



LOS ANGELES COUNTY
**DEPARTMENT OF
MENTAL HEALTH**
hope. recovery. wellbeing.

County Vehicle Packet

PLEASE ENSURE A COPY IS
KEPT IN THE GLOVE BOX OF
THE COUNTY VEHICLE.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT
THE FLEET SERVICES UNIT:

DMHFleetServices@dmh.lacounty.gov

24-Hour Roadside and Towing Services:

CITY TERRACE TOWING (800) 262-8059

Tow Request Procedure

It is the driver's responsibility to inspect their assigned vehicle before taking it out on the road: take a walk around the car and make sure the tires are properly inflated, make sure you have sufficient fuel to complete your trip, make sure you have a spare tire and jack in the trunk, etc.

If, despite these precautions, the vehicle becomes inoperable, the tow request procedure is as follows:

1. To request a tow, call City Terrance Towing.
2. Have the following information available when calling:
 - Vehicle number
 - License number
 - Make, Model, and color of vehicle
 - Location of Vehicle
3. Wait for the tow truck to arrive. If it is not safe to wait by the vehicle, advise the tow truck service where you will be waiting.
4. If you are able to get the vehicle started after calling the tow service, call back immediately to cancel the request.
5. In most cases, the vehicle will be towed to the nearest ISD Garage. However, in special situations, e.g. the problem is easily determined to be a "quick fix", the vehicle may be towed to the nearest repair location regardless of the contractor assignment.
6. You may ride with the tow truck driver to the location where the vehicle is being towed. If a pool vehicle is available at the location, you may be able to check it out to continue your business. However, if you do not wish to ride in the truck or a pool vehicle is not available, it is your responsibility to make other arrangements.

ISD – FLEET MAINTENANCE PROJECT FACILITIES

CAR WASH LOCATIONS / POWERFLEX CHARGER STATIONS

Alameda Garage 1055 N. Alameda Street Los Angeles, CA 90012 213-974-9095	Eastern Ave Garage 1104 N. Eastern Avenue Los Angeles, CA 90063 323-267-2371	City Terrace Towing 24 Hrs. 1-800-262-8059 or 323-262-8050
Culver City Garage 11236 Playa Court Culver City, CA 90230 310-397-5087	Eastern Ave Garage Body Shop 1104 N. Eastern Avenue L.A. CA 90063 (323) 881-5157	Mira Loma Garage 45000 N. 60 th Street West Lancaster, CA 93534 661-940-4039
Monrovia Garage 1703 Mountain Avenue Monrovia, CA 91016 262-359-9284		

CAR WASH LOCATIONS

CAR WASH NAME	CAR WASH ADDRESS	CARS	VANS	SUV'S
Sam's Car Wash	2570 Beverly Blvd. Los Angeles, 90057	Y	N	N
Wash	1120 W. Avenue I Lancaster, 93534	Y	Y	Y
Baldwin Car Wash	9955 Valley Rd. El Monte, 91731	Y	Y	Y
Papa John's Car Wash	11024 Paramount Blvd. Downey, 90241	Y	Y	Y
Firestone Car Wash	7421 Firestone Blvd. Downey, 90421	Y	Y	Y
Tony's Mobile Wash	39560 Armfield Ave. Palmdale, 93551	Y	Y	Y
Sepulveda Car Wash	8641 Sepulveda Blvd. North Hills, 91343	Y	N	N
LBG Express Car Wash	4141 E. Willow Street Long Beach, 90815	Y	N	N
Hollywood Car Wash	1666 N. Vermont Ave. Los Angeles, 90004	Y	N	N
Clement's Car Wash	4247 E. 3rd. Street, Los Angeles, 90063	Y	Y	Y
La Cienega Car Wash	1907 S. La Cienega Blvd. Los Angeles, 90034	Y	Y	Y
Lucky 7 Car Wash	777 Miraflores Ave. San Pedro, 90731	Y	Y	Y

CAR WASH LOCATIONS SUBJECT TO CHANGE

You must show your DMH County ID Badge and sign the Log-in-sheet, (Regular Carwash Only).
ASB Fleet Management must approve all details.

