

File No. 130834

Committee Item No. 1

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Neighborhood Services & Safety Date January 16, 2014

Board of Supervisors Meeting Date _____

Cmte Board

- | | | |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input type="checkbox"/> | <input type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget and Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Introduction Form (for hearings) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Form 126 – Ethics Commission |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input type="checkbox"/> | <input type="checkbox"/> | Application |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER (Use back side if additional space is needed)

<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
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<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Derek Evans Date updated 1/14/14

Completed by: _____ Date _____

An asterisked item represents the cover sheet to a document that exceeds 25 pages.
The complete document can be found in the file.



A
13-233
11/07/13

Traffic Collisions/Incidents Involving Bicycles
(Supersedes DB 13-224)

A bicycle rider is an involved party in a traffic collision, if such an accident occurs on a street, roadway or highway.

Members **shall** consider this when investigating injury and non-injury vehicle collisions, consistent with Department General Order 9.02, *Vehicle Accidents*, and the California Vehicle Code.


When any involved party is injured as the result of a traffic collision (519), members **shall** complete a traffic collision report. A complaint of pain by any involved party is sufficient to establish injury for traffic collision reporting purposes. Medical attention by an ambulance crew or transportation to a medical facility **shall not** be used as a requirement for taking a collision report. The following are examples of traffic collisions requiring a collision report:

- Collisions involving a bicycle and any object, including a parked vehicle, a pedestrian, skater, road hazards, or another bicycle when the collision occurred on a street, roadway, or highway.
- Collisions involving anyone opening a vehicle door into an approaching cyclist's immediate path of travel, whenever such path of travel is upon a roadway. This is deemed a collision even if the cyclist swerves and avoids the opened door, but overturns or strikes another vehicle, person, or object in the process. This also applies to a driverless stopped or parked vehicle when the door is opened by any other person in the vehicle.

Members shall treat bicycle collisions not occurring on highway and not involving a motor vehicle as aided cases and shall be documented using incident report forms.

Members who receive complaints from bicyclists about a motorist forcing the bicyclist off the road or committing an assault **shall** document the incident using an incident report form. If the incident lacks the elements of an assault, but the reportee is insistent on reporting the incident, members **shall** document the incident using an incident report, not by using a CAD number.

Members should complete investigations and reports as appropriate and **shall not** dissuade bicycle riders from making collision or incident reports. Injury collisions on a highway involving solo bicycles should be treated in the same manner as a solo motor vehicle collision and not merely as an unfortunate occurrence to the bicyclist.


GREGORY P. SUHR
Chief of Police

VEHICLE ACCIDENTS

This order establishes policies regarding the investigation of injury and non-injury vehicle accidents.

I. POLICY

A. INVESTIGATION AND REPORT. It is the policy of the San Francisco Police Department to investigate and report the following types of vehicle accidents:

1. Vehicle accidents resulting in death or injury.
2. All hit and run vehicle accidents resulting in death, injury or property damage.
3. All runaway vehicle accidents resulting in death, injury or property damage.
4. All vehicle accidents involving a city-owned vehicle or damage to city-owned property.
5. All school bus accidents.
6. All vehicle accidents involving an arrest.

B. PROPERTY DAMAGE ONLY. Members need not investigate or report non-injury (property damage) vehicle accidents that do not include any of the above-listed criteria.

C. ASSIGNMENT PRIORITY

1. **COLLISION INFORMATION FORM.** The assignment priority for accidents requiring the completion of a Collision Information Form is:
 - a. Primary - Patrol Unit
 - b. Secondary -Traffic Unit

DGO 9.02
08/10/94

2. **TRAFFIC COLLISION INVESTIGATION AND REPORT.** The assignment priority for accidents requiring an investigation and the completion of a Traffic Collision Report is:
 - a. Primary - Traffic Unit
 - b. Secondary - Patrol Unit

II. PROCEDURES

A. INJURY ACCIDENTS

1. **REPORT.** When investigating an accident involving injuries, always complete an entire Traffic Collision Report, including a diagram of the accident scene.
2. **NOTIFICATION** If a death or serious injury results, immediately notify the Hit and Run Section during business hours, or the Operations Center at all other times (see DGO 8.01, Critical Incident Evaluation and Notification). Record the name and the star number of the person notified along with the time on the Traffic Collision Report.
3. **VICTIM IDENTIFICATION.** Refer all requests for victim identification, by citizens or the media, to the Operations Center, the Hit and Run Section or the Medical Examiner's Office, if applicable (see DGO 8.09, Media Relations).
4. **VEHICLE HOLDS.** See DGO 9.06, Vehicle Tows.

