



# DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

<b>SUBJECT</b> <b>VEHICLE CONTROL</b>	<b>POLICY NO.</b> <b>802.1</b>	<b>EFFECTIVE DATE</b> <b>08/12/01</b>	<b>PAGE</b> <b>Page 1 of 6</b>
<b>APPROVED BY:</b>  <div style="text-align: right;">Director</div>	<b>SUPERSEDES</b> <b>01/02/00</b>	<b>ORIGINAL ISSUE DATE</b> <b>04/02/89</b>	<b>DISTRIBUTION LEVEL(S)</b> <b>1</b>

## PURPOSE

- 1.1 To provide guidelines for the control of County-owned vehicles for authorized Department of Mental Health (DMH) staff who operate those vehicles.
- 1.2 This area delineates the importance of knowing and complying with State and local laws and regulations regarding motor vehicles and driver responsibilities. New information regarding financial responsibility, traffic citations and accident procedures is included.

## POLICY

- 2.1 It is the policy of Los Angeles County to establish and enforce formal written procedures to control departmental usage of County-owned vehicles.
- 2.2 These procedures address the responsibilities of the Department Vehicle Coordinator, the Facility (local) Vehicle Coordinators and the vehicle operators.
- 2.3 No County-owned vehicles may be driven outside of Los Angeles County without the express permission of the Director of Mental Health or designee.
- 2.4 Overnight usage of County-owned vehicles is strictly prohibited.
- 2.5 Whenever possible mileage permittees will use their personal vehicle for County business. (See Policy 202.22 "Transportation of Consumers and Family Members" for delineation of exceptions.)

## DEFINITION

- 3.1 County-owned vehicles currently assigned to the DMH are those automobiles, vans and trucks that belong to the County of Los Angeles and which may be driven only for the purpose of conducting County business.



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### PROCEDURES

- 4.1 The Chief of the Administrative Services Bureau (ASB), 550 S. Vermont Ave., Los Angeles is responsible for the management and control of vehicle keys, fleet repairs, enforcement of vehicle assignment procedures and the preparation of related reports.
- 4.2 AUTHORIZATION TO DRIVE COUNTY-OWNED VEHICLES
- 4.2.1 No employee shall drive on County business or operate a County-owned vehicle without a valid California Driver's License of the Class (A, B or C) appropriate to the type of vehicle. A proper driver's license must be in the employee's possession when driving.
- 4.2.2 The Deputy Director, Bureau Chief, District Chief, Division Chief or Facility Administrator of each Program or Division is responsible for keeping and updating a list of employees (with valid and **verified** California Driver's License) who are authorized to drive a County vehicle. When establishing authorizations for drivers, consideration should be given to the designee's driving history and reliability. The name, employee number, driver's license number and expiration date of each authorized employee must be on file with the ASB Chief before keys can be issued. Use the "Authorized County Vehicle Driver" form (Attachment I) for this purpose.
- 4.2.3 A copy of the report of Authorized County Vehicle Drivers must be submitted to ASB at the beginning of each fiscal year (July 1). The administrative head who authorizes employees to drive County vehicles shall also be responsible for keeping current the ASB record of authorized drivers from their respective location. Written notice must be submitted reporting all changes in the status of authorized drivers. A new authorization is required for each employee re-assignment.
- 4.2.4 Due to the limited number of pool vehicles, every effort should be made to consolidate the use of vehicles.
- 4.3 DEPARTMENTAL VEHICLE COORDINATOR
- 4.3.1 The Departmental Vehicle Coordinator is appointed by the ASB Chief and has overall responsibility for the control and maintenance of the Department's fleet of vehicles and is required to:
- 4.3.1.1 Maintain the Department's Master List of vehicles which shall include all DMH vehicle numbers; year; make and model information; facility assignment; facility coordinator names and telephone numbers; and data on events such as repairs, accidents or transfers.