Power Flex-Charger:

Newly installed chargers will soon require that you download an app and pay a fee per KWh hour.
Currently chargers are at the following locations:

- ❖ Carson Library, 151 E, Carson St, Carson, CA 90745
- ❖ Library Headquarters, 7400 Imperial Highway, Downey, CA 90242
- ❖ Martin Luther King Jr Community Hospital
 - Community Reintegration Program, 1730 E. 120th Street, Los Angeles, CA 90059
 - MRI Center 1670 E. 120th Street, Los Angeles, CA 90059
- ❖ Register Recorder Headquarters, 1200 E. Imperial Highway, Norwalk, CA 90059
- ❖ Marina Parking Lot 77, 13560 Mindanao Way, Marina Del Rey, CA 90292
- ❖ Internal Service Department Headquarters, 1100 N. Eastern Avenue, Los Angeles, CA 90063
- ❖ Department of Public Health Headquarters, 5050 Commerce Drive, Baldwin Park 91706
- ❖ Burbank Public Health, 1101 W, Magnolia Blvd, Burbank, CA 91506
- ❖ Sheriff at Sherman Block, 4700 Ramona Blvd, Monterey Park, CA 90063

Accident Checklist

At The Time of an Accident:

- ☐ If there are any injuries involved, contact local law enforcement to make a Police Report.
- ☐ If there are other parties involved:
 - Obtain other driver's information (driver's license number, insurance information, contact information, etc.)
 - Provide a completed Evidence of Financial Responsibility form (see pg. 5) to the other party(ies).
 - If applicable, take photographs of the other vehicle(s)
- ☐ If able, take photographs of the damages to the County vehicle, location where vehicle was when damaged, and any objects involved.

Post – Accident/Incident:

- ☐ Inform your supervisor (if there is a fatality involved, contact Carl Warren).
- ☐ Complete a Vehicle Collision Report on the Service Catalog.
- ☐ Have your supervisor complete an Accident Investigative Report on the Service Catalog.
- ☐ Complete a Security Incident Report (SIR) on the Intranet "Forms" tab under "Incident Report."
- ☐ If the accident involved another vehicle, report the accident to the Department of Motor Vehicles (DMV) by filling out a DMV Report of Traffic Accident Occurring in California Form.

COUNTY OF LOS ANGELES

EVIDENCE OF FINANCIAL RESPONSIBILITY

This is to certify that the County of Los Angeles provides automobile liability protection which applies to the employee named below while driving in the course and scope of County of Los Angeles employment.



In case of an accident, contact:

George Hills Company

County of Los Angeles

PO Box 278

Rancho Cordova, CA 95741

Phone: (855) 442-2357

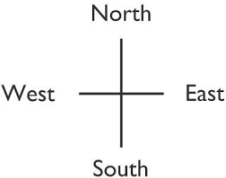
Employee Name:			
Employee Number:			
County Department and Section:			
California Driver's License No.:			
Automobile Make and Model:		Year:	

COUNTY OF LOS ANGELES REPORT OF VEHICLE COLLISION OR INCIDENT

FATALITIES OR SERIOUS INJURIES MUST BE REPORTED IMMEDIATELY BY TELEPHONE TO GEORGE HILLS COMPANY (855) 442-2357

Prepared for County Council in defense of the County, Special Districts, and Employees

