

SPECIAL CONDITIONS		NUMBER INJURED <b>1</b>	HIT & RUN FELONY <input type="checkbox"/>	CITY <b>Unincorporated</b>		JUDICIAL DISTRICT <b>51</b>	LOCAL REPORT NUMBER <b>03D24601</b>				
		NUMBER KILLED <b>0</b>	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY <b>San Joaquin</b>		REPORTING DISTRICT <b>Tracy CHP</b>	BEAT <b>05</b>				
LOCATION	COLLISION OCCURRED ON <b>NB I-5 JNO EB I-205/NB I-5 onramp</b>					MO. DAY YEAR <b>08/14/2003</b>	TIME (2400) <b>00:17</b>	NCIC # <b>6346</b>	OFFICER I.D. <b>17014</b>		
	MILEPOST INFORMATION 110 <input checked="" type="checkbox"/> <input type="checkbox"/> South <b>I-5 MM 13.50</b> OF					DAY OF WEEK S M T W T F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	TOWAWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PHOTOGRAPHS BY: <input checked="" type="checkbox"/> NONE			
	<input type="checkbox"/> AT INTERSECTION WITH <input checked="" type="checkbox"/> OR: <b>89</b> <input checked="" type="checkbox"/> <input type="checkbox"/> North <b>EB I-205/NB I-5 onramp</b> OF					STATE HWY REL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
PARTY 1	DRIVER'S LICENSE NUMBER [REDACTED]			STATE <b>CA</b>	CLASS <b>C</b>	SAFETY EQUIP. <input type="checkbox"/>	VEH. YEAR <b>02</b>	MAKE/MODEL/COLOR <b>Ford/F150 Lariat/White</b>	LICENSE NUMBER <b>10T [REDACTED]</b>	STATE <b>CA</b>	
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> <b>Savannah, Marie, Whitback</b>						OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER <b>Thomas Whitback</b>				
PEDESTRIAN	STREET ADDRESS [REDACTED]						OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE	CITY/STATE/ZIP [REDACTED] <b>930</b>						DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER				
BICYCLIST	SEX <input type="checkbox"/> <b>F</b>	HAIR <input type="checkbox"/> <b>Blonde</b>	EYES <input type="checkbox"/> <b>Blue</b>	HEIGHT <input type="checkbox"/> <b>5-03</b>	WEIGHT <input type="checkbox"/> <b>117</b>	BIRTHDATE MO. Day Year <b>11/01/1984</b>	RACE <input type="checkbox"/> <b>W</b>	Driven from scene			
OTHER	HOME PHONE [REDACTED]		BUSINESS PHONE [REDACTED]		VEHICLE IDENTIFICATION NUMBER: <b>400 [REDACTED]</b>		PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE				
	INSURANCE CARRIER [REDACTED]			POLICY NUMBER [REDACTED]			CHIP USE ONLY VEHICLE TYPE <b>03 22</b>		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA 
	DIR OF TRAVEL <b>N</b>	ON STREET OR HIGHWAY <b>I-5 from EB I-205</b>			SPEED LIMIT <b>65</b>		CA _____ DOT _____				
