJECT F OVERTURNED G VEHICLE / PEDESTRIAN H OTHER*			1 2 3 A HAZARDOUS MATERIAL B CELL PHONE HANDHELD IN USE C CELL PHONE HANDS FREE IN USE D CELL PHONE NOT IN USE E SCHOOL BUS RELATED F 75FT MOTORTRUCK COMBO G 32 FT TRAILER COMBO H I J K L M N O			1 2 3 A STOPPED B PROCEEDING STRAIGHT C RAN OFF ROAD D MAKING RIGHT TURN E MAKING LEFT TURN F MAKING U TURN G BACKING H SLOWING/ STOPPING I PASSING OTHER VEHICLE J CHANGING LANES K PARKING MANEUVER L ENTERING TRAFFIC M OTHER UNSAFE TURNING N XING INTO OPPOSING LANE O PARKED P MERGING Q TRAVELING WRONG WAY R OTHER*		
WEATHER (MARK 1 TO 2 ITEMS)		MOTOR VEHICLE INVOLVED WITH			OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)			SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)		
X A CLEAR B CLOUDY C RAINING D SNOWING E FOG/ VISIBILITY FT. F OTHER* G WIND		A NON -COLLISION B PEDESTRIAN C OTHER MOTOR VEHICLE D MOTOR VEHICLE ON OTHER ROADWAY E PARKED MOTOR VEHICLE F TRAIN G BICYCLE H ANIMAL: I FIXED OBJECT: J OTHER OBJECT:			1 2 3 A VC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B C SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO C VC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO D E VISION OBSCUREMENT: F INATTENTION*: G STOP & GO TRAFFIC H ENTERING / LEAVING RAMP I PREVIOUS COLLISION J UNFAMILIAR WITH ROAD K DEFECTIVE VEH. EQUIP.: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO L UNINVOLVED VEHICLE M OTHER*: N NONE APPARENT O RUNAWAY VEHICLE			1 2 3 A HAD NOT BEEN DRINKING B HBD - UNDER INFLUENCE C HBD - NOT UNDER INFLUENCE* D HBD - IMPAIRMENT UNKNOWN* E UNDER DRUG INFLUENCE* F IMPAIRMENT - PHYSICAL* G IMPAIRMENT NOT KNOWN H NOT APPLICABLE I SLEEPY/ FATIGUED*		
ROADWAY SURFACE		PEDESTRIAN'S ACTIONS			MISCELLANEOUS					
X A DRY B WET C SNOWY -ICY D SLIPPERY (MUDDY, OILY, ETC.) ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS) A HOLES, DEEP RUT* B LOOSE MATERIAL ON ROADWAY* C OBSTRUCTION ON ROADWAY* D CONSTRUCTION -REPAIR ZONE E REDUCED ROADWAY WIDTH F FLOODED* G OTHER*: X H NO UNUSUAL CONDITIONS		A NO PEDESTRIANS INVOLVED B CROSSING IN CROSSWALK - AT INTERSECTION C CROSSING IN CROSSWALK - NOT AT INTERSECTION D CROSSING - NOT IN CROSSWALK E IN ROAD - INCLUDES SHOULDER F NOT INROAD G APPROACHING / LEAVING SCHOOL BUS			L UNINVOLVED VEHICLE M OTHER*: N NONE APPARENT O RUNAWAY VEHICLE					
SKETCH 										

