





STATE OF CALIFORNIA  
**TRAFFIC COLLISION REPORT**  
 CHP 555 Page 1 (Rev. 7-03) OPI 061

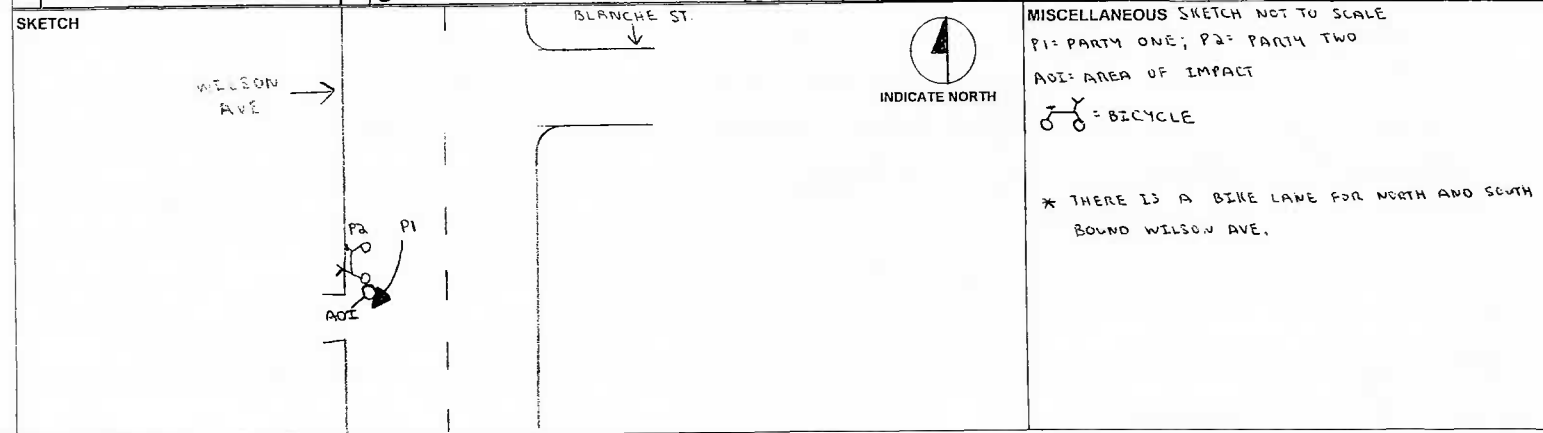
SPECIAL CONDITIONS		NUMBER INJURED 1	HIT & RUN FELONY <input type="checkbox"/>	CITY PASADENA		JUDICIAL DISTRICT PASADENA		LOCAL REPORT NUMBER 12013918			
		NUMBER KILLED 0	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY L.A.		REPORTING DISTRICT 1953				BEAT 5	
LOCATION	COLLISION OCCURRED ON WILSON AVE					MO. 9	DAY 11	YEAR 12	TIME (2400) 0831	NCIC # 1953	OFFICER I.D. 5281
	MILEPOST INFORMATION					DAY OF WEEK S M T W T F S		TOW AWAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PHOTOGRAPHS BY: <input checked="" type="checkbox"/> NONE	
	<input type="checkbox"/> AT INTERSECTION WITH <input checked="" type="checkbox"/> OR APPROX. 20 FEET/MILES S OF BLANCHE ST.							STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
PARTY 1	DRIVER'S LICENSE NUMBER D8088394		STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G		VEH. YEAR 1998	MAKE/MODEL/COLOR VOLVO/ S70/ GREEN	LICENSE NUMBER 4BSC200	STATE CA
DRIVER	NAME (FIRST, MIDDLE, LAST) PADMAVATHY BALASUB					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER SWAMINATHAN KRISHNAN		OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER			
PEDESTRIAN	STREET ADDRESS 241 S. WILSON AVE #104					DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		PARKED			
PARKED VEHICLE	CITY/STATE/ZIP PASADENA CA 91106					PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		VEHICLE IDENTIFICATION NUMBER: YV1LS5576W1523076			
BICYCLIST	SEX F	HAIR BLK	EYES BRN	HEIGHT 506	WEIGHT 150	BIRTHDATE Mo. Day Year 3 - 4 - 76	RACE O	VEHICLE TYPE 01		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	
OTHER	HOME PHONE 626-577-9339		BUSINESS PHONE 626-298-2074		VEHICLE IDENTIFICATION NUMBER: YV1LS5576W1523076		SHADE IN DAMAGED AREA 				
INSURANCE CARRIER AAA		POLICY NUMBER CAA 070347891		DIR OF TRAVEL S		ON STREET OR HIGHWAY WILSON AVE		SPEED LIMIT 25		CAL-T _____ TCP/PSC _____ MC/MX _____	