PARTY 2	DRIVER'S LICENSE NUMBER [REDACTED]			STATE <b>CA</b>	CLASS <b>C</b>	SAFETY EQUIP. <input type="checkbox"/>	VEH. YEAR <b>03</b>	MAKE/MODEL/COLOR <b>Honda/Element/Blue</b>	LICENSE NUMBER <b>No plate</b>	STATE	
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> <b>Frank, A, Duck</b>						OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER				
PEDESTRIAN	STREET ADDRESS [REDACTED]						OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE	CITY/STATE/ZIP [REDACTED]						DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER				
BICYCLIST	SEX <input type="checkbox"/> <b>M</b>	HAIR <input type="checkbox"/> <b>Brown</b>	EYES <input type="checkbox"/> <b>Hazel</b>	HEIGHT <input type="checkbox"/> <b>1-00</b>	WEIGHT <input type="checkbox"/> <b>1</b>	BIRTHDATE MO. Day Year <b>02/27/1987</b>	RACE <input type="checkbox"/> <b>D</b>	NONE APPARENT			
OTHER	HOME PHONE [REDACTED]		BUSINESS PHONE [REDACTED]		VEHICLE IDENTIFICATION NUMBER: [REDACTED]		PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE				
	INSURANCE CARRIER [REDACTED]			POLICY NUMBER [REDACTED]			CHIP USE ONLY VEHICLE TYPE <b>02 17</b>		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA 
	DIR OF TRAVEL <b>N</b>	ON STREET OR HIGHWAY <b>I-5</b>			SPEED LIMIT <b>65</b>		CA _____ DOT _____				
PARTY 3	DRIVER'S LICENSE NUMBER [REDACTED]			STATE	CLASS	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE	
DRIVER	NAME (FIRST, MIDDLE, LAST)						OWNER'S NAME				
PEDESTRIAN	STREET ADDRESS						OWNER'S ADDRESS				
PARKED VEHICLE	CITY/STATE/ZIP						DISPOSITION OF VEHICLE ON ORDERS OF:				
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	NONE APPARENT			
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:		PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE				
	INSURANCE CARRIER			POLICY NUMBER			CHIP USE ONLY VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE		SHADE IN DAMAGED AREA
	DIR OF TRAVEL	ON STREET OR HIGHWAY			SPEED LIMIT		CA _____ DOT _____				
PREPARER'S NAME <b>Reginald Mosher</b>				DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			REVIEWER'S NAME <b>Reginald Mosher</b>			DATE REVIEWED <b>08/14/2003</b>	

DATE OF COLLISION (MO. DAY YEAR)	08/14/2003	TIME (2400)	00:17	NCIC #	6346	OFFICER I.D.	17014	NUMBER	03D24601																							
PROPERTY DAMAGE	OWNER'S NAME				OWNER'S ADDRESS				NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO																							
	DESCRIPTION OF DAMAGE																															