**INJURED / WITNESSES / PASSENGERS**

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**3054**

DATE OF COLLISION		06/08/14		TIME (2400)		1739		NCIC NUMBER		0109		OFFICER I.D.		9188		NUMBER		14-028546						
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED							
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER												
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	M	G	0					
NAME/D.O.B./ADDRESS															TELEPHONE									
(INJURED ONLY) TRANSPORTED BY:										Own Transportation														
TAKEN TO:																								
DESCRIBE INJURIES																								
																		<input type="checkbox"/>		VICTIM OF VIOLENT CRIME NOTIFIED				
<input checked="" type="checkbox"/> #	<input checked="" type="checkbox"/>	14	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	3	M	G	0					
NAME/D.O.B./ADDRESS															TELEPHONE									
(INJURED ONLY) TRANSPORTED BY:																								
TAKEN TO:																								
DESCRIBE INJURIES																								
																		<input type="checkbox"/>		VICTIM OF VIOLENT CRIME NOTIFIED				
<input checked="" type="checkbox"/> #	<input type="checkbox"/>		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
NAME/D.O.B./ADDRESS															TELEPHONE									
(INJURED ONLY) TRANSPORTED BY:										/ Refused														
TAKEN TO:																								
DESCRIBE INJURIES																								
																		<input type="checkbox"/>		VICTIM OF VIOLENT CRIME NOTIFIED				
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>										
NAME/D.O.B./ADDRESS															TELEPHONE									
(INJURED ONLY) TRANSPORTED BY:																								
TAKEN TO:																								
DESCRIBE INJURIES																								
																		<input type="checkbox"/>		VICTIM OF VIOLENT CRIME NOTIFIED				
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>										
NAME/D.O.B./ADDRESS															TELEPHONE									
(INJURED ONLY) TRANSPORTED BY:																								
TAKEN TO:																								
DESCRIBE INJURIES																								
																		<input type="checkbox"/>		VICTIM OF VIOLENT CRIME NOTIFIED				
PREPARER'S NAME					I.D. NUMBER					MO. DAY YEAR					REVIEWER'S NAME					MO. DAY YEAR				
R Gallinatti					9188					6 8 2014					G Hara					7 1 2014				

CHP 556 (Rev 7-90) OPI 042

DATE OF INCIDENT/OCCURRENCE 06/08/14	TIME (2400) 1739	NCIC NUMBER 0109	OFFICER I.D. NUMBER 9188	NUMBER 14-028546
"X" ONE <input checked="" type="checkbox"/> Narrative <input type="checkbox"/> Supplemental		"X" ONE <input checked="" type="checkbox"/> Collision report <input type="checkbox"/> Other:		TYPE SUPPLEMENTAL ("X" APPLICABLE) <input type="checkbox"/> BA update - <input type="checkbox"/> Hazardous materials
CITY/COUNTY/JUDICIAL DISTRICT Oakland/Alameda/Alameda County Superior			REPORTING DISTRICT/BEAT 1/07X	CITATION NUMBER
LOCATION/SUBJECT Market St. / 26th St.			STATE HIGHWAY RELATED <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

**NOTIFICATION:**

I responded to a citizen flag down of another OPD Unit of a vehicle collision that occurred at about 1730 hours. I responded from 24th St. and Linden St. and arrived on scene at 1742 hours. All times, speeds and measurements in this investigation are approximate. Measurements were taken by stroll-o-meter. It should be noted the parties are listed in alphabetical order.

**SCENE:**

At the scene of this collision, Market St. is a N/B and S/B roadway with a shoulder for parked vehicles as well as a bike line. Market St. has one lane of travel in each direction with a designated turn lane. 26th St. is an E/B and W/B roadway with parking on either shoulder and one lane of travel in each direction. The roadway is straight and level. The surface is composed primarily of asphalt. The intersection is controlled by traffic control posts controlling N/B, S/B and E/B, W/B lanes. See diagram.

**PARTY # 1 (██████████)**

P-1 was located sitting in the driver's seat of her vehicle. Party 1 (██████████) was identified by a Valid CDL. (██████████) was placed as a party by the following items:

- Passenger statement
- Driver admitted to driving
- Driver is registered owner of V-1
- Injuries consistent

P1 was identified by her valid CDL. P-1 said in a written statement that she was traveling E/B on 26th St. at Market St. and observed a green light in her direction. P-1 proceeded through the intersection and about midway through the intersection, P-1 collided with P-2. P-1 believes P-2 was on her cell phone prior to the collision. P1 had a ██████████ and was assessed by ██████████ P-1 arranged for a tow truck for her vehicle and self transported to ██████████