B. HIT AND RUN VEHICLE ACCIDENTS

1. **REPORT.** When requested by a citizen, investigate and prepare a Traffic Collision Report and a Hit and Run Record (SFPD 133) for all hit and run vehicle accidents occurring in San Francisco, whether you are at the scene or not.
2. **NOTIFICATION.** If a death or serious injury has occurred, preserve the accident scene, notify the Hit and Run Section or the Operations Center, and follow the procedures outlined in Injury Accidents, II. A.

C. RUNAWAY VEHICLE ACCIDENTS

1. **REPORT.** When investigating a vehicle accident involving a parked vehicle in violation of Section 58a of the Traffic Code, prepare a Traffic Collision Report and include all of the following:
 - a. Whether the emergency brake was on or partially on.
 - b. The position of the gear selector (manual or automatic).
 - c. Whether the vehicle was locked.
 - d. Whether the vehicle may have been struck and set into motion by another vehicle.
2. **CITATION/TOW/HOLD.** Cite the vehicle 58a T.C. (no blocks) and tow it after placing a "hold" for the Traffic Division (see DGO 9.06, Vehicle Tows). Direct the owner to the Traffic Division, Room 150, Hall of Justice to get a release.

D. CITY-OWNED VEHICLES OR PROPERTY. When investigating an accident involving a city-owned vehicle or property, attempt to notify the appropriate city department, e.g., Department of Electricity, Department of Public Works, etc. Minor non-injury accidents involving the Muni may be investigated by Muni personnel.

E. SCHOOL BUS ACCIDENTS. If students are on the bus at the time of the accident and there are injuries, ensure that the Communications Division notifies the California Highway Patrol. The primary investigating unit should be a traffic solo officer.

F. VEHICLE ACCIDENTS INVOLVING AN ARREST. After arresting a person involved in a vehicle accident, whether the arrest is related to the accident or is related to the previous commission of a crime, complete a Traffic Collision Report. When completing the incident report, refer to the Traffic Collision Report. Also refer to the incident report in the Traffic Collision Report.

G. VEHICLE ACCIDENTS INVOLVING HAZARDOUS MATERIALS. See DGO 8.07, Hazardous Material Incidents.

DGO 9.02
08/10/94

H. NON-INJURY VEHICLE ACCIDENTS. When arriving at the scene of a non-injury vehicle accident, advise the citizens that it is the policy of this Department not to investigate vehicle accidents involving only property damage. If a citizen insists on a report, follow these procedures:

1. **EXCHANGE OF INFORMATION.** Assure proper exchange of the Collision Information Form (SFPD 19) and, if necessary, assist each party in completing them. Ensure that any witness information is provided to the parties involved.
2. **TOWS.** Arrange for tows and direct traffic if necessary.

I. CITING AT THE SCENE OF A TRAFFIC COLLISION. See DGO 9.01, Traffic Enforcement:

J. NOTIFICATION TO DMV

1. **WHEN.** When investigating an accident (either injury or non-injury) advise the drivers involved that they must notify the Department of Motor Vehicles within 10 days when either:
 - a. There is more than \$500 in damage to the property of any one person,
or
 - b. Anyone is injured (no matter how slightly) or killed.
2. **FORM.** As required by California Vehicle Code Section 16000, it is the responsibility of each driver - not the police or the CHP - to report the accident. The accident should be reported on DMV Form SR 1, "Report of Traffic Accident," which is available at any DMV office or CHP field office.

