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DESCRIPTION OF ACCIDENT

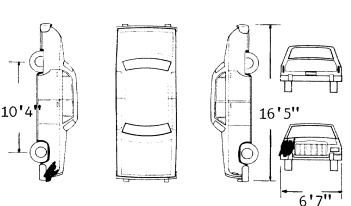
At T/P/O vehicle #1 travelling E/B on Shore Front Pkwy. in far left lane while bicycle travelling in between left and right lane. Operator of vehicle #1 saw bicyclist and switched lanes from left lane to right lane. When vehicle #1 entered right lane, the bicyclist swerved in front of vehicle #1. At that time, the operator of vehicle #1 swerved into the left lane, trying to avoid bicyclist. Vehicle #1 then struck bicyclist with front bumper of vehicle, causing bicyclist to be ejected off bike. Operator of bike was not wearing a helmet at the time of the accident. Operator of bike suffered head injuries and was unconscious and removed by E.M.S. to Peninsula Hospital.

Investigation continuing by Det. Meringolo.

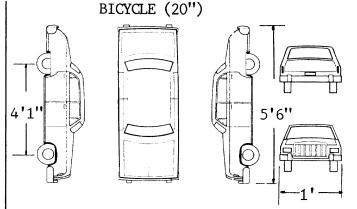
by bec								
SKIDMARK DATA								
	VEH. No. 1	VEH. No.						
REG. No.	CMM6606							
FRONT LEFT	No Skids							
FRONT RIGHT								
REAR LEFT								
REAR RIGHT								
LONGEST SKID								
COEFF. FRICTION								
COMPUTED SPEED								
LEGAL SPEED	30 MPH							

	DECELEROME	TER BRAKE	TEST CALIB	RATED AT 20 MP	Н			
TIME	DATE	GRADE	LOCATION					
Veh. No.	Decelerometer No	. Foot	Results	Emergency	Results			
	PHYSICA	L EXAMINA	TION OF BRA	AKE SYSTEM				
Veh. No	o. Peda	l Pressure		Fluid/Air L	.eak			

DAMAGE TO VEHICLES — DESCRIBE AND SHADE DAMAGED AREAS BICYCLE (20'



Veh. No. 1 Front bumper (pass side),
Front headlight (pass side)



Yeh. No. Front wheel separated from frame, Right handlebar bent, Frt. & Rear wheels bent & flat, Red rear reflector broken off, Rt. handlegrip, Rear seat, Front fork bent Pedals broken off.

	fork bent, i	redais broken off
	SAFETY EQUIPMENT INSPECTION	BICYCLE
	Veh. No. 1 Reg. No cmm660)6 Veh. No. Reg. No.
Inspection Stamp — Expiration Date.	12041343 10/05	N/A
Tires (Size & Condition)	P255/70 R18 All Four	Flat front & rear
Type Transmission/Position	Auto/Park	N/A single speed
Headlights/Condition	Frt. drivers Good Pass. A/D	None
Tail Lights/Condition	Good condition	None
Brake Lights	All working	N/A
Directionals	All working	N/A
Steering Mechanism	Good	Damaged
Windshield Wipers	Good	N/A
Mirror Locations	O/L Rearview O/R	None
Horn	Working	None
Safety Belts Installed	Yes	N/A
Reflectors	Yes	Rear red Acc. Dam. 1 wheel refl
Front Windshield	Good	N/A (rear wheel
Mileage	33056	N/A (rear wheel
	DOLICE ACTION	1 - 1/1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1

POLICE ACTION

DEFENDANT SUMMONS/ARREST No. PCT.