PARTY 2	DRIVER'S LICENSE NUMBER -		STATE -	CLASS -	AIR BAG P	SAFETY EQUIP. W		VEH. YEAR -	MAKE/MODEL/COLOR GIANT / TCR / YELLOW	LICENSE NUMBER -	STATE -
DRIVER	NAME (FIRST, MIDDLE, LAST) RONALD L. GRIMM					OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER		OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER			
PEDESTRIAN	STREET ADDRESS 761 PROSPECT BLVD.					DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		TAKEN TO HOSPITAL BY P.F.D.			
PARKED VEHICLE	CITY/STATE/ZIP PASADENA CA 91103					PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		VEHICLE IDENTIFICATION NUMBER: -			
BICYCLIST	SEX M	HAIR BRN	EYES BRN	HEIGHT 509	WEIGHT 175	BIRTHDATE Mo. Day Year 10 - 21 - 76	RACE W	VEHICLE TYPE 04		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	
OTHER	HOME PHONE 626-975-9060		BUSINESS PHONE -		VEHICLE IDENTIFICATION NUMBER: -		SHADE IN DAMAGED AREA 				
INSURANCE CARRIER -		POLICY NUMBER -		DIR OF TRAVEL S		ON STREET OR HIGHWAY WILSON AVE		SPEED LIMIT 25		CAL-T _____ TCP/PSC _____ MC/MX _____	
PARTY 3	DRIVER'S LICENSE NUMBER -		STATE -	CLASS -	AIR BAG -	SAFETY EQUIP. -		VEH. YEAR -	MAKE/MODEL/COLOR -	LICENSE NUMBER -	STATE -
DRIVER	NAME (FIRST, MIDDLE, LAST) -					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER			
PEDESTRIAN	STREET ADDRESS -					DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE			
PARKED VEHICLE	CITY/STATE/ZIP -					VEHICLE IDENTIFICATION NUMBER: -		VEHICLE TYPE -			
BICYCLIST	SEX -	HAIR -	EYES -	HEIGHT -	WEIGHT -	BIRTHDATE Mo. Day Year -	RACE -	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <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 	
OTHER	HOME PHONE -		BUSINESS PHONE -		VEHICLE IDENTIFICATION NUMBER: -		SHADE IN DAMAGED AREA 				
INSURANCE CARRIER -		POLICY NUMBER -		DIR OF TRAVEL -		ON STREET OR HIGHWAY -		SPEED LIMIT -		CAL-T _____ TCP/PSC _____ MC/MX _____	
PREPARER'S NAME R LIU #5281			DISPATCH NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			REVIEWER'S NAME <i>[Signature]</i>			DATE REVIEWED 9/10/12		