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- 4.3.1.2      Maintain the Master List of Authorized Drivers which shall include all DMH authorized drivers' names; driver's license numbers; license class numbers and any restrictions.
- 4.3.1.3      Coordinate all vehicle transfers and repairs.
- 4.3.1.4      Ensure that appropriate forms are completed and filed for all vehicle transactions, repairs and accidents.
- 4.3.1.5      Develop and distribute appropriate revisions to Departmental procedures or forms as required. Vehicles are issued on a first-come, first-served basis. There are not vehicle reservations.

#### 4.4      LOCAL VEHICLE COORDINATORS

- 4.4.1      The local Vehicle Coordinator is appointed by the local facility administrator and is responsible for the control and maintenance of vehicles assigned to that particular facility and is required to:
  - 4.4.1.1      Maintain a current listing of persons authorized to drive County vehicles assigned to a specific location and submit formal notice of all changes including license cancellations, renewals or driver restrictions.
  - 4.4.1.2      Maintain a log of vehicle trips (Attachment II) including identification of the authorized user, vehicle odometer readings before and after each trip; date and time of vehicle in/out; and destination of all trips
  - 4.4.1.3      Secure vehicle keys to prevent unauthorized use of County vehicles.
  - 4.4.1.4      Ensure that all assigned vehicles receive regular servicing and that each vehicle is washed at least once a month.
  - 4.4.1.5      Report all vehicles needing servicing to the Departmental Vehicle Coordinator including mechanical problems, thefts, body damage, tire wear and/or problems of any other sort. Provide the vehicle number and a description of the problem.
  - 4.4.1.6      Instruct all authorized drivers regarding the procedures for emergency towing service and repairs.
  - 4.4.1.7      Establish and enforce procedures and responsibilities to ensure compliance with requirements of local regulations.



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### 4.5 DRIVER'S RESPONSIBILITIES

#### 4.5.1 Persons authorized to drive County vehicles must:

- 4.5.1.1 Ensure that County vehicles are driven only for the purpose of conducting County business and that vehicles are driven in a safe, responsible and prudent manner. Driving under the influence of alcohol or drugs is prohibited and subject to disciplinary action.
- 4.5.1.2 Know and comply with all State and local laws and regulations governing the operation of a motor vehicle, including possession of a valid California Driver's License for the type of vehicle being driven.

The driver of a County vehicle is personally responsible for any parking or moving violations received during the time the vehicle is assigned to him/her. Failure to pay such tickets will result in disciplinary action.

**CLASS C** - is a basic license required to operate automobiles and other light vehicles. This license allows drivers to operate any two-axle vehicle weighing less than 26,001 pounds gross vehicle weight (GVW) and any three-axle motor home.

**CLASS B** – is the first of two levels of commercial driver's license and allows drivers to operate any class C vehicle; a bus (except a trailer bus) designated to carry ten (10) or more passengers including the driver; a vehicle with three or more axles; or a vehicle weighing 26,001 pounds or more (GVW).

**CLASS A** – is the second level of commercial driver's license which allows a driver to operate any Class B or C vehicle and two trailers over 6,000 pounds GVW or double trailers.

- 4.5.1.3 Know and comply with all departmental policies and procedures regarding the operation, maintenance and management of vehicles.
  - a) Inspect vehicle for: oil and water each time the vehicle is fueled and replenish as needed; serviceable spare tire and changing tools.



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- b) Change flat tire(s) that occur during the time the vehicle is checked out. Passenger vans or heavier vehicles must have flat tires changed by a tow company.
- c) Report any mechanical malfunctions or indications of need for servicing or repair to the Local Vehicle Coordinator who shall, in turn, contact the Departmental Vehicle Coordinator and report the vehicle number and problem.

