

TRAFFIC COLLISION REPORT

SPECIAL CONDITIONS		NO. INJURED 1	HIT & RUN FELONY <input type="checkbox"/>	CITY REDWOOD CITY	JUDICIAL DISTRICT SOUTHERN MUNI	LOCAL REPORT NUMBER R13-11-0444	
		NO. KILLED 0	HIT & RUN MISD <input type="checkbox"/>	COUNTY SAN MATEO	REPORTING DISTRICT 1	BEAT 1	DAY OF WEEK THURSDAY
						TOW AWAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
LOCATION	COLLISION OCCURRED ON REDWOOD SHORES PKY				MO DAY YEAR 11/21/2013	TIME 1757	NCIC # CA0411300
	MILEPOST INFORMATION		GPS Coordinates Latitude 37.52429, Longitude -122.25948		OFFICER I.D. 316		
	AT INTERSECTION WITH <input checked="" type="checkbox"/> OR 0.10 MILES S OF TWIN DOLPHIN				STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
PARTY 1	DRIVERS LICENSE NUMBER	STATE	CLASS	AIRBAG	SAFETY EQUIP.	VEH YEAR	MAKE/MODEL/COLOR
DRIVER	NAME JON GREGOR BJORNSTAD				VEH YEAR		
PEDEST	STREET ADDRESS 728 HOPKINS AV				OWNER NAME <input type="checkbox"/> SAME AS DRIVER		
PKD VEH	CITY/STATE/ZIP REDWOOD CITY, CA				OWNER ADDRESS <input type="checkbox"/> SAME AS DRIVER		
BICYCLST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE
	<input checked="" type="checkbox"/> M	BRO	BLU	5'8"	145	10/20/1949	W
OTHER	HOME PHONE 415-246-6499		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:		
	INSURANCE CARRIER		POLICY NUMBER		VEHICLE TYPE		
	DIR OF TRAVEL	ON STREET OR HIGHWAY		SPEED LIMIT	DESCRIBE VEHICLE DAMAGE		
	W	REDWOOD SHORES PKY		35	SHADE IN DAMAGED AREA		
PARTY 2	DRIVERS LICENSE NUMBER	STATE	CLASS	AIRBAG	SAFETY EQUIP.	VEH YEAR	MAKE/MODEL/COLOR
DRIVER	C4078831	CA	C	M	G	2006	LEXS/BLK
PEDEST	NAME HAROLD KINOSHITA				LICENSE NUMBER 5TKB588		
PKD VEH	STREET ADDRESS 1308 WYSTERIA DR				STATE CA		
BICYCLST	CITY/STATE/ZIP FREMONT, CA 94539				OWNER NAME <input checked="" type="checkbox"/> SAME AS DRIVER		
OTHER	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE
	<input type="checkbox"/> M	BLK	BRO	5'7"	170	12/27/1967	J
	HOME PHONE 510-299-2131		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:		
	INSURANCE CARRIER MERCURY INSURANCE		POLICY NUMBER 0401 03 003196112		VEHICLE TYPE		
	DIR OF TRAVEL	ON STREET OR HIGHWAY		SPEED LIMIT	DESCRIBE VEHICLE DAMAGE		
	S	REDWOOD SHORES PKY		25	SHADE IN DAMAGED AREA		
PARTY 3	DRIVERS LICENSE NUMBER	STATE	CLASS	AIRBAG	SAFETY EQUIP.	VEH YEAR	MAKE/MODEL/COLOR
DRIVER	NAME				LICENSE NUMBER		
PEDEST	STREET ADDRESS				STATE		
PKD VEH	CITY/STATE/ZIP				OWNER NAME		
BICYCLST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE
	<input type="checkbox"/>						
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:		
	INSURANCE CARRIER		POLICY NUMBER		VEHICLE TYPE		
	DIR OF TRAVEL	ON STREET OR HIGHWAY		SPEED LIMIT	DESCRIBE VEHICLE DAMAGE		
					SHADE IN DAMAGED AREA		
PREPARED BY	DISPATCH NOTIFIED		REVIEWED BY		DATE REVIEWED		
R GOMEZ 316	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		E STASIAK 268		11/28/2013		

This copy was prepared by the Redwood City Police Department on:
 Date: 12-3-13 for the official use of:
 Name: Jon Bjornstad
 Agency: [Signature]
 and may not be revealed by any unauthorized person
 BY: [Signature] 908



