

CHAPTER 14
EXAMPLES OF COMPLETED TRAFFIC CRASH DOCUMENTATION
REVISED APRIL 2021
TABLE OF CONTENTS

SCOPE..... 14-3
EXAMPLES..... 14-3

ANNEXES

A – PROPERTY DAMAGE ONLY REPORT 14-5
B – MISDEMEANOR HIT-AND-RUN INVESTIGATION..... 14-11
C – SCHOOL BUS CRASH..... 14-23
D – DRIVING UNDER THE INFLUENCE INVESTIGATION 14-39
E – ON-DUTY EMERGENCY VEHICLE CRASH..... 14-55
F – FATAL CRASH WITH FELONY PROSECUTION..... 14-73

THIS PAGE INTENTIONALLY LEFT BLANK

CHAPTER 14

EXAMPLES OF COMPLETED TRAFFIC CRASH DOCUMENTATION

1. SCOPE. This chapter provides a number of example investigations and reports. The examples provided represent the proper formatting, text, and the expected level of quality. Additional information may, and in many cases should, be provided in the investigation documentation.

2. EXAMPLES. Policy requires each investigation performed by departmental personnel exhibit the best possible traffic crash Investigation and Report writing techniques. All traffic crash investigations shall be complete and answer the questions who, what, when, where, why, and how the crash occurred in a time-sequential manner, to the extent possible, based on the totality of available information. Additionally, each Investigation or Report shall be written in a clear and concise manner. The examples in Annexes A through F illustrate varied degrees of complexity, and represent the minimum level of documentation required. The appropriate level of investigation should be determined based on the unique circumstances surrounding each crash. The examples are written in various styles and are intended to be used as a guideline to assist in producing a quality product.

THIS PAGE INTENTIONALLY LEFT BLANK

ANNEX A

PROPERTY DAMAGE ONLY REPORT

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL TRAFFIC CRASH REPORT CHP 555 Page 1 (Rev. 3-20) OPI 060												Page 1 of 6												
SPECIAL CONDITIONS		NUMBER PLURED 0		HT & RN FIELD BY <input type="checkbox"/>		CITY UNINCORPORATED			JUDICIAL DISTRICT SACRAMENTO		LOCAL REPORT NUMBER 9252-2019-01111													
NUMBER KILLED 0		HT & RN MEMBER NUMBER <input type="checkbox"/>		COUNTY SACRAMENTO			REPORTING DISTRICT BEAT 071		DAY OF WEEK S (M) T W T F S		TOWAWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO													
LOCATION	CRASH OCCURRED ON 39TH AVENUE N/B (5400 BLOCK)						MO. DAY YEAR 10/07/2019		TIME (H:MM) 1120		NDC # 9252		OFFICER ID 041210											
	MILEPOST INFORMATION FEET/MILES OF						GPS COORDINATES LATITUDE 38.65952 LONGITUDE -121.35522				PHOTOGRAPHS BY: <input checked="" type="checkbox"/> NONE													
	<input type="checkbox"/> AT INTERSECTION WITH												<input checked="" type="checkbox"/> OR 15 FEET/MILES S OF LEMON HILL DRIVE											
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO												STATE HWY REL.											
PARTY 1		DRIVERS LICENSE NUMBER		STATE		CLASS		AIR BAG		SAFETY EQUIP.		VEH. YEAR		MAKE/MODEL/COLOR		LICENSE NUMBER		STATE						
		C1234567		CA		C		L		G		1999		FORD EXPLORER BLK		5ABC123		CA						
DRIVER NAME (FIRST, MIDDLE, LAST)												OWNERS NAME				<input checked="" type="checkbox"/> SAME AS DRIVER								
<input checked="" type="checkbox"/> LAWRENCE PAUL PARMI																								
STREET ADDRESS												OWNERS ADDRESS				<input checked="" type="checkbox"/> SAME AS DRIVER								
<input type="checkbox"/> 3345 LEMON HILL DRIVE																								
CITY/STATE/ZIP												DISPOSITION OF VEHICLE ON ORDERS OF:				<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER								
<input type="checkbox"/> SACRAMENTO CA 95828												ABC TOWING - (916) 555-8793												
SEX		HAIR		EYES		HEIGHT		WEIGHT		BIRTHDATE		RACE		PRIOR MECHANICAL DEFECTS:										
<input type="checkbox"/> M		<input type="checkbox"/> BLK		<input type="checkbox"/> BRN		<input type="checkbox"/> 6-00		<input type="checkbox"/> 210		<input type="checkbox"/> 09/15/1967		<input type="checkbox"/> W		<input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE										
OTHER HOME PHONE												BUSINESS PHONE				VEHICLE IDENTIFICATION NUMBER:								
<input type="checkbox"/> (916) 555-1212												<input type="checkbox"/> (916) 555-3434												
INSURANCE CARRIER												POLICY NUMBER				VEHICLE TYPE				DESCRIBE VEHICLE DAMAGE				
<input type="checkbox"/> ALL STATE												2345M679				07				<input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER				
DIR OF TRAVEL		ON STREET OR HIGHWAY				LANE		THRU LANES		TOTAL LANES		SPEED LIMIT		SHADE IN DAMAGED AREA										
<input type="checkbox"/> N		<input type="checkbox"/> 39TH AVENUE				<input type="checkbox"/> 1		<input type="checkbox"/> 1		<input type="checkbox"/> 1		<input type="checkbox"/> 25												
PARTY 2		DRIVERS LICENSE NUMBER		STATE		CLASS		AIR BAG		SAFETY EQUIP.		VEH. YEAR		MAKE/MODEL/COLOR		LICENSE NUMBER		STATE						
		N4567890		CA		C		M		G		2005		CHEV SILVERADO WHI		6K55555		CA						
DRIVER NAME (FIRST, MIDDLE, LAST)												OWNERS NAME				<input checked="" type="checkbox"/> SAME AS DRIVER								
<input checked="" type="checkbox"/> MICHAEL GEORGE SHANDRO																								
STREET ADDRESS												OWNERS ADDRESS				<input checked="" type="checkbox"/> SAME AS DRIVER								
<input type="checkbox"/> 4456 ROOSEVELT STREET																								
CITY/STATE/ZIP												DISPOSITION OF VEHICLE ON ORDERS OF:				<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER								
<input type="checkbox"/> SACRAMENTO CA 95806												DRIVEN AWAY FROM SCENE												
SEX		HAIR		EYES		HEIGHT		WEIGHT		BIRTHDATE		RACE		PRIOR MECHANICAL DEFECTS:										
<input type="checkbox"/> M		<input type="checkbox"/> BLK		<input type="checkbox"/> BRN		<input type="checkbox"/> 5-10		<input type="checkbox"/> 180		<input type="checkbox"/> 03/05/1949		<input type="checkbox"/> W		<input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE										
OTHER HOME PHONE												BUSINESS PHONE				VEHICLE IDENTIFICATION NUMBER:								
<input type="checkbox"/> (916) 555-2323												<input type="checkbox"/> (916) 555-4545												
INSURANCE CARRIER												POLICY NUMBER				VEHICLE TYPE				DESCRIBE VEHICLE DAMAGE				
<input type="checkbox"/> FARMERS												CR4569786				22				<input type="checkbox"/> UNK <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER				
DIR OF TRAVEL		ON STREET OR HIGHWAY				LANE		THRU LANES		TOTAL LANES		SPEED LIMIT		SHADE IN DAMAGED AREA										
<input type="checkbox"/> N		<input type="checkbox"/> 39TH AVENUE				<input type="checkbox"/> 1		<input type="checkbox"/> 1		<input type="checkbox"/> 1		<input type="checkbox"/> 25												
PARTY 3		DRIVERS LICENSE NUMBER		STATE		CLASS		AIR BAG		SAFETY EQUIP.		VEH. YEAR		MAKE/MODEL/COLOR		LICENSE NUMBER		STATE						
DRIVER NAME (FIRST, MIDDLE, LAST)												OWNERS NAME				<input type="checkbox"/> SAME AS DRIVER								
<input type="checkbox"/>																								
STREET ADDRESS												OWNERS ADDRESS				<input type="checkbox"/> SAME AS DRIVER								
<input type="checkbox"/>																								
CITY/STATE/ZIP												DISPOSITION OF VEHICLE ON ORDERS OF:				<input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER								
<input type="checkbox"/>																								
SEX		HAIR		EYES		HEIGHT		WEIGHT		BIRTHDATE		RACE		PRIOR MECHANICAL DEFECTS:										
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE										
OTHER HOME PHONE												BUSINESS PHONE				VEHICLE IDENTIFICATION NUMBER:								
<input type="checkbox"/>																								
INSURANCE CARRIER												POLICY NUMBER				VEHICLE TYPE				DESCRIBE VEHICLE DAMAGE				
<input type="checkbox"/>																				<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				
DIR OF TRAVEL		ON STREET OR HIGHWAY				LANE		THRU LANES		TOTAL LANES		SPEED LIMIT		SHADE IN DAMAGED AREA										
<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>												
PREPARER'S NAME												DISPATCH NOTIFIED				REVIEWER'S NAME				DATE REVIEWED				
A. SMITH 041210												<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A												

An Internationally Accredited Agency
Destroy Previous Editions
Chp555_0320.pdf

ANNEX A

PROPERTY DAMAGE ONLY REPORT (continued)

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
TRAFFIC CRASH CODING
CHP 555 Page 2 (Rev. 3-20) OPI 060

Page 2 of 6

DATE OF CRASH: MO. DAY YEAR 10/07/2019	TIME (0400) 1120	HCC # 9252	OFFICER ID 041210	NUMBER 9252-2019-01111
PROPERTY DAMAGE		OWNER'S NAME JOHN SMITHE		OWNER'S ADDRESS 5412 39TH AVENUE, SACRAMENTO, CA 95828
PERSON NOTIFIED		TELEPHONE NUMBER		METHOD OF NOTIFICATION (MARK ALL THAT APPLY) <input type="checkbox"/> IN PERSON <input type="checkbox"/> PHONE <input checked="" type="checkbox"/> DISPATCH <input checked="" type="checkbox"/> CHP 422
LOG/INCIDENT NUMBER 1234D070711		DESCRIPTION OF DAMAGE MAJOR DAMAGE TO A LANDSCAPE TREE (CHP 422 LEFT ON SCENE)		

SEATING POSITION	OCCUPANTS	SAFETY EQUIPMENT	AIR BAG	INATTENTION CODES
<p>A 1 TO 9 - STANDARD SEATING POSITION</p> <p>1 2 3 10 - REAR OCC. TRK. VAN STATION WAGON, ETC.*</p> <p>4 5 6 11 - POSITION UNKNOWN*</p> <p>7 8 9 0 - OTHER*</p>	<p>A - NONE IN VEHICLE</p> <p>B - UNKNOWN</p> <p>C - LAP BELT USED</p> <p>D - LAP BELT NOT USED</p> <p>E - SHOULDER HARNESS USED</p> <p>F - SHOULDER HARNESS NOT USED</p> <p>G - LAP / SHOULDER HARNESS NOT USED</p> <p>H - LAP / SHOULDER HARNESS NOT USED</p> <p>J - PASSIVE RESTRAINT USED</p> <p>K - PASSIVE RESTRAINT NOT USED</p> <p>P - NOT REQUIRED</p>	<p>CHILD RESTRAINT</p> <p>Q - IN VEHICLE USED</p> <p>R - IN VEHICLE NOT USED</p> <p>S - IN VEHICLE USE UNKNOWN</p> <p>T - IN VEHICLE IMPROPER USE</p> <p>U - NONE IN VEHICLE</p> <p>MC / BICYCLE - HELMET</p> <p>DRIVER PASSENGER</p> <p>V - NO X - NO W - YES Y - YES</p>	<p>B - UNKNOWN</p> <p>L - AIR BAG DEPLOYED</p> <p>M - AIR BAG NOT DEPLOYED</p> <p>N - OTHER</p> <p>P - NOT REQUIRED</p> <p>EJECTED FROM VEHICLE</p> <p>0 - NOT EJECTED</p> <p>1 - FULLY EJECTED</p> <p>2 - PARTIALLY EJECTED</p> <p>3 - UNKNOWN</p>	<p>A - CELL PHONE HANDHELD</p> <p>B - CELL PHONE HANDSFREE</p> <p>C - ELECTRONIC EQUIPMENT</p> <p>D - RADIO / CD</p> <p>E - SMOKING</p> <p>F - EATING</p> <p>G - CHILDREN</p> <p>H - ANIMALS</p> <p>I - PERSONAL HYGIENE</p> <p>J - READING</p> <p>K - OTHER</p>

ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY CRASH FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES			VEHICLE AUTOMATION LEVEL			MOVEMENT PRECEDING CRASH			
	1	2	3	1	2	3	1	2	3	
A 22350	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B OTHER IMPROPER DRIVING*	<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"/>
C OTHER THAN DRIVER*	<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"/>
D UNKNOWN*	<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"/>
WEATHER (MARK 1 TO 2 ITEMS)	<input checked="" 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"/>
A CLEAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B CLOUDY	<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"/>
C RAINING	<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"/>
D SNOWING	<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"/>
E FOG / VISIBILITY FT.	<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"/>
F OTHER*	<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"/>
G WIND	<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"/>
LIGHTING	<input checked="" 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"/>
A DAYLIGHT	<input type="checkbox"/>	<input checked="" 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"/>
B DUSK - DAWN	<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"/>
C DARK - STREET LIGHTS	<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"/>
D DARK - NO STREET LIGHTS	<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"/>
E DARK - STREET LIGHTS NOT FUNCTIONING*	<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"/>
ROADWAY SURFACE	<input checked="" 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"/>
A DRY	<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"/>
B WET	<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"/>
C SNOWY - ICY	<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"/>
D SLIPPERY (MUDDY, OILY, ETC.)	<input type="checkbox"/>	<input checked="" 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"/>
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)	<input checked="" 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"/>
A HOLES, DEEP RUT*	<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"/>
B LOOSE MATERIAL ON ROADWAY*	<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"/>
C OBSTRUCTION ON ROADWAY*	<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"/>
D CONSTRUCTION - REPAIR ZONE	<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"/>
E REDUCED ROADWAY WIDTH	<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"/>
F FLOODED*	<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"/>
G OTHER*	<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"/>
H NO UNUSUAL CONDITIONS	<input checked="" 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"/>

SKETCH

FOR SKETCH DIAGRAM, SEE PAGE 3

INDICATE NORTH

MISCELLANEOUS

1	2	3	SPECIAL INFORMATION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A HAZARDOUS MATERIAL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B CELL PHONE HANDHELD IN USE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C CELL PHONE HANDSFREE IN USE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D CELL PHONE NOT IN USE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E CELL PHONE USE UNKNOWN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F SCHOOL BUS RELATED
1	2	3	BIKWAY FACILITY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A SHARED ROADWAY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B CLASS I - BIKE PATH*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C CLASS II - BIKE LANE*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D CLASS III - BIKE ROUTE*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E CLASS IV - SEPARATED BIKEWAY*

An Internationally Accredited Agency Destroy Previous Editions Chp555_0520.pdf

ANNEX A

PROPERTY DAMAGE ONLY REPORT (continued)

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
SKETCH DIAGRAM
CHP 555 Page 4 (Rev. 03-20) OPI 080 Page 3 of 6

DATE OF CRASH (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER ID	NUMBER
10/07/2019	1120	9252	041210	9252-2019-01111

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

The diagram shows an intersection of Lemon Hill Drive (top) and 39th Avenue (bottom). 39th Avenue has two lanes: Southbound (S/B) and Northbound (N/B). A dashed line separates the lanes. A concrete gutter is on the right side of the N/B lane. A tree is located on the right side of the N/B lane. A stop sign is at the intersection. Vehicle V-1 is in the N/B lane, and vehicle V-2 is in the S/B lane. A red circle with the number 2 is near the tree. A red circle with the number 1 is near V-1. A north arrow is in the top right. Labels include 'Painted broken yellow lines' and 'Sidewalk'.

PREPARED BY	ID NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
A. SMITH	041210	10/07/2019		

An Internationally Accredited Agency

ANNEX A

PROPERTY DAMAGE ONLY REPORT (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 4 of 6

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
10/07/2019	1120	9252	041210	9252-2019-01111

1 **Notification**

2

3 I received a radio call of a property damage only crash at 1132 hours. I responded from the
4 intersection of Gerber Rd. at Wilbur Ave. and arrived on scene at 1145 hours. All times, speeds,
5 and measurements are approximate. I obtained all measurements using a roll meter.

6

7 **Statements**

8

9 Party #1 (P-1) (Parmi): Upon my arrival, P-1 was standing to the rear of V-1 (Ford). He related
10 the following: He was driving his Explorer n/b on 39th Ave. toward the intersection with Lemon Hill
11 Dr. He was going "about 30" when his cell phone rang. He looked at his cell phone and saw that
12 it was his wife calling. He was concerned about the call because she had surgery two days ago.
13 He picked up the phone, but remembered he didn't have "hands free" and it was "against the law
14 to answer it." When he looked up, he saw a white truck (V-2) stopped at the intersection. He
15 realized he could not stop in time so he swerved to the right. His car went into "that front yard and
16 hit the tree." P-1 did not remember hitting the truck.

17

18 *There was a set of tire friction marks, approximately 12 feet in length, leading from the roadway to*
19 *the position of rest of V-1. I asked P-1 to examine the marks and he did. I asked P-1 if he had*
20 *applied the brakes prior to the crash.*

21

22 P-1 stated "I don't remember, but I must have." P-1 related he was wearing his seat belt and he
23 was not injured as a result of the crash. He also related he did not have any preexisting
24 mechanical problems with his vehicle.

25

26 Party #2 (P-2) (Shandro): Upon my arrival, P-2 was standing along the right side of V-2
27 (Chevrolet). He related the following: He was driving his truck n/b on 39th Ave. and was stopped
28 at Lemon Hill Dr.

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
A. SMITH 041210	10/07/2019		

ANNEX A

PROPERTY DAMAGE ONLY REPORT (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

Page 5 of 6

NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
10/07/2019	1120	9252	041210	9252-2019-01111

1 **Statements (cont.)**

2

3 There was a truck traveling slowly through the intersection e/b on Lemon Hill Dr. As he waited, he
4 looked in his rearview mirror and saw V-1 coming toward him at approximately 30 mph. The
5 driver of V-1 appeared to be distracted because he was looking down. He thought to himself, "I'm
6 gonna get hit." About that time, he heard the sound of brakes "squealing," and felt the impact. He
7 then saw V-1 veer off toward the sidewalk. The impact caused his vehicle to shake but not move.
8 P-2 related he was wearing his seat belt and he was not injured as a result of the crash. He also
9 related he did not have any preexisting mechanical problems with his vehicle.

10

11 **Summary**

12

13 P-2 (Shandro) was driving V-2 (Chevrolet) n/b on 39th Ave., and was stopped at the limit line at
14 the intersection of Lemon Hill Dr. P-2 was waiting for a truck to clear the intersection so he could
15 proceed n/b on 39th Ave. P-1 (Parmi) was driving V-1 (Ford) n/b on 39th Ave., at approximately
16 30 mph, approaching the rear of V-2. P-1's attention was diverted from driving when his cellular
17 phone began to ring and he reached down to pick it up. When P-1 refocused his attention to
18 driving, he realized he had allowed his vehicle to approach the rear of V-2 at such a close
19 distance that he needed to take immediate evasive action. P-1 steered V-1 to the right and
20 applied V-1's brakes with enough force to lock the tires. V-1 slid a distance of 12 feet before its
21 left front struck the right rear of V-2. V-1 continued across the front yard at 5412 39th Ave., until
22 its front struck a large tree trunk. After the crash both drivers remained at the scene and left their
23 respective vehicles at their positions of rest. V-1 was located facing a northeasterly direction,
24 against the tree at 5412 39th Ave. V-2 remained facing n/b on 39th Ave., stopped at the limit line
25 at Lemon Hill Dr.

26

27

28

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
A. SMITH 041210	10/07/2019		

ANNEX A

PROPERTY DAMAGE ONLY REPORT (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 6 of 6

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
10/07/2019	1120	9252	041210	9252-2019-01111

1 **Areas of Impact**

2

3 The areas of impact (AOI) were determined by the physical evidence, the damage sustained by
4 the involved vehicles, the statements of the involved parties, and the unmoved locations of V-1
5 and V-2.

6

7 The first AOI (V-1 vs. V-2) was located six feet west of the east roadway edge of 39th Ave. and 15
8 feet south of the south roadway edge prolongation of Lemon Hill Dr.

9

10 The second AOI (V-1 vs. the tree) was located 10 feet east of the east roadway edge of 39th Ave.
11 and nine feet south of the south roadway edge of Lemon Hill Dr.

12

13 **Cause**

14

15 Based upon the physical evidence, the damage to the involved vehicles and the statements of the
16 involved parties, Party #1 (Parmi) was found to be at fault for this crash by driving V-1 at an
17 unsafe speed for conditions; in violation of CVC Section 22350. V-1 was traveling at an unsafe
18 speed for conditions in that P-1 failed to slow or stop V-1 before colliding with the rear of V-2. An
19 associated factor to the crash was P-1's inattention. P-1 was inattentive in that he diverted his
20 attention from the road by reaching down and picking up his ringing cellular phone.