Introduction Form

By a Member of the Board of Supervisors or the Mayor

Time stamp
or meeting date

I hereby submit the following item for introduction (select only one):

- 1. For reference to Committee.
An ordinance, resolution, motion, or charter amendment.
- 2. Request for next printed agenda without reference to Committee.
- 3. Request for hearing on a subject matter at Committee.
- 4. Request for letter beginning "Supervisor [] inquires"
- 5. City Attorney request.
- 6. Call File No. [] from Committee.
- 7. Budget Analyst request (attach written motion).
- 8. Substitute Legislation File No. []
- 9. Request for Closed Session (attach written motion).
- 10. Board to Sit as A Committee of the Whole.
- 11. Question(s) submitted for Mayoral Appearance before the BOS on []

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

- Small Business Commission Youth Commission Ethics Commission
- Planning Commission Building Inspection Commission

Note: For the Imperative Agenda (a resolution not on the printed agenda), use a Imperative

Sponsor(s):

Supervisor Jane Kim

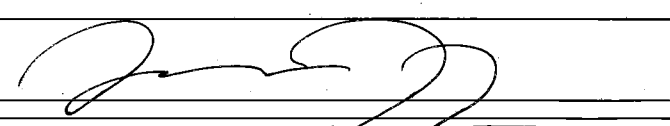
Subject:

Hearing Request - SFPD protocol and process investigating cyclist and pedestrian fatalities and serious injuries, resulting from vehicle collisions.

The text is listed below or attached:

Hearing to have San Francisco Police Department present its standard protocol for reviewing, investigating and reporting findings of fault in the event of a cyclist or pedestrian fatality or serious injury as the result of a traffic collision.

Signature of Sponsoring Supervisor: _____



For Clerk's Use Only:

130834

Evans, Derek

Subject: FW: File No. 130834

From: Lauterborn, Peter
Sent: Thursday, September 19, 2013 5:08 PM
To: Caldeira, Rick; BOS Legislation; Kim, Jane
Cc: Calvillo, Angela
Subject: File No. 130834

Dear all,

Supervisor Mar would like to co-sponsor file No. 130834. Thank you!

Peter Lauterborn
Legislative Aide
Supervisor Eric Mar

Rec'd in Committee
10/3/13

Coronado # 1006
Case

STATE OF CALIFORNIA
TRAFFIC COLLISION REPORT
CHP 555 PAGE 1 (Rev 8-97) OPI 042

RMS-Original

SPECIAL CONDITIONS Fatal		NUMBER INJURED 1	HIT & RUN FELONY <input type="checkbox"/>	CITY San Francisco	LOCAL REPORT NUMBER 011091347					
		NUMBER KILLED 0	HIT & RUN MIBD. <input type="checkbox"/>	COUNTY San Francisco	REPORTING DISTRICT NORTHERN	SEAT 4B1E				
LOCATION	COLLISION OCCURRED ON 700 BLK VAN NESS AVE.(US 101)				NO. DAY YEAR 09-12-2001	TIME (24HR) 08:10	NCIC # 3801	OFFICER I.D. 125		
	MILEPOST INFORMATION				DAY OF WEEK Wednesday	TOW AWAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PHOTOGRAPHS BY: <input type="checkbox"/> NONE			
	AT INTERSECTION WITH <input checked="" type="checkbox"/> OR: 6 Feet N OF TURK ST.				STATE HWY REL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		D. KAMITA 1392			
PARTY 1	DRIVER'S LICENSE NUMBER			STATE CA	CLASS	SAFETY EQUIP. P	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE
DRIVER	NAME (FIRST, MIDDLE, LAST) MICHAEL ARTHUR HOFFMAN				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER					
PED-TRIAN	STREET ADDRESS CHELSER DR.				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER					
PARKED VEHICLE	CITY / STATE / ZIP OAKLAND, CA 95454				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
BICY-CLIST	SEX M	HAIR RED	EYES BRO	HEIGHT 5' 7"	WEIGHT 140 lbs	NO. BIRTHDATE DAY YEAR 03-29-1947	RACE W	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
OTHER	HOME PHONE (510) 530-311			BUSINESS PHONE			VEHICLE IDENTIFICATION NUMBER:			
INSURANCE CARRIER		POLICY NUMBER			CHP USE ONLY VEHICLE TYPE		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	
DIR. OF TRAVEL W		ON STREET OR HIGHWAY 700 VAN NESS AVE			SPEED LIMIT 25		CA _____ DOT _____		CAL-T _____ TCP/PS _____ MCRX _____	
PARTY 2	DRIVER'S LICENSE NUMBER			STATE CA	CLASS A	SAFETY EQUIP. C	VEH. YEAR 1994	MAKE / MODEL / COLOR PETERBUILT / TRACTOR / RED	LICENSE NUMBER 9B85053	STATE CA
DRIVER	NAME (FIRST, MIDDLE, LAST) RAM LAKHBIR				OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER					
PED-TRIAN	STREET ADDRESS				OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER					
PARKED VEHICLE	CITY / STATE / ZIP HAYWARD, CA 94545				DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
BICY-CLIST	SEX M	HAIR BLK	EYES BRO	HEIGHT 5' 7"	WEIGHT 190 lbs	NO. BIRTHDATE DAY YEAR 03-25-1970	RACE W	Parked at Scene PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
OTHER	HOME PHONE (510) 670-074			BUSINESS PHONE (510) 220-0			VEHICLE IDENTIFICATION NUMBER:			
INSURANCE CARRIER		POLICY NUMBER RAHI INS CO. NAC00345			CHP USE ONLY VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input checked="" 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 N		ON STREET OR HIGHWAY VAN NESS AVE.			SPEED LIMIT 25		CA _____ DOT _____		CAL-T _____ TCP/PS _____ MCRX _____	
PARTY	DRIVER'S LICENSE NUMBER			STATE	CLASS	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE
DRIVER	NAME (FIRST, MIDDLE, LAST)				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER					
PED-TRIAN	STREET ADDRESS				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER					
PARKED VEHICLE	CITY / STATE / ZIP				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
BICY-CLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	NO. BIRTHDATE DAY YEAR	RACE	PRIOR MECHANICAL DEFECTS <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
OTHER	HOME PHONE			BUSINESS PHONE			VEHICLE IDENTIFICATION NUMBER:			
INSURANCE CARRIER		POLICY NUMBER			CHP USE ONLY VEHICLE TYPE		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	
DIR. OF TRAVEL		ON STREET OR HIGHWAY			SPEED LIMIT		CA _____ DOT _____		CAL-T _____ TCP/PS _____ MCRX _____	
PREPARER'S NAME SHANAHAN TIM				DISPATCH NOTIFIED 125 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	REVIEWED BY <i>Calvin Shinn</i>			DATE REVIEWED 9/12/01		