INJURED/WITNESSES/PASSENGERS

CHP 555 CARS PAGE 3 (Rev 11-06) OPI 065

DATE OF COLLISION (MO. DAY YEAR) 11/21/2013				TIME (2400) 1757		NCIC # CA0411300		OFFICER I.D. 316			NUMBER R13-11-0444					
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"/>	64	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1		W	1
NAME/D.O.B./ADDRESS JON GREGOR BJORNSTAD (10/20/1949) 728 HOPKINS AV, REDWOOD CITY, CA												TELEPHONE (H) 415-246-6499				
(INJURED ONLY) TRANSPORTED BY								TAKEN TO								
DESCRIBE INJURIES COMPLAINT OF PAIN TO LOWER BACK																
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																
<input checked="" type="checkbox"/> #1	<input type="checkbox"/>	22	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"/>				
NAME/D.O.B./ADDRESS DAVID STEENSON (4/5/1991) 650 GREEN ST, SAN FRANCISCO, CA 94133												TELEPHONE (H) 650-207-3430				
(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"/>				
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"/>				
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"/>				
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"/>				
NAME/D.O.B./ADDRESS												TELEPHONE				
(INJURED ONLY) TRANSPORTED BY								TAKEN TO								
DESCRIBE INJURIES																
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																
NAME OF PREPARER R GOMEZ				I.D. NUMBER 316		MO. DAY YEAR 11/21/2013		NAME OF REVIEWER E STASIAK				MO. DAY YEAR 11/28/2013				

NARRATIVE/SUPPLEMENTAL

CHP 556 (Rev. 7-90) OPI 042

Page 4

DATE OF INCIDENT/OCCURENCE 11/21/2013	TIME (2400) 1757	NCIC NUMBER CA0411300	OFFICER I.D. NUMBER 316	NUMBER R13-11-0444
"X" ONE <input checked="" type="checkbox"/> Narrative <input type="checkbox"/> Supplement	"X" ONE <input type="checkbox"/> Collision Report <input type="checkbox"/> Other:	TYPE SUPPLEMENTAL ("X" APPLICABLE): <input type="checkbox"/> BA update <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Fatal <input type="checkbox"/> School bus <input type="checkbox"/> Hit and run update <input type="checkbox"/> Other:		
CITY/COUNTY/JUDICIAL DISTRICT REDWOOD CITY/SAN MATEO/SOUTHERN MUNI			REPORTING DISTRICT/BEAT 1	CITATION NUMBER
LOCATION/SUBJECT REDWOOD SHORES PKY/TWIN DOLPHIN			STATE HIGHWAY RELATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Summary:</p> <p>V-1(Bicyclist) was traveling westbound on the north sidewalk in front of 201 Redwood Shores Parkway. V-2(Lexus) was traveling southbound through the parking lot of 201 Redwood Shores Parkway preparing to exit the parking lot onto Redwood Shores Parkway. V-1(Bicyclist) proceeded off the sidewalk and into the crosswalk. The front of V-2 collided into the bicyclist. The bicyclist, D-1(Bjornstad), fell off his bicycle. RCFD responded to the scene to medically treat D-1. D-1 had a complaint of pain to his back. He was treated at the scene and released. It should be noted that there was a designated bicycle lane on the roadway that D-1 did not utilize.</p> <p>Statement of D-1 John Gregor Bjornstad:</p> <p>I contacted D-1 at the scene after he was medically treated. D-1 said he was riding his bicycle westbound on Redwood Shores Pkwy on the north sidewalk. He was approaching the parking lot driveway entrance to 201 Redwood Shores Pkwy. He noticed V-2 leaving the parking lot of 201 Redwood Shores Pkwy approaching the stop sign prior to entering the roadway. D-1 said he assumed that V-2 was going to stop. D-1 then continued off the sidewalk and rode his bicycle through the crosswalk in front of V-2. D-1 said V-2 did not stop for the stop sign and then collided into the side of his bicycle. D-1 said he then fell to the ground.</p> <p>Statement of D-2 Harold Kinoshita:</p> <p>Harold stated he was leaving the parking lot of 201 Redwood Shores Pkwy. He was approaching the stop sign prior to entering the roadway of Redwood Shores Pkwy. Harold said he stopped at the stop sign and then attempted to enter the roadway. Harold said the bicyclist suddenly appeared in front of him and he collided into him. Harold said it happened suddenly and he could not tell me which direction the bicyclist was coming from.</p> <p>Statement of W-1 David Steenson:</p> <p>David said he was running on the north sidewalk and witnessed the collision. David said he observed the bicyclist riding westbound on the north sidewalk of Redwood Shores Pkwy. David then noticed the bicyclist ride through the crosswalk at an angle in front of V-2. V-2 then collided into the bicyclist knocking him to the ground. David said he did not think D-2 had stopped for the stop sign but was not totally sure.</p>				
PREPARER'S NAME AND I.D. NUMBER R GOMEZ 316		Date: 11/27/2013	REVIEWER'S NAME E STASIAK	DATE 11/28/2013

Use previous editions until depleted.