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
A. SMITH 041210	10/07/2019		

ANNEX B

MISDEMEANOR HIT-AND-RUN INVESTIGATION

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL TRAFFIC CRASH REPORT CHP 555 Page 1 (Rev. 3-20) CPl 060										Page 1 of 11	
SPECIAL CONDITIONS		NUMBER INJURED 0		HIT & RUN FELONY <input type="checkbox"/>		CITY UNINCORPORATED		JUDICIAL DISTRICT SAC SUPERIOR		LOCAL REPORT NUMBER 9250-2019-09999	
NUMBER KILLED 0		HIT & RUN MISDEMEANOR <input checked="" type="checkbox"/>		COUNTY SACRAMENTO		REPORTING DISTRICT 020		BEAT 020		DAY OF WEEK M T W T F S <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
LOCATION	CRASH OCCURRED ON DATE AVENUE S/B (5100 BLOCK)					MO. DAY YEAR 10/27/2019		TIME (M:SS) 0850		HIC # 9250	
	MILEPOST INFORMATION					GPS COORDINATES LATITUDE 38.65952 LONGITUDE -121.35522				OFFICER ID 040013	
	FEET/MILES OF					STATE HWY REL. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				PHOTOGRAPHS BY: <input type="checkbox"/> NONE	
	<input type="checkbox"/> AT INTERSECTION WITH					CR. 50 FEET/MILES N OF TYLER STREET				B. JOHNSON 40013	
PARTY 1		DRIVERS LICENSE NUMBER A1234567 (SUSP)(ID)		STATE CA		CLASS U		AIR BAG M		SAFETY EQUIP. G	
DRIVER NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> JOHN DOE SMITH		VEH. YEAR 2005		MAKE/MODEL/COLOR CHEV COLORADO GRY		LICENSE NUMBER 6Z12345		STATE CA		OWNERS NAME <input checked="" type="checkbox"/> SAME AS DRIVER	
STREET ADDRESS 1234 RIVER DRIVE		CITY/STATE/ZIP SACRAMENTO CA 95841		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		FLED SCENE		PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		VEHICLE IDENTIFICATION NUMBER	
SEX HAIR EYES HEIGHT WEIGHT Mo. BIRTHDATE Day Year RACE M BLK BRN 6-00 210 09/15/1975 W		HOME PHONE (916) 555-1212		BUSINESS PHONE (916) 555-3434		VEHICLE TYPE 22		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA	
INSURANCE CARRIER NONE		POLICY NUMBER		DIR OF TRAVEL S		ON STREET OR HIGHWAY DATE AVENUE		LANE 1		THRU LINES TOTAL LINES SPEED LIMIT 1 1 25	
PARTY 2		DRIVERS LICENSE NUMBER B5667890		STATE CA		CLASS C		AIR BAG M		SAFETY EQUIP. G	
DRIVER NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> SARA ANN THOMPSON		VEH. YEAR 2001		MAKE/MODEL/COLOR HONDA ACCORD RED		LICENSE NUMBER 5ABC123		STATE CA		OWNERS NAME <input checked="" type="checkbox"/> SAME AS DRIVER	
STREET ADDRESS 4456 ROOSEVELT STREET		CITY/STATE/ZIP SACRAMENTO CA 95828		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		DRIVEN AWAY FROM SCENE		PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		VEHICLE IDENTIFICATION NUMBER	
SEX HAIR EYES HEIGHT WEIGHT Mo. BIRTHDATE Day Year RACE F BLN BLU 5-10 160 03/05/1949 W		HOME PHONE (916) 555-2323		BUSINESS PHONE (916) 555-4545		VEHICLE TYPE 01		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA	
INSURANCE CARRIER FARMERS		POLICY NUMBER CR123456		DIR OF TRAVEL S		ON STREET OR HIGHWAY DATE AVENUE		LANE 1		THRU LINES TOTAL LINES SPEED LIMIT 1 1 25	
PARTY 3		DRIVERS LICENSE NUMBER		STATE		CLASS		AIR BAG		SAFETY EQUIP.	
DRIVER NAME (FIRST, MIDDLE, LAST)		VEH. YEAR		MAKE/MODEL/COLOR		LICENSE NUMBER		STATE		OWNERS NAME	
STREET ADDRESS		CITY/STATE/ZIP		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		DRIVEN AWAY FROM SCENE		PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		VEHICLE IDENTIFICATION NUMBER	
SEX HAIR EYES HEIGHT WEIGHT Mo. BIRTHDATE Day Year RACE		HOME PHONE		BUSINESS PHONE		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	
INSURANCE CARRIER		POLICY NUMBER		DIR OF TRAVEL		ON STREET OR HIGHWAY		LANE		THRU LINES TOTAL LINES SPEED LIMIT	
PREPARED BY B. JOHNSON 040013		DISPATCH NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		REVIEWER'S NAME		DATE REVIEWED					

An Internationally Accredited Agency

Destroy Previous Editions

Chp555_0320.pdf

ANNEX B

MISDEMEANOR HIT-AND-RUN INVESTIGATION (continued)

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL TRAFFIC CRASH CODING CHP 555 Page 2 (Rev. 3-20) OPI 060										Page 2 of 11		
DATE OF CRASH (MO. DAY YEAR) 10/27/2019		TIME (24HR) 0850	NCIC # 9250	OFFICER ID 040013		NUMBER 9250-2019-09999						
PROPERTY DAMAGE		OWNER'S NAME		OWNER'S ADDRESS								
PERSON NOTIFIED		TELEPHONE NUMBER		METHOD OF NOTIFICATION (MARK ALL THAT APPLY) <input type="checkbox"/> IN PERSON <input type="checkbox"/> PHONE <input type="checkbox"/> DISPATCH <input type="checkbox"/> CHP 422				LOG / INCIDENT NUMBER				
DESCRIPTION OF DAMAGE												
SEATING POSITION		SAFETY EQUIPMENT			AIR BAG		INATTENTION CODES					
1 TO 9 - STANDARD SEATING POSITION 10 - REAR OCC. TRK. VAN, STATION WAGON, ETC.* 11 - POSITION UNKNOWN* 0 - OTHER*		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 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 MC / BICYCLE - HELMET DRIVER PASSENGER V - NO X - NO W - YES Y - YES			B - UNKNOWN L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN		A - CELL PHONE HANDHELD B - CELL PHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONAL HYGIENE J - READING K - OTHER		
ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.												
PRIMARY CRASH FACTOR LIST NUMBER (#) OF PARTY AT FAULT		TRAFFIC CONTROL DEVICES			VEHICLE AUTOMATION LEVEL			MOVEMENT PRECEDING CRASH				
1 A CVC SECTION VIOLATED CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 22350		A CONTROLS FUNCTIONING			A SAE LEVEL - 0			A STOPPED				
B OTHER IMPROPER DRIVING*		B CONTROLS NOT FUNCTIONING*			B SAE LEVEL - 1			B PROCEEDING STRAIGHT				
C OTHER THAN DRIVER*		C CONTROLS OBSCURED			C SAE LEVEL - 2			C RAN OFF ROAD				
D UNKNOWN*		D NO CONTROLS PRESENT / FACTOR*			D SAE LEVEL - 3			D MAKING RIGHT TURN				
		TYPE OF CRASH			E SAE LEVEL - 4			E MAKING LEFT TURN				
		A HEAD - ON			F SAE LEVEL - 5			F MAKING U TURN				
		B SIDE SWIPE			G UNKNOWN*			G BACKING				
		C REAR END			VEHICLE AUTOMATION ENGAGED			H SLOWING / STOPPING				
		D BROADSIDE			A NO AUTOMATION			I PASSING OTHER VEHICLE				
WEATHER (MARK 1 TO 2 ITEMS)					B DRIVER ASSISTANCE			J CHANGING LANES				
A CLEAR		E HIT OBJECT			C PARTIAL AUTOMATION			K PARKING MANEUVER				
B CLOUDY		F OVERTURNED			D CONDITIONAL AUTOMATION			L ENTERING TRAFFIC				
C RAINING		G VEHICLE / PEDESTRIAN			E HIGH AUTOMATION			M OTHER UNSAFE TURNING				
D SNOWING		H OTHER*			F FULL AUTOMATION			N XING INTO OPPOSING LANE				
E FOG / VISIBILITY FT.		MOTOR VEHICLE INVOLVED WITH (MARK 1 TO 2 ITEMS)			G UNKNOWN*			O PARKED				
F OTHER*		A NONCOLLISION						P MERGING				
G WIND		B PEDESTRIAN						Q TRAVELING WRONG WAY				
LIGHTING		C OTHER MOTOR VEHICLE			OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)			R OTHER*				
A DAYLIGHT		D MOTOR VEHICLE ON OTHER ROADWAY			A CVC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			S LANE SPLITTING				
B DUSK - DAWN		E PARKED MOTOR VEHICLE			B CVC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			SOBRIETY - DRUG - PHYSICAL (MARK ALL THAT APPLY)				
C DARK - STREET LIGHTS		F TRAIN			C CVC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			A HAD NOT BEEN DRINKING				
D DARK - NO STREET LIGHTS		G BICYCLE						B HBD - UNDER THE INFLUENCE*				
E DARK - STREET LIGHTS NOT FUNCTIONING*		H ANIMAL						C HBD - NOT UNDER INFLUENCE*				
ROADWAY SURFACE		I FIXED OBJECT						D HBD - IMPAIRMENT UNKNOWN*				
A DRY		J OTHER OBJECT			D			E UNDER DRUG INFLUENCE*				
B WET		K ADDITIONAL OBJECT(S) STRUCK			E VISION OBSCUREMENT:			DRE EXAM. CONDUCTED				
C SNOWY - ICY		PEDESTRIAN'S ACTIONS			F INATTENTION* K			STIMULANT				
D SLIPPERY (MUDDY, OILY, ETC.)		A NO PEDESTRIANS INVOLVED			G STOP & GO TRAFFIC			HALLUCINOGEN				
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)		B CROSSING IN CROSSWALK - AT INTERSECTION			H ENTERING / LEAVING RAMP			DISSOCIATIVE ANESTHETICS				
A HOLES, DEEP RUT*		C CROSSING IN CROSSWALK - NOT AT INTERSECTION			I PREVIOUS CRASH			NARCOTIC ANALGESIC				
B LOOSE MATERIAL ON ROADWAY*		D CROSSING - NOT IN CROSSWALK			J UNFAMILIAR WITH ROAD			INHALANT				
C OBSTRUCTION ON ROADWAY*		E IN ROAD - INCLUDES SHOULDER			K DEFECTIVE VEH. EQUIP.: CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			CANNABIS				
D CONSTRUCTION - REPAIR ZONE		F NOT IN ROAD			L UNINVOLVED VEHICLE			DEPRESSANT				
E REDUCED ROADWAY WIDTH		G APPROACHING / LEAVING SCHOOL BUS			M OTHER*			F IMPAIRMENT - PHYSICAL*				
F FLOODED*					N NONE APPARENT			G IMPAIRMENT NOT KNOWN				
G OTHER*					O RUNAWAY VEHICLE			H NOT APPLICABLE				
H NO UNUSUAL CONDITIONS								I SLEEPY / FATIGUED*				
SKETCH FOR SKETCH DIAGRAM, SEE PAGE 3		MISCELLANEOUS						SPECIAL INFORMATION				
								A HAZARDOUS MATERIAL				
								B CELL PHONE HANDHELD IN USE				
								C CELL PHONE HANDSFREE IN USE				
								D CELL PHONE NOT IN USE				
								E CELL PHONE USE UNKNOWN				
								F SCHOOL BUS RELATED				
								BIKEWAY FACILITY				
								A SHARED ROADWAY				
								B CLASS I - BIKE PATH*				
								C CLASS II - BIKE LANE*				
								D CLASS III - BIKE ROUTE*				
								E CLASS IV - SEPARATED BIKEWAY*				

ANNEX B

MISDEMEANOR HIT-AND-RUN INVESTIGATION (continued)

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
SKETCH DIAGRAM
CHP 555 Page 4 (Rev. 3-20) OPI 080 Page 3 of 11

DATE OF CRASH (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER ID	NUMBER
10/27/2019	0850	9250	040013	9250-2019-09999

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

DATE AVENUE

The diagram shows a cross-section of Date Avenue. From left to right, there is a concrete sidewalk, a raised concrete curb, and a road with painted double yellow lines. The road is divided into three lanes: a 6-foot wide shoulder (S/B), a 12-foot wide lane, and another 12-foot wide lane (N/B). Tyler Street crosses the road from top to bottom. A crash site is marked with a circle and two downward arrows labeled V-1 and V-2. To the right of the road is an unimproved dirt area. A north arrow is located in the upper right.

PREPARED BY	ID NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
B. JOHNSON	040013	10/29/2019		

An Internationally Accredited Agency

ANNEX B

MISDEMEANOR HIT-AND-RUN INVESTIGATION (continued)

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

FACTUAL DIAGRAM
CHP 555 Page 4 (Rev. 3-20) OPI 060

Page 4 of 11

DATE OF CRASH (MO. DAY YEAR)	TIME (2400)	NDC#	OFFICER ID	NUMBER
10/27/2019	0850	9250	040013	9250-2019-09999

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

DATE AVENUE

PREPARED BY	ID NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
B. JOHNSON	040013	10/29/2019		

An Internationally Accredited Agency

ANNEX B

MISDEMEANOR HIT-AND-RUN INVESTIGATION (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 5 of 11

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	INCIDENT NUMBER	OFFICER I.D. NUMBER	NUMBER
10/27/2019	0850	9250	040013	9250-2019-09999

1 **FACTS**

2

3 **NOTIFICATION:**

4

5 I received a radio call of a property damage only traffic crash, involving a hit and run vehicle, at
6 approximately 0900 hours. I responded from Watt Ave. at Madison Ave. and arrived on scene at
7 approximately 0907 hours. All times, speeds, and measurements represented in this investigation
8 are approximations. All measurements were obtained by a roll meter unless otherwise noted.

9

10 **SCENE:**

11

12 The crash occurred on Date Ave., north of Tyler St., in an unincorporated area of Sacramento
13 County. Date Ave. is a relatively straight and level, north-south designated street of
14 asphalt/concrete composition. Date Ave. is a two-way street with one northbound lane and one
15 southbound lane separated by a set of painted double yellow lines. The roadway is bordered on
16 the west by a raised concrete curb followed by a concrete sidewalk and on the east by an
17 unimproved dirt area. The speed limit is posted at 25 miles per hour. The crash occurred during
18 the hours of daylight and the weather was cool and dry. There were no unusual conditions or
19 visual obstructions noted or claimed. Refer to the Factual Diagram for additional information.

20

21 **PARTIES:**

22

23 Driver #1 (D-1, John Smith) fled the scene immediately after the crash occurred. The post-crash
24 investigation outlined in the Hit and Run section of the report led to the identification of Smith as
25 the driver. Smith was identified by his California Identification Card, which he had in his
26 possession. An inquiry of Smith's license status through the Department of Motor Vehicles
27 returned suspended/revoked.

28

29

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
B. JOHNSON 040013	10/29/2019		

ANNEX B

MISDEMEANOR HIT-AND-RUN INVESTIGATION (*continued*)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 6 of 11

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	INCIDENT NUMBER	OFFICER I.D. NUMBER	NUMBER
10/27/2019	0850	9250	040013	9250-2019-09999

1 **PARTIES (continued):**

2

3 Vehicle #1 (V-1, Chevrolet Colorado) was found parked in the driveway at 1234 River Dr.,
4 Sacramento (D-1's residence) on October 27, 2019, at approximately 1045 hours. As a result of
5 the crash, V-1 sustained moderate front end damage including but not limited to:

- 6 • Dented and scraped front bumper
- 7 • Dented and fractured grille
- 8 • Cracked right headlamp assembly
- 9 • Bent front license plate
- 10 • Red paint transfer on the front bumper

11

12 There was no previous damage or prior mechanical defects noted or claimed.

13

14 Driver #2 (D-2, Sara Thompson) was contacted seated in the driver's seat of her vehicle in a
15 parking lot just west of the crash scene. She was identified by her California Driver License,
16 which she had in her possession. She was determined to be the driver of V-2 by the following:

- 17 • Her personal statement
- 18 • She is the registered owner of the vehicle

19

20 Vehicle #2 (V-2, Honda Accord) was moved from its point of rest and was parked in a parking lot
21 just west of the crash scene. As a result of the crash, V-2 sustained moderate rear end damage
22 including but not limited to:

- 23 • Dented and scraped rear bumper
- 24 • Imprint of V-1's license plate number on the rear bumper
- 25 • Buckled left quarter panel
- 26 • Dented trunk lid
- 27 • Grey paint transfer on the rear bumper

28

29

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
B. JOHNSON 040013	10/29/2019		

ANNEX B

MISDEMEANOR HIT-AND-RUN INVESTIGATION (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 7 of 11

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
10/27/2019	0850	9250	040013	9250-2019-09999

1 **PARTIES (continued):**

2

3 There was no previous damage or prior mechanical defects noted or claimed.

4

5 **PHYSICAL EVIDENCE:**

6

7 While visually assessing V-2's damage, I observed what appeared to be a license plate number
8 imprint on the rear bumper (6Z12345). The license plate number matched the one verbally
9 provided by D-2.

10

11 Paint transfers consistent with being involved in this crash were located in the damaged area of
12 both V-1 and V-2.

13

14 The following items of evidence were booked as evidence at the CHP, North Sacramento Area
15 office:

16

- The photographic line up and admonishment identifying D-1.

17

- A Compact Disc containing digital photographs of V-2 taken at the crash scene and V-1
18 taken at the residence of D-1.

19

20 **HIT AND RUN:**

21

22 After the crash, Driver #1 (D-1) fled the scene and failed to provide information legally required
23 pursuant to Section 20002(a) CVC. D-1 was seen driving away from the crash scene southbound
24 on Date Ave. in V-1. Driver #2 (D-2) provided the following description of D-1 and V-1: D-1 was
25 described as a white male, approximately 30-35 years old, with a medium build, having dark hair
26 and eyes, and wearing a blue baseball cap. V-1 was described as a grey colored, recent model
27 Chevrolet pickup, with the license plate number 6Z12345. An imprint of V-1's license plate
28 number was located on the rear bumper of V-2. I confirmed the license plate number was the
29 same as the number D-2 provided and ran a registration inquiry.

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
B. JOHNSON 040013	10/29/2019		

ANNEX B

MISDEMEANOR HIT-AND-RUN INVESTIGATION (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 8 of 11

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	INCIDENT NUMBER	OFFICER I.D. NUMBER	NUMBER
10/27/2019	0850	9250	040013	9250-2019-09999

1 **HIT AND RUN (continued):**

2

3 An inquiry of the license plate number through the Department of Motor Vehicles returned to a
4 2005 Chevrolet pickup registered to the following:

5

6 John Doe Smith

7 1234 River Dr.

8 Sacramento, CA 95841

9

10 A California Driver License inquiry by name and approximate age revealed a match to John Doe
11 Smith (A1234567), returning to the above mentioned address. The license status returned
12 suspended/revoked, in violation of Section 14601.1(a) CVC. Using CAL-PHOTO, I constructed a
13 photographic line-up that included Smith. While at the crash scene, I provided D-2 with the
14 photographic line-up and admonishment. D-2 immediately identified D-1 (Smith) as being the
15 driver of V-1 at the time of the crash. The line-up and admonishment were retained and booked
16 as evidence at the CHP, North Sacramento Area office.

17

18 At approximately 1045 hours, I arrived at D-1's residence. I observed a vehicle matching the
19 description of V-1 parked in the driveway. Upon closer inspection, I confirmed the license plate
20 number and observed front end damage that was consistent with being involved in the crash.
21 There was also red paint transfer located on the front bumper. Digital photographs of V-1 were
22 taken, downloaded to a CD and placed in evidence at the CHP, North Sacramento Area office.

23

24 I knocked on the front door and it went unanswered. I left a Crash Report Information card, CHP
25 418, on the front door with instructions to contact the CHP, North Sacramento Area office
26 regarding the crash.

27

28

29

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
B. JOHNSON 040013	10/29/2019		

ANNEX B

MISDEMEANOR HIT-AND-RUN INVESTIGATION (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 9 of 11

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	INCIDENT NUMBER	OFFICER I.D. NUMBER	NUMBER
10/27/2019	0850	9250	040013	9250-2019-09999

1 **HIT AND RUN (continued):**

2

3 On October 28, 2019, at approximately 0830 hours, D-1 arrived at the North Sacramento Area
4 office, and was identified by a California Identification Card. D-1 admitted to being the driver of
5 V-1 at the time of the crash and provided a verbal statement. D-1 was unable to provide proof of
6 vehicle insurance, a violation of Section 16028(a) CVC.

7

8 **STATEMENTS**

9

10 *STATEMENTS ARE NOT VERBATIM AND WERE WRITTEN IN SUMMARY FORM.*

11

12 Driver #1 (D-1, John Smith) provided a verbal statement at the North Sacramento Area office on
13 October 28, 2019, where he related, in essence, the following: He was driving V-1 southbound on
14 Date Ave., north of Tyler St., at approximately 25 miles per hour. He looked to his left at a person
15 walking and when he returned his eyes to the road, he saw that the car in front of him (V-2) had
16 stopped. He braked but was unable to stop and hit the back of V-2. After the crash, he fled the
17 scene because he was "scared" and was "afraid" he would "go to jail for having a suspended
18 license." D-1 related he was the sole occupant in the vehicle at the time of the crash. D-1
19 confirmed V-1 had no prior mechanical defects at the time of the crash.

20

21 Driver #2 (D-2, Sara Thompson) was contacted in a parking lot west of the crash scene seated in
22 the driver seat of V-2, where she related, in essence, the following: She was driving V-2
23 southbound on Date Ave., just north of Tyler St., and was slowing to a stop from approximately 15
24 miles per hour for stopped traffic ahead. She looked in her rearview mirror and saw a truck
25 approaching quickly. She braced herself and stepped on the brake because she knew a crash
26 was imminent. She felt an impact to the rear of her vehicle. She looked back at the other driver to
27 see if he was injured. The other driver pulled around her and sped off. As the vehicle went by
28 her, she copied down the license plate number (6Z12345).

29

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
B. JOHNSON 040013	10/29/2019		

ANNEX B

MISDEMEANOR HIT-AND-RUN INVESTIGATION (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 10 of 11

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	INCIDENT NUMBER	OFFICER I.D. NUMBER	NUMBER
10/27/2019	0850	9250	040013	9250-2019-09999

1 **STATEMENTS (continued)**

2

3 She described the vehicle as a grey colored Chevrolet pickup, possibly a more recent model. She
4 described the driver and solo occupant in V-1 as a male approximately 30-35 years old, with dark
5 hair and eyes, having a medium build, and wearing a blue baseball cap. Thompson felt she could
6 identify the driver if seen again.

7

8 **OPINIONS AND CONCLUSIONS**

9

10 **SUMMARY:**

11

12 D-1 (Smith) was driving V-1 (Chevrolet) southbound on Date Ave., north of Tyler St., at
13 approximately 25 miles per hour. D-2 (Thompson) was driving V-2 (Honda) southbound on Date
14 Ave., north of Tyler St., slowing to a stop from approximately 15 miles per hour, directly in front of
15 V-1. The crash occurred as D-1's attention was diverted from driving to notice a pedestrian
16 walking on the dirt area east of the roadway edge. As D-1 refocused his attention to the road,
17 traffic ahead had stopped. Due to his unsafe speed for traffic conditions and his inattention, D-1
18 allowed the front of V-1 to collide into the rear of V-2. After the crash, D-1 fled the scene in V-1
19 traveling southbound on Date Ave. D-2 drove V-2 to a parking lot and called the CHP to report
20 the crash.

21

22 **AREA OF IMPACT (AOI):**

23

24 The AOI was determined by statements from the involved parties. The AOI (V-1 vs. V-2) was
25 located approximately 50 feet north of the north roadway edge prolongation of Tyler St. and
26 approximately six feet east of the west roadway edge of Date Ave.

27

28

29

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
B. JOHNSON 040013	10/29/2019		

ANNEX B

MISDEMEANOR HIT-AND-RUN INVESTIGATION (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 11 of 11

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	INCIDENT NUMBER	OFFICER I.D. NUMBER	NUMBER
10/27/2019	0850	9250	040013	9250-2019-09999

1 **CAUSE:**

2

3 Based upon the physical evidence, the damage to the involved vehicles and the statements of the
4 involved parties, Driver #1 (D-1, Smith) caused this crash by driving V-1 in violation of Section
5 22350 CVC which states in part:

6

7 No person shall drive a vehicle upon a highway at a speed greater than is reasonable or prudent
8 having due regard for weather, visibility, the traffic on, and the surface and width of, the highway,
9 and in no event at a speed which endangers the safety of persons or property.

10

11 D-1's apparent inattention in looking at a pedestrian walking on the shoulder was an associated
12 factor in the crash.