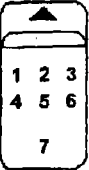
SDRAMS
A 12 39

STATE OF CALIFORNIA
TRAFFIC COLLISION CODING

CHP 555 PAGE 2 (REV. 1-88) OPI 042

DATE OF COLLISION (MO. DAY YEAR) 09-12-2001	TIME (2400) 08:10	NCIC # 3801	OFFICER I. D. 125	NUMBER 011091347
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PROPERTY DAMAGE	OWNER'S NAME / ADDRESS	NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
	DESCRIPTION OF DAMAGE	

SEATING POSITION 	SAFETY EQUIPMENT 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 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	EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN
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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	TYPE OF VEHICLE	1	2	MOVEMENT PRECEDING COLLISION
A VC SECTION VIOLATED: CITED YES/NO 1 21950b	X A CONTROLS FUNCTIONING			A PASSENGER CAR / STATION WAGON			A STOPPED
B OTHER IMPROPER DRIVING *	B CONTROLS NOT FUNCTIONING *			B PASSENGER CAR W / TRAILER		X	B PROCEEDING STRAIGHT
C OTHER THAN DRIVER *	C CONTROLS OBSCURED			C MOTORCYCLE / SCOOTER			C RAN OFF ROAD
D UNKNOWN *	D NO CONTROLS PRESENT / FACTOR *			D PICKUP OR PANEL TRUCK		X	D MAKING RIGHT TURN
E FELL ASLEEP *	TYPE OF COLLISION			E PICKUP / PANEL TRUCK W / TRAILER			E MAKING LEFT TURN
	A HEAD - ON			F TRUCK OR TRUCK TRACTOR			F MAKING U TURN
	B SIDESWIPE		X	G TRUCK / TRUCK TRACTOR W / TRLR.			G BACKING
	C REAR END			H SCHOOL BUS			H SLOWING / STOPPING
WEATHER (MARK 1 TO 2 ITEMS)	D BROADSIDE			I OTHER BUS			I PASSING OTHER VEHICLE
A CLEAR	E HIT OBJECT			J EMERGENCY VEHICLE			J CHANGING LANES
X B CLOUDY	F OVERTURNED			K HIGHWAY CONST. EQUIPMENT			K PARKING MANUEVER
C RAINING	X G VEHICLE / PEDESTRIAN			L BICYCLE			L ENTERING TRAFFIC
D SNOWING	H OTHER *:			M OTHER VEHICLE			M OTHER UNSAFE TURNING
E FOG / VISIBILITY FT.	MOTOR VEHICLE INVOLVED WITH		X	N PEDESTRIAN			N XING INTO OPPOSING LANE
F OTHER *:	A NON - COLLISION			O MOPED			O PARKED
G WIND	X B PEDESTRIAN			P PARKED VEHICLE			P MERGING
LIGHTING	C OTHER MOTOR VEHICLE						Q TRAVELING WRONG WAY
X A DAYLIGHT	D MOTOR VEHICLE ON OTHER ROADWAY		1	OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)			R OTHER *:
B DUSK - DAWN	E PARKED MOTOR VEHICLE		2	A VC SECTION VIOLATION: CITED YES/NO			
C DARK - STREET LIGHTS	F TRAIN			B VC SECTION VIOLATION: CITED YES/NO			
D DARK - NO STREET LIGHTS	G BICYCLE			C VC SECTION VIOLATION: CITED YES/NO		1	SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)
E DARK - STREET LIGHTS NOT FUNCTIONING *	H ANIMAL:			D VISION OBSCUREMENT:		2	A HAD NOT BEEN DRINKING
ROADWAY SURFACE	I FIXED OBJECT:			F INATTENTION *:			B HBD - UNDER INFLUENCE *
X A DRY	J OTHER OBJECT:			G STOP & GO TRAFFIC			C HBD - NOT UNDER INFLUENCE *
B WET				H ENTERING / LEAVING RAMP			D HBD - IMPAIRMENT UNKNOWN *
C SNOWY - ICY				I PREVIOUS COLLISION			E UNDER DRUG INFLUENCE *
D SLIPPERY (MUDDY, OILY, ETC.)				J UNFAMILIAR WITH ROAD		X	F IMPAIRMENT - PHYSICAL *
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)	PEDESTRIANS INVOLVED			K DEFECTIVE VEH. EQUIP.: CITED YES/NO			G IMPAIRMENT NOT KNOWN
A HOLES, DEEP RUT *	A NO PEDESTRIAN INVOLVED			L UNINVOLVED VEHICLE			H NOT APPLICABLE
B LOOSE MATERIAL ON ROADWAY *	X B CROSSING IN CROSSWALK AT INTERSECTION			M OTHER *:			I SLEEPY / FATIGUED
C OBSTRUCTION ON ROADWAY *	C CROSSING IN CROSSWALK - NOT AT INTERSECTION			N NONE APPARENT			SPECIAL INFORMATION
D CONSTRUCTION - REPAIR ZONE	D CROSSING - NOT IN CROSSWALK			O RUNAWAY VEHICLE			A HAZARDOUS MATERIAL
E REDUCED ROADWAY WIDTH	E IN ROAD - INCLUDES SHOULDER						
F FLOODED *	F NOT IN ROAD		X				
G OTHER *:	G APPROACHING / LEAVING SCHOOL BUS						
X H NO UNUSUAL CONDITIONS							

SKETCH



INDICATE NORTH WITH ARROW

MISCELLANEOUS
 PED CLOTHING WHIRED JACKET, PLAID SHIRT, GRN PANT
 WITNESS #3 W-415-552-3200

INJURED / WITNESSES / PASSENGERS

CHP 555-Page 3 (Rev.2-97) OPI 042

DATE OF COLLISION (MO. DAY YEAR) 09-12-2001	TIME (24HR) 08:10	NCR# 3801	OFFICER I.D. 125	NUMBER 011091347
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WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)					PARTY NUMBER	SEAT POS.	SAFETY EQUIP.	EJECTED	
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER					
<input type="checkbox"/>	<input type="checkbox"/>	54	M	<input checked="" type="checkbox"/>	<input 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"/>	1	1	P	0

NAME / D.O.B. / ADDRESS: MICHAEL ARTHUR HOFFMAN / 03-29-1947 / CHELSER DR., OAKLAND, CA 95454
 TELEPHONE: (510) 530-311

(INJURED ONLY) TRANSPORTED BY: MED 36
 TAKEN TO: MEH

DESCRIBE INJURES: CRUSHED PELVIS, INTERNAL INJURIES

VICTIM OF VIOLENT CRIME NOTIFIED

<input checked="" type="checkbox"/>	1	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
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NAME / D.O.B. / ADDRESS: LYTASHIA MCCOY / PALOU ST., SF, CA
 TELEPHONE: (415) 642-461 ext.