VEHICLE DRIVEN BY EMPLOYEE (check one)									
Dept. Name: _____ DIV. or Facility: _____ SECTION: _____ File No.: _____	Dept. No.: _____	COUNTY VEHICLE <small>(Includes vehicle leased Or rented by CO.)</small> Equip. No.: _____ License No.: _____	EMPLOYEE'S VEHICLE Insurance Co.: _____ Policy No.: _____ Permittee: YES <input type="checkbox"/> NO <input type="checkbox"/>	CONTRACT CITIES SERVICES YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, name of contract city _____					
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO		POLICE AGENCY REPORTING _____ STATION _____ REPORT # _____							
INCIDENT DATE _____ CITY _____ ON _____ AT _____ <small>(Street or Highway)</small> HOUR _____ AM/PM _____ SPECIFIC LOCATION _____									
COUNTY DRIVER (1)	DRIVER NAME: _____ Job Title: _____ Driver's License No.: _____ Home Address: _____ Phone No.: _____ Work Location: _____ Phone No.: _____								
	VEHICLE Year: _____ Make: _____ Model or Type: _____ Lic. Plate No.: _____ Parts Damaged: _____								
	PASSENGER County Employee? Yes _____ No _____ Name: _____ Home Address: _____ Phone No.: _____								
OTHER DRIVER (2)	DRIVER NAME: _____ DRIVER'S LICENSE NO.: _____ STATE _____ INSURANCE CO.: _____ POLICY NO.: _____ EMPLOYER: _____ <small>(Name of Person, Company, or Organization) (Address) (City, State, Zip Code) (Phone)</small>								
	VEHICLE _____ Veh. Lic. No. _____ <small>(Year) (Make) (Model or Type) (Year) (Number) (State)</small>								
	PARTS DAMAGED: _____ REGISTERED OWNER: _____ <small>(Name) (Address) (City, State, Zip Code) (Phone)</small>								
	PASSENGER Name: _____ Home Address: _____ Phone No.: _____								
OTHER DRIVER (3)	DRIVER NAME: _____ DRIVER'S LICENSE NO.: _____ STATE _____ INSURANCE CO.: _____ POLICY NO.: _____ EMPLOYER: _____ <small>(Name of Person, Company, or Organization) (Address) (City, State, Zip Code) (Phone)</small>								
	VEHICLE: _____ Veh. Lic. No. _____ <small>(Year) (Make) (Model or Type) (Year) (Number) (State)</small>								
	PARTS DAMAGED: _____ REGISTERED OWNER: _____ <small>(Name) (Address) (City, State, Zip Code) (Phone)</small>								
	PASSENGER Name: _____ Home Address: _____ Phone No.: _____								
INJURED WITNESSES	Check One: <input type="checkbox"/> INJURED <input type="checkbox"/> WITNESS <input type="checkbox"/> WITNESS <input type="checkbox"/> FATALITY NAME: _____ PHONE NO.: _____ NATURE OF INJURY: _____ ADDRESS: _____ TRANSPORTED TO: _____								
	Check One: <input type="checkbox"/> INJURED <input type="checkbox"/> WITNESS <input type="checkbox"/> WITNESS <input type="checkbox"/> FATALITY NAME: _____ PHONE NO.: _____ NATURE OF INJURY: _____ ADDRESS: _____ TRANSPORTED TO: _____								

INSTRUCTIONS Complete form within 24 hours of vehicle collision and submit to your supervisor. If more space is needed to completely answer any category on this form, please attach additional sheets.										Circle direction 	
DRAW A DIAGRAM AND SHOW HOW COLLISION OCCURRED SHOW your vehicle as #1. Show the other vehicles as #2 and #3, etc. SHOW the location and position of vehicle(s) at point of impact. SHOW the name of the street(s) and location of stop sign and signals. SHOW number of lanes and length of skid marks.							Number of photos attached:		Number of County vehicles involved:		
EXPLAIN CLEARLY HOW COLLISION OCCURRED. ATTACH ADDITIONAL SHEETS IF NECESSARY. IF SHERIFF DEPARTMENT INVOLVED, STATE IF MDT RELATED.											
LOCALITY		OPERATING AREA		MOVEMENT			TRAFFIC CONTROL			AMOUNT OF TRAFFIC	
Rural		No intersection			Vehicle 1	Vehicle 2		Vehicle 1	Vehicle 2	Light	
Residential		Nearing intersection		Straight Ahead			Non present			Medium	
Business		In intersection		Lane Change			Green Signal			Heavy-Flowing	
Freeway		Leaving intersection		Making Right Turn			Yellow Signal			Congested	
Open Field		Entering intersection		Making Left Turn			Red Signal			TERRAIN	
Private Road		Leaving Driveway		Standing			Flashing Signal			Level	
Other		Construction Zone		Parked			Stop Sign			Upgrade	
		Parking/Bus Lot		Backing			Warning Sign			Downgrade	
		Other		Moving Unattended			Construction Sign			Hill Crest	
							Other			Dip	

COLLISION DETAILS CONTINUE											
ROAD SURFACE		VISIBILITY		WEATHER		ROAD CONDITION		EVASION ACTION		SAFETY BELTS	
Concrete		Good		Clear		Dry		Locked Brakes		Installed, Not Worn	
Asphalt		Fair		Rain		Wet		Hard Brakes		Installed and Worn	
Oiled/Gravel		Poor		Fog		Muddy		Slowed Stopped		Not installed	
Unpaved		Very Poor		Dusty		Snowy		Steered Away		Vehicle Unoccupied	
Other		Other		Snow		Icy		Accelerated		Other	
				Other		Other		None			
								Other			
EMERGENCY RESPONSE (Applies to vehicle driven by employee)											
Did Emergency Response Arrive?		Yes		No		Were Emergency Lights and Siren Activated?		Yes		No	