13

14 **RECOMMENDATIONS**

15

16 I recommend a copy of this report be forwarded to the Sacramento County District Attorney's
17 office for review and that John Doe Smith be prosecuted for the following violations:

18

19 20002(a) CVC – Misdemeanor Hit and Run

20 14601.1(a) CVC – Driving When Driver License is Suspended

21 16028(a) CVC – Failure to Provide Proof of Insurance

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
B. JOHNSON 040013	10/29/2019		

THIS PAGE INTENTIONALLY LEFT BLANK

ANNEX C

SCHOOL BUS CRASH

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL TRAFFIC CRASH REPORT CHP 555 Page 1 (Rev. 3-20) OPI 060										Page 1 of 15	
SPECIAL CONDITIONS Public School Bus 1 (9)		NUMBER INVOLVED 2	HT & NH WELLYHT <input type="checkbox"/>	CITY ELK GROVE	JUDICIAL DISTRICT SAC SUPERIOR	LOCAL REPORT NUMBER 9252-2019-02222					
		NUMBER KILLED 0	HT & NH WELLYHT <input type="checkbox"/>	COUNTY SACRAMENTO	REPORTING DISTRICT 901	BEAT	DAY OF WEEK S M T W T F S	TOWNAWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
LOCATION	CRASH OCCURRED ON BLOSSOM HILL ROAD				MO. DAY YEAR 11/16/2019	TIME (2400) 1515	NCIC # 9252	OFFICER ID 041234			
	MILEPOST INFORMATION FEET/MILES OF PERCHERON STREET				GPS COORDINATES LATITUDE 38.40334 LONGITUDE -121.37296		PHOTO GRAPHIC BY: <input type="checkbox"/> NONE				
	<input checked="" type="checkbox"/> AT INTERSECTION WITH PERCHERON STREET OR: FEET/MILES OF				STATE HWY/REL. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		SGT. H. BROWN 040018				
PARTY 1	DRIVERS LICENSE NUMBER N5567800 (ID) (SUSP)	STATE CA	CLASS U	AIRBAG M	SAFETY EQUIP. G	VEH. YEAR 2004	MAKE/MODEL/COLOR NISSAN ALTIMA RED	LICENSE NUMBER 5JHD948	STATE CA		
	DRIVER NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> JENNIFER ANN GRATH					OWNERS NAME <input checked="" type="checkbox"/> SAME AS DRIVER					
	STREET ADDRESS 5624 BLOSSOM HILL ROAD					OWNERS ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER					
	CITY/STATE/ZIP ELK GROVE CA 95757					DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
	SEX F	HAIR BLN	EYES GRN	HEIGHT 5-06	WEIGHT 125	BIRTHDATE Mo. Day Year 06/25/1986	RACE W	ABC TOWING (916) 555-4869			
	HOME PHONE (916) 555-0385		BUSINESS PHONE (916) 555-8683		VEHICLE IDENTIFICATION NUMBER: 01						
	INSURANCE CARRIER NONE					VEHICLE TYPE 01		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA 	
	DIR. OF TRAVEL W	ON STREET OR HIGHWAY BLOSSOM HILL ROAD		LANE 1	THRU LANES 1	TOTAL LANES 1	SPEED LIMIT 25		CA _____ DOT _____ CALT _____ TOR/PRG _____ MCMX _____		
PARTY 2	DRIVERS LICENSE NUMBER C7849683	STATE CA	CLASS B	AIRBAG P	SAFETY EQUIP. C	VEH. YEAR 2003	MAKE/MODEL/COLOR THOMAS FS65 YEL	LICENSE NUMBER 1189999	STATE CA		
	DRIVER NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> SUSAN LYNN ROBERTS					OWNERS NAME <input type="checkbox"/> SAME AS DRIVER					
	STREET ADDRESS 8674 WINDBROOK DRIVE					OWNERS ADDRESS <input type="checkbox"/> SAME AS DRIVER					
	CITY/STATE/ZIP SACRAMENTO CA 95822					11345 BROOKFIELD ROAD ELK GROVE CA 95624					
	SEX F	HAIR BRN	EYES BRN	HEIGHT 5-05	WEIGHT 140	BIRTHDATE Mo. Day Year 04/23/1973	RACE B	DRIVEN AWAY FROM SCENE			
	HOME PHONE (916) 555-8365		BUSINESS PHONE (916) 555-2728		VEHICLE IDENTIFICATION NUMBER: 1HVBGKED5SL459085						
	INSURANCE CARRIER EG UNIFIED SCHOOL DISTRICT					VEHICLE TYPE 13		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA 	
	DIR. OF TRAVEL N	ON STREET OR HIGHWAY PERCHERON STREET		LANE 1	THRU LANES 1	TOTAL LANES 1	SPEED LIMIT 25		CA 42333 DOT _____ CALT _____ TOR/PRG _____ MCMX _____		
PARTY 3	DRIVERS LICENSE NUMBER	STATE	CLASS	AIRBAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE		
	DRIVER NAME (FIRST, MIDDLE, LAST)					OWNERS NAME					
	STREET ADDRESS					OWNERS ADDRESS					
	CITY/STATE/ZIP					DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE			
	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:						
	INSURANCE CARRIER					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		LANE	THRU LANES	TOTAL LANES	SPEED LIMIT		CA _____ DOT _____ CALT _____ TOR/PRG _____ MCMX _____		
	DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				VEHICLE'S NAME		DATE RECEIVED				

An Internationally Accredited Agency Destroy Previous Editions CHP555_0300.pdf

ANNEX C

SCHOOL BUS CRASH (continued)

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
TRAFFIC CRASH CODING
CHP 555 Page 2 (Rev. 3-20) OPI 060

Page 2 of 15

DATE OF CRASH (MO, DAY YEAR) 11/16/2019		TIME (2400) 1515	NCIC # 9252	OFFICER ID 041234	NUMBER 9252-2019-02222
PROPERTY DAMAGE		OWNER'S NAME		OWNER'S ADDRESS	
PERSON NOTIFIED		TELEPHONE NUMBER		METHOD OF NOTIFICATION (MARK ALL THAT APPLY) <input type="checkbox"/> IN PERSON <input type="checkbox"/> PHONE <input type="checkbox"/> DISPATCH <input type="checkbox"/> CHP 422	
DESCRIPTION OF DAMAGE					

SEATING POSITION 	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 P-NOT REQUIRED	SAFETY EQUIPMENT 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 MC / BICYCLE - HELMET DRIVER PASSENGER V-NO X-NO W-YES Y-YES	AIR BAG B- UNKNOWN L- AIR BAG DEPLOYED M- AIR BAG NOT DEPLOYED N- OTHER P- NOT REQUIRED EJECTED FROM VEHICLE 0- NOT EJECTED 1- FULLY EJECTED 2- PARTIALLY EJECTED 3- UNKNOWN	INATTENTION CODES A= CELL PHONE HANDHELD B= CELL PHONE HANDSFREE C= ELECTRONIC EQUIPMENT D= RADIO / CD E= SMOKING F= EATING G= CHILDREN H= ANIMALS I= PERSONAL HYGIENE J= READING K= OTHER
-----------------------------	--	--	--	--

ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY CRASH FACTOR LIST NUMBER (BY PARTY AT FAULT)	TRAFFIC CONTROL DEVICES			VEHICLE AUTOMATION LEVEL			MOVEMENT PRECEDING CRASH			
	1	2	3	1	2	3	1	2	3	
<input checked="" type="checkbox"/> A <small>CVC SECTION VIOLATED</small> 22450(A) VC <input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> A CONTROLS FUNCTIONING									
<input type="checkbox"/> B OTHER IMPROPER DRIVING*	<input type="checkbox"/> B CONTROLS NOT FUNCTIONING*									
<input type="checkbox"/> C OTHER THAN DRIVER*	<input type="checkbox"/> C CONTROLS OBSCURED									
<input type="checkbox"/> D UNKNOWN*	<input type="checkbox"/> D NO CONTROLS PRESENT / FACTOR*									
	TYPE OF CRASH			VEHICLE AUTOMATION ENGAGED						
	<input type="checkbox"/> A HEAD-ON									
	<input type="checkbox"/> B SIDE SWIPE									
	<input type="checkbox"/> C REAR END									
<input checked="" type="checkbox"/> WEATHER (MARK 1 TO 2 ITEMS)	<input checked="" type="checkbox"/> D BROADSIDE									
<input checked="" type="checkbox"/> A CLEAR	<input type="checkbox"/> E HIT OBJECT									
<input type="checkbox"/> B CLOUDY	<input type="checkbox"/> F OVERTURNED									
<input type="checkbox"/> C RAINING	<input type="checkbox"/> G VEHICLE / PEDESTRIAN									
<input type="checkbox"/> D SNOWING	<input type="checkbox"/> H OTHER*									
<input type="checkbox"/> E FOG / VISIBILITY FT.	MOTOR VEHICLE INVOLVED WITH (MARK 1 TO 2 ITEMS)			OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)						
<input type="checkbox"/> F OTHER*	<input type="checkbox"/> A NONCOLLISION									
<input type="checkbox"/> G WIND	<input type="checkbox"/> B PEDESTRIAN									
<input checked="" type="checkbox"/> A DAYLIGHT	<input checked="" type="checkbox"/> C OTHER MOTOR VEHICLE									
<input type="checkbox"/> B DUSK - DAWN	<input type="checkbox"/> D MOTOR VEHICLE ON OTHER ROADWAY									
<input type="checkbox"/> C DARK - STREET LIGHTS	<input type="checkbox"/> E PARKED MOTOR VEHICLE									
<input type="checkbox"/> D DARK - NO STREET LIGHTS	<input type="checkbox"/> F TRAIN									
<input type="checkbox"/> E DARK - STREET LIGHTS NOT FUNCTIONING*	<input type="checkbox"/> G BICYCLE									
	<input type="checkbox"/> H ANIMAL									
ROADWAY SURFACE		<input type="checkbox"/> I FIXED OBJECT:			<input type="checkbox"/> D					
<input checked="" type="checkbox"/> A DRY		<input type="checkbox"/> J OTHER OBJECT:			<input type="checkbox"/> E VISION OBSCUREMENT:					
<input type="checkbox"/> B WET		<input type="checkbox"/> K ADDITIONAL OBJECT(S) STRUCK			<input type="checkbox"/> F INATTENTION:					
<input type="checkbox"/> C SNOWY - ICY					<input type="checkbox"/> G STOP & GO TRAFFIC					
<input type="checkbox"/> D SLIPPERY (MUDDY, OILY, ETC.)					<input type="checkbox"/> H ENTERING / LEAVING RAMP					
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)		PEDESTRIAN'S ACTIONS			<input type="checkbox"/> I PREVIOUS CRASH					
<input type="checkbox"/> A HOLES, DEEP RUT*		<input checked="" type="checkbox"/> A NO PEDESTRIANS INVOLVED			<input type="checkbox"/> J UNFAMILIAR WITH ROAD					
<input type="checkbox"/> B LOOSE MATERIAL ON ROADWAY*		<input type="checkbox"/> B CROSSING IN CROSSWALK - AT INTERSECTION			<input type="checkbox"/> K DEFECTIVE VEH. EQUIP. <input type="checkbox"/> YES <input type="checkbox"/> NO					
<input type="checkbox"/> C OBSTRUCTION ON ROADWAY*		<input type="checkbox"/> C CROSSING IN CROSSWALK - NOT AT INTERSECTION			<input type="checkbox"/> L UNINVOLVED VEHICLE					
<input type="checkbox"/> D CONSTRUCTION - REPAIR ZONE		<input type="checkbox"/> D CROSSING - NOT IN CROSSWALK			<input type="checkbox"/> M OTHER*					
<input type="checkbox"/> E REDUCED ROADWAY WIDTH		<input type="checkbox"/> E IN ROAD - INCLUDES SHOULDER			<input type="checkbox"/> N NONE APPARENT					
<input type="checkbox"/> F FLOODED*		<input type="checkbox"/> F NOT IN ROAD			<input type="checkbox"/> O RUNAWAY VEHICLE					
<input type="checkbox"/> G OTHER*		<input type="checkbox"/> G APPROACHING / LEAVING SCHOOL BUS								
<input checked="" type="checkbox"/> H NO UNUSUAL CONDITIONS										

SKETCH FOR SKETCH DIAGRAM, SEE PAGE 4

INDICATE NORTH


MISCELLANEOUS

1	2	3	SPECIAL INFORMATION
			A HAZARDOUS MATERIAL
			B CELL PHONE HANDHELD IN USE
			C CELL PHONE HANDSFREE IN USE
			D CELL PHONE NOT IN USE
			E CELL PHONE USE UNKNOWN
			F SCHOOL BUS RELATED
			BIKEWAY FACILITY
			A SHARED ROADWAY
			B CLASS I - BIKE PATH*
			C CLASS II - BIKE LANE*
			D CLASS III - BIKE ROUTE*
			E CLASS IV - SEPARATED BIKEWAY*

An Internationally Accredited Agency Destroy Previous Editions Chp555_0320.pdf

ANNEX C

SCHOOL BUS CRASH (continued)

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
INJURED / WITNESS / PASSENGERS
CHP 555 Page 3 (Rev. 3-20) OPI 060  Page 3 of 15

DATE OF CRASH (MO. DAY YEAR)		TIME (2400)	NCIC #	OFFICER ID	NUMBER																							
11/16/2019		1515	9252	041234	9252-2019-02222																							
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)						PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY SEATBELT	EJECTED										
				FATAL INJURY	SUSPECTED SERIOUS INJURY	SUSPECTED MINOR INJURY	POSSIBLE INJURY	DRIVER	PASS.	PED.	BICYCLIST	OTHER	OVER															
<input type="checkbox"/> #	<input type="checkbox"/>	11	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	4F	P	C	0										
NAME / D.O.B. / ADDRESS															TELEPHONE													
YELENA VASKOVICH (02/30/2008) 5561 CHILTON DRIVE ELK GROVE CA 95624															(916) 555-3895													
(INJURED ONLY) TRANSPORTED BY:										EMS RUN NUMBER		TAKEN TO:																
AMR AMBULANCE										511-0976		MERCY GENERAL HOSPITAL																
DESCRIBE INJURIES																												
COMPLAINT OF PAIN TO STOMACH																												
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																												
<input type="checkbox"/> #	<input type="checkbox"/>	12	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	3F	P	C	0										
NAME / D.O.B. / ADDRESS															TELEPHONE													
TATYANA VASKOVICH (11/09/2007) 5561 CHILTON DRIVE ELK GROVE CA 95624															(916) 555-3895													
(INJURED ONLY) TRANSPORTED BY:										EMS RUN NUMBER		TAKEN TO:																
AMR AMBULANCE										511-0977		MERCY GENERAL HOSPITAL																
DESCRIBE INJURIES																												
COMPLAINT OF PAIN TO LEFT SHOULDER																												
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																												
<input checked="" type="checkbox"/> # 1	<input type="checkbox"/>	38	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"/>															
NAME / D.O.B. / ADDRESS															TELEPHONE													
DEBORAH LEAH CROSS (02/18/1981) 3726 BLOSSOM HILL ROAD ELK GROVE CA 95624															(916) 555-7639													
(INJURED ONLY) TRANSPORTED BY:										EMS RUN NUMBER		TAKEN TO:																
DESCRIBE INJURIES																												
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																												
<input checked="" type="checkbox"/> # 2	<input type="checkbox"/>	68	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"/>															
NAME / D.O.B. / ADDRESS															TELEPHONE													
HERMAN HOWARD PITTMAN (04/06/1951) 1385 BLOSSOM HILL ROAD ELK GROVE CA 95624															(916) 555-3959													
(INJURED ONLY) TRANSPORTED BY:										EMS RUN NUMBER		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"/>	<input type="checkbox"/>															
NAME / D.O.B. / ADDRESS															TELEPHONE													
ADDITIONAL PASSENGER LIST FOR VEHICLE #2 WAS PROVIDED BY LIBERTY ELEM. SCHOOL - PG. 13																												
(INJURED ONLY) TRANSPORTED BY:										EMS RUN NUMBER		TAKEN TO:																
DESCRIBE INJURIES																												
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																												
PREPARED BY NAME																			ID NUMBER		MO. DAY YEAR		REVIEWER'S NAME				MO. DAY YEAR	
C. JONES																			041234		11/16/2019							

An Internationally Accredited Agency Destroy Previous Editions Chp555_0320.pdf

ANNEX C

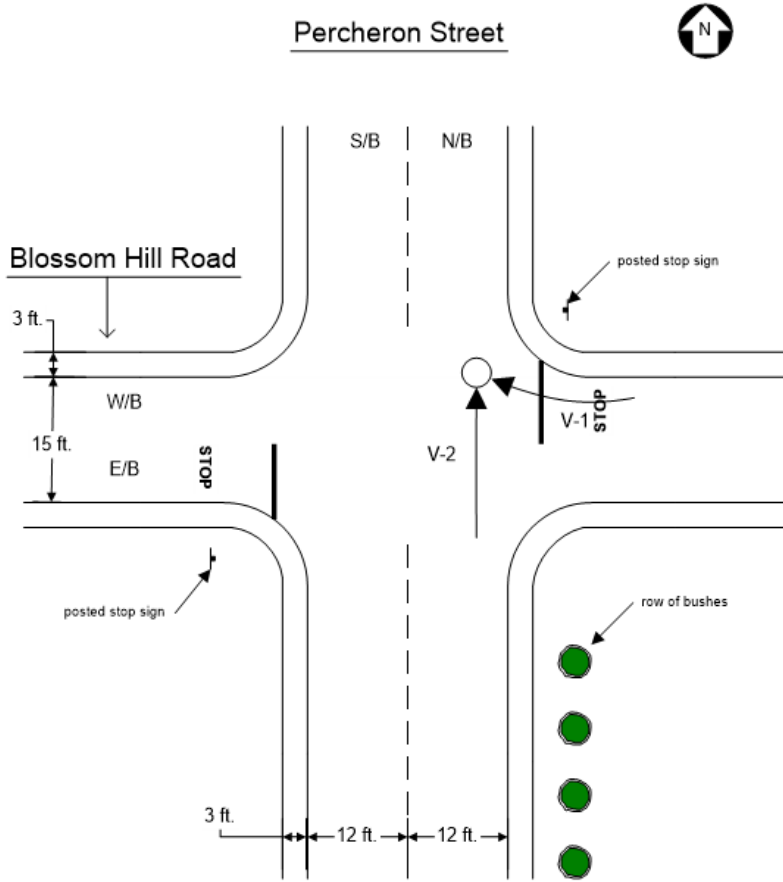
SCHOOL BUS CRASH (continued)

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
SKETCH DIAGRAM
CHP 555 Page 4 (Rev. 3-20) OPI 050

Page 4 of 15

DATE OF CRASH (MO. DAY YEAR)	TIME (2400)	NIC #	OFFICER ID	NUMBER
11/16/2019	1515	9252	041234	9252-2019-02222

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



PREPARED BY	ID NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
C. JONES	041234	11/16/2019		

An Internationally Accredited Agency

ANNEX C

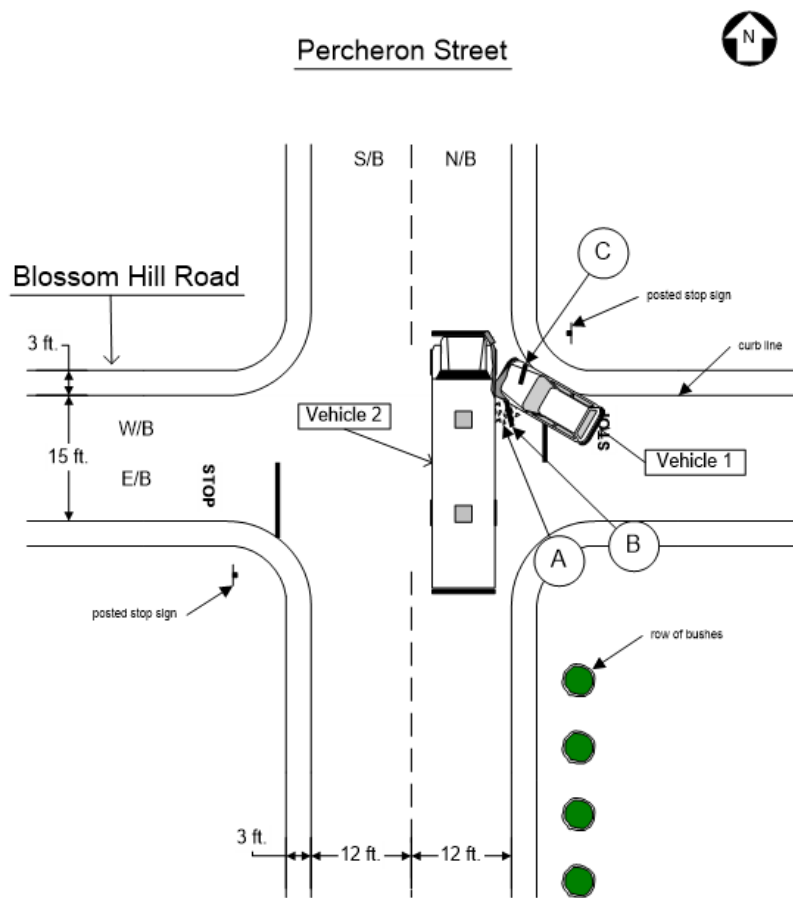
SCHOOL BUS CRASH (continued)

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
FACTUAL DIAGRAM
CHP 555 Page 4 (Rev. 3-20) OPI 050

Page 5 of 15

DATE OF CRASH (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER ID	NUMBER
11/16/2019	1515	9252	041234	9252-2019-02222

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



PREPARED BY	ID NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
C. JONES	041234	11/16/2019		

An Internationally Accredited Agency

ANNEX C

SCHOOL BUS CRASH (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 6 of 15

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	INCIDENT NUMBER	OFFICER I.D. NUMBER	NUMBER
11/16/2019	1515	9252	041234	9252-2019-02222

1 FACTUAL DIAGRAM LEGEND

2

3 Physical Evidence Description

4 The following items of evidence are depicted on the Factual Diagram and located by alpha
5 identifiers.

A	An approximate 3' diameter area of vehicle debris and liquid.
B	A tire friction mark 3' 6" long and 6" wide ending at the left front tire of Vehicle 1.
C	A tire friction mark 3' long and 6" wide ending at the right front tire of Vehicle 1.

6

7 Physical Evidence Locations

A	The center of the area of debris was located 1' west of the east curb line prolongation of Percheron Street and 1' south of the north curb line prolongation of Blossom Hill Road.
B	The beginning was located 1' east of the east curb line prolongation of Percheron Street and 1' 3" south of the north curb line prolongation of Blossom Hill Road. The ending was located 9' west of the east curb line prolongation of Percheron Street and 6" south of the north curb line prolongation of Blossom Hill Road.
C	The beginning was located 1' 9" east of the east curb line prolongation of Percheron Street and 1' north of the north curb line prolongation of Blossom Hill Road. The ending was located 2' east of the east curb line prolongation of Percheron Street and 3' 9" north of the north curb line prolongation of Blossom Hill Road.

8

9 Positions of Rest

V-1	R/F	was located 1' 9" east of the east curb line prolongation of Percheron Street and 3' 9" north of the north curb line prolongation of Blossom Hill Road.
	R/R	was located 9' 2" east of the east curb line prolongation of Percheron Street and 10" south of the north curb of Blossom Hill Road.
V-2	R/F	was located 2' west of the east curb line prolongation of Percheron Street and 4' north of the north curb line prolongation of Blossom Hill Road.
	R/R	was located 2' west of the east curb line prolongation of Percheron Street and 14' south of the north curb line prolongation of Blossom Hill Road.