(INJURED ONLY) TRANSPORTED BY:
 TAKEN TO:

DESCRIBE INJURES:

VICTIM OF VIOLENT CRIME NOTIFIED

<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	26	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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NAME / D.O.B. / ADDRESS: KENNETH CHAPPELL / 07-15-1975 / DDDY ST., SF, CA
 TELEPHONE: (415) 921-7370

(INJURED ONLY) TRANSPORTED BY:
 TAKEN TO:

DESCRIBE INJURES:

VICTIM OF VIOLENT CRIME NOTIFIED

<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	42	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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NAME / D.O.B. / ADDRESS: RONALD BENAVIDEZ / 04-20-1959 / JONES # , SF, CA 94102
 TELEPHONE: (415) 673-024

(INJURED ONLY) TRANSPORTED BY:
 TAKEN TO:

DESCRIBE INJURES:

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"/>
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NAME / D.O.B. / ADDRESS:
 TELEPHONE:

(INJURED ONLY) TRANSPORTED BY:
 TAKEN TO:

DESCRIBE INJURES:

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"/>
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NAME / D.O.B. / ADDRESS:
 TELEPHONE:

(INJURED ONLY) TRANSPORTED BY:
 TAKEN TO:

DESCRIBE INJURES:

VICTIM OF VIOLENT CRIME NOTIFIED

PREPARER'S NAME: SHANAHAN TIM
 I.D. NUMBER: 125
 MO: 9 DAY: 12 YEAR: 01
 REVIEWER'S NAME: D. Conner
 MO: 4 DAY: 12 YEAR: 01