- 4.5.1.4 Project a positive image to the public in all situations by driving in a professional and courteous manner at all times and by keeping vehicles clean and free of litter. Erratic, unsafe and/or discourteous driving may be subject to disciplinary action, including suspension or discharge.
- 4.5.1.5 Record odometer readings at the start and finish of vehicle use and identify the destination, vehicle time out/in and register odometer readings on the Vehicle Trip Report.
- 4.5.1.6 Secure vehicle to prevent unauthorized entry/use of County vehicles.
- 4.6.1.7 Report any accident or vehicle damage noted on the "County of Los Angeles Report of Vehicle Accident or Incident". Send completed form to the ASB Chief within 24 hours of the accident/occurrence. The ASB Chief shall be responsible for processing vehicle accident reports through the appropriate channels.
- 4.5.1.8 Ensure that the vehicle has no less than one-fourth (1/4) tank of fuel when returned to check-out station and remove all debris from the vehicle. Automated fueling systems are provided at:

ISD Headquarters, 1104 N. Eastern Ave., L.A.  
1055 Alameda Ave., L.A.  
Hall of Administration/Mall Garage, 140 Grand Ave., L.A.

See Attachment IV for additional fueling locations/stations.

- 4.5.1.9 Ensure that the "County of Los Angeles Report of Vehicle Accident or Incident" form (Attachment III) and the list of Automated Fuel Site Locations (Attachment IV) are in the glove compartment of the car.



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## 4.6 VEHICLE ASSIGNMENTS AND TRANSFERS

- 4.6.1 County vehicles will be equitably assigned based on availability and program needs. Priority will be given to programs that require the transport of clients, i.e., Psychiatric Mobile Response Teams, Day Treatment, Socialization, Case Management and Residential.
- 4.6.2 Each request to transfer a vehicle between facilities must first be noted and approved by the respective Program Managers. The approved requests for transfers should then be submitted to the Departmental Vehicle Coordinator. Vehicles cannot be officially transferred between facilities until final approval from ASB.

## AUTHORITY

Los Angeles County Code, Vol 5, Title 15  
Los Angeles County Code, Personnel Administration  
State of California, Department of Motor Vehicles  
Los Angeles County Department of Mental Health Policy Manual  
National Safety Council, Fleet Safety Program Guide

## ATTACHMENTS

Attachment I	Authorized County Vehicle Drivers
Attachment II	Vehicle Trip Report
Attachment III	County of Los Angeles Report of Vehicle Accident or Incident
Attachment IV	Location of Fueling Sites.



**DEPARTMENT OF MENTAL HEALTH  
ADMINISTRATIVE SUPPORT BUREAU**

**VEHICLE TRIP REPORT**

Driver's Name	Employee No.	Phone No.
Division	Cost No.	
Destination	No. of Passengers	Estimated Hours
Authorization Signature		Date

**GAS DATA**

<b>BEGINNING GAS TANK READING</b>	<b>ENDING GAS TANK READING</b>
E _____ 1/4 _____ 1/2 _____ 3/4 _____ F _____	E _____ 1/4 _____ 1/2 _____ 3/4 _____ F _____

**DO NOT WRITE BELOW THIS LINE**

VEHICLE NO.			DISPATCHED BY		
DRIVER'S LICENSE NO.		EXPIRATION	EMPLOYEE NO.		
<b>DISPATCHED</b>			<b>RETURNED</b>		
DATE	TIME	MILEAGE	DATE	TIME	MILEAGE

**PLEASE READ THE BACK**



# COUNTY of LOS ANGELES REPORT of VEHICLE ACCIDENT or INCIDENT

FATALITIES OR SERIOUS INJURIES MUST BE REPORTED IMMEDIATELY BY TELEPHONE TO CARL WARREN & CO. (213) 594-9303  
Prepared for County Counsel in defense of the County, Special Districts and employees.

DEPT. _____ Code _____	VEHICLE DRIVEN BY EMPLOYEE (check one) <input type="checkbox"/> COUNTY (Includes Veh. leased or rented by CO.)	Contract Services <input type="checkbox"/> Yes <input type="checkbox"/> No
DIV. or Facility _____	Equip. No. _____	Insurance Co. _____ If yes, name of contract city _____
SECTION _____	License No. _____	Policy No. _____ Permittee <input type="checkbox"/> Yes <input type="checkbox"/> No

POLICE REPORT  Yes  No POLICE AGENCY REPORTING \_\_\_\_\_ STATION \_\_\_\_\_

ACCIDENT DATE \_\_\_\_\_ CITY \_\_\_\_\_ ON \_\_\_\_\_ AT \_\_\_\_\_  
(Street or Highway) (Intersection or Address)