SIGNATURES			
Employee Name:			Employee No.:
Employee Signature:			Date:
Supervisor Name:			
Supervisor Signature:			Date:
Department Head or Authorized Representative			
Name:			
Signature:			
Date:			

DEPARTMENTAL PROCEDURE FOR DISTRIBUTION	
E-mail to: COLANewIncidentClaims@georgehills.com or	
Mail to : George Hills Company P.O. Box 278 Rancho Cordova, CA 95741 (Not applicable for Road and Flood Control vehicles)	One Copy (only if County Vehicle was damaged) Internal Services Department 1100 North Eastern Avenue, Room 210 Los Angeles, CA 90063



A Public Service Agency



REPORT OF TRAFFIC ACCIDENT OCCURRING IN CALIFORNIA

Please type or print.

# OF VEHICLES	DATE OF ACCIDENT	ACCIDENT LOCATION (CITY/COUNTY) (CALIFORNIA ONLY)		ON PRIVATE PROPERTY
				<input type="checkbox"/> Yes <input type="checkbox"/> No
REPORTING PARTY'S INFORMATION	TIME OF ACCIDENT Hour <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Moving <input type="checkbox"/> Stopped in Traffic <input type="checkbox"/> Parked <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input type="checkbox"/> Other (E.G., ROLLAWAY)		
	DRIVER'S NAME (FIRST, MIDDLE, LAST)		DRIVER LICENSE NUMBER	STATE
	DRIVER'S STREET ADDRESS			DATE OF BIRTH
	CITY	STATE	ZIP CODE	TELEPHONE NUMBERS Wk () Hm ()
	VEHICLE (YEAR AND MAKE)	VEHICLE LICENSE PLATE OR VEHICLE IDENTIFICATION NUMBER		STATE
	VEHICLE OWNER (PERSON OR COMPANY)			DAMAGES OVER \$1,000 <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS			DATE OF BIRTH
	CITY			STATE
	INSURANCE COMPANY NAME (NOT AGENT OR BROKER) AT THE TIME OF THE ACCIDENT			POLICY NUMBER
	COMPANY NAIC NUMBER			POLICY PERIOD From: To:
POLICY HOLDER NAME				
OTHER PARTY'S INFORMATION	<input type="checkbox"/> Moving <input type="checkbox"/> Stopped in Traffic <input type="checkbox"/> Parked <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input type="checkbox"/> Other (E.G., ROLLAWAY)			DRIVING FOR EMPLOYER <input type="checkbox"/> Yes <input type="checkbox"/> No
	DRIVER'S NAME (FIRST, MIDDLE, LAST)		DRIVER LICENSE NUMBER	STATE
	DRIVER'S STREET ADDRESS			DATE OF BIRTH
	CITY	STATE	ZIP CODE	TELEPHONE NUMBERS Wk () Hm ()
	VEHICLE (YEAR AND MAKE)	VEHICLE LICENSE PLATE OR VEHICLE IDENTIFICATION NUMBER		STATE
	VEHICLE OWNER (PERSON OR COMPANY)			DAMAGES OVER \$1,000 <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS			DATE OF BIRTH
	CITY			STATE
	INSURANCE COMPANY NAME (NOT AGENT OR BROKER) AT THE TIME OF THE ACCIDENT			POLICY NUMBER
	COMPANY NAIC NUMBER			POLICY PERIOD From: To:
POLICY HOLDER NAME				
INJURY/DEATH PROPERTY DAMAGE	NAME AND ADDRESS OF INDIVIDUAL INJURED OR DECEASED		<input type="checkbox"/> Injured <input type="checkbox"/> Deceased	<input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Bicyclist <input type="checkbox"/> Pedestrian
	NAME AND ADDRESS OF INDIVIDUAL INJURED OR DECEASED		<input type="checkbox"/> Injured <input type="checkbox"/> Deceased	<input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Bicyclist <input type="checkbox"/> Pedestrian
	OTHER PROPERTY DAMAGED (TELEPHONE POLES, FENCE, LIVESTOCK, ETC.)			DAMAGES OVER \$1,000 <input type="checkbox"/> Yes <input type="checkbox"/> No
	PROPERTY OWNER'S NAME AND ADDRESS			