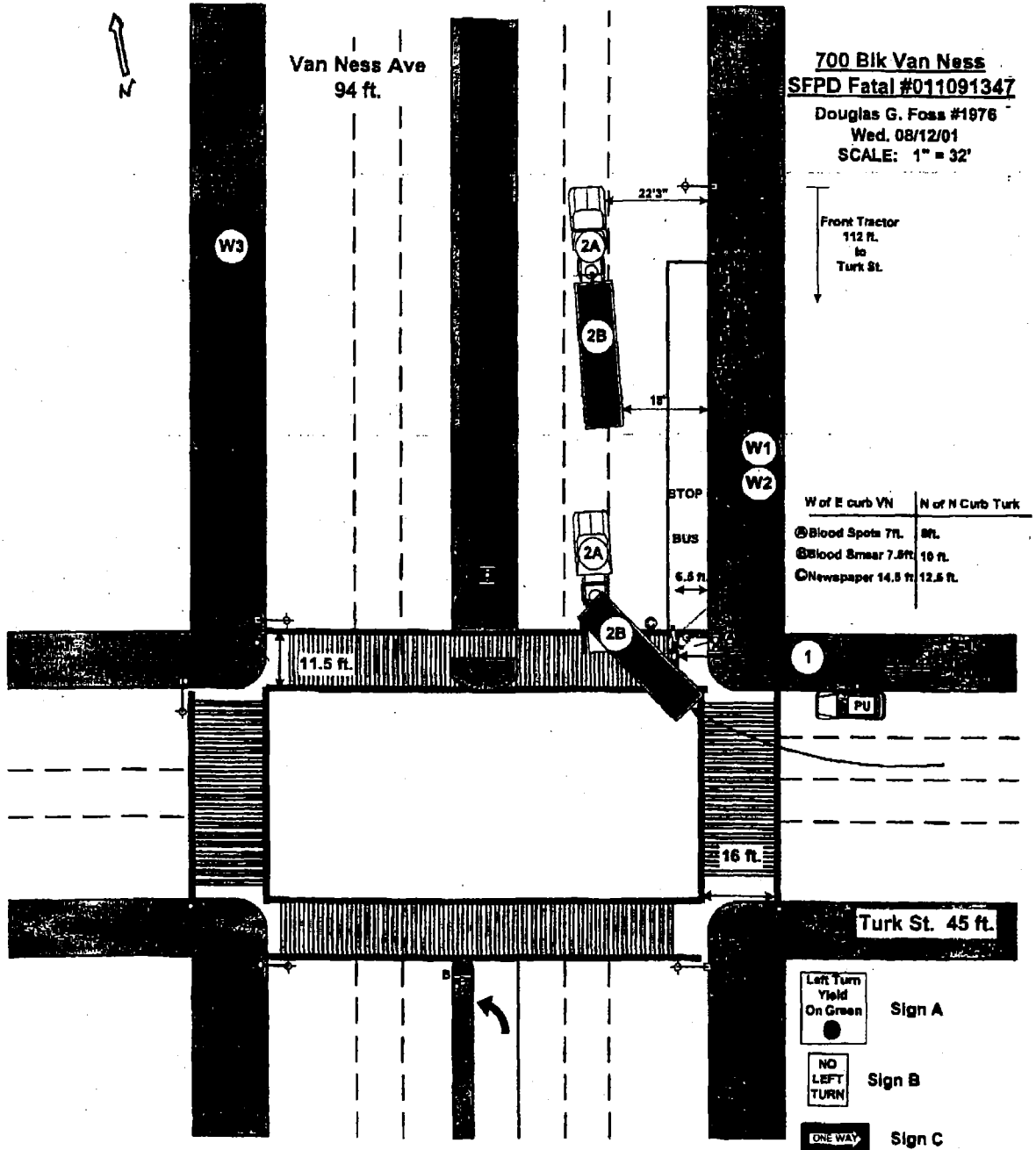
STATE OF CALIFORNIA
FACTUAL DIAGRAM

CHP 555 Page 4 (Rev. 8-97) OPI 042

PAGE 4 OF 7

DATE OF INCIDENT 09/12/2001	TIME 0810	NCIC NUMBER 3801	OFFICER I.D. 1976	NUMBER 011091347
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE=)



PREPARED BY DOUGLAS G. FOSS	I.D. NUMBER 1976	DATE 09/12/2001	REVIEWER'S NAME C. Conner	DATE 9/12/01
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NARRATIVE/SUPPLEMENTAL

CHP 556 (Rev 7-90) OPI 042

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DATE OF INCIDENT/OCCURRENCE 09-12-2001	TIME (2400) 08:10	NCIC NUMBER 3801	OFFICER I.D. NUMBER 125	NUMBER 011091347
<input checked="" type="checkbox"/> Narrative <input type="checkbox"/> Supplemental		<input checked="" type="checkbox"/> Collision report <input type="checkbox"/> Other:		<input type="checkbox"/> Hit and run update <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				
CITY/COUNTY/JUDICIAL DISTRICT San Francisco / San Francisco / San Francisco			REPORTING DISTRICT/BEAT NORTHERN / 4B1E	CITATION NUMBER