SEATING POSITION		OCCUPANTS			SAFETY EQUIPMENT			EJECTED FROM VEHICLE																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align:center;">1</td><td style="text-align:center;">2</td><td style="text-align:center;">3</td></tr> <tr><td colspan="3">1 - DRIVER</td></tr> <tr><td colspan="3">2 TO 6 - PASSENGERS</td></tr> <tr><td colspan="3">7 - STATION WAGON REAR</td></tr> <tr><td colspan="3">8 - REAR OCC. TRK. OR VAN</td></tr> <tr><td colspan="3">9 - POSITION UNKNOWN</td></tr> <tr><td colspan="3">0 - OTHER</td></tr> </table>		1	2	3	1 - DRIVER			2 TO 6 - PASSENGERS			7 - STATION WAGON REAR			8 - REAR OCC. TRK. OR VAN			9 - POSITION UNKNOWN			0 - OTHER			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			L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED  CHILD RESTRAINT Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE			M / C BICYCLE - HELMET DRIVER V - NO W - YES  PASSENGER X - NO Y - YES		0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	
1	2	3																														
1 - DRIVER																																
2 TO 6 - PASSENGERS																																
7 - STATION WAGON REAR																																
8 - REAR OCC. TRK. OR VAN																																
9 - POSITION UNKNOWN																																
0 - 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	1	2	3	TYPE OF VEHICLE	1	2	3	MOVEMENT PRECEDING COLLISION				
<b>A</b> VC SECTION VIOLATED: CITED 21658(a) <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>A</b> CONTROLS FUNCTIONING		<input checked="" type="checkbox"/>		<b>A</b> PASSENGER CAR / STATION WAGON				<b>A</b> STOPPED				
<b>B</b> OTHER IMPROPER DRIVING:	<b>B</b> CONTROLS NOT FUNCTIONING*				<b>B</b> PASSENGER CAR W / TRAILER		<input checked="" type="checkbox"/>		<b>B</b> PROCEEDING STRAIGHT				
	<b>C</b> CONTROLS OBSCURED				<b>C</b> MOTORCYCLE / SCOOTER				<b>C</b> RAN OFF ROAD				
<b>C</b> OTHER THAN DRIVER*	<b>D</b> NO CONTROLS PRESENT / FACTOR*				<b>D</b> PICKUP OR PANEL TRUCK				<b>D</b> MAKING RIGHT TURN				
<b>D</b> UNKNOWN*	<b>TYPE OF COLLISION</b>				<b>E</b> PICKUP / PANEL TRUCK W / TRAILER				<b>E</b> MAKING LEFT TURN				
<b>E</b> FELL ASLEEP*	<b>A</b> HEAD - ON			<input checked="" type="checkbox"/>	<b>F</b> TRUCK OR TRUCK TRACTOR				<b>F</b> MAKING U TURN				
<b>WEATHER (MARK 1 TO 2 ITEMS)</b>	<b>B</b> SIDE SWIPE				<b>G</b> TRUCK / TRUCK TRACTOR W / TRLR.				<b>G</b> BACKING				
	<b>C</b> REAR END				<b>H</b> SCHOOL BUS				<b>H</b> SLOWING / STOPPING				
<input checked="" type="checkbox"/> <b>A</b> CLEAR	<b>D</b> BROADSIDE				<b>I</b> OTHER BUS				<b>I</b> PASSING OTHER VEHICLE				