**PARTY # 2 (██████████)**

P-2 was located sitting in the driver's seat of a SIL TOYT PRI that was unrelated to the collision. Party 2 (██████████) was identified by a Valid CDL. (██████████) was placed as a party by the following items:

- Driver admitted to driving

P2 was identified by her valid CDL. P-2 said in a written statement that she was traveling N/B on Market St. at 26th St. and observed a green light in her direction. P-2 proceeded into the intersection and collided with P-1. P-2 did not complain of any injuries and refused medical treatment. P-2 arranged for a tow truck for her vehicle.

**WITNESS # 1 (██████████)**

W-1 only provided her name and phone number. W-1 stated the vehicle traveling N/B on Market St. had the green light and was proceeding through the intersection when the collision occurred. W-1 was not willing to provide a written statement because she told Officer's she was in fear of retaliation.

**PASSENGER # 1 (██████████)**

Pass-1 was sitting in the front passenger seat of V-1. Pass-1 stated they were leaving McClymonds High School and were driving on 26th St. approaching Market St. Pass-1 stated the light turned green and as they were in the intersection, V-1 collided with V-2. Pass-1 did not need medical attention. See statement for details.

**(V-1) (NISS MAX 2-D CA Plt: ██████████)**

Driver # 1's vehicle, was located facing E/B with the front end in the crosswalk on 27th St. There was moderate damage to the front end. Veh-1 was towed by the owner away from the scene.

**V-2 (LEXU RX450H CA Plt: 6RTB083)**

Driver # 2's vehicle, was located facing S/B in the bike lane on Market St. with

PREPARERS NAME AND I.D. NUMBER R Gallinatti 9188	DATE 06/08/2014	REVIEWERS NAME G Hara	DATE 07/01/2014
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CHP 556 (Rev 7-90) OPI 042

DATE OF INCIDENT/OCCURRENCE <b>06/08/14</b>	TIME (2400) <b>1739</b>	NCIC NUMBER <b>0109</b>	OFFICER I.D. NUMBER <b>9188</b>	NUMBER <b>14-028546</b>
"X" ONE <input checked="" type="checkbox"/> Narrative <input type="checkbox"/> Supplemental		"X" ONE <input checked="" type="checkbox"/> Collision report <input type="checkbox"/> Other:		TYPE SUPPLEMENTAL ("X" APPLICABLE) <input type="checkbox"/> BA update - <input type="checkbox"/> Hazardous materials
CITY/COUNTY/JUDICIAL DISTRICT <b>Oakland/Alameda/Alameda County Superior</b>			REPORTING DISTRICT/BEAT <b>1/07X</b>	CITATION NUMBER
LOCATION/SUBJECT <b>Market St. / 26th St.</b>			STATE HIGHWAY RELATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

moderate damage to the driver side passenger door as well as a rear driver side flat tire. Veh-2 was towed by the owner away from the scene.

**SUMMARY:**

P-1 was traveling E/B on 26th St. and continued through the intersection at Market St. and collided with P-2. Due to conflicting reports, I am unable to determine who is at fault for this collision. It should be noted Sgt. R. Wright #7716 was on scene and supervised the scene. It should be noted Officer's attempted to obtain video surveillance at the market on the S/W corner but the footage does not record the intersection. Officer's on scene canvassed the area for other video surveillance footage with negative results.

**AREA OF IMPACT:**

After using a reference point at the southeast corner of the intersection, I have determined the Area of Impact is 17' North of South and 15' West of East.

**CAUSE:**

I believe the cause of the collision is 21453(A) VC but I am unable to determine the party at fault.

**RECOMMENDATION:**

P-1 and P-2 was in possession of a Valid CDL and each party had insurance.

It should be noted Officer's on scene activated there PDRD's during the investigation.

