

INTRADEPARTMENTAL CORRESPONDENCE

BPC 20-0121

RECEIVED

SEP 08 2020

POLICE COMMISSION

July 29, 2020
5.5

TO: The Honorable Board of Police Commissioners

FROM: Chief of Police

SUBJECT: REQUEST FOR PAYMENT OF REWARD FOR DR NO. 1603-25161

RECOMMENDED ACTIONS

1. That the Board of Police Commissioners (Board) REVIEW and APPROVE the attached Application for Special Reward Payment.
2. That the Board TRANSMIT to the Mayor and City Council the Application for Special Reward Payment for review and approval.

DISCUSSION

It is requested that the Board approve and transmit to the City Council the recommendation to approve this reward offer be paid to Claimants in the sum of \$50,000. The Claimant provided information that was vital to the arrest and conviction of the suspect responsible for the death of Iris Elaine Peevy-Davis. On Saturday, November 12, 2016, at approximately 0130 hours, a traffic collision occurred on Adams Boulevard and Vineyard Avenue, where a vehicle collided with a pedestrian crossing the street. The driver failed to stop and identify himself or render aid.

South Traffic Detective II Sandra Smith, Serial No. 26171, and Police Officer III+I Beverly Calcote, Serial No. 37469, responded to the crime scene. On Tuesday, November 22, 2016, South Traffic Detectives held a press conference with the family of Iris Elaine Peevy-Davis to announce the reward, and appeal to the public for help. On Monday, November 28, 2016, Detective I Michael Flannery, Serial No. 36629, received a tip from a caller advising that the suspect involved was Zach Labov. The caller also provided a description of the involved vehicle as a two-toned Range Rover, and current. Flannery was able to identify the suspect as Zachary Isaiah Labov.

On December 7, 2016, Labov was arrested and confessed to driving at the time of the collision. On January 16, 2018, Zachary Labov was convicted of Hit and Run causing death and sentenced to five years formal probation, and one-year county jail. Case No. LACBA464320301.

The Honorable Board of Police Commissions

Page 2

5.5

It is the opinion of the investigating detectives and the Deputy District Attorney assigned to this case that the information provided by the Claimant was vital in the arrest and conviction of the suspect, Zachary Labov, making him eligible to receive payment.

Respectfully,



MICHEL R. MOORE
Chief of Police

BOARD OF
POLICE COMMISSIONERS
Approved September 19, 2020
Secretary *Marie L.*

Attachment

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

DISTRIBUTION
ORIG - LAPD
DUPE - City Clerk
DUPE - Chief

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 10 of the Los Angeles Administrative Code.

1. **PRINT NAME OF APPLICANT:**
Last: _____ First: _____ Middle: _____

2. **ADDRESS: (Street)**
Radio Phone & Code: _____

3. **TODAY'S DATE:** 12-22-16 4. **OCCUPATION:** _____

5. **DRIVER'S LICENSE # or CALIF ID #:** _____ 6. **SOCIAL SECURITY #:**
(For payment purposes) _____

DESCRIPTION OF CIRCUMSTANCES: (Fill in space for ALL that apply)

NOTE: The applicant is responsible for providing ALL of the following required information. A check that does not provide the following required information may be disapproved for insufficient information.

7. **DATE OF INCIDENT:** 12-12-16 8. **TIME OF INCIDENT:** 1:30 AM PM
 NOON MIDDAY

LOCATION OF INCIDENT: ACRMS BL & VINEYARD AVE

TYPE OF CRIME/INVESTIGATION: FATAL HIT AND RUN

9. **DESCRIPTION OF INCIDENT:** TRAFIC COLLISION - VEH VS PED - RESULTING IN DEATH

12. [Signature] **APPLICANT SIGNATURE** 13. X **PARENT OR GUARDIAN SIGNATURE (under 18 years)**

DO NOT WRITE BELOW THIS LINE FOR OFFICIAL USE ONLY

INVESTIGATING OFFICER: Name Det. M. Flannery Badge # 56109 Agency LAPD-STD
Phone # 323 421-2500

NAME OF VICTIM OR CASE: IRIS Etaine Peery-Davis

RECOMMENDATION: **APPROVAL** **REAPPROVAL** **INSUFFICIENT INVOLVEMENT** **INSUFFICIENT INFORMATION**

INVESTIGATION CHECKLIST ATTACHED: **Yes** **No**

BRIEF EXPLANATION OR COMMENTS:

REVIEWED AND APPROVED BY:
[Signature] 2/6/17

**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: _____ AGENCY FILE NUMBER: 160325161

TYPE OF CRIME/INVESTIGATION: FATAL HIT AND RUN REWARD AMOUNT: \$ 50,000

REWARD EFFECTIVE DATE: _____ REWARD EXPIRATION DATE: _____

INFO RECEIVED WHILE REWARD IN EFFECT: YES NO DATE RECEIVED: _____
(Check one)

CLAIMANT: _____ CLAIMANT'S OCCUPATION: _____
(Name or "Anonymous." If multiple anonymous claimants, indicate as "Claimant A, Claimant B," etc.)