<b>B</b> CLOUDY	<b>E</b> HIT OBJECT				<b>J</b> EMERGENCY VEHICLE		<input checked="" type="checkbox"/>		<b>J</b> CHANGING LANES				
<b>C</b> RAINING	<b>F</b> OVERTURNED				<b>K</b> HIGHWAY CONST. EQUIPMENT				<b>K</b> PARKING MANUEVER				
<b>D</b> SNOWING	<b>G</b> VEHICLE / PEDESTRIAN				<b>L</b> BICYCLE				<b>L</b> ENTERING TRAFFIC				
<b>E</b> FOG/VISIBILITY FT.	<b>H</b> OTHER*:				<b>M</b> OTHER VEHICLE				<b>M</b> OTHER UNSAFE TURNING				
<b>F</b> OTHER*:	<b>MOTOR VEHICLE INVOLVED WITH</b>				<b>N</b> PEDESTRIAN				<b>N</b> XING INTO OPPOSING LANE				
<b>G</b> WIND	<b>A</b> NON -COLLISION				<b>O</b> MOPED				<b>O</b> PARKED				
<b>LIGHTING</b>	<b>B</b> PEDESTRIAN				<b>OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)</b>	A VC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO B VC SECTION VIOLATION: CITED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 22356(a) C VC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO			<b>1</b>	<b>2</b>	<b>3</b>	<b>SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)</b>	
	<input checked="" type="checkbox"/> <b>A</b> DAYLIGHT	<b>C</b> OTHER MOTOR VEHICLE											
<b>B</b> DUSK - DAWN	<b>D</b> MOTOR VEHICLE ON OTHER ROADWAY												
<b>C</b> DARK - STREET LIGHTS	<b>E</b> PARKED MOTOR VEHICLE												
<input checked="" type="checkbox"/> <b>D</b> DARK - NO STREET LIGHTS	<b>F</b> TRAIN												
<b>E</b> DARK - STREET LIGHTS NOT FUNCTIONING*	<b>G</b> BICYCLE			<input checked="" type="checkbox"/>									
<b>ROADWAY SURFACE</b>	<b>H</b> ANIMAL:												
	<input checked="" type="checkbox"/> <b>A</b> DRY	<b>I</b> FIXED OBJECT:											
<b>B</b> WET	<b>J</b> OTHER OBJECT:				<b>D</b>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<b>A</b> HAD NOT BEEN DRINKING	
<b>C</b> SNOWY - ICY					<b>E</b> VISION OBSCUREMENT:							<b>B</b> HBD - UNDER INFLUENCE	
<b>D</b> SLIPPERY (MUDDY, OILY, ETC.)					<b>F</b> INATTENTION*: Cell Phone							<b>C</b> HBD - NOT UNDER INFLUENCE*	
<b>ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)</b>	<b>PEDESTRIAN'S ACTIONS</b>				<b>G</b> STOP & GO TRAFFIC							<b>D</b> HBD - IMPAIRMENT UNKNOWN*	
	<b>A</b> HOLES, DEEP RUT*	<b>A</b> NO PEDESTRIANS INVOLVED				<b>H</b> ENTERING / LEAVING RAMP						<b>E</b> UNDER DRUG INFLUENCE*	
<b>B</b> LOOSE MATERIAL ON ROADWAY*	<b>B</b> CROSSING IN CROSSWALK AT INTERSECTION				<b>I</b> PREVIOUS COLLISION							<b>F</b> IMPAIRMENT - PHYSICAL*	
<b>C</b> OBSTRUCTION ON ROADWAY*	<b>C</b> CROSSING IN CROSSWALK - NOT AT INTERSECTION				<b>J</b> UNFAMILIAR WITH ROAD							<b>G</b> IMPAIRMENT NOT KNOWN	