READ IMPORTANT INFORMATION ON BACK

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE	PRINTED NAME	SIGNATURE X
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A YOUR VEHICLE		CALIFORNIA INSURANCE INFORMATION		DO NOT DETACH		DMV FILE NUMBER	
		The Department may send this part to the insurance company indicated. If not fully completed, it will be assumed you were not insured for the accident and your license will be suspended.					
I N S U R A N C E	NAME OF INSURANCE COMPANY (NOT AGENT OR BROKER) THAT ISSUED THE LIABILITY POLICY COVERING THE OPERATION OF YOUR VEHICLE						
	POLICY NUMBER		POLICY PERIOD				
			From: _____ To: _____				
	DATE OF ACCIDENT	IN OR NEAR (CITY OR TOWN) (CALIFORNIA ONLY)			DRIVER LICENSE NUMBER (DRIVER OF YOUR VEHICLE)		
	VEHICLE (YEAR AND MAKE)		VEHICLE IDENTIFICATION NUMBER		VEHICLE LICENSE PLATE NUMBER		STATE
	DRIVER		ADDRESS				
OWNER		ADDRESS					
FULL NAME OF POLICY HOLDER		ADDRESS					

SR 1A (REV. 1/2017) WWW

If the policy was not in effect, this form must be completed and returned to DMV within 20 days.

The undersigned company advises that with respect to the reported accident, the policy reported on the reverse side:

☐ WAS NOT IN EFFECT

☐ Was not a liability policy ☐ Did not cover the vehicle/driver ☐ Number is not a company policy number

Policy Number _____ Policy Period from _____ to _____

Signature _____

Title _____

Date _____

MAIL TO:
Department of Motor Vehicles
P.O. Box 942884
Sacramento, CA 94284-0884

SR 1A (REV. 1/2017) WWW

IMPORTANT INFORMATION

California law requires *traffic accidents* on a California street/highway or private property to be reported to the Department of Motor Vehicles (DMV) within 10 days if there was an injury, death or property damage in excess of \$1,000. Untimely reporting could result in DMV suspending a driver license. Accidents involving vehicles *not required to be registered* such as an off-road vehicle (OHV), implement of husbandry, or snowmobile or occurring on a military base or occurring on the driver's *own* property involving *only* the personal property of the driver *and* there was no injury or death are not reportable.

The law requires the driver to file **this SR 1 form** with DMV **regardless of fault**. This report must be made in addition to any other report filed with a law enforcement agency, insurance company, or the California Highway Patrol (CHP) as their reports **do not** satisfy the filing requirement. An insurance agent, attorney, or other designated representative may file the report for the driver.

The law requires every driver and every owner of a motor vehicle to be "financially responsible" for any injury or damage resulting from operating or owning a motor vehicle. The minimum insurance level for "financial responsibility" is **public liability and property damage coverage** of \$15,000 for injury or death of one person, \$30,000 for injury or death of two or more persons and \$5,000 property damage per accident. Comprehensive and collision insurance **does not meet the legal requirement**.

The *California Vehicle Code* (CVC) §1806 requires DMV to record accident information **regardless of fault** when individuals report accidents under the Financial Responsibility Law or if law enforcement agencies or CHP investigate and make a report.

WHEN COMPLETING THIS FORM...

Please print within the spaces and boxes on this form. If you need to provide additional information on a separate piece of paper(s) or you include a *copy* of any law enforcement agency report, please check the box to indicate 'Additional Information Attached'. **If you are the passenger reporting the accident**, be sure to identify yourself by using the 'other' box and stating 'passenger' in the explanation.