10

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
C. JONES 041234	11/17/2019		

ANNEX C

SCHOOL BUS CRASH (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 7 of 15

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	INCIDENT NUMBER	OFFICER I.D. NUMBER	NUMBER
11/16/2019	1515	9252	041234	9252-2019-02222

1 **FACTS**

2

3 **Notification**

4 I received a radio call of a property damage school bus crash at 1522 hours. I responded from the
5 intersection of Stockton Boulevard at Gerber Road and arrived on scene at 1530 hours. All times,
6 speeds, and measurements represented in this investigation are approximations. All
7 measurements were obtained using a roll meter.

8

9 **Scene Description**

10 This crash occurred at the intersection of Percheron Street and Blossom Hill Road, in the City of
11 Elk Grove.

12

13 Percheron Street is a straight, level, north/south designated city-street of asphalt-concrete
14 composition. Percheron Street has one northbound and one southbound lane separated by a
15 painted broken yellow line and is bordered on the east and west by a six inch raised concrete curb
16 and concrete sidewalk.

17

18 Blossom Hill Road is a straight, level, east/west designated city-street of asphalt-concrete
19 composition. Blossom Hill Road is a non-delineated, two-way street and is bordered on the north
20 and south by a rolled concrete curb and concrete sidewalk.

21

22 Percheron Street and Blossom Hill Road intersect at an approximate 90 degree angle. Blossom
23 Hill Road at the intersection is controlled by roadway markings (white painted "STOP"), painted
24 white limit lines, and posted stop signs at the northeast and southwest corners. North and
25 southbound traffic on Percheron Street is not controlled. There are 5 foot tall bushes lining the
26 east edge of Percheron Street south of the intersection, however, the line of sight for the driver of
27 a vehicle westbound on Blossom Hill Road is sufficiently unobstructed (in excess of 200 feet while
28 stopped at the limit line). Refer to the Factual Diagram for additional information.

29

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
C. JONES 041234	11/17/2019		

ANNEX C

SCHOOL BUS CRASH (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 8 of 15

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	INCIDENT NUMBER	OFFICER I.D. NUMBER	NUMBER
11/16/2019	1515	9252	041234	9252-2019-02222

1 **Parties**

2

3 Party 1 (Grath) was located at the scene standing on the sidewalk at the northeast corner of the
 4 intersection. Party 1 was identified by her California Identification (ID) Card. Party 1 was
 5 determined to be the driver of Vehicle 1 at the time of this crash by her statement, the statements
 6 of Party 2 and the witnesses, and her being the registered owner of Vehicle 1.

7

8 Vehicle 1 (Nissan) was located on its wheels, facing a northwesterly direction wedged between
 9 the northeast curb of the intersection and Vehicle 2 (as shown on the Factual Diagram). Vehicle 1
 10 sustained moderate left front damage as a result of this crash, to include a damaged left front
 11 wheel, dents and scrapes to the left front fender, hood, bumper, and headlamp assembly. No
 12 previous crash damage was noted. No mechanical defects were alleged or observed.

13

14 Party 2 (Roberts) was located at the scene standing on the sidewalk at the northeast corner of the
 15 intersection. Party 2 was identified by her California driver's license. Party 2 was determined to
 16 be the driver of Vehicle 2 at the time of this crash by her statement, the statements of Party 1 and
 17 the witnesses, and her being employed by Elk Grove Unified School District and assigned to
 18 Vehicle 2.

19

20 Vehicle 2 (Thomas School Bus) was located on its wheels, facing north, in the northbound lane of
 21 Percheron Street, within the intersection (as shown on the Factual Diagram). Vehicle 2 sustained
 22 moderate right front damage as a result of this crash, to include a bent front bumper, dents to the
 23 right side fender, and scrapes along the right side. No previous crash damage was noted. No
 24 mechanical defects were alleged or observed. The restraint system was inspected and found to
 25 be functioning properly.

26

27

28

29

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
C. JONES 041234	11/17/2019		

ANNEX C

SCHOOL BUS CRASH (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 9 of 15

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	INCIDENT NUMBER	OFFICER I.D. NUMBER	NUMBER
11/16/2019	1515	9252	041234	9252-2019-02222

1 **Physical Evidence**

2

3 A notice of suspension, effective 05/15/2019, addressed to Party 1 was located on the right front
4 floorboard of Vehicle 1. A Polaroid photograph was taken of the notice. The photograph was
5 logged and filed at the South Sacramento Area office.

6

7 **Other Factual Information**

8 Party 1 presented a valid California ID Card at the scene of the crash; however, failed to provide a
9 driver's license. Consequently, a driver's license status check was requested and returned
10 suspended, effective 05/15/2019, authority 13365 failure to appear and served 07/15/2019 with a
11 "J – personal service by officer." Party 1 stated she left her driver's license at home; however, a
12 notice of suspension addressed to Party 1 was located on the right front floorboard of her vehicle.
13 Vehicle 1 was impounded per 22651(p) CVC. Additionally, Party 1 was unable to provide
14 evidence of vehicle insurance.

15

16 **STATEMENTS**

17

18 Party 1 (Grath) was contacted at the scene and related, in summary, the following:

19 Party 1 was driving westbound on Blossom Hill Road. She just left her house and was going to
20 the SaveMart on Stockton Boulevard to buy some groceries. She was going "no more than 25
21 mph" and "coming up on the stop sign at Percheron Street." She stopped at the stop sign for "a
22 second or so" and looked south on Percheron Street. She "didn't see anyone coming" and started
23 to turn right. She "suddenly" saw Vehicle 2 and "slammed on the brakes" but it was "too late."
24 Vehicle 2 struck the left side of her vehicle. After the crash "the bus (Vehicle 2) didn't move" and
25 she was "pinned in." She exited her vehicle on the right passenger's side. She was wearing her
26 seat belt and was not injured as a result of the crash.

27

28 *Party 1 gave me a California ID Card and I asked her if she had a driver's license.*

29

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
C. JONES 041234	11/17/2019		

ANNEX C

SCHOOL BUS CRASH (continued)

NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	INCIDENT NUMBER	OFFICER I.D. NUMBER	NUMBER
11/16/2019	1515	9252	041234	9252-2019-02222

1 Party 1 stated that she must have "picked up her ID Card by mistake" and left her license at home.

2 Party 1 stated that she did not have insurance for her vehicle "right now."

3

4 Party 2 (Roberts) was contacted at the scene and related, in summary, the following:

5 Party 2 was driving northbound on Percheron Street at 25 mph. She had just come from Liberty
6 Elementary School and had nine students on board the bus. She saw Vehicle 1 approaching the
7 stop sign at Blossom Hill Road. She noticed Vehicle 1 was approaching "kinda fast" and
8 consequently she started to "slow down a little." She realized Vehicle 1 was not going to stop and
9 applied the brakes. Vehicle 1 "went through the stop sign" and struck the right front of the bus.
10 She immediately stopped the bus and made sure that none of the children were visibly injured.
11 She told the children to stay on the bus and she got out through the rear exit. She did not move
12 Vehicle 2 after the crash. She was wearing her seat belt and was not injured as a result of the
13 crash.

14

15 Witness 1 (Cross) was contacted at the scene and related, in summary, the following:

16 Witness 1 was driving westbound on Blossom Hill Road at 25 to 30 mph. She was approximately
17 50 yards behind Vehicle 1 and thought Vehicle 1 was "going a little faster" than her. Witness 1
18 started to slow down as she approached the stop sign at Percheron Street. She saw the brake
19 lights on Vehicle 1 "come on" and Vehicle 1 appeared to slow down. She did not see a turn signal
20 but saw Vehicle 1 start to turn to the right, as it approached the intersection. She saw the brake
21 lights go out and Vehicle 1 "coasted" through the stop sign. Vehicle 1 did not stop and hit the right
22 side of Vehicle 2.

23

24 Witness 2 (Pittman) was contacted in the front yard of his residence, 1385 Blossom Hill Road.

25 Witness 2's residence is located at the northwest corner of the intersection of Blossom Hill Road
26 and Percheron Street. Witness 2 related, in summary, the following:

27 Witness 2 was standing in his front yard facing the roadway. He saw Vehicle 1 westbound on
28 Blossom Hill Road, approaching Percheron Street. He thought Vehicle 1 was "going a little fast"
29 but not faster than he "usually sees" on his street. He watched as Vehicle 1 approached the

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
C. JONES 041234	11/17/2019		

ANNEX C

SCHOOL BUS CRASH (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 11 of 15

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	INCIDENT NUMBER	OFFICER I.D. NUMBER	NUMBER
11/16/2019	1515	9252	041234	9252-2019-02222

1 intersection and noticed that it was not slowing as much as it should to stop at the stop sign. He
2 saw Vehicle 1 "roll through the stop sign" at 10 to 15 mph. He saw the front of Vehicle 1 hit the
3 right side of Vehicle 2.

4

5 **OPINIONS AND CONCLUSIONS**

6

7 **Summary**

8 Party 1 was driving Vehicle 1 and traveling westbound on Blossom Hill Road at 25 to 30 mph,
9 approaching a stop sign at the intersection with Percheron Street. Party 2 was driving Vehicle 2
10 and traveling northbound on Percheron Street at 25 mph, approaching the intersection with
11 Blossom Hill Road and Vehicle 1. As Vehicle 1 approached the stop sign at Percheron Street,
12 Party 1 slowed Vehicle 1 but did not stop at the limit line. Vehicle 1 traveled into the intersection
13 at approximately 10 mph, directly into the path of Vehicle 2. Party 2 slowed Vehicle 2; however,
14 she was unable to avoid a crash. The right front of Vehicle 2 collided with the left front of
15 Vehicle 1. After the crash, Vehicle 1 came to rest facing a northwesterly direction wedged
16 between the northeast curb of the intersection and Vehicle 2. Vehicle 2 came to rest facing north,
17 in the northbound lane of Percheron Street, within the intersection.

18

19 **Area of Impact (AOI)**

20 The area of impact (Vehicle 1 vs. Vehicle 2) was located four feet south of the north curb line
21 prolongation of Blossom Hill Road and two feet west of the east curb line prolongation of
22 Percheron Street. The AOI was determined based on the statements of the involved parties and
23 witnesses, the position of rest of the vehicles, and the physical evidence.

24

25 **Cause**

26 The cause of this crash was Party 1's driving in violation of 22450(a) CVC – Failure to stop for a
27 posted stop sign, at the limit line, before entering an intersection. As Party 1 approached the
28 posted stop sign at Percheron Street, she did not cause her vehicle to stop at the limit line before

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
C. JONES 041234	11/17/2019		

ANNEX C

SCHOOL BUS CRASH (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

Page 12 of 15

NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
11/16/2019	1515	9252	041234	9252-2019-02222

1 entering the intersection directly in the path of Vehicle 2. The cause of this crash was determined
 2 based on the statements of the involved parties and witnesses.

3

4 **RECOMMENDATIONS**

5

6 A driver's license status check through DMV revealed Party 1's driving privilege had been
 7 suspended as of 05/15/2019 and evidence supports Party 1 was aware of the suspension.
 8 Party 1 was found to be in violation of 14601.1(a) CVC – Driving with a suspended driver's
 9 license. Additionally, Party 1 was not able to provide evidence of financial responsibility at the
 10 scene and, therefore, in violation of 16028(a) CVC – Failure to provide evidence of financial
 11 responsibility when involved in a traffic crash.

12

13 I recommend a complaint be filed (CHP 215, Notice to Appear, 12345AB attached) against
 14 Jennifer Ann Grath (Party 1) for the following charges:

15

- 16 ▪ 22450(a) CVC – Failure to stop for a posted stop sign before entering an intersection.
- 17 ▪ 14601.1(a) CVC – Driving with a suspended driver's license.
- 18 ▪ 16028(a) CVC – Failure to provide evidence of financial responsibility upon demand of a
 19 peace officer when involved in a traffic crash.

20

21

22

23

24

25

26

27

28

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
C. JONES 041234	11/17/2019		

ANNEX C

SCHOOL BUS CRASH (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 13 of 15

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	INCIDENT NUMBER	OFFICER I.D. NUMBER	NUMBER
11/16/2019	1515	9252	041234	9252-2019-02222

- 1 The following is a list of passengers in Vehicle 2 at the time of the crash provided by Liberty
- 2 Elementary School.



LIBERTY ELEMENTARY SCHOOL

36829 GALLAGHER ROAD
ELK GROVE, CA 95624

School Bus #204 passenger list for the afternoon route on 11/16/2019:

Robert Shay	10/04/98	M	3758 Riverview Dr. Elk Grove, CA 95624	(916)555-7684
Thomas Shay	03/15/00	M	3758 Riverview Dr. Elk Grove, CA 95624	(916)555-7684
Denise Gallen	06/21/00	F	6748 Neff Ln. Elk Grove, CA 95624	(916)555-5674
Liubov Daniliuk	09/16/99	M	8673 Wilhert Ct. Elk Grove, CA 95624	(916)555-8143
Alejandro Huerta	07/05/98	M	3884 Robin Rd. Elk Grove, CA 95624	(916)555-9059
Hennetta Huerta	08/23/99	F	3884 Robin Rd. Elk Grove, CA 95624	(916)555-9059
James Shadix	06/13/00	M	7765 Jacob Wy. Elk Grove, CA 95624	(916)555-7599
Tatyana Vaskovich	11/09/98	F	5561 Chilton Dr. Elk Grove, CA 95624	(916)555-3895
Yelena Vaskovich	02/30/00	F	5561 Chilton Dr. Elk Grove, CA 95624	(916)555-3895

3

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
C. JONES 041234	11/17/2019		

ANNEX C

SCHOOL BUS CRASH (continued)

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL				PARTY NUMBER																																																																																																																																											
SCHOOL BUS CRASH SUPPLEMENTAL REPORT				2																																																																																																																																											
CHP 555E (Rev. 12-17) OPI 061																																																																																																																																															
DATE OF CRASH (MONTH, DAY, YEAR)	TIME (2400)	NCIC NUMBER	OFFICER ID NUMBER	REPORT NUMBER																																																																																																																																											
11/16/2019	1515	9252	041234	9252-2019-02222																																																																																																																																											
DRIVER INFORMATION																																																																																																																																															
CALIFORNIA SPECIAL DRIVERS CERTIFICATE (DL-45)			EXPIRATION DATE	CHP AREA NUMBER																																																																																																																																											
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			04/23/2021	252																																																																																																																																											
VEHICLE TYPE			RESTRICTIONS (CHECK ALL THAT APPLY)																																																																																																																																												
<input checked="" type="checkbox"/> School Bus <input type="checkbox"/> SPAB <input type="checkbox"/> Youth Bus			<input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> A <input type="checkbox"/> B																																																																																																																																												
<input type="checkbox"/> GPPV																																																																																																																																															
MEDICAL CERTIFICATE (DL-21A) (VALID FOR 2 YEARS FROM DATE OF EXAM)			IF YES EXAM DATE	EXPIRATION DATE																																																																																																																																											
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			09/15/2019	09/15/2021																																																																																																																																											
FIRST AID CERTIFICATE (VALID FOR 2 YEARS FROM ISSUE DATE - ONLY REQUIRED FOR DRIVERS WITH A 6 RESTRICTION ON THEIR SPECIAL DRIVERS CERTIFICATE)			IF YES ISSUE DATE	EXPIRATION DATE																																																																																																																																											
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			09/05/2019	09/05/2022																																																																																																																																											
VEHICLE INFORMATION																																																																																																																																															
INSPECTION APPROVAL CERTIFICATE (CHP 292)		LAST INSPECTION DATE	CHP AREA NUMBER	RATED PASSENGER CAPACITY																																																																																																																																											
C. Adams A41370		01/15/2019	252	66																																																																																																																																											
PASSENGER INFORMATION																																																																																																																																															
NUMBER OF PASSENGERS ONBOARD																																																																																																																																															
9																																																																																																																																															
Place the number assigned to the passenger in the corresponding seating position on the chart below.																																																																																																																																															
Place an "X" on the row(s) that do not apply.																																																																																																																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>X</td><td>X</td><td>X</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>3</td><td>5</td><td></td> <td rowspan="3" style="vertical-align: middle;">A <input type="checkbox"/></td> </tr> <tr> <td>X</td><td>X</td><td>X</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>6</td><td>7</td><td></td> <td rowspan="2" style="vertical-align: middle;">B <input type="checkbox"/></td> </tr> <tr> <td>X</td><td>X</td><td>X</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td rowspan="2" style="vertical-align: middle;">C <input type="checkbox"/></td> </tr> <tr> <td></td><td>15</td><td>14</td><td>13</td><td>12</td><td>11</td><td>10</td><td>9</td><td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td colspan="2" style="text-align: right;">Row</td><td style="text-align: right;">></td> <td></td> </tr> <tr> <td>X</td><td>X</td><td>X</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td rowspan="3" style="vertical-align: middle;">D <input type="checkbox"/></td> </tr> <tr> <td>X</td><td>X</td><td>X</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td>1</td><td></td><td></td><td></td><td></td><td></td><td>4</td><td></td> <td rowspan="2" style="vertical-align: middle;">E <input type="checkbox"/></td> </tr> <tr> <td>X</td><td>X</td><td>X</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td>2</td><td></td><td>9</td><td>8</td><td></td><td></td><td></td><td></td> <td rowspan="2" style="vertical-align: middle;">F <input type="checkbox"/></td> </tr> </table>						X	X	X	X													3	5		A <input type="checkbox"/>	X	X	X	X													6	7		B <input type="checkbox"/>	X	X	X	X																C <input type="checkbox"/>		15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	Row		>		X	X	X	X																D <input type="checkbox"/>	X	X	X	X							1						4		E <input type="checkbox"/>	X	X	X	X							2		9	8					F <input type="checkbox"/>
X	X	X	X													3	5		A <input type="checkbox"/>																																																																																																																												
X	X	X	X													6	7			B <input type="checkbox"/>																																																																																																																											
X	X	X	X																		C <input type="checkbox"/>																																																																																																																										
	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	Row		>																																																																																																																													
X	X	X	X																D <input type="checkbox"/>																																																																																																																												
X	X	X	X							1						4		E <input type="checkbox"/>																																																																																																																													
X	X	X	X							2		9	8							F <input type="checkbox"/>																																																																																																																											
PREPARED BY			REVIEWED BY	DATE																																																																																																																																											
C. JONES, ID 041234																																																																																																																																															
REVIEWED BY SBOIC			I.D. NUMBER	DATE																																																																																																																																											
G. WILLIAMS			040936	11/20/2019																																																																																																																																											

Chp555E_1217.pdf

ANNEX C

SCHOOL BUS CRASH (continued)