LOCATION/SUBJECT 700 BLK VAN NESS AVE			STATE HIGHWAY RELATED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

PARTY#1 WEST ACROSS VAN NESS AVE WITH BODY, CONTACTED RIGHT SIDE VEH#2/2B NORTH ON VAN NESS AVE. FORCE OF IMPACT KNOCKED PARTY#1 TO ROADWAY, REAR WHEELS OF VEH#2B ROLLED OVER PARTY#1.

ACC FACTS: OP#2 AT SCENE, PARTY#1 AT MEH, WITNESS #1, #2, #3 AT SCENE. VEH #1/1B FOUND AS SHOWN.

POI EST: BY BLOOD ON ROADWAY, LOCATION OF VEH#2/2B AT REST, STATEMENTS.

SKID: NONE OBSERVED.

STATEMENTS: PARTY #1 UNABLE DUE TO INJURIES/TREATMENT.

OP#2 I STOPPED AT THE RED LIGHT ON TURK ST. AT VAN NESS. THE LIGHT TURNED GREEN I LOOKED AT THE SIDEWALK AND THERE WERE NO PEDESTRIANS, I MADE A RIGHT TURN, THEN I HEARD SOMEONE SCREAMING SO I STOPPED.

W#1 & W#2,: I WAS STANDING ON THE SIDEWALK I HEARD A THUD, THEN I HEARD HIM (PARTY#2) SCREAMING FROM UNDER THE REAR WHEELS OF THE TRUCK (1/B)

W#3 I WAS STANDING ON THE SIDEWALK LOOKING ACROSS THE STREET, I SAW THE TRUCK MAKE A TURN ONTO VAN NESS THE PEDESTRIAN CAME RUNNING FROM BEHIND THE BUILDING AND HE TRIED TO CROSS THE STREET. I WENT ACROSS THE STREET TO HELP HIM.