PREPARERS NAME AND I.D. NUMBER <b>R Gallnatti 9188</b>	DATE <b>06/08/2014</b>	REVIEWERS NAME <b>G Hara</b>	DATE <b>07/01/2014</b>
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**FACTUAL DIAGRAM**

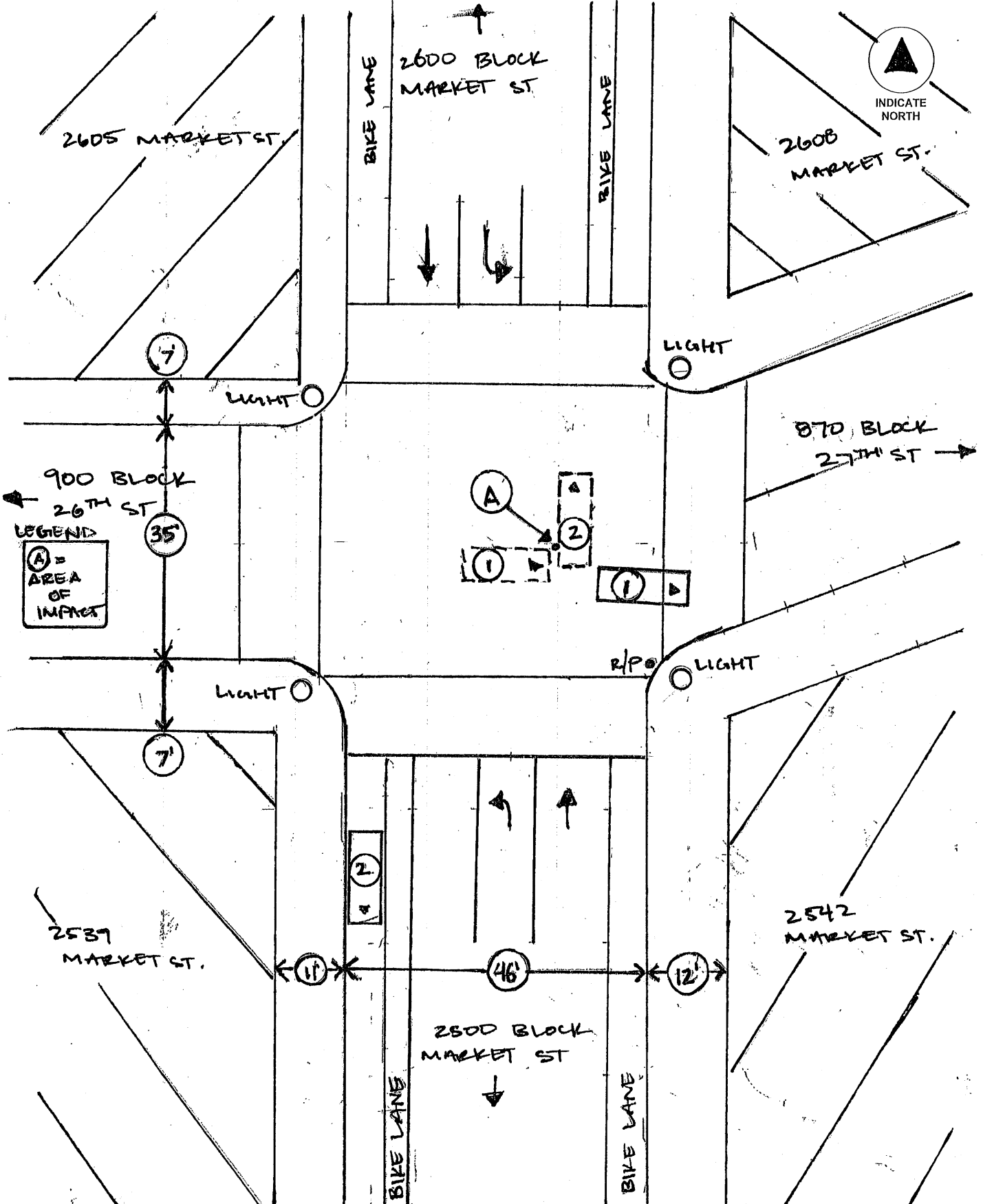
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7749 7/14/14 **FILE COPY**