HOUR \_\_\_\_\_ AM \_\_\_\_\_ PM OR AREA \_\_\_\_\_

<b>COUNTY DRIVER (1)</b>	DRIVER: _____ Job Title _____ Driver's Lic. No. _____
	Address: Home _____ Phone _____ Work Location _____ Phone _____ Ext. _____
	VEHICLE: Year _____ Make _____ Model or Type _____ Lic. No. _____ Parts Damaged _____
PASSENGER: _____ CO. Employee? Yes _____ No _____	PASSENGER: _____ CO. Employee? Yes _____ No _____
Name _____	Name _____
Home Address _____ (Street) _____ (City)	Home Address _____ (Street) _____ (City)
Phone: Work _____ Home _____	Phone: Work _____ Home _____

<b>OTHER DRIVER (2)</b>	DRIVER _____ (Name) _____ (Address) _____ (City) _____ (State) _____ (Zip Code) _____ (Phone)
	DRIVER'S LICENSE NO. _____ STATE _____ INSURANCE CO. _____
	EMPLOYER _____ (Name of Person, Company or Organization) _____ (Address) _____ (City) _____ (State) _____ (Zip Code) _____ (Phone)
	VEHICLE _____ (Year) _____ (Make) _____ (Model or Type) Veh. Lic. No. _____ (Year) _____ (Number) _____ (State)
	PARTS DAMAGED _____ REGISTERED OWNER _____ (Name) _____ (Address) _____ (City) _____ (State) _____ (Zip Code) _____ (Phone)
PASSENGER: _____ CO. Employee? Yes _____ No _____	PASSENGER: _____ CO. Employee? Yes _____ No _____
Name _____	Name _____
Home Address _____ (Street) _____ (City)	Home Address _____ (Street) _____ (City)
Phone: Work _____ Home _____	Phone: Work _____ Home _____

<b>OTHER DRIVER (3)</b>	DRIVER _____ (Name) _____ (Address) _____ (City) _____ (State) _____ (Zip Code) _____ (Phone)
	DRIVER'S LICENSE NO. _____ STATE _____ INSURANCE CO. _____
	EMPLOYER: _____ (Name of Person, Company or Organization) _____ (Address) _____ (City) _____ (State) _____ (Zip Code) _____ (Phone)
	VEHICLE _____ (Year) _____ (Make) _____ (Model or Type) Veh. Lic. No. _____ (Year) _____ (Number) _____ (State)
	PARTS DAMAGED _____ REGISTERED OWNER _____ (Name) _____ (Address) _____ (City) _____ (State) _____ (Zip Code) _____ (Phone)
PASSENGER: _____ CO. Employee? Yes _____ No _____	PASSENGER: _____ CO. Employee? Yes _____ No _____
Name _____	Name _____
Home Address _____ (Street) _____ (City)	Home Address _____ (Street) _____ (City)
Phone: Work _____ Home _____	Phone: Work _____ Home _____

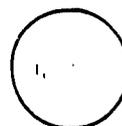
<b>INJURED/WITNESSES</b>	Check one: <input type="checkbox"/> INJURED <input type="checkbox"/> WITNESS <input type="checkbox"/> FATALITY
	NAME _____ Phone _____ NATURE OF INJURY _____
	ADDRESS _____ TAKEN TO _____

<b>INJURED/WITNESSES</b>	Check one: <input type="checkbox"/> INJURED <input type="checkbox"/> WITNESS <input type="checkbox"/> FATALITY
	NAME _____ Phone _____ NATURE OF INJURY _____
	ADDRESS _____ TAKEN TO _____

<b>INJURED/WITNESSES</b>	Check one: <input type="checkbox"/> INJURED <input type="checkbox"/> WITNESS <input type="checkbox"/> FATALITY
	NAME _____ Phone _____ NATURE OF INJURY _____
	ADDRESS _____ TAKEN TO _____

<b>INJURED/WITNESSES</b>	Check one: <input type="checkbox"/> INJURED <input type="checkbox"/> WITNESS <input type="checkbox"/> FATALITY
	NAME _____ Phone _____ NATURE OF INJURY _____
	ADDRESS _____ TAKEN TO _____

**INSTRUCTIONS:** Complete form within 24 hours of vehicle accident and submit to your supervisor.  
If more space is needed to completely answer any category on this form, attach an additional sheet.