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL							
TRUCK / BUS CRASH SUPPLEMENTAL REPORT				PARTY NUMBER			
CHP 555D (Rev. 2-18) OPI 062				2			
DATE OF CRASH	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	REPORT NUMBER			
11/16/2019	1515	9252	041234	9252-2019-02222			
GENERAL INSTRUCTIONS - COMPLETE THIS FORM FOR EACH QUALIFYING VEHICLE IF THE CRASH MEETS CRITERIA ON BACK OF THIS FORM.							
QUALIFYING INFORMATION							
THIS FORM IS BEING COMPLETED BECAUSE THIS VEHICLE IS:							
<input type="checkbox"/> A truck or truck combination with a gross vehicle weight rating (GVWR) or gross combination weight rating (GCWR) greater than 10,000 pounds <input checked="" type="checkbox"/> A bus with seats for 9 or more persons, including driver <input type="checkbox"/> A vehicle of any type displaying hazardous materials (HM) placards (includes auto, light truck, van, 10,000 lbs. or less)							
TOTAL INVOLVED VEHICLES IN THE CRASH	AT THE TIME OF THE CRASH, THIS VEHICLE WAS:						
2	<input checked="" type="checkbox"/> Operating on a trafficway open to the public (in-transport) <input type="checkbox"/> Parked on or off the trafficway						
NUMBER OF PERSONS SUSTAINING FATAL INJURIES	COMMERCIAL DRIVER LICENSE (CDL):						
0	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
NUMBER OF INJURED PERSONS TRANSPORTED FOR IMMEDIATE MEDICAL TREATMENT	CDL CLASS (Check only one):						
0	<input type="checkbox"/> Class A <input checked="" type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input type="checkbox"/> Class M						
NUMBER OF VEHICLES TOWED FROM SCENE DUE TO DISABLING DAMAGE	VEHICLE INFORMATION						
1	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> VEHICLE CONFIGURATION (Enter one code from below) <div style="text-align: center; border: 1px solid black; width: 30px; margin: 5px auto;">4</div> 1 - Passenger Car (only if vehicle has Hazardous Materials Placard) 2 - Light Truck (only if vehicle has Hazardous Materials Placard) 3 - Bus (seats for 9-15 people, including driver) 4 - Bus (seats for 16 people or more, including driver) 5 - Single-Unit Truck (2 axles, 6 tires) 6 - Single-Unit Truck (3 or more axles) 7 - Truck / Trailer(s) (Single-Unit Truck with Trailer(s)) 8 - Truck / Tractor (without trailer, bobtail, or saddle mount) 9 - Tractor / Semi-Trailer (one trailer) 10 - Tractor / Doubles (two trailers) 11 - Tractor / Triples (three trailers) 99 - Other Truck > 10,000 lbs. (not listed above) </td> <td style="width: 50%; border: none; vertical-align: top;"> CARGO BODY TYPE (Enter one code from below) <div style="text-align: center; border: 1px solid black; width: 30px; margin: 5px auto;">2</div> 0 - Not Applicable / No Cargo Body 1 - Bus (seats for 9-15 people, including driver) 2 - Bus (seats for 16 people or more, including driver) 3 - Van / Enclosed Box 4 - Cargo Tank 5 - Flatbed 6 - Dump 7 - Concrete Mixer 8 - Auto Transporter 9 - Garbage / Refuse 10 - Grain / Chips / Gravel 11 - Pole 12 - Vehicle Towing Another Motor Vehicle 13 - Intermodal Chassis 14 - Logging 98 - Other Cargo Body (not listed above) </td> </tr> </table>				VEHICLE CONFIGURATION (Enter one code from below) <div style="text-align: center; border: 1px solid black; width: 30px; margin: 5px auto;">4</div> 1 - Passenger Car (only if vehicle has Hazardous Materials Placard) 2 - Light Truck (only if vehicle has Hazardous Materials Placard) 3 - Bus (seats for 9-15 people, including driver) 4 - Bus (seats for 16 people or more, including driver) 5 - Single-Unit Truck (2 axles, 6 tires) 6 - Single-Unit Truck (3 or more axles) 7 - Truck / Trailer(s) (Single-Unit Truck with Trailer(s)) 8 - Truck / Tractor (without trailer, bobtail, or saddle mount) 9 - Tractor / Semi-Trailer (one trailer) 10 - Tractor / Doubles (two trailers) 11 - Tractor / Triples (three trailers) 99 - Other Truck > 10,000 lbs. (not listed above)	CARGO BODY TYPE (Enter one code from below) <div style="text-align: center; border: 1px solid black; width: 30px; margin: 5px auto;">2</div> 0 - Not Applicable / No Cargo Body 1 - Bus (seats for 9-15 people, including driver) 2 - Bus (seats for 16 people or more, including driver) 3 - Van / Enclosed Box 4 - Cargo Tank 5 - Flatbed 6 - Dump 7 - Concrete Mixer 8 - Auto Transporter 9 - Garbage / Refuse 10 - Grain / Chips / Gravel 11 - Pole 12 - Vehicle Towing Another Motor Vehicle 13 - Intermodal Chassis 14 - Logging 98 - Other Cargo Body (not listed above)	
VEHICLE CONFIGURATION (Enter one code from below) <div style="text-align: center; border: 1px solid black; width: 30px; margin: 5px auto;">4</div> 1 - Passenger Car (only if vehicle has Hazardous Materials Placard) 2 - Light Truck (only if vehicle has Hazardous Materials Placard) 3 - Bus (seats for 9-15 people, including driver) 4 - Bus (seats for 16 people or more, including driver) 5 - Single-Unit Truck (2 axles, 6 tires) 6 - Single-Unit Truck (3 or more axles) 7 - Truck / Trailer(s) (Single-Unit Truck with Trailer(s)) 8 - Truck / Tractor (without trailer, bobtail, or saddle mount) 9 - Tractor / Semi-Trailer (one trailer) 10 - Tractor / Doubles (two trailers) 11 - Tractor / Triples (three trailers) 99 - Other Truck > 10,000 lbs. (not listed above)	CARGO BODY TYPE (Enter one code from below) <div style="text-align: center; border: 1px solid black; width: 30px; margin: 5px auto;">2</div> 0 - Not Applicable / No Cargo Body 1 - Bus (seats for 9-15 people, including driver) 2 - Bus (seats for 16 people or more, including driver) 3 - Van / Enclosed Box 4 - Cargo Tank 5 - Flatbed 6 - Dump 7 - Concrete Mixer 8 - Auto Transporter 9 - Garbage / Refuse 10 - Grain / Chips / Gravel 11 - Pole 12 - Vehicle Towing Another Motor Vehicle 13 - Intermodal Chassis 14 - Logging 98 - Other Cargo Body (not listed above)						
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> GVWR / GCWR (Enter one code from below. Use GCWR for truck combinations) <div style="text-align: center; border: 1px solid black; width: 30px; margin: 5px auto;">3</div> 1 - 10,000 lbs. or less 2 - 10,001 - 26,000 lbs. 3 - Greater than 26,000 lbs. </td> <td style="width: 50%; border: none; vertical-align: top;"> HAZARDOUS MATERIALS INVOLVEMENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, INCLUDE THE FOLLOWING INFORMATION FROM ONE OF THE PLACARDS: 4-Digit UNNA identification number or placard name, if none _____ Hazard Class or Division from bottom of placard: _____ Was HM released from this vehicle's cargo? <input type="checkbox"/> YES <input type="checkbox"/> NO </td> </tr> </table>					GVWR / GCWR (Enter one code from below. Use GCWR for truck combinations) <div style="text-align: center; border: 1px solid black; width: 30px; margin: 5px auto;">3</div> 1 - 10,000 lbs. or less 2 - 10,001 - 26,000 lbs. 3 - Greater than 26,000 lbs.	HAZARDOUS MATERIALS INVOLVEMENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, INCLUDE THE FOLLOWING INFORMATION FROM ONE OF THE PLACARDS: 4-Digit UNNA identification number or placard name, if none _____ Hazard Class or Division from bottom of placard: _____ Was HM released from this vehicle's cargo? <input type="checkbox"/> YES <input type="checkbox"/> NO	
GVWR / GCWR (Enter one code from below. Use GCWR for truck combinations) <div style="text-align: center; border: 1px solid black; width: 30px; margin: 5px auto;">3</div> 1 - 10,000 lbs. or less 2 - 10,001 - 26,000 lbs. 3 - Greater than 26,000 lbs.	HAZARDOUS MATERIALS INVOLVEMENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, INCLUDE THE FOLLOWING INFORMATION FROM ONE OF THE PLACARDS: 4-Digit UNNA identification number or placard name, if none _____ Hazard Class or Division from bottom of placard: _____ Was HM released from this vehicle's cargo? <input type="checkbox"/> YES <input type="checkbox"/> NO						
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> Bus Use (Enter one code from below) <div style="text-align: center; border: 1px solid black; width: 30px; margin: 5px auto;">1</div> 0 - Not a Bus 1 - School (Public or Private) 2 - Transit 3 - Intercity 4 - Charter 5 - Other </td> <td style="width: 50%; border: none; vertical-align: top;"> MOTOR CARRIER INFORMATION CARRIER TYPE (Check only one) <input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate <input checked="" type="checkbox"/> Non-commerce - government <input type="checkbox"/> Non-commerce - other trucks > 10,000 lbs. GVWR / GCWR CARRIER NAME Elk Grove Unified School District PHONE NUMBER (916) 555-8331 CARRIER ADDRESS (NUMBER AND STREET/PO BOX) 11345 Brookfield Road CITY Elk Grove STATE CA ZIP CODE 95642 CARRIER IDENTIFICATION NUMBERS <input type="checkbox"/> None USDOT MC / MX CA 42333 </td> </tr> </table>					Bus Use (Enter one code from below) <div style="text-align: center; border: 1px solid black; width: 30px; margin: 5px auto;">1</div> 0 - Not a Bus 1 - School (Public or Private) 2 - Transit 3 - Intercity 4 - Charter 5 - Other	MOTOR CARRIER INFORMATION CARRIER TYPE (Check only one) <input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate <input checked="" type="checkbox"/> Non-commerce - government <input type="checkbox"/> Non-commerce - other trucks > 10,000 lbs. GVWR / GCWR CARRIER NAME Elk Grove Unified School District PHONE NUMBER (916) 555-8331 CARRIER ADDRESS (NUMBER AND STREET/PO BOX) 11345 Brookfield Road CITY Elk Grove STATE CA ZIP CODE 95642 CARRIER IDENTIFICATION NUMBERS <input type="checkbox"/> None USDOT MC / MX CA 42333	
Bus Use (Enter one code from below) <div style="text-align: center; border: 1px solid black; width: 30px; margin: 5px auto;">1</div> 0 - Not a Bus 1 - School (Public or Private) 2 - Transit 3 - Intercity 4 - Charter 5 - Other	MOTOR CARRIER INFORMATION CARRIER TYPE (Check only one) <input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate <input checked="" type="checkbox"/> Non-commerce - government <input type="checkbox"/> Non-commerce - other trucks > 10,000 lbs. GVWR / GCWR CARRIER NAME Elk Grove Unified School District PHONE NUMBER (916) 555-8331 CARRIER ADDRESS (NUMBER AND STREET/PO BOX) 11345 Brookfield Road CITY Elk Grove STATE CA ZIP CODE 95642 CARRIER IDENTIFICATION NUMBERS <input type="checkbox"/> None USDOT MC / MX CA 42333						
SEQUENCE OF EVENTS							
NOTE: FOR THIS VEHICLE, LIST UP TO FOUR EVENTS							
Event 1: <input type="text" value="13"/> Event 2: <input type="text"/> Event 3: <input type="text"/> Event 4: <input type="text"/>							
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none; vertical-align: top;"> NON-COLLISIONS 1 Ran Off Road 2 Jackknife 3 Overturn (Rollover) 4 Downhill Runaway 5 Cargo Loss or Shift 6 Explosion or Fire 7 Separation of Units 8 Cross Median / Centerline </td> <td style="width: 33%; border: none; vertical-align: top;"> NON-COLLISIONS (continued) 9 Equipment Failure (Tires, Brakes, Steering, etc.) 10 Other Non-Collision COLLISION INVOLVING / WITH 12 Pedestrian 13 Motor Vehicle In-Transport 14 Parked Motor Vehicle </td> <td style="width: 33%; border: none; vertical-align: top;"> COLLISION INVOLVING / WITH (continued) 15 Train 16 Motorcycle 17 Animal 18 Fixed Object 19 Work Zone Maintenance Equipment 20 Other Moveable Object 98 Other (Describe): </td> </tr> </table>					NON-COLLISIONS 1 Ran Off Road 2 Jackknife 3 Overturn (Rollover) 4 Downhill Runaway 5 Cargo Loss or Shift 6 Explosion or Fire 7 Separation of Units 8 Cross Median / Centerline	NON-COLLISIONS (continued) 9 Equipment Failure (Tires, Brakes, Steering, etc.) 10 Other Non-Collision COLLISION INVOLVING / WITH 12 Pedestrian 13 Motor Vehicle In-Transport 14 Parked Motor Vehicle	COLLISION INVOLVING / WITH (continued) 15 Train 16 Motorcycle 17 Animal 18 Fixed Object 19 Work Zone Maintenance Equipment 20 Other Moveable Object 98 Other (Describe):
NON-COLLISIONS 1 Ran Off Road 2 Jackknife 3 Overturn (Rollover) 4 Downhill Runaway 5 Cargo Loss or Shift 6 Explosion or Fire 7 Separation of Units 8 Cross Median / Centerline	NON-COLLISIONS (continued) 9 Equipment Failure (Tires, Brakes, Steering, etc.) 10 Other Non-Collision COLLISION INVOLVING / WITH 12 Pedestrian 13 Motor Vehicle In-Transport 14 Parked Motor Vehicle	COLLISION INVOLVING / WITH (continued) 15 Train 16 Motorcycle 17 Animal 18 Fixed Object 19 Work Zone Maintenance Equipment 20 Other Moveable Object 98 Other (Describe):					
PREPARED BY	REVIEWED BY	DATE					
C. JONES 041234							
Destroy Previous Editions							
Chp555D_0218.pdf							

THIS PAGE INTENTIONALLY LEFT BLANK

ANNEX D

DRIVING UNDER THE INFLUENCE INVESTIGATION (continued)

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL INJURED / WITNESS / PASSENGERS CHP 555 Page 3 (Rev. 3-20) OPI 060 Page 3 of 16																		
DATE OF CRASH (MO. DAY YEAR)				TIME (240)	NCIC #	OFFICER ID	NUMBER											
11/05/2019				2205	9760	040019	9760-2019-09910											
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED	
				FATAL INJURY	SUSPECTED SERIOUS INJURY	SUSPECTED MINOR INJURY	POSSIBLE INJURY	DRIVER	PASS.	PED.	BICYCLIST	OTHER						OPER.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	46	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"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME / D.O.B. / ADDRESS ADAM JAMES MAYO (9/11/1973) 112 WEST ORTEGA AVENUE APT. 3-B SANTA BARBARA CA 93111													TELEPHONE (805)555-5678					
(INJURED ONLY) TRANSPORTED BY:				EMS RUN NUMBER				TAKEN TO:										
DESCRIBE INJURIES																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	40	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"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME / D.O.B. / ADDRESS MICHAEL JOSH STOVER (12/24/1978) 112 WEST ORTEGA AVENUE APT. 2-B SANTA BARBARA CA 93111													TELEPHONE (805)555-8910					
(INJURED ONLY) TRANSPORTED BY:				EMS RUN NUMBER				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"/>	<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:				EMS RUN NUMBER				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"/>	<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:				EMS RUN NUMBER				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"/>	<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:				EMS RUN NUMBER				TAKEN TO:										
DESCRIBE INJURIES																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
PREPARED BY D. SINGH				ID NUMBER 040019	MO. DAY YEAR 11/06/2019	REVIEWER'S NAME				MO. DAY YEAR								

An Internationally Accredited Agency Destroy Previous Editions Chp555_0320.pdf

ANNEX D

DRIVING UNDER THE INFLUENCE INVESTIGATION (continued)

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
SKETCH DIAGRAM
CHP 556 Page 4 (Rev. 3-20) OPI 080

Page 4 of 16

DATE OF CRASH (MO. DAY YEAR)	TIME (2400)	NOC#	OFFICER ID	NUMBER
11/05/2019	2205	9760	040019	9760-2019-09910

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

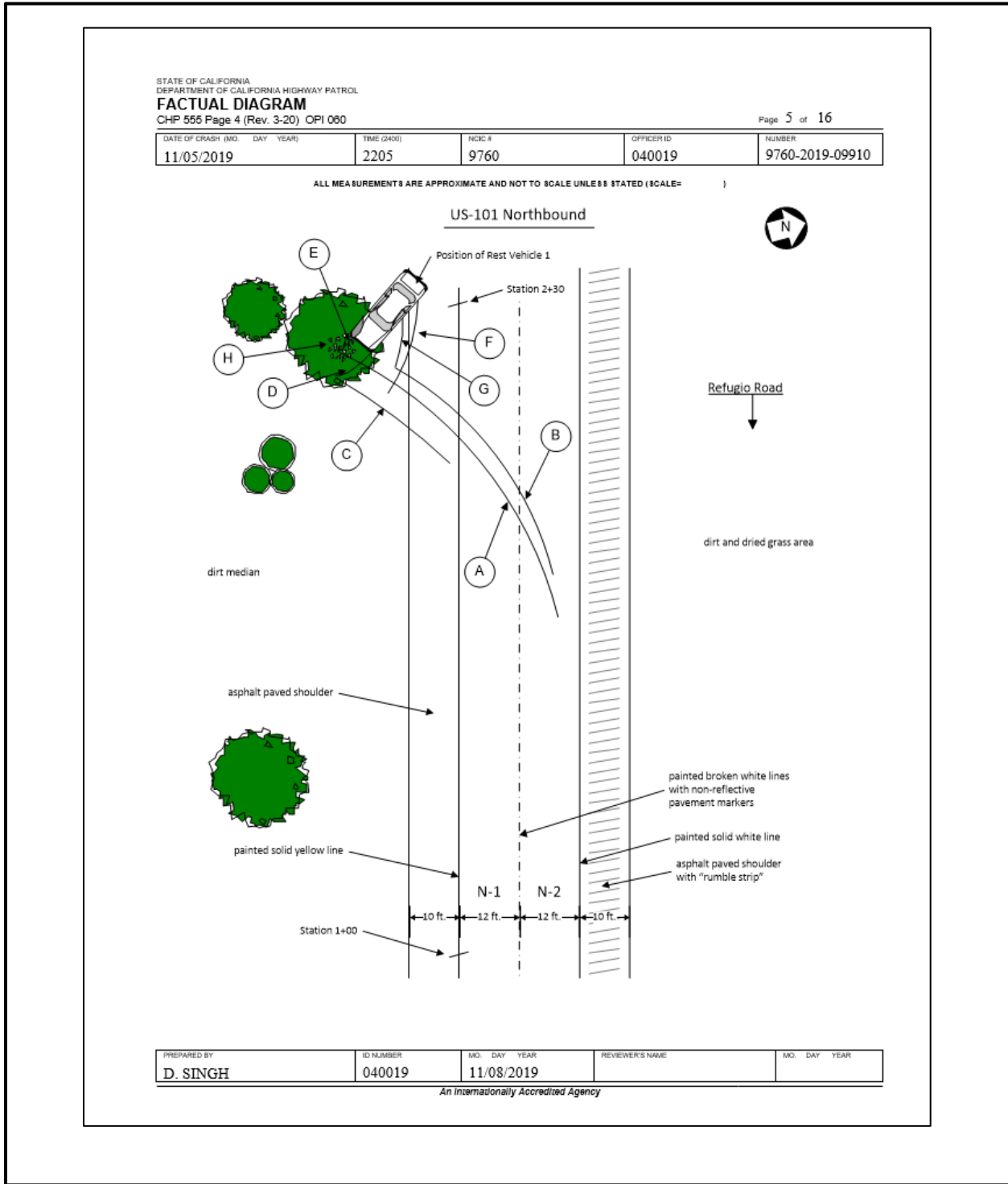
US-101 Northbound

PREPARED BY	ID NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
D. SINGH	040019	11/08/2019		

An Internationally Accredited Agency

ANNEX D

DRIVING UNDER THE INFLUENCE INVESTIGATION (continued)



ANNEX D

DRIVING UNDER THE INFLUENCE INVESTIGATION (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 6 of 16

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	INCIDENT NUMBER	OFFICER I.D. NUMBER	NUMBER
11/05/2019	2205	9760	040019	9760-2019-09910

1 **FACTUAL DIAGRAM LEGEND**

2

3 **STATION LINE**

4

5 A station line was established along the west roadway edge (painted solid yellow line) of
6 US-101 N/B. Station 1+00 was established approximately 630 feet south of milepost
7 marker 101 SB 38.00. Milepost marker 101 SB 38.00 was located approximately 1.3 miles
8 north of Refugio Road. The station line measurements increase in a northerly direction. At
9 the scene of this crash, the true magnetic compass alignment of US-101 is east-west;
10 however, for the purposes of this investigation, the designated route of north-south will be
11 used for all measurements. Measurements were taken perpendicular to the station line.

12

13 **POINT OF REST**

14

15 Vehicle #1 (V-1, 1999 Ford Taurus GL, Gray)

16 V-1 was located on its wheels facing a southwesterly direction within the dirt median of US-101.

Item	Distance (ft)	Direction	Station
L/F tire	16.3	L	2+23.5
L/R tire	9.5	L	2+31.8

17

18

19

20

21

22

23

24

25

26

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
D. SINGH 040019	11/08/2019		

ANNEX D

DRIVING UNDER THE INFLUENCE INVESTIGATION *(continued)*

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 7 of 16

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
11/05/2019	2205	9760	040019	9760-2019-09910

1 PHYSICAL EVIDENCE DESCRIPTION

2

ITEM	SPOTS	DESCRIPTION
A	1-6	Tire Friction Mark (TFM) transitioned to tire furrow, approx. 78' in length
B	7-11	TFM/tire furrow, approx. 54' in length
C	12-15	TFM/tire furrow, approx. 29' in length
D	16-18	Tire furrow, approx. 13' in length
E	19-21	Tire furrow, approx. 8' in length
F	22-24	Tire furrow/TFM, approx. 20' in length
G	25-27	Tire furrow, approx. 16' in length
H	28	Center of debris, approx. 6' in diameter (broken lamp and assembly)

3

4 PHYSICAL EVIDENCE LOCATION

5

SPOT	DISTANCE (ft)	DIRECTION	STATION	DESCRIPTION
1	20	R	1+68.6	Beginning of TFM
2	12	R	1+87.5	Cont. of TFM @ lane divider
3	0	On	2+02.8	Cont. of TFM @ roadway edge
4	10	L	2+12.0	Cont. of TFM on pavement edge, transition to tire furrow
5	16.7	L	2+16.0	Cont. of tire furrow, on dirt median
6	24	L	2+20.5	End of tire furrow
7	19	R	1+75.9	Beginning of TFM
8	12	R	1+92.2	Cont. of TFM @ lane divider
9	0	On	2+08.0	Cont. of TFM @ roadway edge
10	10	L	2+15.7	Cont. of TFM on pavement edge, transition to tire furrow
11	13.2	L	2+17.0	End of tire furrow
12	1.8	L	1+98.2	Beginning of TFM

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
D. SINGH 040019	11/08/2019		

ANNEX D

DRIVING UNDER THE INFLUENCE INVESTIGATION *(continued)*

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 8 of 16

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	INCIDENT NUMBER	OFFICER I.D. NUMBER	NUMBER
11/05/2019	2205	9760	040019	9760-2019-09910

SPOT	DISTANCE (ft)	DIRECTION	STATION	DESCRIPTION
13	10	L	2+05.2	Cont. of TFM on pavement edge, transition to tire furrow
14	15	L	2+09.2	Cont. of tire furrow on dirt median
15	24.6	L	2+15.5	End tire furrow
16	24.6	L	2+15.5	Begin tire furrow (at end of C)
17	20	L	2+18.5	Cont. of tire furrow on dirt median
18	16.3	L	2+23.5	End of tire furrow at L/F tire
19	24	L	2+20.5	Begin tire furrow (at end of A)
20	22.5	L	2+22.0	Cont. tire furrow
21	20	L	2+25.0	End tire furrow @ R/F tire
22	14.3	L	2+12.0	Begin tire furrow
23	10	L	2+23.5	Cont. tire furrow on pavement edge, transition to TFM
24	9.5	L	2+31.8	End TFM at L/R tire
25	13.2	L	2+17.0	Begin tire furrow (at end of B)
26	11.6	L	2+25.0	Continue tire furrow
27	12.5	L	2+34.2	End tire furrow
28	23.7	L	2+21.0	Center of 6' diameter debris

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
D. SINGH 040019	11/08/2019		

ANNEX D

DRIVING UNDER THE INFLUENCE INVESTIGATION (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 9 of 16

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
11/05/2019	2205	9760	040019	9760-2019-09910

1 **FACTS**

2

3 **NOTIFICATION**

4

5 At 2207 hours, the Ventura CHP Communications Center dispatched me to a traffic crash with an
6 ambulance responding. I responded from Calle Real at State Street and arrived on scene at 2221
7 hours. All times, speeds, and measurements in this investigation are approximate.

8 Measurements were obtained by odometer, 300-foot rolled fiberglass tape, 25-foot spring steel
9 tape rule, and roll meter.

10

11 **SCENE DESCRIPTION**

12

13 This crash occurred on US-101 northbound approximately 1.2 miles north of Refugio Road, in an
14 unincorporated area of Santa Barbara County. At the scene of this crash, the true magnetic
15 compass alignment of US-101 is east-west; however, for the purposes of this investigation the
16 designated route of north-south will be used for all measurements. The roadway is an
17 asphalt/concrete (a/c) paved, state-maintained freeway that is relatively straight and level in the
18 area of the crash. There are two lanes for northbound traffic, each delineated by painted broken
19 white lines and raised non-reflective pavement markers. Asphalt paved shoulders border the
20 roadway on both sides. The east shoulder includes a slotted highway "rumble strip." The
21 northbound lanes are separated from the southbound lanes by a dirt median of varying widths
22 containing shrubs and trees. There were no visual obstructions noted or claimed. For additional
23 details and roadway dimensions, refer to the Factual Diagram.

24

25

26

27

28

29

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
D. SINGH 040019	11/08/2019		

ANNEX D

DRIVING UNDER THE INFLUENCE INVESTIGATION (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 10 of 16

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	INCIDENT NUMBER	OFFICER I.D. NUMBER	NUMBER
11/05/2019	2205	9760	040019	9760-2019-09910

1 **PARTIES**

2

3 Party # 1 (P-1, Vargas)

4

5 P-1 was located standing next to the opened driver's side door of Vehicle #1 (Ford) upon my
6 arrival. P-1 was identified by his valid California Driver's License (CDL). P-1 was placed as the
7 driver of V-1 by the following:

- 8 - P-1's personal statement
- 9 - Witness statements
- 10 - P-1 is the registered owner of V-1

11

12 Vehicle # 1 (V-1, Ford)

13

14 V-1 was located on its wheels, within the freeway median of US-101, north of Refugio Road facing
15 a southwesterly direction. V-1 sustained moderate damage as a result of this crash. Damage
16 consisted of the following:

- 17 • Broken right headlamp and headlamp assembly
- 18 • Grille assembly torn from the vehicle
- 19 • Leading edge of the right front fender was pushed rearward and to the left
- 20 • The trailing edge of the right side of the front bumper was pushed rearward and was in
21 contact with the right front tire
- 22 • The passenger side window was broken
- 23 • The windshield was cracked
- 24 • The hood was buckled rearward and to the left

25

26 V-1 was equipped with a lap/shoulder restraint system. The restraint system was inspected and
27 found to be functioning properly. Additionally, the driver's side airbag had been deployed. V-1
28 had prior minor dents and scratches consistent with normal use. V-1 had no apparent or alleged
29 mechanical defects.