CASE INVEST. BY: LAPD SOUTH TRAFFIC DETS OTHER CITY DEPARTMENT: _____
(Div/Section)

Investigator(s) Assigned: DET. FLANNERY Telephone: (323) 421-2500
DET. MORENO Telephone: (323) 421-2500
(Name and Serial No.)

The above claimant is **ELIGIBLE** **NOT ELIGIBLE** to receive payment of a reward pursuant to the Los Angeles Administrative Code Division 18, Chapter 12, Sections 18.120 through 18.129.A.

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: [Signature] RANK/TITLE: Detective III

INTRADEPARTMENTAL CORRESPONDENCE

July 29, 2020
5.5

TO: Chief of Police

FROM: Commanding Officer, Transit Services Bureau

SUBJECT: PAYMENT OF HIT AND RUN REWARD FOR DR NO. 1603-25161

Due to an increase in the number of hit and run traffic collisions, the Los Angeles City Council created the Hit and Run Reward Program to engage and seek the community's assistance to identify and deter hit and run drivers.

On Saturday, November 12, 2016, at approximately 0130 hours, a traffic collision occurred on Adams Boulevard and Vineyard Avenue, where a vehicle collided with a pedestrian crossing the street. The suspect fled the location without rendering aid or identifying himself. The victim Iris Elaine Peevy-Davis succumbed to her injuries.

On Tuesday, November 22, 2016, South Traffic detectives held a press conference with the family of Mrs. Peevy-Davis to announce the reward, and appeal to the public for help. On Monday, November 28, 2016, South Traffic Detective Michael Flannery, Serial No. 36629, received a call from a citizen providing suspect information. The citizen stated the driver responsible was Zach Labov and provided a description of his vehicle as a two-toned Range Rover. The caller stated that the Range Rover was parked behind an apartment on Buckingham Avenue just south of Adams Boulevard. Based on the information provided by the citizen, detectives were able to locate the involved vehicle and formulate a tactical plan to arrest Labov.

On December 7, 2016, detectives observed the suspect's vehicle, conducted a traffic stop, and detained Labov. He later admitted driving the vehicle at the time of the collision. Labov was arrested and charged with Hit and Run causing death. On January 16, 2018, Labov was sentenced to five years of formal probation, and one-year county jail. Case Number LACBA46432301. South Traffic Division is thankful for the citizen's bravery, and assistance in bringing this case to a successful resolution.

If you have any questions regarding this correspondence, please contact Detective III Karen Jones, Commanding Officer, South Traffic Detective Section, at (323) 421-2500.

APPROVED:


JON PINTO, Captain
Commanding Officer
South Traffic Division


BLAKE H. CHOW, Deputy Chief
Commanding Officer
Transit Services Bureau

STATE OF CALIFORNIA
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
TRAFFIC COLLISION REPORT
 CHP 605 Page 1 (Rev. 4-11) OPI 000