INDICATE NORTH

**DRAW A DIAGRAM AND SHOW HOW ACCIDENT OCCURRED**  
Show your Vehicle as **1** the other Vehicles as **2**, **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 signs, signals.  
STATE number of lanes and length of skidmarks.

**EXPLAIN CLEARLY HOW ACCIDENT OCCURRED. USE ADDITIONAL SHEETS IF NECESSARY:**

Was your Vehicle legally parked?  Yes  No. If No, complete items listed below.

**DISTRIBUTION:**  
Department procedure for distribution to be followed; copies must be forwarded to the following:

2 COPIES—CARL WARREN & CO., P.O. Box 92586, Long Beach, CA 90809-2586  
1 COPY—(If CO. Vehicle damaged) Internal Services Dept. 1100 N. Eastern Ave., L.A.  
(Not applicable for Road and Flood Control Vehicles)

**(9) WEATHER**

- Clear
- Rain
- Fog
- Dusty
- Snow
- Heavy Smog
- Other

**(11) EVASIVE ACTION**

- by CO. Driver
- Locked Brakes
  - Hard Brakes
  - Slowed/Stopped
  - Steered Away
  - Accelerated
  - None
  - Other

**(10) ROAD CONDITION**

- Dry
- Wet
- Muddy
- Snowy or icy

**(12) SAFETY BELTS**

- Installed, Not Worn
- Installed and Worn
- Not installed
- Vehicle Unoccupied

**(13) EMERGENCY RESPONSE**  
(Applies to Vehicle driven by employee)

Were red lights and siren activated?  Yes  No

**(1) LOCALITY**

- Rural-Hwy/Roadway
- Residential
- Business/Shopping
- Freeway
- Motor Way (Mtn.)
- Open Field
- Private Road
- Other

**(3) MOVEMENT**

- 1**  **2**
- Straight Ahead
- Lane Change
- Making Right Turn
- Making Left Turn
- Standing
- Parked
- Backing
- Rolling Back
- Moving Unattended

**(5) AMOUNT OF TRAFFIC**

- No Other
- Light
- Medium
- Heavy-flowing
- Congested

**(7) ROAD SURFACE**

- Concrete
- Asphalt
- Oiled/Gravel
- Unpaved
- Other

**(6) TERRAIN**

- Level
- Upgrade
- Downgrade
- Hill Crest
- Dip

**(8) VISIBILITY**

- Good
- Fair
- Poor
- Very Poor

**(2) OPERATING AREA**

- Non-intersection
- Nearing intersection
- In intersection
- Leaving intersection
- Entering Driveway
- Leaving Driveway
- Construction Zone
- Parking/Bus. Lot
- Other

**(4) TRAFFIC CONTROLS**

- None Present
- Green Signal
- Yellow Signal
- Red Signal
- Flashing Signal
- Stop Sign
- Warning Sign
- Construction Sign
- Other

County Driver's Item No. \_\_\_\_\_ Employee No. \_\_\_\_\_ Age \_\_\_\_\_  
Total Yrs. Driv. \_\_\_\_\_ Total Yrs. Driv. for CO. \_\_\_\_\_ Total Yrs. this type Veh. \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE DATE