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
D. SINGH 040019	11/08/2019		

ANNEX D

DRIVING UNDER THE INFLUENCE INVESTIGATION (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 11 of 16

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
11/05/2019	2205	9760	040019	9760-2019-09910

1 **PHYSICAL EVIDENCE**

2

3 Forty-two digital images were taken at the scene of the crash by Officer I. Rodriguez (#42381).

4 These images were downloaded to a compact disc and booked into the Santa Barbara Area office

5 under evidence #E-2019-760-0070.

6

7 **STATEMENTS**

8

9 Party # 1 (P-1, Vargas)

10

11 I contacted P-1 at the scene at approximately 2223 hours. He related, essentially, the following:

12 He was driving V-1 northbound on US-101. He had just left a Super Bowl party in Isla Vista and

13 was driving to Gaviota State Park to meet up with a few friends who were camping that evening.

14 He stated, "I don't really remember what happened." He recalled that he heard the tires going off

15 the road and saw that his car was veering towards the right. He steered to the left in an attempt to

16 return the vehicle to the traffic lane, but V-1 "skidded across the road." P-1 was unable to regain

17 control of his vehicle as it traveled off the roadway and hit a tree. P-1 added, "My car just spun

18 out. I don't really know how it happened, I just lost control."

19

20 I asked P-1 the following clarifying questions:

21

22 Q: "Are you hurt?"

23 A: "No, I'm fine."

24 Q: "Were you the only person in your car at the time of this crash?"

25 A: "Yeah."

26 Q: "Were you wearing your seat belt?"

27 A: "Yeah, I always wear my seat belt. It's a good thing I do."

28 Q: "How fast were you driving?"

29 A: "I don't remember, probably 55. I wasn't speeding."

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
D. SINGH 040019	11/08/2019		

ANNEX D

DRIVING UNDER THE INFLUENCE INVESTIGATION (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 12 of 16

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	INCIDENT NUMBER	OFFICER I.D. NUMBER	NUMBER
11/05/2019	2205	9760	040019	9760-2019-09910

- 1 Q: "Where were you driving tonight?"
- 2 A: "I was going to a campground to spend the night with a few bros."
- 3 Q: "What were you drinking tonight?"
- 4 A: "Just beer."
- 5 Q: "How many beers did you have?"
- 6 A: "Oh... three or four."
- 7 Q: "Where were you drinking before the crash?"
- 8 A: "At a Super Bowl party in Isla Vista. Did you see that game?"
- 9 Q: "What time did you start drinking?"
- 10 A: "Maybe around three o'clock. It was before kick-off."
- 11 Q: "When did you stop drinking?"
- 12 A: "About an hour, maybe two hours ago."
- 13 Q: "Did you have anything to drink after the crash?"
- 14 A: "Are you crazy? Of course I didn't. I think I've done enough damage."
- 15 Q: "Do you remember what happened after you drove off the road?"
- 16 A: "No, I guess I was dazed. I guess I hit that (pointing to the tree). The next thing I remember,
- 17 there was some guy asking if I was okay."
- 18 Q: "Did you lose consciousness?"
- 19 A: "No, just dazed."
- 20
- 21 Witness # 1 (W-1, Mayo)
- 22
- 23 I contacted W-1 at the scene. He related, essentially, the following:
- 24
- 25 He was driving northbound on US-101 in the #2 lane at 65 mph, north of Refugio Road, when he
- 26 came upon V-1 traveling in the #2 lane at a speed slower than his vehicle. He slowed his vehicle
- 27 and observed V-1 from approximately 150 feet behind. He saw V-1 weaving within the #2 N/B
- 28 lane and it drifted into the #1 N/B lane twice, approximately 15 seconds apart. W-1 estimated that
- 29 V-1 was traveling at 50 mph. W-1 thought the driver of V-1 might be intoxicated, so he woke his

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
D. SINGH 040019	11/08/2019		

ANNEX D

DRIVING UNDER THE INFLUENCE INVESTIGATION (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 13 of 16

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
11/05/2019	2205	9760	040019	9760-2019-09910

1 passenger, Stover (W-2), and asked him to call 9-1-1. He noticed V-1 drift onto the right shoulder
 2 for "just a second or two" and then "swerve sharply to the left." V-1 "skidded" across the N/B lanes
 3 of US-101. V-1 began to turn sideways as it traveled across the highway. V-1 traveled onto the
 4 dirt median, and collided with a tree. W-1 immediately drove his vehicle onto the left shoulder and
 5 then backed up his vehicle along the shoulder, parking in the median. W-1 exited his vehicle and
 6 ran to V-1 to check on P-1. As W-1 approached V-1, he saw P-1 seated in the driver's seat of V-1
 7 and remembered that he was wearing his seat belt. W-1 did not notice any other persons in V-1
 8 and he asked P-1 if there was anyone else in the vehicle. P-1 told him he was the only person in
 9 V-1. P-1 was alert but seemed "pretty drunk" and was complaining that he was upset because his
 10 car was damaged. W-1 said he smelled alcohol when he contacted P-1. P-1 exited V-1 and
 11 asked W-1 to take him to the "campground up the road." W-1 told P-1 to "stay calm" and asked P-
 12 1 to stay in the area until the ambulance arrived to make sure his injuries were not serious. W-1
 13 stayed with P-1 near V-1 until fire personnel arrived at approximately 2215 hours. When asked,
 14 W-1 stated that he felt he could easily identify P-1 as the driver of V-1.

15

16 Witness # 2 (W-2, Stover)

17

18 I contacted W-2 at the scene. He related, essentially, the following:

19

20 W-2 was the passenger in W-1's vehicle and seated in the right front seat, sleeping. They were
 21 traveling on US-101 N/B. The driver, W-1, woke him up and told him to "call 9-1-1." W-1 stated to
 22 him "I think this guy is hammered." W-2 reached for his cellular phone, he then saw V-1 traveling
 23 out of the #2 N/B lane and onto the right shoulder. V-1 then "veered hard left" and "skidded
 24 across the road" onto the dirt median and hit a tree. W-2 called 9-1-1 as W-1 pulled over to stop
 25 and assist P-1. I asked W-2 if he contacted P-1 at all after the crash. W-2 said he was with W-1
 26 when they approached the car. He saw that P-1 was the only one in the car and was in the
 27 driver's seat. He also smelled alcohol. W-2 said he really didn't talk to P-1 because he was "on
 28 the phone with 9-1-1." I asked W-2 if he saw anything else from V-1 prior to the crash. W-2
 29 added that he saw V-1's brake lights activated as it left the roadway.

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
D. SINGH 040019	11/08/2019		

ANNEX D

DRIVING UNDER THE INFLUENCE INVESTIGATION (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 14 of 16

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	INCIDENT NUMBER	OFFICER I.D. NUMBER	NUMBER
11/05/2019	2205	9760	040019	9760-2019-09910

1 **OPINIONS AND CONCLUSIONS**

2

3 **SUMMARY**

4

5 P-1 (Vargas) was driving V-1 (Ford) traveling northbound on US-101 in the #2 N/B lane at
6 approximately 50 mph, north of Refugio Road. Due to P-1's intoxicated state, P-1 allowed V-1 to
7 travel to the right, out of the #2 lane, and onto the paved shoulder. V-1 traveled over the slotted
8 highway "rumble strips." When P-1 realized that V-1 was traveling off the roadway, P-1 applied
9 sudden steering input causing V-1 to travel to the left. The aggressive steering input caused V-1
10 to rotate counterclockwise and traverse across the northbound lanes. P-1 was unable to control
11 V-1 as it continued in a northwesterly direction onto the dirt freeway median and the right front
12 corner of V-1 collided with a tree. Following the impact, V-1 was redirected and came to rest on
13 its wheels facing a southwesterly direction within the freeway median. P-1 remained seated in the
14 driver's seat as the vehicle came to rest and stayed seated until contacted by W-1.

15

16 **AREA OF IMPACT (AOI)**

17

18 AOI: (V-1 vs. Tree)

19 The AOI, where the right front of V-1 collided with the tree, occurred on US-101 N/B,
20 approximately 1.2 miles north of Refugio Road within the dirt median. The AOI was determined to
21 be 510 feet south of MPM 101 SB 38.00 and 25 feet west of the west roadway edge of US-101
22 N/B. The AOI was based upon physical evidence, damage to V-1, and damage to the tree.

23

24 **INTOXICATION NARRATIVE**

25

26 Upon my arrival, I saw P-1 (Vargas) standing adjacent to the driver's side opened door of V-1
27 (Ford). P-1 was identified by his valid CDL and was determined to be the driver of V-1 at the time
28 of the crash.

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
D. SINGH 040019	11/08/2019		

ANNEX D

DRIVING UNDER THE INFLUENCE INVESTIGATION (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 15 of 16

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
11/05/2019	2205	9760	040019	9760-2019-09910

1 I approached P-1, and upon contact, I observed objective signs of intoxication consisting of
 2 bloodshot and watery eyes, he was unsteady afoot, his speech was slurred, and he had the odor
 3 of an alcoholic beverage on his breath. I asked him if he had been drinking alcohol and he said
 4 that he had. I directed him to the flat paved highway shoulder where I asked him a series of pre-
 5 field sobriety test (FST) questions. He admitted to drinking 3 to 4 beers, he denied taking any
 6 medications or drugs, and he stated he did not have a physical impairment. I explained and
 7 demonstrated a series of FSTs for P-1 to perform. He was unable to perform the tests as
 8 explained and demonstrated.

9
 10 Based upon P-1's objective signs of intoxication, his admission to drinking alcoholic beverages,
 11 his performance on the FSTs, and his involvement in the traffic crash, I determined P-1 had been
 12 driving V-1 while under the influence of an alcoholic beverage.

13
 14 At 2238 hours, I arrested P-1 for 23152 (a) CVC, Misdemeanor DUI, pursuant to 40300.5 (a) CVC.
 15 I advised P-1 of implied consent pursuant to 23612 CVC and P-1 consented to a blood test. I
 16 transported P-1 to the DUI trailer at Santa Barbara County Jail. At 2255 hours, I observed Angela
 17 Karren, R.N., apply a sterilizing agent to P-1's right arm and withdraw a blood sample into a glass
 18 vial. The blood sample was booked into the DOJ locker at Santa Barbara County Jail. P-1 was
 19 booked into the Santa Barbara County Jail without further incident.

20
 21 **CAUSE**

22
 23 Party # 1 (Vargas) caused this crash by driving V-1 in violation of 23152 (a) CVC, which states in
 24 part that it is unlawful for any person who is under the influence of any alcoholic beverage to drive
 25 a vehicle. P-1 was operating a motor vehicle while under the influence of an alcoholic beverage,
 26 which impaired his judgment and his ability to operate a motor vehicle safely thus resulting in this
 27 traffic crash. An associated factor to this crash was that P-1 unsafely turned his vehicle from a
 28 direct course, a violation of 22107 CVC. This cause was based upon physical evidence, injuries
 29 to P-1, damage to V-1, and statements from P-1 and witnesses.

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
D. SINGH 040019	11/08/2019		

ANNEX D

DRIVING UNDER THE INFLUENCE INVESTIGATION (*continued*)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 16 of 16

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
11/05/2019	2205	9760	040019	9760-2019-09910

1 **RECOMMENDATIONS**

2

3 I request this investigation be forwarded to the Santa Barbara County District Attorney's Office for
4 review and that charges be filed against P-1, Milo Alex Vargas, for violation of 23152(a) CVC,
5 operating a motor vehicle while under the influence of an alcoholic beverage and, pending
6 chemical test results, 23152(b) CVC, driving with a Blood Alcohol Content of 0.08% or above.

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
D. SINGH 040019	11/08/2019		

ANNEX E

ON-DUTY EMERGENCY VEHICLE CRASH



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
TRAFFIC CRASH REPORT
CHP 555 Page 1 (Rev. 3-20) OPI 060 Page 1 of 18

SPECIAL CONDITIONS On-Duty Emergency Vehicle		NUMBER INURED 2	IF A RUN POLICE	CITY UNINCORPORATED	JUDICIAL DISTRICT SACRAMENTO	LOCAL REPORT NUMBER 9252-2019-06789			
NUMBER KILLED 0		IF A RUN MEDICANOR	COUNTY SACRAMENTO	REPORTING DISTRICT	BEAT 063	DAY OF WEEK S @ T W T F S	TOW-AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
LOCATION	CRASH OCCURRED ON FOLSOM BOULEVARD		MO. DAY YEAR 11/25/2019	TIME (24H) 2125	NCIS# 9252	OFFICER ID 038110			
	MILEPOST INFORMATION FEET/MILES OF		GPS COORDINATES LATITUDE 38.57022 LONGITUDE -121.32729		PHOTOGRAPHS BY <input type="checkbox"/> NONE				
	<input checked="" type="checkbox"/> AT INTERSECTION WITH GARDENIA WAY		STATE HWY REL. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		J. SOTO 35189				
	<input type="checkbox"/> OR FEET/MILES OF								
PARTY 1	DRIVER'S LICENSE NUMBER C3958462	STATE CA	CLASS C	AR BAG M	SAFETY EQUIP. G	VEH. YEAR 2006	MAKE/MODEL/COLOR FORD F-150 BLU	LICENSE NUMBER 65432C1	STATE CA
DRIVER NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> HOWARD BERNARD COLLINS		OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER							
STREET ADDRESS 5617 LONGFELLOW DRIVE		OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER							
CITY/STATE/ZIP RANCHO CORDOVA CA 95670		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		TOW 4 LESS TOWING (916) 555-9736					
SEX HAIR EYES HEIGHT WEIGHT BIRTHDATE Mo. Day Year RACE <input type="checkbox"/> M <input type="checkbox"/> BLK <input type="checkbox"/> BRN 5-10 180 01/08/1987 W		PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		VEHICLE IDENTIFICATION NUMBER:					
OTHER HOME PHONE (916) 555-6847		BUSINESS PHONE (916) 555-3860		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE		SHADE IN DAMAGED AREA	
INSURANCE CARRIER ALLSTATE		POLICY NUMBER 67-5876-95C		22		<input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER			
DIR OF TRAVEL E		ON STREET OR HIGHWAY FOLSOM BOULEVARD		LANE LT	THRU LANES 3	TOTAL LANES 4	SPEED LIMIT 40	CA _____ DOT _____ CAL#T _____ TCP/PS/C _____ MCMX _____	
PARTY 2	DRIVER'S LICENSE NUMBER B6923758	STATE CA	CLASS C	AR BAG L	SAFETY EQUIP. G	VEH. YEAR 2016	MAKE/MODEL/COLOR DODGE CHRGR BLK/WHI	LICENSE NUMBER E1234567	STATE CA
DRIVER NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> JOHN C. ELLINGER		OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		SACRAMENTO COUNTY					
STREET ADDRESS 345 SACRAMENTO COUNTY ROAD		OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER							
CITY/STATE/ZIP SACRAMENTO CA 95806		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		SOUTH VALLEY TOWING (916) 555-5647					
SEX HAIR EYES HEIGHT WEIGHT BIRTHDATE Mo. Day Year RACE <input type="checkbox"/> M <input type="checkbox"/> BLN <input type="checkbox"/> BLU 5-10 210 07/03/1991 W		PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		VEHICLE IDENTIFICATION NUMBER:					
OTHER HOME PHONE (916) 555-7839		BUSINESS PHONE (916) 555-1313		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE		SHADE IN DAMAGED AREA	
INSURANCE CARRIER SACRAMENTO COUNTY		POLICY NUMBER		48 98		<input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER			
DIR OF TRAVEL W		ON STREET OR HIGHWAY FOLSOM BOULEVARD		LANE 2	THRU LANES 3	TOTAL LANES 4	SPEED LIMIT 40	CA _____ DOT _____ CAL#T _____ TCP/PS/C _____ MCMX _____	
PARTY 3	DRIVER'S LICENSE NUMBER	STATE	CLASS	AR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
DRIVER NAME (FIRST, MIDDLE, LAST)		OWNER'S NAME		<input type="checkbox"/> SAME AS DRIVER					
STREET ADDRESS		OWNER'S ADDRESS		<input type="checkbox"/> SAME AS DRIVER					
CITY/STATE/ZIP		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER							
SEX HAIR EYES HEIGHT WEIGHT BIRTHDATE Mo. Day Year RACE		PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		VEHICLE IDENTIFICATION NUMBER:					
OTHER HOME PHONE		BUSINESS PHONE		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE		SHADE IN DAMAGED AREA	
INSURANCE CARRIER		POLICY NUMBER				<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			
DIR OF TRAVEL		ON STREET OR HIGHWAY		LANE	THRU LANES	TOTAL LANES	SPEED LIMIT	CA _____ DOT _____ CAL#T _____ TCP/PS/C _____ MCMX _____	
PREPARED BY N. DOKER 038110		DISPATCH NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		REVIEWER'S NAME		DATE REVIEWED			

An Internationally Accredited Agency Destroy Previous Editions Chp555_0320.pdf

ANNEX E

ON-DUTY EMERGENCY VEHICLE CRASH (continued)