INC# 16112000390

SPECIAL CONDITIONS FATAL TIC 060#91		NUMBER RATED 0	HT & RM FELONY <input checked="" type="checkbox"/>	CITY LOS ANGELES	JUDICIAL DISTRICT LOS ANGELES	LOCAL REPORT NUMBER 1603-25161	
COLLISION OCCURRED ON ADAMS BL		NUMBER RATED 1	HT & RM MISDEMEANOR <input type="checkbox"/>	COUNTY LOS ANGELES	REPORTING DISTRICT 0331	BEAT 375	DAY OF WEEK S M T W T F S
MILEPOST OR ORIENTATION		GPS COORDINATES		NO. DAY YEAR 11-12-16	TIME (HRS) 0130HRS	NO. 9 1942	OFFICER I.D. 30A36
STREET ADDRESS		LATITUDE		LONGITUDE		PHOTOGRAPHS BY: <input checked="" type="checkbox"/> NONE DORAN #V9860 D#0547414	
<input type="checkbox"/> AT INTERSECTION WITH		<input checked="" type="checkbox"/> OR 104 <input checked="" type="checkbox"/> W OF VINEYARD AV		STATE HWY REL. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
LOCATION	PARTY 1 DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR
	DRIVER NAME (FIRST, MIDDLE, LAST)		OWNER'S NAME		<input type="checkbox"/> SAME AS DRIVER		
	STREET ADDRESS		OWNER'S ADDRESS		<input type="checkbox"/> SAME AS DRIVER		
	CITY/STATE/ZIP		DISPOSITION OF VEHICLE ON ORDER OF:		<input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
SEX		HAIR	EYES	HEIGHT	WEIGHT	BIRTH DATE	RACE
HOME PHONE		BUSINESS PHONE		PRIOR MECHANICAL DEFECTS:		<input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
INSURANCE CARRIER		POLICY NUMBER		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE	
DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		DESCRIBE VEHICLE DAMAGE	
PARTY 2 DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR
DRIVER NAME (FIRST, MIDDLE, LAST)		OWNER'S NAME		<input type="checkbox"/> SAME AS DRIVER			
STREET ADDRESS		OWNER'S ADDRESS		<input type="checkbox"/> SAME AS DRIVER			
CITY/STATE/ZIP		DISPOSITION OF VEHICLE ON ORDER OF:		<input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER			
SEX		HAIR	EYES	HEIGHT	WEIGHT	BIRTH DATE	RACE
HOME PHONE		BUSINESS PHONE		PRIOR MECHANICAL DEFECTS:		<input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
INSURANCE CARRIER		POLICY NUMBER		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE	
DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		DESCRIBE VEHICLE DAMAGE	
PARTY 3 DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR
DRIVER NAME (FIRST, MIDDLE, LAST)		OWNER'S NAME		<input type="checkbox"/> SAME AS DRIVER			
STREET ADDRESS		OWNER'S ADDRESS		<input type="checkbox"/> SAME AS DRIVER			
CITY/STATE/ZIP		DISPOSITION OF VEHICLE ON ORDER OF:		<input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER			
SEX		HAIR	EYES	HEIGHT	WEIGHT	BIRTH DATE	RACE
HOME PHONE		BUSINESS PHONE		PRIOR MECHANICAL DEFECTS:		<input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
INSURANCE CARRIER		POLICY NUMBER		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE	
DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		DESCRIBE VEHICLE DAMAGE	

AUDIT DEC 05 2016 2:731


PREPARED BY
GREEN, L

DISPATCH NOTIFIED
 YES NO N/A

REVIEWER'S NAME
[Signature]

DATE REVIEWED
11/12/16

DATE OF COLLISION (MO. DAY YEAR) 11-12-16	TIME (24HR) 0130HRS	NCIC # 1942	OFFICER I.D. 35936	NUMBER 1603-2516
OWNER'S NAME		OWNER'S ADDRESS		NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
PROPERTY DAMAGE DESCRIPTION OF DAMAGE				