**3054**

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
6-8-14	1730	0109	B. PONG 9183	

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE = )



PREPARED BY	I.D. NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
B. PONG	9183	8 JUN 14		

DATE OF INCIDENT/ OCCURRENCE 06/24/14	TIME (2400) 1739	NCIC NUMBER 0109	OFFICER I.D. NUMBER 9161	NUMBER 14-028546
"X" ONE <input type="checkbox"/> Narrative <input checked="" type="checkbox"/> Supplemental	"X" ONE <input type="checkbox"/> Collision report <input type="checkbox"/> Other:	TYPE SUPPLEMENTAL ("X" APPLICABLE) <input type="checkbox"/> BA update - <input type="checkbox"/> Fatal <input type="checkbox"/> Hazardous materials <input type="checkbox"/> School bus <input type="checkbox"/> Hit and run update <input type="checkbox"/> Other:		
CITY/COUNTY/JUDICIAL DISTRICT Oakland/Alameda/Alameda County Superior			REPORTING DISTRICT/BEAT 1/07X	CITATION NUMBER
LOCATION/SUBJECT Market St. / 26th St.			STATE HIGHWAY RELATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**Summary:**

On 08 JUN 14, at approx. 1739 hrs. I was working as OPD patrol unit 2J04 with Ofc. C Cardona 8781. I was driving full marked OPD patrol vehicle # 1411.

At the above stated time we were leaving the scene of a incident we were dispatched to when a citizen a female black in her 30's flagged us down and informed us of a vehicle collision with possible injuries. At the intersection of 26th St. and Market St. When we arrived on scene I observed a gray Nissan Maxima which was in the middle of the intersection un operable.

I contacted [REDACTED] who was in the driver seat of the gray Nissan Maxima to ascertain if any medical attention was needed. Ofc. Cardona contacted the driver of a Lexus RX450H to assert ain if any medical attention was needed.

[REDACTED] had [REDACTED]. I called for a [REDACTED]

I took a full written statement from [REDACTED] who stated the following:

She was traveling E/B on 26th St. at Market St. and she saw a green light in her direction. [REDACTED] Proceeded through the intersection and about the midway point of the intersection she collided with the Lexus SUV. Lovely stated that the driver of the Lexus SUV was on her cell phone prior to the collision. P-1 had complain of pain to her neck and was treated by [REDACTED] [REDACTED] arranged for a tow for her vehicle.

I did not use force. I did not observe any force used by any officer.

PDRD activated.

No known witnesses.

I did not detain, handcuff or search anybody.

PREPARERS NAME AND I.D. NUMBER Miguel Ramos 9161	DATE 06/24/2014	REVIEWERS NAME G Hara	DATE 07/02/2014
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DATE OF INCIDENT/ OCCURRENCE 06/08/14		TIME (2400) 1739	NCIC NUMBER 0109	OFFICER I.D. NUMBER 8903	NUMBER 14-028546
"X" ONE <input type="checkbox"/> Narrative <input checked="" type="checkbox"/> Supplemental		"X" ONE <input type="checkbox"/> Collision report <input type="checkbox"/> Other:		TYPE SUPPLEMENTAL ("X" APPLICABLE) <input type="checkbox"/> BA update - <input type="checkbox"/> Fatal <input type="checkbox"/> Hazardous materials <input type="checkbox"/> School bus <input type="checkbox"/> Hit and run update <input type="checkbox"/> Other:	
CITY/COUNTY/JUDICIAL DISTRICT Oakland/Alameda/Alameda County Superior				REPORTING DISTRICT/BEAT 1/07X	CITATION NUMBER
LOCATION/SUBJECT Market St. / 26th St.				STATE HIGHWAY RELATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**Summary:**

On 8 Jun 14 at approx. 1739 hrs I was working as 2J5 with OFC Quezada 9228. We were wearing full wool uniforms and OFC Quezada was driving fully marked patrol vehicle 1489, I was in the right front passenger seat. At this time we responded to the area of 26th St. and Market St. to assist with a traffic collision.