CHARGES

ACTION BY: RANK NAME SHIELD COMMAND

AI TECHNICIAN P.O. B. Yula SHIELD 6183 COMMAND Hwy 3

Type Name and Signature



WITNESS STATEMENT — VEHICL PD-301-061 (Rev. 2-00)-Pent	E ACCIDENT CASE #_	605-49		· · 1
STATEMENT FIRST NAME OF:	LAST NAME	- A		ACCIDENT NO. COMPLAINT NO.
RESIDENCE ADDRESS / CO P. S. C.	WEBE		RESIDENCE TEL.	NO. BUSINESS TEL. NO.
LOCATION OF INTERVIEW PRECINCT		1 LYNBADOK	516) 3/3-	8/4/
SCENE OF ACCIDENT STATION HOUSE IDENTITY OF ABOVE POPERATOR OF	(2200,1102)		201	8 1 9 24 0
NAMED PERSON VEH. NO.	PASSENGER IN VEH. NO. PEDE	ESTRIAN WITNESS	DATE C	7/21/83
<u>9/24/05</u> 1909 5/8	SHORE FRONT PK	WYat BEACH	7/71	DENTINVOLVED EATH BEPERSONAL INJURY
QUESTIONS FOR WITNESS, PASSENGE	R OR PEDESTRIAN ONLY	QUESTIO	NS FOR OPERAT	FOR OF VEHICLE ONLY
Did you see the accident?	110 - 1 - 1	How many years hav		
Where were you at the time of the accident? T W $LEFT$ $LANE$ $BEHINO$ THE	AS IN THE LINCOLN	How long have you d involved in the accide	riven the vehicle ent?	
		Was there any mech defects with the vehi	anical failure or	ng?
Do you know any of the persons nvolved in this accident?		Did you consume an	y intoxicants or me	edication
fyes, whom? JOSE, VICENS		prior to the accident? If yes, what, how mu		Yes No
At the time of the accident, was your Yes		Where were you com	ing from or going	102
risibility obstructed in any way? No	T		g ironi or going	····
	l time	was with you at of accident?		
BELOW QUESTIONS TO BE ANSWERED riefly describe this accident?	IN ALL CASES, WHETHER SUE	BJECT IS OPERATOR,	PASSENGER, PE	DESTRIAN OR WITNESS
ITM. BICKCIST WAS	DRIVING IN	ME CEFT	-ANES D	WAS BCHIND
FRONT OF JOSE , JOSE T, EN THE FRONT END	HEN MAUE CO IF CAR,	NIACI W.	ITH BI	CYCLEST
hat was the cause of the accident? BICY	CLIST SWE	RUING		
ISERT ANSWERS PERTAINING TO EACH VEHICLE NDER APPROPRIATE COLUMN	VEHICLE NO. 1	VEHIC	LE NO. 2	
icense plate No.	UNH	VENIC	LE NO. 2	VEHICLE NO.3
ake, type and color of vehicle	cIKOW, BK,	WY LACK		
rection of travel and on what street	7- 4/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
peed of vehicle(s) involved	35 42 006	7		
as vehicle subject to traffic control devices	35, 40 mpt			
nal lights, signs, pavement markings, etc.?	HAD KIGHT BUNK			
d vehicle swerve or turn to avoid contact?	OBSOCUTELY			
mediately prior to accident, was any signal given? orn – hand – other)	NOT FHAT IS	1 w		
hat lights on vehicle were lighted?	BRAKE CIGHT	15		
hat were the points of impact?	FRONT RIGH	T		
time of accident, were there any other vehicles on t	he street in the vicinity?	s 🛘 No Ifyes,des	scribe:	
Just 1	ME, 2001ac	CURA MOX	NYPL	ATE ACJ870
what direction was destrian (if any) going? With sign Against s	al light		,	
cident occurred during Daylight Dawn Dusk Darkn	Weather			Standing Other
DADWAY	ess Condition Clear	☐ Fog ☐ Rain	☐ Snow (Describe)
GHTED Dryes No	110au			
ostructions of	Condition Dry yes, describe:	☐ Wet ☐ Mud	dy 🛭 Snowy	☐ lcy ☐ Other



WITNE PD 301-0	SS STATEMENT — VEHICLE ACCIDEN 061 (Rev. 2-00)-Pent	IT CASE # 605-49	_
STATEMENT OF:	FIRST NAME	LAST NAME	T