SEATING POSITION 	OCCUPANTS 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 P - NOT REQUIRED	SAFETY EQUIPMENT 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/G BICYCLE HELMET DRIVER PASSENGER V - NO X - NO W - YES Y - YES	AIR BAG B - UNKNOWN L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED EJECTED FROM VEHICLE O - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	INATTENTION CODES A - CELLPHONE HANDHELD B - CELLPHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONAL HYGIENE J - READING K - OTHER
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ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY COLLISION FACTOR LIST NUMBER (S) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES			SPECIAL INFORMATION	MOVEMENT PRECEDING COLLISION		
	1	2	3		1	2	3
A VC SECTION VIOLATION: 21954	A CONTROLS FUNCTIONING			A HAZARDOUS MATERIAL			A STOPPED
B OTHER IMPROPER DRIVING*	B CONTROLS NOT FUNCTIONING*			B CELL PHONE HANDHELD IN USE		X	B PROCEEDING STRAIGHT
C OTHER THAN DRIVER*	C CONTROLS OBSCURED			C CELL PHONE HANDSFREE IN USE			C RAN OFF ROAD
D UNKNOWN*	D NO CONTROLS PRESENT / FACTOR*			D CELL PHONE NOT IN USE			D MAKING RIGHT TURN
	TYPE OF COLLISION			E SCHOOL BUS RELATED			E MAKING LEFT TURN
	A HEAD - ON			F 75 FT MOTORTRUCK COMBO			F MAKING U TURN
	B SIDE SWIPE			G 32 FT TRAILER COMBO			G BACKING
	C REAR END	X	X	H CELLPHONE UNK			H SLOWING / STOPPING
	D BROADSIDE			I			I PASSING OTHER VEHICLE
WEATHER (MARK 1 TO 2 ITEMS)	E HIT OBJECT			J			J CHANGING LANES
A CLEAR	F OVERTURNED			K			K PARKING MANEUVER
B CLOUDY	G VEHICLE / PEDESTRIAN			L			L ENTERING TRAFFIC
C RAINING	H OTHER:			M			M OTHER UNSAFE TURNING
D SNOWING				N			N XING INTO OPPOSING LANE
E FOG / VISIBILITY FT.				O			O PARKED
F OTHER:	MOTOR VEHICLE INVOLVED WITH						P MERGING
G WIND	A NON - COLLISION						Q TRAVELING WRONG WAY
	B PEDESTRIAN						R OTHER:
LIGHTING	C OTHER MOTOR VEHICLE			OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)			
A DAYLIGHT	D MOTOR VEHICLE ON OTHER ROADWAY			A VC SECTION VIOLATION: <input type="checkbox"/> YES <input type="checkbox"/> NO			
B DUSK - DAWN	E PARKED MOTOR VEHICLE			B VC SECTION VIOLATION: <input type="checkbox"/> YES <input type="checkbox"/> NO			
C DARK - STREET LIGHTS	F TRAIN			C VC SECTION VIOLATION: <input type="checkbox"/> YES <input type="checkbox"/> NO			
D DARK - NO STREET LIGHTS	G BICYCLE			D			
E DARK - STREET LIGHTS NOT FUNCTIONING*	H ANIMAL:			E VISION OBSCUREMENT:			
	I FIXED OBJECT:			F INATTENTION:			
ROADWAY SURFACE	J OTHER OBJECT:			G STOP & GO TRAFFIC			
A DRY				H ENTERING / LEAVING RAMP			
B WET				I PREVIOUS COLLISION			
C SNOWY - ICY				J UNFAMILIAR WITH ROAD			
D SLIPPERY (MUDDY, OILY, ETC.)				K DEFECTIVE VEH. EQUIP.: <input type="checkbox"/> YES <input type="checkbox"/> NO			
	PEDESTRIAN'S ACTIONS			L UNINVOLVED VEHICLE			
ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS)	A NO PEDESTRIANS INVOLVED			M OTHER:			
A HOLES, DEEP RUT*	B CROSSING IN CROSSWALK - AT INTERSECTION			N NONE APPARENT			
B LOOSE MATERIAL ON ROADWAY*	C CROSSING IN CROSSWALK - NOT AT INTERSECTION			O RUNAWAY VEHICLE			
C OBSTRUCTION ON ROADWAY*	D CROSSING - NOT IN CROSSWALK						
D CONSTRUCTION - REPAIR ZONE	E IN ROAD - INCLUDES SHOULDER						
E REDUCED ROADWAY WIDTH	F NOT IN ROAD						
F FLOODED*	G APPROACHING / LEAVING SCHOOL BUS						
G OTHER:							
H NO UNUSUAL CONDITIONS							