Upon arrival I observed a drk color 4 door sedan facing east bound on 26th St.. The vehicle had major front end damage. Both occupants of the vehicle were not inside the vehicle upon my arrival on scene.

I canvassed for witnesses as there were numerous people standing on the east corner of 26th St.. As I approached most of the people left the area. One woman stayed on scene. The woman provided a name of [REDACTED] ([REDACTED] refused address, refused signed statement) I asked [REDACTED] if she saw the incident and [REDACTED] advised she did. I asked [REDACTED] if she would provide a signed statement, but she stated "no". [REDACTED] did state that she saw the sedan go through the red light at the intersection of 26th and Market St. as it was driving towards San Pablo St. [REDACTED] also pointed at the sedan as the vehicle she observed going through the light.

I observed [REDACTED] to be intoxicated while I spoke with her.

I had my PDRD activated.

I did not locate any other known witnesses.

PREPARERS NAME AND I.D. NUMBER Paul Phillips 8903	DATE 06/28/2014	REVIEWERS NAME G Hara	DATE 07/01/2014
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2. Report No.

14-028546

1. Complainant		Offense/Crime	
3. Name of Person Giving Statement [REDACTED]		Sex/Race/DOB M, [REDACTED]	
4. Residence Address [REDACTED]		<input checked="" type="checkbox"/> Oakland	City/Zip [REDACTED]
5. Employment (Name, Address, Phone, Occupation, Work Hours, Days Off) or Supplemental Information if Unemployed or Transient		Contact Number [REDACTED]	
6. Statement Taken By G. HARA		Serial No. 8549T	Date 30 JUN 14
7. Location Where Statement Taken PHONE STATEMENT		Time Started - Completed 1453-1503	
		Names, Addresses of Persons Present During Statement	

**FOR VEHICLE COLLISIONS ONLY**

8. License No.	State	Veh Yr.	Make	Model	Type	Color(s)	Drivers License No.	State
9. Registered Owner		Address		<input type="checkbox"/> Oakland	City/Zip		Contact Number	

**ADMONITION:** You have the right to remain silent. Anything you say can be used against you in a court of law. You have the right to talk to a lawyer and have him present with you while you are being questioned. If you cannot afford a lawyer, one will be appointed to represent you before any questioning if you wish one.

**WAIVER:** Do you understand each of these rights I have explained to you? \_\_\_\_\_ **Subject's Initials**  
Having these rights in mind, do you wish to talk to us now? \_\_\_\_\_

Statement

TAKEN OVER THE PHONE

2. Report No.

14-028546

1. Complainant		Offense/Crime 901C		2. Report No. 14-028546	
3. Name of Person Giving Statement			Sex/Race/DOB		<input type="checkbox"/> Complainant <input type="checkbox"/> Reporting Person
4. Residence Address			City/Zip		<input type="checkbox"/> Suspect <input checked="" type="checkbox"/> Witness <input type="checkbox"/> Driver
5. Employment (Name, Address, Phone, Occupation, Work Hours, Days Off) or Supplemental Information if Unemployed or Transient					
6. Statement Taken By		Serial No.	Date	Time Started - Completed	
T. QUEZADA		9228	ESUN 12	1810 - 1820	
7. Location Where Statement Taken			Names, Addresses of Persons Present During Statement		
26 <sup>th</sup> St & MARKET					

**FOR VEHICLE COLLISIONS ONLY**

8. License No.	State	Veh Yr.	Make	Model	Type	Color(s)	Drivers License No.	State
9. Registered Owner		Address		City/Zip		Residence/Business Phone		

**ADMONITION:** You have the right to remain silent. Anything you say can be used against you in a court of law. You have the right to talk to a lawyer and have him present with you while you are being questioned. If you cannot afford a lawyer, one will be appointed to represent you before any questioning if you wish one.