<b>D</b> CONSTRUCTION - REPAIR ZONE	<b>D</b> CROSSING - NOT IN CROSSWALK				<b>K</b> DEFECTIVE VEH. EQUIP.: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO							<b>H</b> NOT APPLICABLE	
<b>E</b> REDUCED ROADWAY WIDTH	<b>E</b> IN ROAD - INCLUDES SHOULDER											<b>I</b> SLEEPY / FATIGUED	
<b>F</b> FLOODED*	<b>F</b> NOT IN ROAD				<b>L</b> UNINVOLVED VEHICLE							<b>SPECIAL INFORMATION</b>	
<b>G</b> OTHER*:	<b>G</b> APPROACHING / LEAVING SCHOOL BUS				<b>M</b> OTHER*:							<b>A</b> HAZARDOUS MATERIAL	
<input checked="" type="checkbox"/> <b>H</b> NO UNUSUAL CONDITIONS					<b>N</b> NONE APPARENT							<b>B</b> CELL PHONE IN USE	
					<b>O</b> RUNAWAY VEHICLE							<b>C</b> CELL PHONE NOT IN USE	
												<b>D</b> CELL PHONE NONE / UNKNOWN	

SKETCH

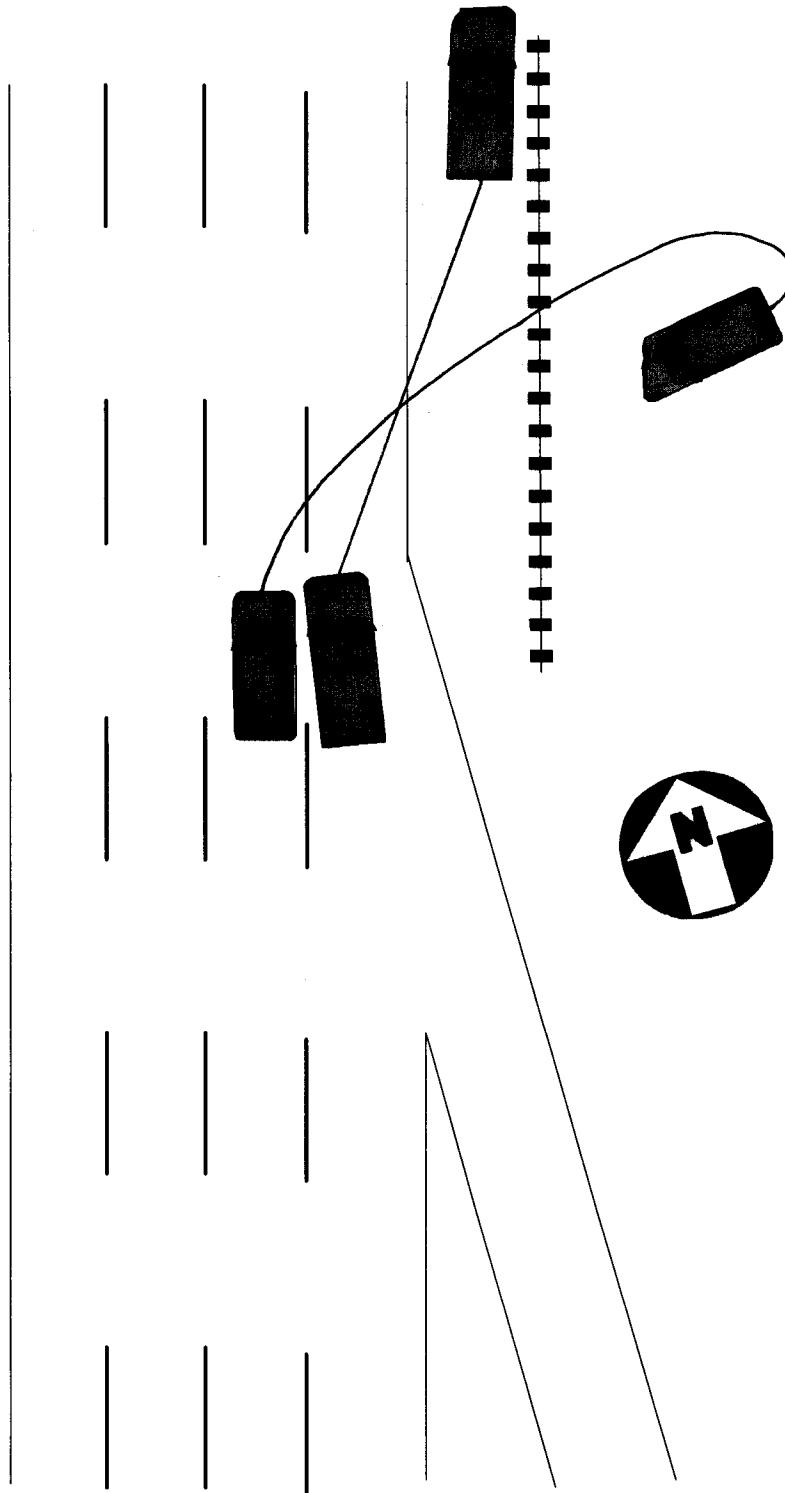
MISCELLANEOUS

Duck was driving northbound in the #3 lane. Whitback merged onto NB I-5 from the I-205 onramp at in excess of 85 MPH while talking on cell phone. Whitback struck Duck, sending Duck over the embankment.

DATE OF COLLISION (MO. DAY YEAR) 08/14/2003				TIME (2400) 00:17				NCIC # 6346				OFFICER I.D. 17014				NUMBER 03D24601				
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)					PARTY NUMBER	SEAT POS.	SAFETY EQUIP.	EJECTE				
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER								
<input type="checkbox"/> #	<input type="checkbox"/>	16	M	<input type="checkbox"/>	<input checked="" 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 Frank Duck													02/27/1987		[REDACTED]		TELEPHONE [REDACTED]			
(INJURED ONLY) TRANSPORTED BY: AMR										TAKEN TO: [REDACTED] Community Hospital										
DESCRIBE INJURIES Injury to left eye, right shoulder near wing area, unconscious upon CHP arrival, early diagonal bruising across chest																				
																	<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"/>	<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"/>	<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"/>	<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"/>	<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 Reginald Mosher				I.D. NUMBER 17014				MO. DAY YEAR 08/14/2003				REVIEWER'S NAME Reginald Mosher				MO. DAY YEAR 08/14/2003				

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PREPARED BY Reginald Mosher	I.D. NUMBER 17014	MO. DAY YEAR 08/14/2003	REVIEWER'S NAME Reginald Mosher	MO. 0'
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