DATE OF COLLISION (MO. DAY YEAR) 9-11-12	TIME (2400) 0831	NCIC # 1953	OFFICER I.D. 5281	NUMBER 12013918
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  <b>CHILD RESTRAINT</b> 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>EJECTED FROM VEHICLE</b> 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	<b>INATTENTION CODES</b> 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
--	--	--	--	---

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	SPECIAL INFORMATION	1	2	3	MOVEMENT PRECEDING COLLISION
A VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 1 VC 22107	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*	X	X		D CELL PHONE NOT IN USE			X	D MAKING RIGHT TURN
	<b>TYPE OF COLLISION</b>				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				H				H SLOWING / STOPPING
<b>WEATHER (MARK 1 TO 2 ITEMS)</b>	X D BROADSIDE				I				I PASSING OTHER VEHICLE
X A CLEAR	E HIT OBJECT				J				J CHANGING LANES
B CLOUDY	F OVERTURNED				K				K PARKING MANUEVER
C RAINING	G VEHICLE / PEDESTRIAN				L				L ENTERING TRAFFIC
D SNOWING	H OTHER*				M				M OTHER UNSAFE TURNING
E FOG / VISIBILITY FT.	<b>MOTOR VEHICLE INVOLVED WITH</b>				N				N XING INTO OPPOSING LANE
F OTHER*	A NON - COLLISION				O				O PARKED
G WIND	B PEDESTRIAN				<b>OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)</b>				Q TRAVELING WRONG WAY
<b>LIGHTING</b>	C OTHER MOTOR VEHICLE	1	2	3	A VC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				R OTHER*
X A DAYLIGHT	D MOTOR VEHICLE ON OTHER ROADWAY				B VC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
B DUSK - DAWN	E PARKED MOTOR VEHICLE				C VC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
C DARK - STREET LIGHTS	F TRAIN				D	X	X		<b>SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)</b>
D DARK - NO STREET LIGHTS	X G BICYCLE				E VISION OBSCUREMENT:				A HAD NOT BEEN DRINKING
E DARK - STREET LIGHTS NOT FUNCTIONING*	H ANIMAL:				F INATTENTION*:				B HBD - UNDER INFLUENCE
<b>ROADWAY SURFACE</b>	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	<b>PEDESTRIAN'S ACTIONS</b>				I PREVIOUS COLLISION				E UNDER DRUG INFLUENCE*
C SNOWY - ICY	X A NO PEDESTRIANS INVOLVED				J UNFAMILIAR WITH ROAD				F IMPAIRMENT - PHYSICAL*
D SLIPPERY (MUDDY, OILY, ETC.)	B CROSSING IN CROSSWALK - AT INTERSECTION				K DEFECTIVE VEH. EQUIP.: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				G IMPAIRMENT NOT KNOWN
<b>ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)</b>	C CROSSING IN CROSSWALK - NOT AT INTERSECTION				L UNINVOLVED VEHICLE				H NOT APPLICABLE
A HOLES, DEEP RUT*	D CROSSING - NOT IN CROSSWALK				M OTHER*:				I SLEEPY / FATIGUED*
B LOOSE MATERIAL ON ROADWAY*	E IN ROAD - INCLUDES SHOULDER				N NONE APPARENT				
C OBSTRUCTION ON ROADWAY*	F NOT IN ROAD	X	X		O RUNAWAY VEHICLE				
D CONSTRUCTION - REPAIR ZONE	G APPROACHING / LEAVING SCHOOL BUS								
E REDUCED ROADWAY WIDTH									
F FLOODED*									
G OTHER*:									
X H NO UNUSUAL CONDITIONS									



DATE OF COLLISION (MO DAY YEAR) 9 - 11 - 12				TIME (2400) 0831				NCIC # 1953				OFFICER I.D. 5281				NUMBER 12013918			
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 checked="" type="checkbox"/>	2	M	<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	S	P	Q	C	
NAME / D.O.B. / ADDRESS RAGHAVAN SWAMINATHAN / 10-6-69 / 241 S. WILSON AVE #104 PASADENA CA 91106																TELEPHONE			
(INJURED ONLY) TRANSPORTED BY:																TAKEN TO:			
DESCRIBE INJURIES																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/> #	<input type="checkbox"/>	35	M	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	2	1	P	W	O	
NAME / D.O.B. / ADDRESS RONALD L. GRIMM / 10-21-76 / 781 PROSPECT BLVD. PASADENA CA 91103																TELEPHONE 626 793-9060			
(INJURED ONLY) TRANSPORTED BY: R.A. # 731																TAKEN TO: H.M.H.			
DESCRIBE INJURIES LACERATION TO CHIN AREA. CUTS/ABRASSIONS TO RIGHT AND LEFT HAND, LEFT KNEE, RIGHT ARM, AND LIP AREA.																			
<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"/>						
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"/>						
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"/>						
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 R LIM	ID NUMBER 5281	MO. DAY YEAR 9-11-12	REVIEWER'S NAME <i>[Signature]</i>	MO. DAY YEAR 9/11/12
--------------------------	-------------------	-------------------------	---------------------------------------	-------------------------