Subject's Initials

**WAIVER:** Do you understand each of these rights I have explained to you? \_\_\_\_\_

**CITIZEN'S ARREST:** Defendant \_\_\_\_\_ DOB \_\_\_\_\_ Arrest Charge \_\_\_\_\_

I hereby arrest the above-named defendant on the charge indicated and request that a Peace Officer take him/her into custody. I will appear when notified to sign a complaint against the person I have arrested.

X \_\_\_\_\_

Statement

My name is [redacted] On today's date June 8<sup>th</sup>, 2014 at about 5:30pm me and my step mom were coming from McClymonds high school. We were coming down 26<sup>th</sup> st approaching the Market St. intersection. The stop light facing us turned green and the other side was red. That is when the black SUV hit us and the other SUV spun around. The driver then pulled her car over on Market st and approached us and asked if we ok. She said that if we can pull over so no other car can hit us. Thats pretty much it. My [redacted] I did not need medical attention right now. This statement is true.

X June 8<sup>th</sup> 2014 [redacted]

1. Complainant		Offense/Crime <b>901c</b>	14-028546	
3. Name of Person Giving Statement		Sex/Race/DOB	<input type="checkbox"/> Complainant	<input type="checkbox"/> Suspect
			<input type="checkbox"/> Reporting Person	<input type="checkbox"/> Witness
4. Residence Address		<input checked="" type="checkbox"/> Oakland	City/Zip	Phone
5. Employment (Name, Address, Phone, Occupation, Work Hours, Days Off) or Supplemental Information if Unemployed or Transient				
6. Statement Taken By <b>M. Ramos</b>		Serial No. <b>9161</b>	Date <b>08 JUN 14</b>	Time Started - Completed <b>1815-1828</b>
7. Location Where Statement Taken <b>26<sup>th</sup> St. &amp; Market St</b>		Names, Addresses of Persons Present During Statement		

**FOR VEHICLE COLLISIONS ONLY**

8. License No.	State	Veh Yr.	Make	Model	Type	Color(s)	Drivers License No.	State
9. Registered Owner		Address		City/Zip		Residence/Business Phone		

**ADMONITION:** You have the right to remain silent. Anything you say can be used against you in a court of law. You have the right to talk to a lawyer and have him present with you while you are being questioned. If you cannot afford a lawyer, one will be appointed to represent you before any questioning if you wish one.

*Subject's Initials*

**WAIVER:** Do you understand each of these rights I have explained to you? \_\_\_\_\_

**CITIZEN'S ARREST:** Defendant \_\_\_\_\_ DOB \_\_\_\_\_ Arrest Charge \_\_\_\_\_

I hereby arrest the above-named defendant on the charge indicated and request that a Peace Officer take him/her into custody. I will appear when notified to sign a complaint against the person I have arrested.

X \_\_\_\_\_

Statement
Today at approx. 5:32 pm, I was driving east bound 26 <sup>th</sup> st approaching Market st. I saw the green light for my direction at the intersection of 26 <sup>th</sup> st and Market st. I drove through the intersection. At the halfway point of the intersection I collided with a grey Lexus SUV. I did not have time to break to avoid the collision. My car travelled approximately ten more feet and finally stopped. The driver of the Grey Lexus SUV came over to us and asked if we were okay. The driver of the grey SUV asked me to move my car out of the intersection but my car was not moveable. We exchanged information and at that point the police arrived. I was wearing my seatbelt. I had not been drinking. The driver of the grey SUV was on the <sup>her</sup> <del>set</del> cell phone at the time of the accident. I have _____ but I do not want to go to the hospital. This is a true statement.