90 57841

NARRATIVE/SUPPLEMENTAL

CHP 556 (Rev. 7-90) OPI 042

Page 5

DATE OF INCIDENT/OCCURENCE 11/21/2013	TIME (2400) 1757	NCIC NUMBER CA0411300	OFFICER I.D. NUMBER 316	NUMBER R13-11-0444
"X" ONE <input checked="" type="checkbox"/> Narrative <input type="checkbox"/> Supplement	"X" ONE <input type="checkbox"/> Collision Report <input type="checkbox"/> Other:	TYPE SUPPLEMENTAL ("X" APPLICABLE): <input type="checkbox"/> BA update <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Fatal <input type="checkbox"/> School bus <input type="checkbox"/> Hit and run update <input type="checkbox"/> Other:		
CITY/COUNTY/JUDICIAL DISTRICT REDWOOD CITY/SAN MATEO/SOUTHERN MUNI			REPORTING DISTRICT/BEAT 1	CITATION NUMBER
LOCATION/SUBJECT REDWOOD SHORES PKY/TWIN DOLPHIN			STATE HIGHWAY RELATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Cause:</p> <p>D-1(Bjornstad) caused this collision by being in violation of 21663 CVC - drive on a sidewalk with an associated factor of 21200 CVC - Bicycle provisions / bicycle on a highway.</p> <p>Area of Impact:</p> <p>The AOI was .10 of a mile east of Twin Dolphin Dr. and 3' north of the north sidewalk of Redwood Shores Pkwy. This area is the driveway entrance to the parking lot of 201 Redwood Shores Pkwy.</p>				
PREPARER'S NAME AND I.D. NUMBER R GOMEZ 316		Date: 11/27/2013	REVIEWER'S NAME E STASIAK	
			DATE 11/28/2013	

Use previous editions until depleted.

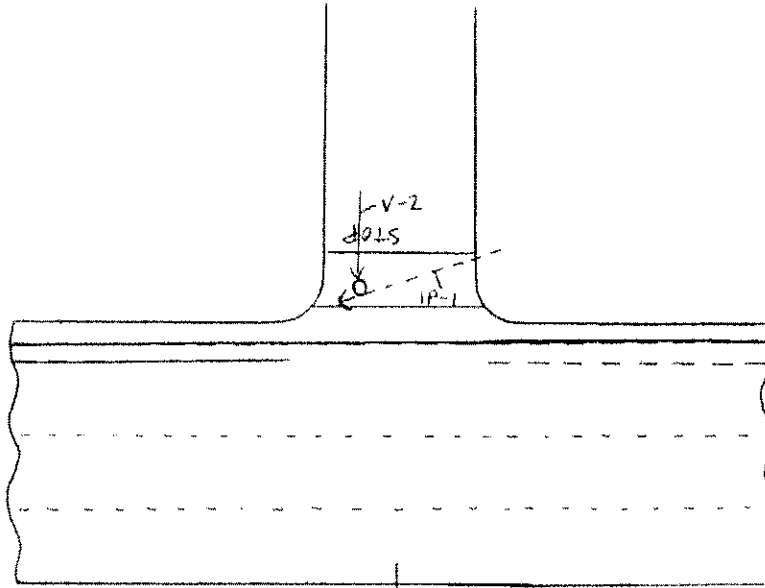
90 57841

DATE OF COLLISION (MO DAY YEAR)	TIME (2400)	REPORT #	OFFICER I.D.	NUMBER
11-21-13	1757	4113	316	R13-11-0444

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE #)



201 REDWOOD SHORES PKWY



W/B REDWOOD SHORES PKWY

PREPARED BY	ID NUMBER	MO DAY YEAR	REVIEWER'S NAME	MO DAY YEAR
R. Gomez	316	11-21-13		11/28/13