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR DATE

\_\_\_\_\_  
SIGNATURE OF DEPT. HEAD OR AUTH. REPRESENTATIVE DATE

**DEPARTMENT OF PUBLIC WORKS  
AUTOMATED FUEL SITE LOCATIONS  
DISTRICT 1**

**Central Yard Shops  
1525 Alcazar St.  
Los Angeles, CA 90033**

**RD 142 E. L.A.  
4304 Eugene Street  
Los Angeles, CA 90022**

**SM S. Yard 59<sup>th</sup> Street  
1129 E. 59<sup>th</sup> Street  
Los Angeles, CA 90001-1351**

**Westchester Shops  
5530 W. 83<sup>rd</sup> Street  
Los Angeles, CA 90045-3309**

**RD 141 90<sup>th</sup> Street L.A.  
2120 E. 90<sup>th</sup> Street  
Los Angeles, CA 90002**

**DEPARTMENT OF PUBLIC WORKS  
AUTOMATED FUEL SITE LOCATIONS  
DISTRICT 2**

**Central Yard Shops  
1525 Alcazar Street  
Los Angeles, CA 90033**

**WW Lancaster  
419 W. Avenue J  
Lancaster, CA 93534-3360**

**RD 142 E. L.A.  
4304 Eugene St.  
Los Angeles, CA 90022**

**RD 555 Lancaster  
45122 N. 70<sup>th</sup> Street E.  
Lancaster, CA 93534**

**SM S. Yard 59<sup>th</sup> Street  
1129 E. 59<sup>th</sup> Street  
Los Angeles, CA 90001-1351**

**Palmdale Shops  
38126 N. Sierra Hwy.  
Palmdale, CA 93550**

**Westchester Shops  
5530 W. 83<sup>rd</sup> Street  
Los Angeles, CA 90045-3309**

**RD 554 Mill Creek  
27500 Angeles Forrest Hwy.  
Palmdale, CA 93550**

**RD 141 90<sup>th</sup> Street L.A.  
2120 E. 90<sup>th</sup> Street  
Los Angeles, CA 90002**

**RD 551 Quartz Hill  
4859 W. Avenue L-12  
Quartz Hill, CA 93534**

**RD 553 Canyon Country  
17931 Sierra Hwy.  
Canyon Country, CA**

**RD 539 Agoura  
29773 W. Mulholland Hwy.  
Agoura, CA 91301**

**RD 525 Castaic  
27624 Parker Rd.  
Castaic, CA 91310**

**RD 558 Littlerock  
8505 E. Avenue T  
Littlerock, CA 93543**

**SM N. Lancaster  
45712 N. Division Street  
Lancaster, CA 93534**

**Hansen Yard  
10179 Glenoaks Blvd.  
Sun Valley, CA 91352**

**DEPARTMENT OF PUBLIC WORKS  
AUTOMATED FUEL SITE LOCATIONS  
DISTRICT 3**

**Central Yard Shops  
1525 Alcazar Street  
Los Angeles, CA 90033**

**SM Central Santa Fe Springs  
12015 Shoemaker Avenue  
Santa Fe Springs, CA 90670**

**RD 142 E. L.A.  
4304 Eugene Street  
Los Angeles, CA 90022**

**RD 232A Lomita  
24309 Walnut Avenue  
Lomita, CA 90717**

**SM S. Yard 59<sup>th</sup> Street  
1129 E. 59<sup>th</sup> Street  
Los Angeles, CA 90001-1351**

**WW Malibu  
3800 S. Topanga Canyon Blvd.  
Malibu, CA 90266**

**Westchester Shops  
5530 W. 83<sup>rd</sup> Street  
Los Angeles, CA 90045-3309**

**RD 436 Malibu  
3637 Winter Canyon Road  
Malibu, CA 90265**

**RD 141 90<sup>th</sup> Street L.A.  
2120 E. 90<sup>th</sup> Street  
Los Angeles, CA 90002**

**RD 232 Lawndale  
4055 Marine Avenue  
Lawndale, CA**

**RD 446 Pico Rivera  
9521 E. Beverly Blvd.  
Pico Rivera, CA 90660**

**Hansen Yard  
10179 Glenoaks Blvd.  
Sun Valley, CA 91352**

**Hollydale Shops  
11282 S. Garfield Avenue  
Downey, CA 90242**

**RD 539 Agoura  
29773 W. Mulholland Hwy.  
Agoura, CA 91301**

**Imperial Yard  
5525 E. Imperial Hwy.  
South Gate, CA 90280**