*W. O. M. 1/6/14*

# FILE COPY

3054

STATEMENT  
Oakland Police Department

536-200-1 (4/13)

Page 1 of 1

2. Report No.

14-028546

1. Complainant		Offense/Crime 901C		2. Report No. 14-028546	
3. Name of Person Giving Statement Quan, Jean		Sex/Race/DOB [REDACTED]		<input type="checkbox"/> Complainant	<input type="checkbox"/> Suspect
4. Residence Address		<input checked="" type="checkbox"/> Oakland	City/Zip	Phone	<input checked="" type="checkbox"/> Driver
5. Employment (Name, Address, Phone, Occupation, Work Hours, Days Off) or Supplemental Information if Unemployed or Transient City of Oakland, Mayor					
6. Statement Taken By Ofc. D. Quezada-Garcia		Serial No. 9229	Date 08 Jun 14	Time Started - Completed 1825 - 1845	
7. Location Where Statement Taken City Hall, Oakland			Names, Addresses of Persons Present During Statement		

### FOR VEHICLE COLLISIONS ONLY

8. License No.	State	Veh Yr.	Make	Model	Type	Color(s)	Drivers License No.	State
9. Registered Owner		Address			City/Zip	Residence/Business Phone		

**ADMONITION:** You have the right to remain silent. Anything you say can be used against you in a court of law. You have the right to talk to a lawyer and have him present with you while you are being questioned. If you cannot afford a lawyer, one will be appointed to represent you before any questioning if you wish one.

Subject's Initials

**WAIVER:** Do you understand each of these rights I have explained to you? \_\_\_\_\_

**CITIZEN'S ARREST:** Defendant \_\_\_\_\_ DOB \_\_\_\_\_ Arrest Charge \_\_\_\_\_

I hereby arrest the above-named defendant on the charge indicated and request that a Peace Officer take him/her into custody. I will appear when notified to sign a complaint against the person I have arrested.

X \_\_\_\_\_

*[Signature]*  
5:25 PM

Statement

My name is Jean Quan. On June 8<sup>th</sup>, 2014, at about ~~5:30pm~~ ~~5:45pm~~, I was driving the SUV Lexus. I was driving towards North Oakland in the right hand lane. I thought I had the green light. As I was in ~~I approached~~ the intersection, a car hit my vehicle at the intersection of 26<sup>th</sup> St and Market St. The car that hit me must have been coming from the west side because my left rear of the vehicle was hit. All I know is that the other vehicle was ~~pretty wrecked~~ ~~damaged in all spots~~ but I cannot identify the other vehicle. All I know is that there was a child in the vehicle. I was going the average speed limit, which is about 25 miles per hour. I was wearing my seat belt, I am not under any medications, and I have not been drinking. I was not on my cell phone. I declined medical attention at the scene of the collision. I was driving on Market St and the collision occurred at the intersection of 26<sup>th</sup> St and Market St. This is a true

1. Complainant		Offense/Crime 901 c		14-028846	
3. Name of Person Giving Statement		Sex/Race/DOB		<input type="checkbox"/> Complainant	<input type="checkbox"/> Suspect
4. Residence Address		<input type="checkbox"/> Oakland	City/Zip	Phone	
5. Employment (Name, Address, Phone, Occupation, Work Hours, Days Off) or Supplemental Information if Unemployed or Transient					
6. Statement Taken By S. PATEL		Serial No. 8121	Date 29 Jun 14	Time Started - Completed 1542 - 1402	
7. Location Where Statement Taken 1800 b1c		Names, Addresses of Persons Present During Statement Sgt D. Kelley 7620			

FOR VEHICLE COLLISIONS ONLY

8. License No.	State	Veh Yr.	Make	Model	Type	Color(s)	Drivers License No.	State
9. Registered Owner		Address			City/Zip		Residence/Business Phone	

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Subject's Initials

WAIVER: Do you understand each of these rights I have explained to you? \_\_\_\_\_

CITIZEN'S ARREST: Defendant \_\_\_\_\_ DOB \_\_\_\_\_ Arrest Charge \_\_\_\_\_

I hereby arrest the above-named defendant on the charge indicated and request that a Peace Officer take him/her into custody. I will appear when notified to sign a complaint against the person I have arrested.

X \_\_\_\_\_

Statement

*Digitally Recorded*

*6-24-14*

*(X)*

[Redacted signature and text]