STATEMENT OF:	FIRST NAME	•		LAST NA		_	PCT.	ACCIDENT NO	D. COMPLAINT NO.
RESIDENCE ADDRESS	JOSE			VI	CEN	5	100	466	2787
HESIDENCE ADDRESS	111 /	SE ACK	1 1	13TH	57		ESIDENCE TEL		USINESS TEL. NO.
LOCATION OF INTERVIE	PREC	CINCT	<u>(</u> / <u>/</u> OT	HER	<u> </u>	(1	TIME OF	PEROPT ID	000 99 9 8484 Month Day Year
SCENE OF ACCIDEN		ION HOUSE	U (Di	ESCRIBE)			203	33 1	Month Day Year 9 24 Q5
NAMED PERSON	VEH. NO	OF D V	ASSENGER EH. NO	<u></u> П	PEDESTRIA	N WITNESS	DATE	OF BIBITH	1 /82
DATE OF ACC.	TIME.	LOCATION				2/10/11 0/0	ACC	CIDENTINVO	OWED
QUESTIONS	OR WITNESS, PA	SSENCER O	FRON	IT PKWY	at B	2ACH 77		DEATH	PERSONAL INJURY
		Yes	N PEDESI	HIAN UNLY	Ho	QUESTIONS ow many years have y	FOR OPERA	TOR OF VE	HICLE ONLY
Did you see the accider		□ No					5)	VE'AR S	5
Where were you at the t	ime of the accider	nt?				w long have you drively olved in the accident		VCAD	C
					·	as there any mechan	~	12/K-	,
<u> </u>						fects with the vehicle		ring", N	0
Do you know any of the involved in this accident		∐ Yes □ No			Die	you consume any ir	ntoxicants or m	nedication	
If yes, whom?						or to the accident? res, what, how much	& where?	//	Yes 1 No
At the time of the control of								1/1	
At the time of the accide visibility obstructed in ar	≀nt, was your ∩y way?	☐ Yes ☐ No			COL	ere were you camin			
If yes, describe:					Who was v	168 87 XC	ZY HE	ATHILY	NBKOO K
BELOW OLIES	TIONS TO BE AN	OWED			time of acc	videnta (1)	NE		
Briefly describe this acci	ident? DRIVIA	UG IN A	EFT Z	ANE -	SUBJECT	IS OPERATOR, PA	SSENGER, P	EDESTRIAN	OR WITNESS
311221 : J-3	(MXICID /	06011	210 T	145 V-1	GHT	LANC TO	1.11001	11.00	
SWEKULD IN	10/172/	CIGHI	MINE	T/V/K		IF ME - O	くし ブル	AT EN	TUT
CINCOLKA TI	VTO TUS	LEFT	LAN	15 18	9 WI	U HZTTI	TNG 1	17° m	25-11-
POTINT I	CLIPPED	HIM	WI	TH	KON 1	1955AN	GER S	700	HSAD CTC 7
are.4. Is	TOPPED I	MEDI	ATCY	and	CALL	ED THE	POLIC		The Care All
								1	
								J.V	•
What was the same of the		,							
What was the cause of the		HIT	THE	BIK	E B.	ECA45E	HE S	"WERUE	DIOTHE
···	RI	GHT.	,	_					
INSERT ANSWERS PERTAINI	NG TO EACH VEHICLI	.		-				T	
UNDER APPROPRIATE COLUI	MN		ļ	VEHICLE NO.		VEHICLE	NO. 2		VEHICLE NO.3
License plate No.			Por '	TREM	EMBER				
Make the second of									
Make, type and color of v	rehicle		003,1	V AUGA	OR, BK				
Direction of travel and on	what street		SHORE	FRONT	Prwy	ł			
Connect of walking to (a)								 	
Speed of vehicle(s) involved Was vehicle subject to tra			20/	37 m	07				V-0-
signal lights, signs, paver	ment markings, etc	s, c.?	WHITE	partne	Sow				
Diduatial			1 '						
Did vehicle swerve or turi			1 × E						
Immediately prior to accid (horn – hand – other)	Jent, was any sign	al given?	NOT	HING, :	Scowed				
What lights on vehicle			DAYT	EME Rui	NING			 	
What lights on vehicle we	re lighted?		FADUT	POSS COP	NEL			 	
What were the points of in	mpact?		BUMP	POSS COR	IGHTQA	RE A			
At time of accident, were	there any other ve	ehicles on the	street in the	vicinity?	XX Yes T	No Ifyes descr	ribe:		
1.	MY FRIE	ND 62	HIND	ME.	an a	acura 1	rox		
In what direction was] With signal li			****		,		
pedestrian (if any) going?		Against signal	giit al light		☐ Walking		Running	Па	Standing
Accident occurred during Daylight Day		\	Weather					Other	nanuniy
ROADWAY	wn Dusk	Darkness			ear 🔲	Fog Rain	☐ Snow	(Describe)	
LIGHTED D	□ No		Road Condition	n Dr	, 0	Wet Muddy	√ □ Snowy	☐ lcy	Other
Obstructions of holes in street	Yes No	If yes	, describe:					icy	
SIGNATURE OF WITNESS	NO NO		RANK)	SIGNATURE	OFINITE	MATING OFFICER			
<u> </u>	W		PO	6	Mill	(TAX REG	334 HWV3
				77					