SKETCH SEE PAGE #4 FOR DIAGRAM	MISCELLANEOUS PARTNER OFCR CROWE, R #40762
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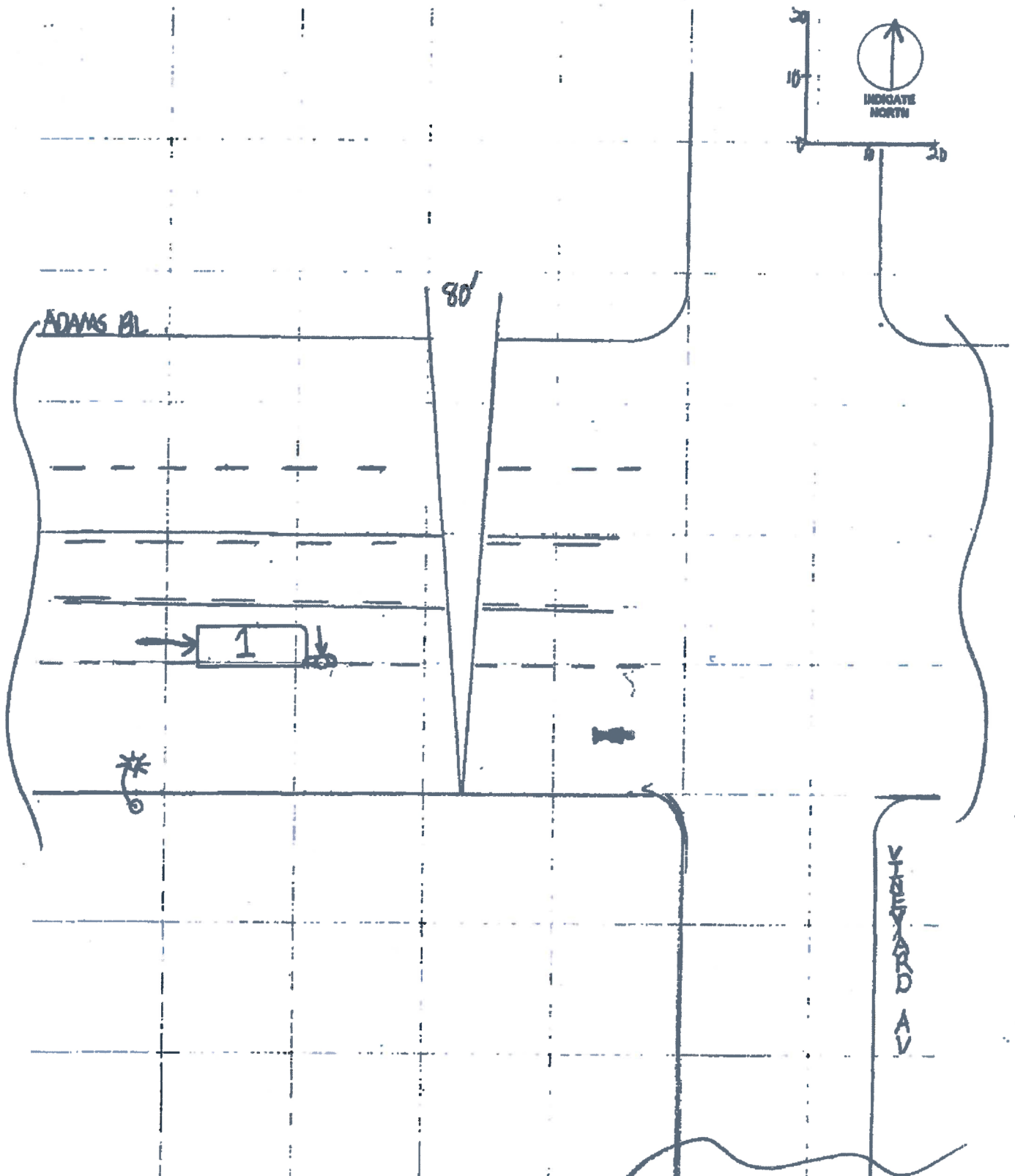
DATE OF COLLISION (MO. DAY YEAR) 11-12-16				TIME (24HR) 0130HRS		NCID # 1942		OFFICER I.D. 35936			NUMBER 11,05-25161						
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY BELT	EJECTED
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PEL.	WALKER	OTHER					
<input type="checkbox"/>	<input type="checkbox"/>	50	F	<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"/>	2	0	0	-	0
NAME / D.O.B. / ADDRESS TRIS DAVIS / D.O.B: 02-04-66 / 2942 HILLCREST DR LA, CA 91016													TELEPHONE 310 291-7202				
(INJURED ONLY) TRANSPORTED BY: TREATED AT SCENE BY RA-16													TAKEN TO:				
DESCRIBE INJURIES BLUNT FORCE TRAUMA, BROKEN NECK																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	49	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME / D.O.B. / ADDRESS LESA FAUTHER / D.O.B: 04-07-67 / 4712 ADMIRALTY WAY #102													TELEPHONE 424 922-3504				
(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																	
PREPARED BY NAME GREEN, L				I.D. NUMBER 35936		MO. DAY YEAR 11 12 16		EMERGENCY NAME				MO. DAY YEAR					

FACTUAL DIAGRAM

CHP 555 Page 4 (Rev. 4-11) OPI 060

DATE OF COLLISION (MO. DAY YEAR) 11-12-16	TIME (HRS) 0130HRS	NO. # 1942	OFFICER I.D. 35936	NUMBER 1603-25161
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE =)