- Write **unk (for unknown)** or **none** in any space or box when you do not have information on the other party involved.
- Give insurance information that is complete and which *correctly* and *fully* identifies the **company** that *issued* the policy.
- Place the correct National Association of Insurance Commissioners (NAIC) number for your insurance company in the boxes provided. The NAIC number should be located on your insurance ID card or you can contact your insurance agent or company for the information.
- Identify any person involved in the accident (driver, passenger, bicyclist, pedestrian, etc.) who you saw was injured or complained of bodily injury or know to be deceased.
- Record in the OTHER PROPERTY DAMAGED section any damage to telephone poles, fences, street signs, guard posts, trees, livestock, dogs, etc., meeting the filing requirement, including amount. *This may require that you contact the owner of the property for an estimate of damages.*
- Once you have completed this report, please mail it to:

**Department of Motor Vehicles
Financial Responsibility
Mail Station J237
P.O. Box 942884
Sacramento, CA 94284-0884**

DMV does not accept reports or take actions against non-reporting or uninsured motorists unless this SR 1 form is sent to DMV by someone involved in the accident or their designee and the report is received by DMV *within one calendar year of the accident date*.

ADVISORY STATEMENT

The accident information on the SR 1 is required under the authority of Divisions 6 and 7 of the CVC. Failure to provide the information will result in suspension of the driving privilege. Except as made confidential by law (e.g., medical information) or exempted under the Public Records Act, the information is a public record, is regularly used by law enforcement agencies and insurance companies, and is open to public inspection. CVC §16005 limits the public record for SR 1 reports to accident involvement, but does allow persons with a proper interest (involved drivers, their employers, etc.) to receive specified information. Individuals may inspect or obtain copies of information contained in their records during regular office hours. The Financial Responsibility Unit Manager, 2570 24th Street, Sacramento, CA 95818 (telephone number: 916-657-6677) is responsible for maintaining this information.

LOCATION	DEPT	LOCATION ADDRESS	CITY, STATE ZIP CODE
100L	ISD	1104 N. EASTERN AVE.	LOS ANGELES, CA 90242
101L	ISD	1055 N. ALAMEDA	LOS ANGELES, CA 90012
109L	ISD	140 NORTH GRAND AVE.	LOS ANGELES, CA 90071
201L	Parks	265-A CLOVERLEAF DR	BALDWIN PARK, CA 91706
202	Parks	360 W. EL SEGUNDO BLVD.	LOS ANGELES, CA 90061
203	Parks	750 S. SANTA ANITA AVE.	SOUTH EL MONTE, CA 91733
204	Parks	32132 CASTAIC LAKE DRIVE	CASTAIC, CA 91706
205	Parks	2301 N. HIGHLAND AVE.	LOS ANGELES, CA
206	Parks	17250 S. COLIMA RD.	ROWLAND HEIGHTS, CA
207	Parks	301 N. BALDWIN AVE.	ARCADIA, CA
301	Beaches	516 N. BROADWAY	REDONDO BEACH, CA 90277
302	Beaches	3621 THE STRAND	MANHATTAN BEACH, CA 90266
303	Beaches	8255 VISTA DEL MART	PLAYA DEL REY, CA 90293
304	Beaches	2300 OCEAN FRONT WALK	VENICE, CA 90291
305	Beaches	16300 PACIFIC COAST HWY	PACIFIC PALISADES, CA 90272
306	Beaches	30050 PACIFIC COAST HWY	MALIBU, CA 90265
307	Beaches	743 ESPLANADE	REDONDO BEACH, CA 90277
601	LASD	780 E. ALTADENA DR.	ALTADENA, CA
602	LASD	21356 S. AVALON BLVD	CARSON, CA
603	LASD	441 S. BAUCHET ST.	LOS ANGELES, CA
604	LASD	4554 N. BRIGGS ST.	LA CRESCENTA, CA
605	LASD	5019 E. THIRD ST.	LOS ANGELES, CA
606	LASD	150 N. HUDSON AVE.	INDUSTRY, CA
607	LASD	5130 N. CLARK AVE.	LAKEWOOD, CA
608	LASD	501 W. LANCASTER BLVD.	LANCASTER, CA
609	LASD	4331 LENNOX BLVD	INGLEWOOD, CA
610	LASD	26123 S. NARBONNE AVE.	LOMITA, CA
611	LASD	27050 AGOURA RD.	AGOURA, CA
612	LASD	11703 S. ALAMEDA ST.	LYNWOOD, CA
613	LASD	13851 FIJI WAY	MARINA DEL REY, CA
614	LASD	12335 CIVIC CENTER WAY	NORWALK, CA
615	LASD	29380 THE OLD ROAD	CASTAIC, CA
616	LASD	6631 S. PASSONS BLVD.	PICO RIVERA, CA
617	LASD	122 N. SAN DIMAS AVE.	SAN DIMAS, CA
618	LASD	23740 W. MAGIC MOUNTAIN PKWY.	VALENCIA, CA
620	LASD	11515 S. COLIMA RD.	WHITTIER, CA
621	LASD	6838 E. LAS TUNAS DR.	TEMPLE CITY, CA
622	LASD	21695 VALLEY BLVD.	WALNUT, CA
623	LASD	720 N. SAN VICENTE BLVD	LOS ANGELES, CA
624	LASD	705 E. AVENUE Q	PALMDALE, CA
625	LASD	45100 N. 60TH ST. WEST	LANCASTER, CA
626	LASD	301 S. WILLOWBROOK	COMPTON, CA
627	LASD	1310 W. IMPERIAL HWY.	ATHENS, CA
701	DPW	900 S. FREMONT	ALHAMBRA, CA 91803
702	DPW	2275 ALCAZAR ST.	LOS ANGELES, CA 90033
703	DPW	10179 GLENOAKS BL.	SUN VALLEY, CA 91352