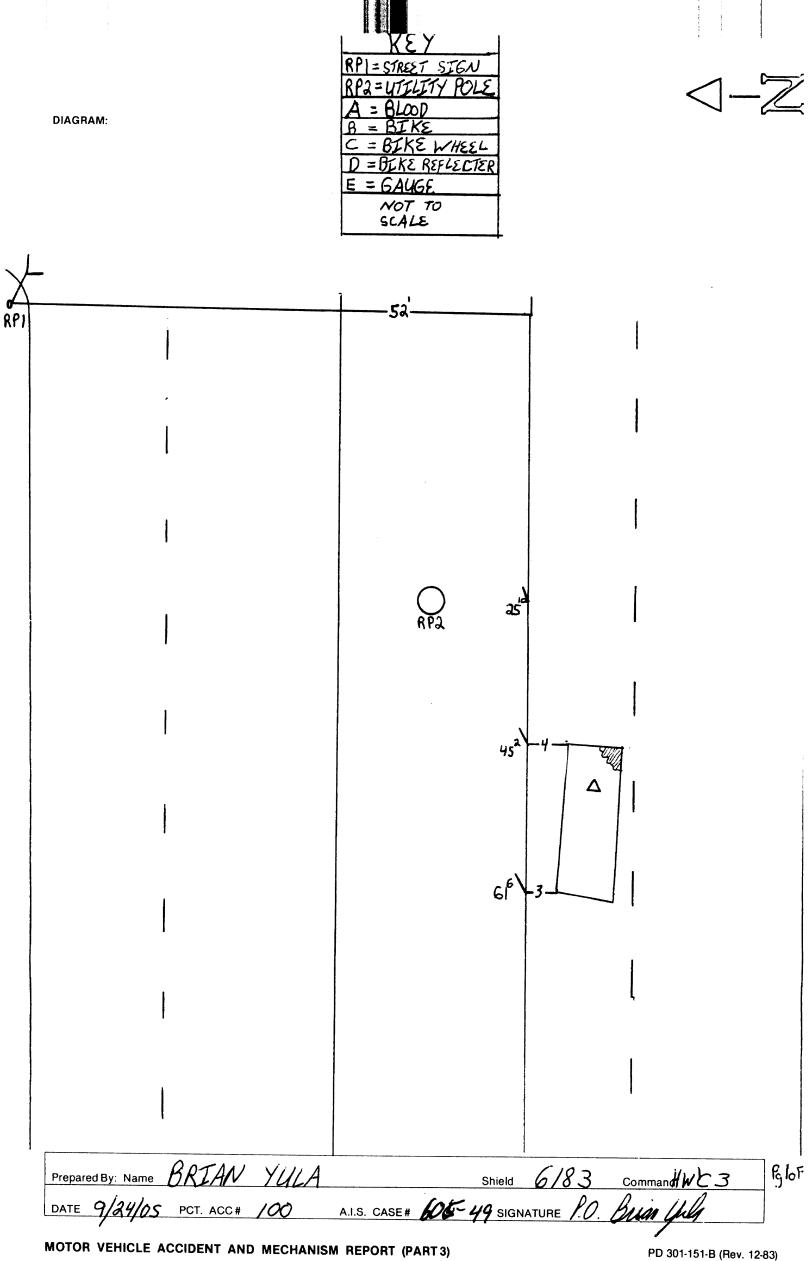


DIAGRAM: 109 1865 195 Pg2cF2 Prepared By: Name BRIAN SIGNATURE P.O. Buan You PCT. ACC#/00 A.I.S. CASC 605-49 MOTOR VEHICLE ACCIDENT AND MECHANISM REPORT (PART 3) PD 301-151-B (Rev. 12-83)