PREPARED BY GREEN, L	I.D. NUMBER 35936	NO. DAY YEAR 11-12-16	REVIEWER'S NAME	NO. DAY YEAR
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STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL
 CHP 856 (Rev 7-90) OPI 042

DATE OF INCIDENT/OCCURRENCE 11-12-16		TIME (2400) 0130hrs	NCIC NUMBER 1942	OFFICER I.D. NUMBER 35936	NUMBER 1603-25161
<input checked="" type="checkbox"/> ONE X Narrative Supplemental	<input checked="" type="checkbox"/> ONE X Collision Report Other :	TYPE SUPPLEMENTAL (X APPLICABLE) BA update Hazardous materials		Fatal School bus	Hit and run update Other:
CITY/COUNTY/JUDICIAL DISTRICT Los Angeles / Los Angeles / Los Angeles				REPORTING DISTRICT/TREAT 0331 / 3T5	CITATION NUMBER -----
LOCATION/SUBJECT Adams Bl - Vineyard Av				STATE HIGHWAY RELATED Yes <input checked="" type="checkbox"/> No	

REMARKS:

P-1 driving V-1 failed to stop, render aid, and ID self, in violation of 20001(A) VC.

INJURIES:

See page#3

MARSY'S RIGHTS CARD:

N/A

CAUSE:

P-2 caused the v/c by being in violation of 21954(A) VC - "Pedestrian crossing outside of crosswalk."

PARTY IDENTIFICATION:

P-2 was identified by the witness at scene.

P-2 was identified by his bus pass that had his picture on it.

STATEMENTS:

See attached 556 for P-2's statement.

See attached 3.14 for Officer Gonzales' statement.

PREPARER'S NAME AND I.D. NUMBER Green, L#35936	DATE 11-12-16	REVIEWER'S NAME	DATE
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STATE OF CALIFORNIA
 NARRATIVE/SUPPLEMENTAL
 CHP 568 (Rev. 7-90) OPI 085

DATE OF INCIDENT/OCCURRENCE 11-2-16	TIME (2400) 0130HRS	NCIC NUMBER 1942	OFFICER I.D. NUMBER 35936	NUMBER 1603-25161
<input checked="" type="checkbox"/> Narrative <input type="checkbox"/> Supplemental	<input checked="" type="checkbox"/> Collision Report <input type="checkbox"/> Other:	TYPE SUPPLEMENTAL ("X" APPLICABLE) <input type="checkbox"/> BA Update <input type="checkbox"/> Fatal <input type="checkbox"/> Hit and Run Update <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> School Bus <input type="checkbox"/> Other:		
CITY/COUNTY/JUDICIAL DISTRICT LOS ANGELES LOS ANGELES LOS ANGELES			REPORTING DISTRICT/BEAT 0331 3TS	CITATION NUMBER
LOCATION/SUBJECT ADAMS BL - VENEYARD AV			STATE HIGHWAY RELATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

1. I, OFFICER CROWB #40762 OBTAINED THE FOLLOWING STATEMENT FROM WST-1 AT SCENE
 2. "WE WERE WALKING (INDICATING SOUTHEAST) FROM THE CORK BAR ACROSS
 3. ADAMS BLVD. WE JUST WANTED TO GO BACK HOME. MY SISTER WAS
 4. BEHIND ME. I SAW THE LIGHTS COMING TOWARD US FROM
 5. THAT DIRECTION (INDICATING FROM THE WEST COMING EASTBOUND) I TOLD
 6. HER TO COME ON. THE TRUCK SPED UP AND I RAN BETWEEN TWO
 7. PARKED CARS. AND MY SISTER WAS STILL COMING. THE TRUCK WAS
 8. IN THAT LANE (INDICATING EASTBOUND LANE #2) AND IT HIT MY
 9. SISTER. IT DRAG HER FOR A BLOCK. IT WAS A LIGHT COLORED PICKUP TRUCK.
 10. THE TRUCK WAS RAISED UP. IT WAS A NEWER TRUCK. (Signature)

13. LESA FATHER 424 350 1704 (CELL)
 14. DOB: 04/07/67
 15. 4712 ADMIRALTY WAY #102
 16. MARINA DEL REY, CA 90292

PREPARER'S NAME and I.D. NUMBER CROWB #40762	DATE 11/2/16	REVIEWER'S NAME	DATE
-------------------------------------------------	-----------------	-----------------	------