704	DPW	5530 W. 83RD ST.	LOS ANGELES, CA 90045
705	DPW	11282 SOUTH GARFIELD AVE	DOWNEY, CA 90242
706	DPW	38126 N. SIERRA HWY.	PALMDALE, CA 93550
707	DPW	5525 W. IMPERIAL HWY.	SOUTH GATE, CA 90280
708	DPW	2120 W. 90TH ST.	LOS ANGELES, CA 90002
709	DPW	160 W. LONGDEN AVE.	IRWINDALE, CA 91706
710	DPW	14747 E. RAMONA AVE.	BALDWIN PARK, CA 91706
711	DPW	260 W. AVENUE K-8	LANCASTER, CA 93534
712	DPW	27264 PARKER RD.	CASTAIC, CA 91310
714	DPW	3637 WINTER CANYON RD	MALIBU, CA 90265
715	DPW	4304 EUGENE ST.	LOS ANGELES, CA 90022
716	DPW	29773 W. MULHOLLAND HWY.	AGOURA, CA 91301
717	DPW	17341 E. AVENUE "J"	LANCASTER, CA 93534
718	DPW	2986 NEW YORK AVE.	PASADENA, CA 91107
719	DPW	8505 E. AVENUE "T"	LITTLE ROCK, CA 93543
720	DPW	3800 S. TOPANGA CYN. BL.	MALIBU, CA 91780
722	DPW	1129 E. 59TH ST.	LOS ANGELES, CA 90001
723	DPW	3916 DUNSMORE AVE.	LA CRESCENTA, CA 91014
724	DPW	4055 MARINE AVE.	LAWNDALE, CA 90260
725	DPW	285 MOUNTAIN VIEW AVE.	ALTADENA, CA 91001
726	DPW	12015 SHOEMAKER AVE.	SANTA FE SPRINGS, CA 90670
727	DPW	4859 W. AVENUE L-12	QUARTZ HILL, CA 93534
728	DPW	27500 ANGELES FOREST HWY.	PALMDALE, CA 93550
729	DPW	5213 N. ENCINITA AVE.	TEMPLE CITY, CA 90265
731	DPW	19865 W. WALNUT DR.	WALNUT, CA 91789
733	DPW	161 N. VALENCIA ST.	GLENDORA, CA 91740
734	DPW	24309 WALNUT ST.	LOMITA, CA 90717
735	DPW	17931 SIERRA HWY.	CANYON COUNTRY, CA 91351
736	DPW	9521 E. BEVERLY BL.	PICO RIVERA, CA 90660
737	DPW	14959 PROCTOR AVE.	LA PUENTE, CA 91744
741	DPW	22201 BIG PINES HWY.	VALYERMO, CA 92397
743	DPW	817 MT. WILSON RD.	MT. WILSON, CA 91023
745	DPW	5150 MT. BALDY RD.	CLAREMONT, CA 91711
748	DPW	9700 N. SAN GABRIEL CYN. RD.	AZUSA, CA 91702
775	DPW	49350 GORMAN POST RD.	GORMAN, CA 93243
F000	LACFD	12605 OSBORNE ST.	PACOIMA, CA 91331