GENERAL INFO: OFFICER FOSS #1976, SGT. O'CONNELL #500 RESPONDED AND ASSISTED IN THE INVESTIGATION. NUMEROUS OFFICERS FROM CO. E WERE AT THE SCENE SEE ATTACHED CRIME SCENE LOG ATTACHED. OFFICER FULLWOOD RESPONDED TO MEH TO COLLECT PARTY#1 INFORMATION. INSPECTORS MAHONEY# 1622 AND LYNCH#859 FROM THE HIT/RUN DETAIL RESPONDED TO THE SCENE. DR. ROGERS PRONOUNCED PARTY#1 DEAD AT 11:35 HRS THIS DATE.

PREPARER'S NAME AND I.D. NUMBER SHANAHAN TIM	DATE 125 9-12-01	REVIEWER'S NAME <i>Tim O'Connell 500</i>	DATE 9/12/01
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NARRATIVE/SUPPLEMENTAL

CHP 556 (Rev 7-80) DPI 042

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DATE OF INCIDENT/OCCURRENCE 09-12-2001	TIME (2400) 08:10	NCIC NUMBER 3801	OFFICER I.D. NUMBER 125	NUMBER 011091347
"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"/> 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 San Francisco / San Francisco / San Francisco			REPORTING DISTRICT/BEAT NORTHERN / 4B1E	CITATION NUMBER
LOCATION/SUBJECT 700 BLK VAN NESS AVE			STATE HIGHWAY RELATED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

CONCLUSION: PARTY#1 WAS FOUND AT FAULT BASED ON STATEMENTS, POI IN THE INTERSECTION, LOC OF VEH #2/2B STOPPED ON VAN NESS AVE.

PREPARER'S NAME AND I.D. NUMBER
SHANAHAN TIM

125

DATE
9-12-01

REVIEWER'S NAME

Tim Shanahan 500

DATE
9/12/01

SAN FRANCISCO POLICE DEPARTMENT

CRIME SCENE LOG

INCIDENT NUMBER: 011091347

TYPE OF INCIDENT: 519 PED

LOCATION: VAN NESS / TURK

DATE/TIME OF INCIDENT: 9-12-01 0810

OFFICER MAINTAINING LOG: ARNOLD 903

STAR: 903

DATE/TIME LOG STARTED: 9-12-01 0820

RELIEF OFFICER:

STAR:

DATE/TIME:

TIME IN	NAME	POSITION/TITLE	REASON FOR ENTRY	TIME OUT
0812	FALIANO	1890	INVESTIGATION	0900
0812	FOX	788	"	0940
0812	ARNOLD	903	"	"
0817	ROCHF	62	"	"
0900	LYNCH	859	"	"
0900	MAHONEY	1622	"	"
0900	KAMITA	1392	"	"
0830		1365	"	"
0830		500	"	"
0830		125	"	4
0813	MEDIC 36		MEDICAL	0822
0813	ENGINE 3		"	0822
0815	BRAUNE	1871	INVESTIGATION	0845
0835	BRANCH (DPT)	49	TRAFFIC	0835-0940
0835	SULLIVAN (DPT)	209	TRAFFIC	08-0940
ALL TIMES APPROXIMATE				

File No. 130834

Committee Item No. 3 / 1

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Neighborhood Services & Safety

Date October 3, 2013 / 1/16/13

Board of Supervisors Meeting

Date _____

Cmte Board

- Motion
- Resolution
- Ordinance
- Legislative Digest
- Budget and Legislative Analyst Report
- Legislative Analyst Report
- Youth Commission Report
- Introduction Form (for hearings)
- Department/Agency Cover Letter and/or Report
- MOU
- Grant Information Form
- Grant Budget
- Subcontract Budget
- Contract/Agreement
- Form 126 – Ethics Commission
- Award Letter
- Application
- Public Correspondence

OTHER (Use back side if additional space is needed)

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<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Derek Evans Date 9/27/13 / 1/16/13
 Completed by: _____ Date _____

An asterisked item represents the cover sheet to a document that exceeds 25 pages.
 The complete document can be found in the file.