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL		TRAFFIC CRASH CODING CHP 555 Page 2 (Rev. 3-20) OPI 060		Page 2 of 18																																																																																																																																																																																																																																																																																																																																																																																																										
DATE OF CRASH (MO., DAY, YEAR) 11/25/2019	TIME (H400) 2125	NCIC # 9252	OFFICER ID 038110	NUMBER 9252-2019-06789																																																																																																																																																																																																																																																																																																																																																																																																										
PROPERTY DAMAGE	OWNER'S NAME	OWNER'S ADDRESS																																																																																																																																																																																																																																																																																																																																																																																																												
PERSON NOTIFIED	<input type="checkbox"/> SAME AS OWNER	TELEPHONE NUMBER	METHOD OF NOTIFICATION (MARK ALL THAT APPLY) <input type="checkbox"/> IN PERSON <input type="checkbox"/> PHONE <input type="checkbox"/> DISPATCH <input type="checkbox"/> CHP 422		LOG / INCIDENT NUMBER																																																																																																																																																																																																																																																																																																																																																																																																									
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 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 MC / BICYCLE - HELMET DRIVER PASSENGER V- NO X- NO W- YES Y- YES																																																																																																																																																																																																																																																																																																																																																																																																										
		AIR BAG B- UNKNOWN L- AIR BAG DEPLOYED M- AIR BAG NOT DEPLOYED N- OTHER P- NOT REQUIRED EJECTED FROM VEHICLE 0- NOT EJECTED 1- FULLY EJECTED 2- PARTIALLY EJECTED 3- UNKNOWN		INATTENTION CODES A- CELL PHONE HANDHELD B- CELL PHONE HANDSFREE C- ELECTRONIC EQUIPMENT D- RADIO / CD E- SMOKING F- EATING G- CHILDREN H- ANIMALS I- PERSONAL HYGIENE J- READING K- OTHER																																																																																																																																																																																																																																																																																																																																																																																																										
ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.																																																																																																																																																																																																																																																																																																																																																																																																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">PRIMARY CRASH FACTOR LIST NUMBER (W/ OF PARTY AT FAULT)</th> <th colspan="3">TRAFFIC CONTROL DEVICES</th> <th colspan="3">VEHICLE AUTOMATION LEVEL</th> <th colspan="3">MOVEMENT PRECEDING CRASH</th> </tr> <tr> <th>1</th> <th>2</th> <th>3</th> <th>1</th> <th>2</th> <th>3</th> <th>1</th> <th>2</th> <th>3</th> </tr> </thead> <tbody> <tr> <td>A <input checked="" type="checkbox"/> (YES) <input type="checkbox"/> (NO) 21801(a)</td> <td>A CONTROLS FUNCTIONING</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>A SAE LEVEL = 0</td> <td></td> <td></td> <td>A STOPPED</td> </tr> <tr> <td>B OTHER IMPROPER DRIVING*</td> <td>B CONTROLS NOT FUNCTIONING*</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>B SAE LEVEL = 1</td> <td></td> <td><input checked="" type="checkbox"/></td> <td>B PROCEEDING STRAIGHT</td> </tr> <tr> <td>C OTHER THAN DRIVER*</td> <td>C CONTROLS OBTURED</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>C SAE LEVEL = 2</td> <td></td> <td></td> <td>C RAN OFF ROAD</td> </tr> <tr> <td>D UNKNOWN*</td> <td>D NO CONTROLS PRESENT / FACTOR*</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>D SAE LEVEL = 3</td> <td></td> <td></td> <td>D MAKING RIGHT TURN</td> </tr> <tr> <td></td> <td colspan="3">TYPE OF CRASH</td> <td></td> <td></td> <td></td> <td>E SAE LEVEL = 4</td> <td><input checked="" type="checkbox"/></td> <td></td> <td>E MAKING LEFT TURN</td> </tr> <tr> <td></td> <td>A HEAD-ON</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>F SAE LEVEL = 5</td> <td></td> <td></td> <td>F MAKING U TURN</td> </tr> <tr> <td></td> <td>B SIDE SWIPE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>G UNKNOWN*</td> <td></td> <td></td> <td>G BACKING</td> </tr> <tr> <td></td> <td>C REAR END</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="3">VEHICLE AUTOMATION ENGAGED</td> <td>H SLOWING / STOPPING</td> </tr> <tr> <td></td> <td>D BROADSIDE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>A NO AUTOMATION</td> <td></td> <td></td> <td>I PASSING OTHER VEHICLE</td> </tr> <tr> <td></td> <td>E HIT OBJECT</td> <td></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td>B DRIVER ASSISTANCE</td> <td></td> <td></td> <td>J CHANGING LANES</td> </tr> <tr> <td></td> <td>F OVERTURNED</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>C PARTIAL AUTOMATION</td> <td></td> <td></td> <td>K PARKING MANUEVER</td> </tr> <tr> <td></td> <td>G VEHICLE / PEDESTRIAN</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>D CONDITIONAL AUTOMATION</td> <td></td> <td></td> <td>L ENTERING TRAFFIC</td> </tr> <tr> <td></td> <td>H OTHER*</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>E HIGH AUTOMATION</td> <td></td> <td></td> <td>M OTHER UNSAFE TURNING</td> </tr> <tr> <td></td> <td colspan="3">MOTOR VEHICLE INVOLVED WITH (MARK 1 TO 2 ITEMS)</td> <td></td> <td></td> <td></td> <td>F FULL AUTOMATION</td> <td></td> <td></td> <td>N XING INTO OPPOSING LANE</td> </tr> <tr> <td></td> <td>A NONCOLLISION</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>G UNKNOWN*</td> <td></td> <td></td> <td>O PARKED</td> </tr> <tr> <td></td> <td>B PEDESTRIAN</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="3">OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)</td> <td>P MERGING</td> </tr> <tr> <td></td> <td>C OTHER MOTOR VEHICLE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>A <input type="checkbox"/> (YES) <input type="checkbox"/> (NO) CVC SECTION VIOLATION: OTHER</td> <td></td> <td></td> <td>Q TRAVELING WRONG WAY</td> </tr> <tr> <td></td> <td>D MOTOR VEHICLE ON OTHER ROADWAY</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>B <input type="checkbox"/> (YES) <input type="checkbox"/> (NO) CVC SECTION VIOLATION: OTHER</td> <td></td> <td></td> <td>R OTHER*</td> </tr> <tr> <td></td> <td>E PARKED MOTOR VEHICLE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>C <input type="checkbox"/> (YES) <input type="checkbox"/> (NO) CVC SECTION VIOLATION: OTHER</td> <td></td> <td></td> <td>S LANE SPLITTING</td> </tr> <tr> <td></td> <td>F TRAIN</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>D</td> <td></td> <td></td> <td>SOBRIETY • DRUG • PHYSICAL (MARK ALL THAT APPLY)</td> </tr> <tr> <td></td> <td>G BICYCLE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>E VISION OBSCUREMENT</td> <td></td> <td></td> <td>A HAD NOT BEEN DRINKING</td> </tr> <tr> <td></td> <td>H ANIMAL</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>F INATTENTION*</td> <td></td> <td></td> <td>B HBD • UNDER THE INFLUENCE</td> </tr> <tr> <td></td> <td>I FIXED OBJECT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>G STOP & GO TRAFFIC</td> <td></td> <td></td> <td>C HBD • NOT UNDER INFLUENCE*</td> </tr> <tr> <td></td> <td>J OTHER OBJECT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>H ENTERING / LEAVING RAMP</td> <td></td> <td></td> <td>D HBD • IMPAIRMENT UNKNOWN*</td> </tr> <tr> <td></td> <td colspan="3">K ADDITIONAL OBJECT(S) STRUCK</td> <td></td> <td></td> <td></td> <td>I PREVIOUS CRASH</td> <td></td> <td></td> <td>E UNDER DRUG INFLUENCE*</td> </tr> <tr> <td></td> <td colspan="3">PEDESTRIAN'S ACTIONS</td> <td></td> <td></td> <td></td> <td>J UNFAMILIAR WITH ROAD</td> <td></td> <td></td> <td>DRE EXAM, CONDUCTED</td> </tr> <tr> <td></td> <td>A NO PEDESTRIANS INVOLVED</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>K DEFECTIVE VEH. EQUIP. OTHER</td> <td></td> <td></td> <td>STIMULANT</td> </tr> <tr> <td></td> <td>B CROSSING IN CROSSWALK • AT INTERSECTION</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>L UNINVOLVED VEHICLE</td> <td></td> <td></td> <td>HALLUCINOGEN</td> </tr> <tr> <td></td> <td>C CROSSING IN CROSSWALK • NOT AT INTERSECTION</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>M OTHER*</td> <td></td> <td></td> <td>DISSOCIATIVE ANESTHETICS</td> </tr> <tr> <td></td> <td>D CROSSING • NOT IN CROSSWALK</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>N NONE APPARENT</td> <td></td> <td></td> <td>NARCOTIC ANALGESIC</td> </tr> <tr> <td></td> <td>E IN ROAD - INCLUDES SHOULDER</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>O RUNAWAY VEHICLE</td> <td></td> <td></td> <td>INHALANT</td> </tr> <tr> <td></td> <td>F NOT IN ROAD</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>CANNABIS</td> </tr> <tr> <td></td> <td>G APPROACHING / LEAVING SCHOOL BUS</td> <td></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>DEPRESSANT</td> </tr> <tr> <td></td> <td>H NO UNUSUAL CONDITIONS</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>F IMPAIRMENT • PHYSICAL*</td> </tr> </tbody> </table>						PRIMARY CRASH FACTOR LIST NUMBER (W/ OF PARTY AT FAULT)	TRAFFIC CONTROL DEVICES			VEHICLE AUTOMATION LEVEL			MOVEMENT PRECEDING CRASH			1	2	3	1	2	3	1	2	3	A <input checked="" type="checkbox"/> (YES) <input type="checkbox"/> (NO) 21801(a)	A CONTROLS FUNCTIONING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				A SAE LEVEL = 0			A STOPPED	B OTHER IMPROPER DRIVING*	B CONTROLS NOT FUNCTIONING*						B SAE LEVEL = 1		<input checked="" type="checkbox"/>	B PROCEEDING STRAIGHT	C OTHER THAN DRIVER*	C CONTROLS OBTURED						C SAE LEVEL = 2			C RAN OFF ROAD	D UNKNOWN*	D NO CONTROLS PRESENT / FACTOR*						D SAE LEVEL = 3			D MAKING RIGHT TURN		TYPE OF CRASH						E SAE LEVEL = 4	<input checked="" type="checkbox"/>		E MAKING LEFT TURN		A HEAD-ON						F SAE LEVEL = 5			F MAKING U TURN		B SIDE SWIPE						G UNKNOWN*			G BACKING		C REAR END						VEHICLE AUTOMATION ENGAGED			H SLOWING / STOPPING		D BROADSIDE						A NO AUTOMATION			I PASSING OTHER VEHICLE		E HIT OBJECT		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			B DRIVER ASSISTANCE			J CHANGING LANES		F OVERTURNED						C PARTIAL AUTOMATION			K PARKING MANUEVER		G VEHICLE / PEDESTRIAN						D CONDITIONAL AUTOMATION			L ENTERING TRAFFIC		H OTHER*						E HIGH AUTOMATION			M OTHER UNSAFE TURNING		MOTOR VEHICLE INVOLVED WITH (MARK 1 TO 2 ITEMS)						F FULL AUTOMATION			N XING INTO OPPOSING LANE		A NONCOLLISION						G UNKNOWN*			O PARKED		B PEDESTRIAN						OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)			P MERGING		C OTHER MOTOR VEHICLE						A <input type="checkbox"/> (YES) <input type="checkbox"/> (NO) CVC SECTION VIOLATION: OTHER			Q TRAVELING WRONG WAY		D MOTOR VEHICLE ON OTHER ROADWAY						B <input type="checkbox"/> (YES) <input type="checkbox"/> (NO) CVC SECTION VIOLATION: OTHER			R OTHER*		E PARKED MOTOR VEHICLE						C <input type="checkbox"/> (YES) <input type="checkbox"/> (NO) CVC SECTION VIOLATION: OTHER			S LANE SPLITTING		F TRAIN						D			SOBRIETY • DRUG • PHYSICAL (MARK ALL THAT APPLY)		G BICYCLE						E VISION OBSCUREMENT			A HAD NOT BEEN DRINKING		H ANIMAL						F INATTENTION*			B HBD • UNDER THE INFLUENCE		I FIXED OBJECT						G STOP & GO TRAFFIC			C HBD • NOT UNDER INFLUENCE*		J OTHER OBJECT						H ENTERING / LEAVING RAMP			D HBD • IMPAIRMENT UNKNOWN*		K ADDITIONAL OBJECT(S) STRUCK						I PREVIOUS CRASH			E UNDER DRUG INFLUENCE*		PEDESTRIAN'S ACTIONS						J UNFAMILIAR WITH ROAD			DRE EXAM, CONDUCTED		A NO PEDESTRIANS INVOLVED						K DEFECTIVE VEH. EQUIP. OTHER			STIMULANT		B CROSSING IN CROSSWALK • AT INTERSECTION						L UNINVOLVED VEHICLE			HALLUCINOGEN		C CROSSING IN CROSSWALK • NOT AT INTERSECTION						M OTHER*			DISSOCIATIVE ANESTHETICS		D CROSSING • NOT IN CROSSWALK						N NONE APPARENT			NARCOTIC ANALGESIC		E IN ROAD - INCLUDES SHOULDER						O RUNAWAY VEHICLE			INHALANT		F NOT IN ROAD									CANNABIS		G APPROACHING / LEAVING SCHOOL BUS		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						DEPRESSANT		H NO UNUSUAL CONDITIONS									F IMPAIRMENT • PHYSICAL*
PRIMARY CRASH FACTOR LIST NUMBER (W/ OF PARTY AT FAULT)	TRAFFIC CONTROL DEVICES			VEHICLE AUTOMATION LEVEL			MOVEMENT PRECEDING CRASH																																																																																																																																																																																																																																																																																																																																																																																																							
	1	2	3	1	2	3	1	2	3																																																																																																																																																																																																																																																																																																																																																																																																					
A <input checked="" type="checkbox"/> (YES) <input type="checkbox"/> (NO) 21801(a)	A CONTROLS FUNCTIONING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				A SAE LEVEL = 0			A STOPPED																																																																																																																																																																																																																																																																																																																																																																																																				
B OTHER IMPROPER DRIVING*	B CONTROLS NOT FUNCTIONING*						B SAE LEVEL = 1		<input checked="" type="checkbox"/>	B PROCEEDING STRAIGHT																																																																																																																																																																																																																																																																																																																																																																																																				
C OTHER THAN DRIVER*	C CONTROLS OBTURED						C SAE LEVEL = 2			C RAN OFF ROAD																																																																																																																																																																																																																																																																																																																																																																																																				
D UNKNOWN*	D NO CONTROLS PRESENT / FACTOR*						D SAE LEVEL = 3			D MAKING RIGHT TURN																																																																																																																																																																																																																																																																																																																																																																																																				
	TYPE OF CRASH						E SAE LEVEL = 4	<input checked="" type="checkbox"/>		E MAKING LEFT TURN																																																																																																																																																																																																																																																																																																																																																																																																				
	A HEAD-ON						F SAE LEVEL = 5			F MAKING U TURN																																																																																																																																																																																																																																																																																																																																																																																																				
	B SIDE SWIPE						G UNKNOWN*			G BACKING																																																																																																																																																																																																																																																																																																																																																																																																				
	C REAR END						VEHICLE AUTOMATION ENGAGED			H SLOWING / STOPPING																																																																																																																																																																																																																																																																																																																																																																																																				
	D BROADSIDE						A NO AUTOMATION			I PASSING OTHER VEHICLE																																																																																																																																																																																																																																																																																																																																																																																																				
	E HIT OBJECT		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			B DRIVER ASSISTANCE			J CHANGING LANES																																																																																																																																																																																																																																																																																																																																																																																																				
	F OVERTURNED						C PARTIAL AUTOMATION			K PARKING MANUEVER																																																																																																																																																																																																																																																																																																																																																																																																				
	G VEHICLE / PEDESTRIAN						D CONDITIONAL AUTOMATION			L ENTERING TRAFFIC																																																																																																																																																																																																																																																																																																																																																																																																				
	H OTHER*						E HIGH AUTOMATION			M OTHER UNSAFE TURNING																																																																																																																																																																																																																																																																																																																																																																																																				
	MOTOR VEHICLE INVOLVED WITH (MARK 1 TO 2 ITEMS)						F FULL AUTOMATION			N XING INTO OPPOSING LANE																																																																																																																																																																																																																																																																																																																																																																																																				
	A NONCOLLISION						G UNKNOWN*			O PARKED																																																																																																																																																																																																																																																																																																																																																																																																				
	B PEDESTRIAN						OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)			P MERGING																																																																																																																																																																																																																																																																																																																																																																																																				
	C OTHER MOTOR VEHICLE						A <input type="checkbox"/> (YES) <input type="checkbox"/> (NO) CVC SECTION VIOLATION: OTHER			Q TRAVELING WRONG WAY																																																																																																																																																																																																																																																																																																																																																																																																				
	D MOTOR VEHICLE ON OTHER ROADWAY						B <input type="checkbox"/> (YES) <input type="checkbox"/> (NO) CVC SECTION VIOLATION: OTHER			R OTHER*																																																																																																																																																																																																																																																																																																																																																																																																				
	E PARKED MOTOR VEHICLE						C <input type="checkbox"/> (YES) <input type="checkbox"/> (NO) CVC SECTION VIOLATION: OTHER			S LANE SPLITTING																																																																																																																																																																																																																																																																																																																																																																																																				
	F TRAIN						D			SOBRIETY • DRUG • PHYSICAL (MARK ALL THAT APPLY)																																																																																																																																																																																																																																																																																																																																																																																																				
	G BICYCLE						E VISION OBSCUREMENT			A HAD NOT BEEN DRINKING																																																																																																																																																																																																																																																																																																																																																																																																				
	H ANIMAL						F INATTENTION*			B HBD • UNDER THE INFLUENCE																																																																																																																																																																																																																																																																																																																																																																																																				
	I FIXED OBJECT						G STOP & GO TRAFFIC			C HBD • NOT UNDER INFLUENCE*																																																																																																																																																																																																																																																																																																																																																																																																				
	J OTHER OBJECT						H ENTERING / LEAVING RAMP			D HBD • IMPAIRMENT UNKNOWN*																																																																																																																																																																																																																																																																																																																																																																																																				
	K ADDITIONAL OBJECT(S) STRUCK						I PREVIOUS CRASH			E UNDER DRUG INFLUENCE*																																																																																																																																																																																																																																																																																																																																																																																																				
	PEDESTRIAN'S ACTIONS						J UNFAMILIAR WITH ROAD			DRE EXAM, CONDUCTED																																																																																																																																																																																																																																																																																																																																																																																																				
	A NO PEDESTRIANS INVOLVED						K DEFECTIVE VEH. EQUIP. OTHER			STIMULANT																																																																																																																																																																																																																																																																																																																																																																																																				
	B CROSSING IN CROSSWALK • AT INTERSECTION						L UNINVOLVED VEHICLE			HALLUCINOGEN																																																																																																																																																																																																																																																																																																																																																																																																				
	C CROSSING IN CROSSWALK • NOT AT INTERSECTION						M OTHER*			DISSOCIATIVE ANESTHETICS																																																																																																																																																																																																																																																																																																																																																																																																				
	D CROSSING • NOT IN CROSSWALK						N NONE APPARENT			NARCOTIC ANALGESIC																																																																																																																																																																																																																																																																																																																																																																																																				
	E IN ROAD - INCLUDES SHOULDER						O RUNAWAY VEHICLE			INHALANT																																																																																																																																																																																																																																																																																																																																																																																																				
	F NOT IN ROAD									CANNABIS																																																																																																																																																																																																																																																																																																																																																																																																				
	G APPROACHING / LEAVING SCHOOL BUS		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						DEPRESSANT																																																																																																																																																																																																																																																																																																																																																																																																				
	H NO UNUSUAL CONDITIONS									F IMPAIRMENT • PHYSICAL*																																																																																																																																																																																																																																																																																																																																																																																																				
SKETCH FOR SKETCH DIAGRAM, SEE PAGE 4 		MISCELLANEOUS		SPECIAL INFORMATION																																																																																																																																																																																																																																																																																																																																																																																																										
				A HAZARDOUS MATERIAL B CELL PHONE HANDHELD IN USE C CELL PHONE HANDSFREE IN USE D CELL PHONE NOT IN USE E CELL PHONE USE UNKNOWN F SCHOOL BUS RELATED																																																																																																																																																																																																																																																																																																																																																																																																										
				BIKEWAY FACILITY A SHARED ROADWAY B CLASS I - BIKE PATH* C CLASS II - BIKE LANE* D CLASS III - BIKE ROUTE* E CLASS IV - SEPARATED BIKEWAY*																																																																																																																																																																																																																																																																																																																																																																																																										

ANNEX E

ON-DUTY EMERGENCY VEHICLE CRASH (continued)

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL INJURED / WITNESS / PASSENGERS CHP 555 Page 3 (Rev. 3-20) OPI 060 Page 3 of 18																		
DATE OF CRASH (MO. DAY YEAR)				TIME (2400)	NCIC #	OFFICER ID				NUMBER								
11/25/2019				2125	9252	038110				9252-2019-06789								
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)				PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY SEATBELT	EJECTED		
				FATAL INJURY	SUSPECTED SERIOUS INJURY	SUSPECTED MINOR INJURY	POSSIBLE INJURY	DRIVER	PASS.	PED.	BICYCLIST						OTHER	OTHER
<input type="checkbox"/>	<input type="checkbox"/>	32	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	M	G	0
NAME / D.O.B. / ADDRESS HOWARD BERNARD COLLINS (01/08/1987) 5617 LONGFELLOW DRIVE RANCHO CORDOVA CA 95670													TELEPHONE (916) 555-6847					
(INJURED ONLY) TRANSPORTED BY: WILL SEEK OWN MEDICAL ATTENTION													EMS RUN NUMBER		TAKEN TO			
DESCRIBE INJURES SCRATCH TO FOREHEAD, COMPLAINT OF PAIN TO HIS LOWER BACK, NECK, AND HEAD.																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
<input type="checkbox"/>	<input type="checkbox"/>	28	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	1	L	G	0
NAME / D.O.B. / ADDRESS JOHN C. ELLINGER (07/03/1991) 345 SACRAMENTO COUNTY ROAD SACRAMENTO CA 95806													TELEPHONE (916) 555-7839					
(INJURED ONLY) TRANSPORTED BY: WILL SEEK OWN MEDICAL ATTENTION													EMS RUN NUMBER		TAKEN TO			
DESCRIBE INJURES ABRASIONS TO HIS LEFT AND RIGHT FOREARM, COMPLAINT OF PAIN TO HIS NECK AND HEAD.																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	38	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"/>					
NAME / D.O.B. / ADDRESS JOSEPH FLORES (06/14/1981) 7316 PAYETTE DRIVE RANCHO CORDOVA CA 95670													TELEPHONE (916) 555-3368					
(INJURED ONLY) TRANSPORTED BY:													EMS RUN NUMBER		TAKEN TO			
DESCRIBE INJURES																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	36	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"/>					
NAME / D.O.B. / ADDRESS HEIDI MILLER (02/15/1983) 3936 ROSEMARY WAY RANCHO CORDOVA CA 95670													TELEPHONE (916) 555-6629					
(INJURED ONLY) TRANSPORTED BY:													EMS RUN NUMBER		TAKEN TO			
DESCRIBE INJURES																		
<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"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS													TELEPHONE					
(INJURED ONLY) TRANSPORTED BY:													EMS RUN NUMBER		TAKEN TO			
DESCRIBE INJURES																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
PREPARED BY NAME N. DOKER				ID NUMBER 038110	MO. DAY YEAR 11/25/2019		REVIEWER'S NAME				MO. DAY YEAR							

An Internationally Accredited Agency
Destroy Previous Editions
Chp555_0320.pdf

ANNEX E

ON-DUTY EMERGENCY VEHICLE CRASH (continued)

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SKETCH DIAGRAM
CHP 556 Page 4 (Rev. 3-20) OPI 060

Page 4 of 18

DATE OF CRASH (MO. DAY YEAR)	TIME (2400)	NCK#	OFFICER ID
11/25/2019	2125	9252	038110

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

FOLSOM BOULEVARD AT GARDENIA WAY

BEST BUY Parking Lot

10 ft. W-3
11 ft. W-2
12 ft. W-1
9 ft. 11 in.
12 ft. E-1
12 ft. E-2
12 ft. E-3

PAINTED DOUBLE YELLOW LINES
RAISED CERAMIC MARKERS
Left Turn Lane
20 ft.
S/B N/B
STOP
Vehicle 2
Vehicle 1
FOLSOM BOULEVARD

Open Field

PREPARED BY	ID NUMBER	MO. DAY YEAR	REVIEWER'S NAME
N. DOKER	038110	11/28/2019	

An Internationally Accredited Agency

ANNEX E

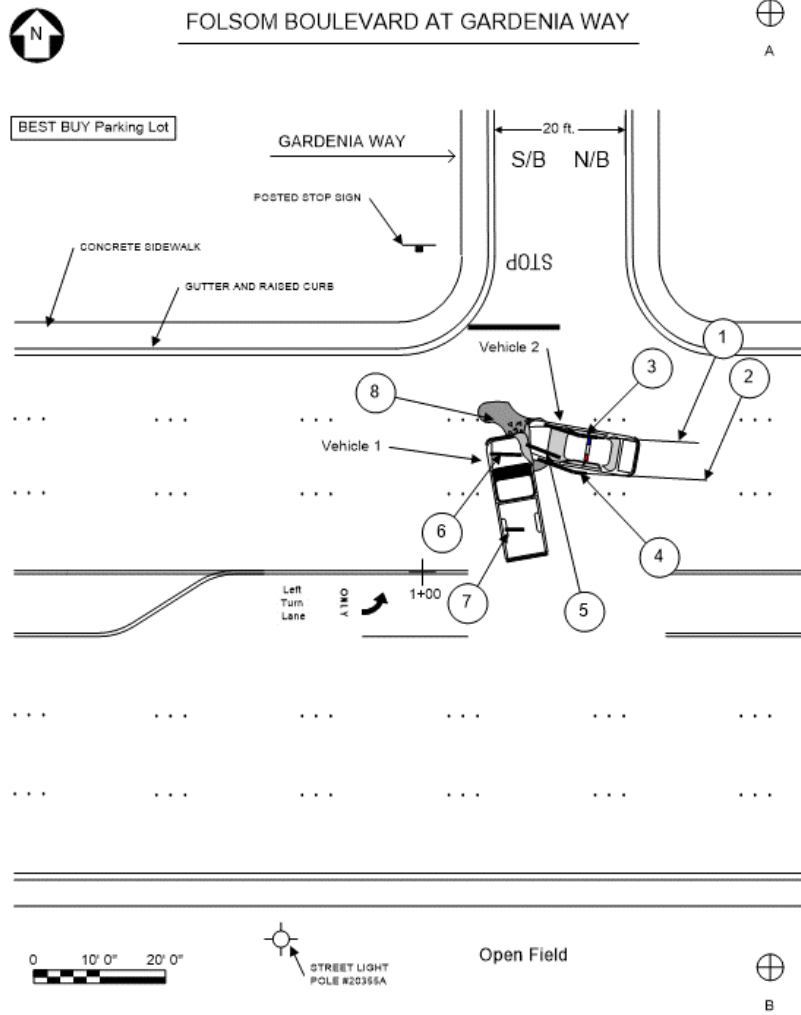
ON-DUTY EMERGENCY VEHICLE CRASH (continued)

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
FACTUAL DIAGRAM
CHP 555 Page 4 (Rev. 3-20) OPI 080

Page 5 of 18

DATE OF CRASH (MO. DAY YEAR)	TIME (2400)	NOC #	OFFICER ID	NUMBER
11/25/2019	2125	9252	038110	9252-2019-06789

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



PREPARED BY	ID NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
N. DOKER	038110	11/28/2019		

An Internationally Accredited Agency

ANNEX E

ON-DUTY EMERGENCY VEHICLE CRASH (continued)


STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

FACTUAL DIAGRAM
CHP 556 Page 4 (Rev. 3-20) OPI 060

Page 6 of 18

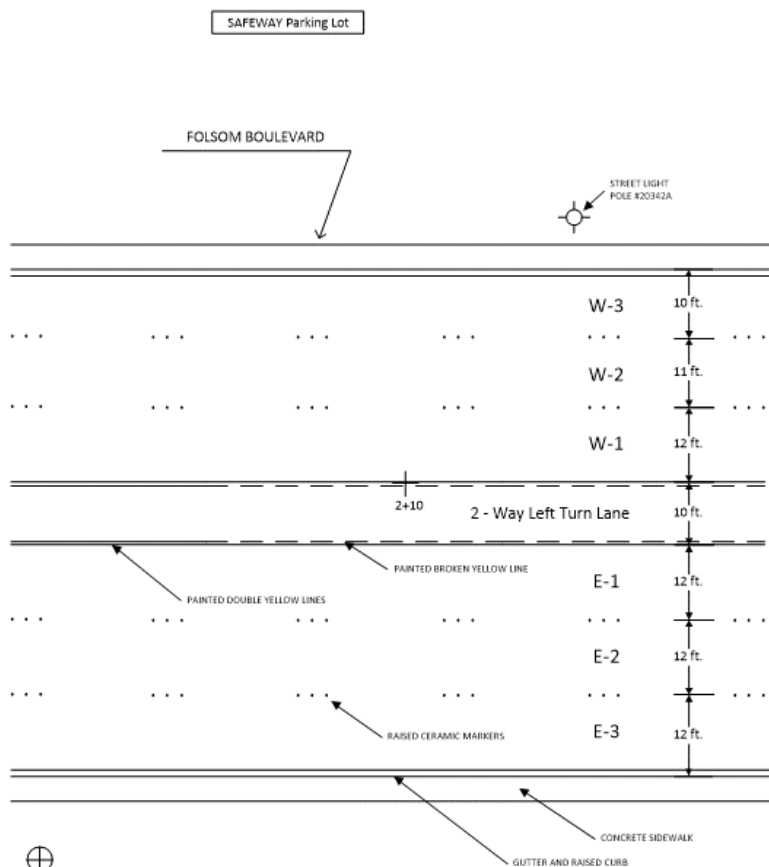
DATE OF CRASH (MO. DAY YEAR)	TIME (2400)	NCR #	OFFICER ID	NUMBER
11/25/2019	2125	9252	038110	9252-2019-06789


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


A

SAFEWAY Parking Lot

FOLSOM BOULEVARD




B

Open Field

PREPARED BY	ID NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
N. DOKER	038110	11/28/2019		

An Internationally Accredited Agency

ANNEX E

ON-DUTY EMERGENCY VEHICLE CRASH (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 7 of 18

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	INCIDENT NUMBER	OFFICER I.D. NUMBER	NUMBER
11/25/2019	2125	9252	038110	9252-2019-06789

1 **FACTUAL DIAGRAM LEGEND**

2

3 **Station Line Descriptions**

4

5 A station line was established at the crash scene to facilitate the documentation of physical
6 evidence and roadway characteristics. The station line was created using a 300 foot fiberglass
7 tape. Secondary measurements were obtained using a 25 foot steel tape, and taken either to the
8 left or right and perpendicular to the station line. The station line was established within the
9 divided section of Folsom Boulevard. It was centered between the northernmost set of painted
10 double yellow lines. The station line extends, generally, from the west and increases numerically
11 toward the east. Station 1+00 was located 10 feet west of the west curb line prolongation of
12 Gardenia Way.

