



PRESS RELEASE

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Release Date: October 24, 2007 Time: 9:21 AM

TYPE OF INCIDENT: Injur	ry Traffic Collsid	on		
LOCATION: Heil west of I	Bolsa Chica			
DATE/TIME OF OCCURRI	ENCE: October	2, 2007	CASE NUM	/IBER: 07-17794
VICTIM INFORMATION V NAME/AGE/: Male / Adult		(Use additio	onal page(s) fo	r listing multiple victims)
CITY OF RESIDENCE: Hu	ntington Beach	<u> </u>		
INJURIES/CONDITION: H			rnal injuries	;
WHERE HOSPITALIZED:	<u> </u>			
SUSPECT INFORMATION SUSPECT #of		RESTED: tional page(_	NO multiple suspects)
NAME/DOB (OR DESCRIP	PTION):			
CITY OF RESIDENCE:				
CHARGES:	1)	2)	3)
BOOKED AT:	_			
INJURIES/CONDITION:				
WHERE HOSPITALIZED:				
SUSPECT VEHICLE INFO	RMATION			
MAKE/MODEL:		С	OLOR:	YEAR:
LICENSE/STATE:		DIRECTION	OF TRAVE	L:
to a call of an injury traffic	c collision in the	e area of He s found that	il between B a collision I	olice Department responde Solsa Chica and Algonquin. nad occurred between a ma
Press Release Prepared By:		Date/Tim	e on Pressline:	
Distribution: Chief	Spec. Ops Div	v. Commander		Watch Commander

Chief Community Liaison Team Sgt. Uniform Div. Commander Investigation Div Commander Admin Div. Commander Spec. Ops Div. Commander General Investigation Bureau Commander Area Commanders Patrol Lieutenants Watch Commander
Briefing Board
Traf/Aero Bureau Commander





From the preliminary investigation, it appears that the vehicle was eastbound on Heil when it collided with the pedestrian, who was walking northbound across the roadway.

The injured pedestrian was transported to UCI Medical Center in Orange, where he is being treated for his injuries. The driver of the vehicle was not injured. The collision does not intially appear to be alcohol related and no charges have been filed at this time.

The accident is still under investigation. Anyone who may have witnessed the collision is asked to contact the Traffic Division of the Huntington Beach Police Department at (714) 536-5666.

Press Release prepared by Sgt. Chris Filicicchia

Additional Victims/Suspects:			
Additional Violand/Caspeols.			
<u>VICTIM INFORMATION</u> Victim	#of	(Use additional page(s) fo	or listing multiple victims)
NAME/AGE/:			
CITY OF RESIDENCE:			
INJURIES/CONDITION:			
WHERE HOSPITALIZED:			
SUSPECT INFORMATION SUSPECT #of		e: YES NO ge(s) for listing multi	ple suspects)
NAME/DOB (OR DESCRIPTION	N):		
CITY OF RESIDENCE:			
CHARGES:	1)	2)	3)
BOOKED AT:		•	
INJURIES/CONDITION:			
			l I
WHERE HOSPITALIZED:			

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