13

14 **Physical Evidence Descriptions**

15

16 The items of physical evidence measured at the scene and depicted on the Factual Diagram are
17 identified using a numeric identifier. The items of evidence are described and located as follows:

18

NUMERIC IDENTIFIER	ITEM DESCRIPTION	SPOT(S)
1	A tire friction mark (TFM) approximately 15.5 feet in length and 0.5 feet in width.	1-3
2	A TFM approximately 18.3 feet in length and 0.5 feet in width.	4-6
3	A TFM approximately 9 feet in length and 0.6 feet in width, ending at the right front tire of Vehicle 2.	7-9
4	A TFM approximately 8.4 feet in length and 0.6 feet in width, ending at the left front tire of Vehicle 2.	10-12
5	A TFM approximately 5 feet in length and 0.7 feet in width, ending at the right front tire of Vehicle 1.	13-14
6	A TFM approximately 4.8 feet in length and 0.8 feet in width, ending at the left front tire of Vehicle 1.	15-16

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
N. DOKER 038110	11/28/2019		

ANNEX E

ON-DUTY EMERGENCY VEHICLE CRASH *(continued)*

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 8 of 18

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	INCIDENT NUMBER	OFFICER I.D. NUMBER	NUMBER
11/25/2019	2125	9252	038110	9252-2019-06789

NUMERIC IDENTIFIER	ITEM DESCRIPTION	SPOT(S)
7	A TFM approximately 3.2 feet in length and 0.7 feet in width, ending at the left rear tire of Vehicle 1.	17-18
8	An area of vehicle liquid and debris approximately 10 feet in diameter measured from center.	19

1

2 **Physical Evidence Locations**

3

SPOT	STATION LOCATION	FEET RIGHT OR LEFT
1	1+42	19.5 left
2	1+34	20 left
3	1+26.8	20.5 left
4	1+43.3	14 left
5	1+34	14.5 left
6	1+25	15 left
7	1+26.8	20.5 left
8	1+24	20.7 left
9	1+18.5	22.5 left
10	1+25	15 left
11	1+23	15.3 left
12	1+17.5	17.5 left
13	1+21	17.5 left
14	1+15.6	19.5 left
15	1+15.2	17.8 left
16	1+10	18 left
17	1+15.5	6.5 left
18	1+12.3	6.5 left
19	1+16	20 left
	Vehicle 1 L/F	19.5 left
	Vehicle 1 L/R	7.5 left
	Vehicle 2 R/F	22.5 left
	Vehicle 2 R/R	20.5 left

4

5

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
N. DOKER 038110	11/28/2019		

ANNEX E

ON-DUTY EMERGENCY VEHICLE CRASH (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 9 of 18

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	INCIDENT NUMBER	OFFICER I.D. NUMBER	NUMBER
11/25/2019	2125	9252	038110	9252-2019-06789

1 **FACTS**

2

3 **Notification**

4

5 On November 25, 2019, at 2130 hours, I (unit 112-E2) received a radio call of a traffic crash, with
6 no details, involving a Sacramento County Sheriff's patrol vehicle. The vehicle crash was located
7 on Folsom Boulevard at Gardenia Way. I responded from Florin Road just west of Sunrise
8 Boulevard, and arrived at the crash scene at 2135 hours.

9

10 The times, speeds, and measurements referred to throughout this investigation are
11 approximations. The measurements taken at the crash scene were made using a station line
12 system described in the Factual Diagram Legend.

13

14 **Scene Description**

15

16 The crash occurred on Folsom Boulevard at the intersection of Gardenia Way, in an
17 unincorporated area of Sacramento County.

18

19 At the crash scene, Folsom Boulevard is relatively straight and flat. The roadway surface is
20 composed of asphalt concrete construction. The roadway has three eastbound and three
21 westbound lanes. There is a left turn lane for eastbound traffic west of the intersection with
22 Gardenia Way. Two sets of painted double yellow lines separate the eastbound and westbound
23 lanes of travel. East and west of the crash scene the double yellow lines transition to single and
24 broken yellow lines defining a two-way left turn lane. A concrete gutter and raised concrete
25 sidewalk border the roadway on the north and south.

26

27 At the crash scene, Gardenia Way is relatively straight and flat. The roadway surface is
28 composed of asphalt concrete construction. The roadway has one northbound and one

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
N. DOKER 038110	11/28/2019		

ANNEX E

ON-DUTY EMERGENCY VEHICLE CRASH (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 10 of 18

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	INCIDENT NUMBER	OFFICER I.D. NUMBER	NUMBER
11/25/2019	2125	9252	038110	9252-2019-06789

1 southbound lane which are not delineated. A concrete gutter and raised concrete sidewalk
2 border the roadway on the east and west.
3
4 Gardenia Way intersects Folsom Boulevard at an approximate 90 degree angle where it
5 terminates in a "T" type intersection. The intersection is controlled by a posted stop sign, "STOP"
6 roadway marking, and a stop bar limit line for southbound traffic on Gardenia Way. There are no
7 traffic controls for eastbound and westbound traffic on Folsom Boulevard at this location.
8
9 At the time of this crash, all roadway markings and signs were clearly visible and in good
10 condition. No visual obstructions were noted or claimed.

11
12 **Parties**
13

14 Party 1 (Collins) was located standing at the northwest corner of the intersection, upon my arrival
15 at the crash scene. Collins identified himself with his California Driver's License, and provided
16 Vehicle 1's (Ford, F-150) registration card and proof of financial responsibility. Collins was
17 determined to be the driver of Vehicle 1 at the time of the crash by the statements obtained and
18 his own admission.

19
20 Collins sustained complaint of pain and minor visible injuries as a result of the crash. I observed
21 a scratch on Collins' forehead. Upon contact, I asked if Collins wanted medical assistance and
22 he declined. He stated that he would seek his own medical attention should it become
23 necessary.

24
25 Vehicle 1 (2006 Ford, F-150) was located within the intersection of Folsom Boulevard and
26 Gardenia Way. Vehicle 1 was located on its wheels, facing in a northerly direction as shown on
27 the factual diagram. Vehicle 1 sustained moderate crash damage. The damage to Vehicle 1
28 consisted of the following:

- 29 • Dented, scratched, and bound right side door

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
N. DOKER 038110	11/28/2019		

ANNEX E

ON-DUTY EMERGENCY VEHICLE CRASH (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 11 of 18

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	INCIDENT NUMBER	OFFICER I.D. NUMBER	NUMBER
11/25/2019	2125	9252	038110	9252-2019-06789

- 1 • A broken and detached right side mirror
 - 2 • A dented and scratched right side front bumper
 - 3 • A dented and scratched right front fender
 - 4 • A damaged and flat right front tire and wheel
 - 5 • A dented and scratched hood
 - 6 • A broken right side headlamp and turn signal assembly
- 7 Vehicle 1 had prior miscellaneous dents and scratches, consistent with its age and normal use.
8 No prior mechanical defects were noted or claimed. Vehicle 1 was equipped with a continuous
9 loop lap/shoulder restraint system. The restraint system was inspected and found to be
10 functioning properly. Vehicle 1 was towed from the crash scene at the owner's request by Tow 4
11 Less Towing.
12
- 13 Party 2 (Deputy Ellinger) was located standing in the westbound traffic lanes directing traffic
14 around the crash scene, upon my arrival at the crash scene. CHP Officer Elliot relieved Deputy
15 Ellinger and I contacted him at the northeast corner of the intersection. Deputy Ellinger identified
16 himself with his California Driver License, and provided Vehicle 2's (Dodge Charger – patrol
17 vehicle) registration card. Deputy Ellinger was determined to be the driver of Vehicle 2 at the
18 time of this crash by the statements obtained and his own admission.
19
- 20 Deputy Ellinger sustained complaint of pain and minor visible injuries as a result of the crash. I
21 observed visible abrasions to his left and right forearm consistent with the deployment of the
22 driver's side air bag in Vehicle 2. Deputy Ellinger declined medical attention at the scene.
23 Deputy Ellinger stated his supervisor would take him to receive medical treatment for the
24 abrasions.
25
- 26 Vehicle 2 (2016 Dodge Charger – patrol vehicle) was located within the intersection of Folsom
27 Boulevard and Gardenia Way. Vehicle 2 was located on its wheels, facing in a westerly direction.
28 Vehicle 2 sustained moderate crash damage. The damage to Vehicle 2 consisted of the
29 following:

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
N. DOKER 038110	11/28/2019		

ANNEX E

ON-DUTY EMERGENCY VEHICLE CRASH (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 12 of 18

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	INCIDENT NUMBER	OFFICER I.D. NUMBER	NUMBER
11/25/2019	2125	9252	038110	9252-2019-06789

- 1 • Dented and scratched front bumper
- 2 • Dented and scratched push bumper assembly
- 3 • Dented and scratched right front fender
- 4 • Dented and scratched left front fender
- 5 • Dented and scratched hood
- 6 • Broken left and right side headlamp and turn signal assembly
- 7
- 8 Vehicle 2 had prior miscellaneous dents and scratches, consistent with its age and normal use.
- 9 No prior mechanical defects were noted or claimed. Vehicle 2 was equipped with a continuous
- 10 loop lap/shoulder restraint system. The restraint system was inspected and found to be
- 11 functioning properly. Additionally, the driver's side airbag had been deployed. Vehicle 2 was
- 12 towed from the crash scene at the owner's request by South Valley Towing.

14 **Physical Evidence**

15
16 Digital photographs were taken of the crash scene, involved vehicles, and physical evidence by
17 Sgt. J. Soto, ID 35189, using a Nikon D70S digital camera. The photographs were directly
18 downloaded to a non-rewritable compact disc (CD). The original CD was booked into evidence
19 at the South Sacramento Area Office.

21 **Other Factual Information**

22
23 The following CHP personnel were present or assisted at the crash scene:
24 Lieutenant M. Baldry, ID 32791
25 Sergeant J. Soto, ID 35189
26 Officer N. Doker, ID 38110
27 Officer T. McIntosh, ID 39130
28 Officer D. Elliot, ID 40196

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
N. DOKER 038110	11/28/2019		

ANNEX E

ON-DUTY EMERGENCY VEHICLE CRASH (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 13 of 18

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	INCIDENT NUMBER	OFFICER I.D. NUMBER	NUMBER
11/25/2019	2125	9252	038110	9252-2019-06789

1 The following Sacramento Sheriff's Department personnel were present at the crash scene:

2 Sergeant B. Irving, ID 459

3 Deputy A. Osborne, ID 765

4 Deputy L. Brier, ID 345

5

6 **STATEMENTS**

7

8 Party 1

9

10 On November 25, 2019, at 2150 hours, I conducted an interview of Party 1 (Collins) at the crash
11 scene. A summary of the interview follows:

12

13 Collins stated he was driving his F-150 on Folsom Boulevard eastbound at 35 to 40 mph. It was
14 approximately 9:00 or 9:30 p.m. and his destination was his residence on Longfellow Drive. He
15 was coming from a "get together" in the parking lot after work with some of his co-workers. He
16 was a little late getting home and was worried that his wife may be angry. He thought that his
17 worry may have been a distraction to him while driving home. He approached the intersection
18 with Gardenia Way and drove into the left turn lane. There was an SUV traveling westbound on
19 Folsom Boulevard, so he stopped to let it pass. The SUV passed and he saw the police car
20 (Vehicle 2) traveling westbound on Folsom Boulevard. He thought the police car was in the
21 middle lane. He saw that the emergency lights on the police car were activated. He described
22 overhead flashing red and blue lights, and flashing headlights. He stated he was not sure if the
23 siren was activated. He saw the police car approaching but thought that he could make the left
24 turn before it arrived.

25

26 Collins stated he started to make the left turn, realized it was "going to be close" and "punched it."
27 He thought the police car "had to be going really fast" because he thought he could make the turn
28 and "then it (the police car) was right there." The police car then hit the right side of his truck.
29 Collins thought the police car was "about at the second street light" (measured using a roll meter

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
N. DOKER 038110	11/28/2019		

ANNEX E

ON-DUTY EMERGENCY VEHICLE CRASH (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 14 of 18

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	INCIDENT NUMBER	OFFICER I.D. NUMBER	NUMBER
11/25/2019	2125	9252	038110	9252-2019-06789

1 to approximately 200 feet) when he started to turn left. After the crash, Collins said he was
 2 approached by the officer. He told the officer he was "okay." Collins got out of his truck and
 3 walked over to the northwest corner of the intersection. Collins stated he drank two beers with
 4 his co-workers when he "first got there" but had stopped drinking "at least an hour before he
 5 started driving home." He stated he did not have any mechanical problems with his F-150 prior
 6 to the crash and that he was wearing his seat belt at the time of the crash. He stated he was
 7 feeling pain in his lower back, neck, and head but he did not want emergency medical services.

8
 9 Party 2

10
 11 *On November 25, 2019, at 2205 hours, I conducted an interview of Party 2 (Deputy Ellinger) at*
 12 *the crash scene. A summary of the interview follows:*

13
 14 Deputy Ellinger stated he was traveling westbound on Folsom Boulevard at about 50 mph. He
 15 was in the #2 lane. He was responding to assist another deputy on an assault call and, due to
 16 the nature of the call, was "running with all lights and siren." He described the lights activated to
 17 the front of his vehicle as overhead red and blue lights, "wig wag" headlights, and strobe lights on
 18 the left and right side mirrors and behind the grille. He was approaching Gardenia Way and saw
 19 a blue Ford F-150 (Vehicle 1) eastbound on Folsom Boulevard in the left turn lane. He took his
 20 right foot off the accelerator and thought he started to lightly brake but saw that Vehicle 1 was
 21 stopped so he continued westbound. "Suddenly" Vehicle 1 started to turn left "right in front" of
 22 him. He "slammed on the brakes" and steered to the right. He stated he felt the ABS engage.
 23 He could not avoid Vehicle 1 and the front of his vehicle hit the right side of it. He got out of his
 24 patrol vehicle and immediately radioed dispatch to contact his supervisor and the CHP. He
 25 checked on the driver of Vehicle 1 (Party 1, Collins) who advised him he was okay and wanted to
 26 get out of Vehicle 1. Party 1 walked over to the northwest corner of the intersection. He stated
 27 there was traffic backing up on Folsom Boulevard, so he started to try and clear it. He was only
 28 there for a minute or two when the CHP and his sergeant arrived. He was relieved by a CHP
 29 officer and he walked to the northeast corner of the intersection. Deputy Ellinger stated he

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
N. DOKER 038110	11/28/2019		

ANNEX E

ON-DUTY EMERGENCY VEHICLE CRASH (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 15 of 18

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
11/25/2019	2125	9252	038110	9252-2019-06789

1 checked his patrol vehicle prior to starting his work shift and there were no deficiencies. He was
 2 wearing his seat belt and the air bag deployed. Deputy Ellinger stated he felt he received the
 3 abrasions to his arms from the air bag deployment and that he had pain in his neck and head.
 4 Deputy Ellinger declined emergency medical services and said that his sergeant would take him
 5 to "get checked out."

6

7 Witness 1

8

9 *On November 25, 2019, at 2145 hours, I contacted Witness 1 (Flores) at the crash scene. He*
 10 *stated he was willing to be a witness to the crash; however, he could not wait at the scene.*

11 *Witness 1 agreed to meet with me the next day at his residence. On November 26, 2019, at*
 12 *1400 hours, I conducted an interview of Witness 1 at his residence, 7316 Payette Drive, Rancho*
 13 *Cordova, CA. A summary of the interview follows.*

14

15 Flores stated that at approximately 9:30 p.m. the previous evening, he was driving eastbound on
 16 Folsom Boulevard, in the left lane approaching Gardenia Way. He must have been "some
 17 distance behind the truck" (Vehicle 1) but didn't really notice it until he started to move into the left
 18 turn lane and saw that Vehicle 1 was stopped ahead. He saw a vehicle westbound pass their
 19 location and then he heard the siren. He looked towards westbound traffic on Folsom Boulevard
 20 and saw the patrol car (Vehicle 2) approaching in the middle lane. He saw that the patrol car had
 21 the emergency lights activated and was approaching at "about 50 mph." He described the
 22 emergency lights as "top mounted red and blue lights." He stated that the overhead lights as well
 23 as the headlights were "flashing." As he came to a stop behind Vehicle 1, he saw the truck
 24 "suddenly bolt forward." He estimated that the patrol car was "a couple of hundred feet away
 25 from them" when the truck accelerated. He stated he "couldn't believe the truck was trying to turn
 26 left in front of the patrol car." He saw the patrol car hit the right side of the truck. He saw the
 27 officer (Party 2) get out of the patrol car and run over to the driver of the truck (Party 1). Party 1
 28 then got out of the truck and walked over to the northwest corner of the intersection. The officer
 29 started directing traffic and he drove his car around the east side of the two vehicles. He

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
N. DOKER 038110	11/28/2019		

ANNEX E

ON-DUTY EMERGENCY VEHICLE CRASH (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 16 of 18

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	INCIDENT NUMBER	OFFICER I.D. NUMBER	NUMBER
11/25/2019	2125	9252	038110	9252-2019-06789

1 completed a left turn onto Gardenia Way and pulled over. He got out of his car and walked over
 2 to Party 1 still standing at the northwest corner. He was talking to Party 1 and Party 1 told him
 3 that his wife was going to be "really mad at him now." Party 1 told him that he was "already late
 4 and now was in an accident with a police car."

5

6 Witness 2

7

8 *On November 25, 2019, at 2220 hours, I conducted an interview of Witness 2 (Miller) at the crash*
 9 *scene. A summary of the interview follows:*

10

11 Miller stated she was walking to her car in the Safeway parking lot at the northeast corner of
 12 Folsom Boulevard and Gardenia Way. She heard a police siren and looked east "towards the
 13 sound." She saw a police car (Vehicle 2) traveling westbound on Folsom Boulevard with the
 14 emergency lights and siren activated. She described the emergency lights as overhead "flashing
 15 blue and red" lights and "flashing" headlights. She estimated the speed of the police car as "not
 16 quite freeway speed but a little faster than regular traffic," but could not apply a number. She was
 17 looking at the police car as it passed her location, "watching to see where the police car was
 18 going" when she saw the crash. She heard the "smashing metal sound" and saw "smoke." She
 19 did not see where the truck (Vehicle 1) came from but thought it must have turned left by the way
 20 the crash happened. She saw the officer (Party 2) get out of the patrol vehicle, run around the
 21 back of the F-150, and check on the driver (Party 1). She saw Party 1 get out of the truck and
 22 walk over to the northwest corner of the intersection. She put her groceries in her car and walked
 23 over to the two vehicles to "see if she could help." The officer (Party 2) was directing traffic
 24 around the two vehicles which were still in the intersection. Within "just a minute or two" she saw
 25 the CHP arrive on scene. She recalled that the vehicles were not moved. She did not see any
 26 other police cars in the area prior to seeing Vehicle 2.

27

28

29

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
N. DOKER 038110	11/28/2019		

ANNEX E

ON-DUTY EMERGENCY VEHICLE CRASH (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 17 of 18

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
11/25/2019	2125	9252	038110	9252-2019-06789

1 **OPINIONS AND CONCLUSIONS**

2

3 **Summary**

4

5 Party 1 (Collins) was driving Vehicle 1 (Ford, F-150) on Folsom Boulevard eastbound, at 35 to 40
6 mph. It was Collins' intention to turn left at Gardenia Way. As Collins approached Gardenia
7 Way, he steered into the left turn lane. Due to an oncoming vehicle, Collins stopped Vehicle 1 in
8 the left turn lane at Gardenia Way. Party 2 (Deputy Ellinger) was driving Vehicle 2 (Dodge,
9 Charger) on Folsom Boulevard westbound, in the #2 lane, at 50 mph. Deputy Ellinger was
10 responding to an emergency call and had all emergency lights and siren activated. As Vehicle 2
11 approached Vehicle 1, Collins initiated the left turn by rapidly accelerating Vehicle 1 in a northerly
12 direction and directly into the path of the approaching patrol vehicle (Vehicle 2). Deputy Ellinger
13 aggressively applied the brakes and steered to the right. Vehicle 2 decelerated; however,
14 continued westbound and struck the right side of Vehicle 1. The impact caused Vehicle 1 to be
15 redirected in a westerly direction. Vehicle 2 was redirected in a northwesterly direction. Vehicle
16 1 came to rest on its wheels, facing a northerly direction, blocking the #1 and #2 westbound lanes
17 of Folsom Boulevard within the intersection of Gardenia Way. Vehicle 2 came to rest on its
18 wheels, facing a westerly direction, blocking the #2 westbound lane of Folsom Boulevard within
19 the intersection of Gardenia Way. Both parties exited their respective vehicles. Both vehicles
20 were towed from the crash scene.

21

22 **Area of Impact**

23

24 The damage to the involved vehicles and the physical evidence at the crash scene determined
25 the area of impact. The Area of Impact (Vehicle 1 vs. Vehicle 2) was located approximately 10
26 feet west of the east curb line prolongation of Gardenia Way and 17 feet south of the north curb
27 line prolongation of Folsom Boulevard.

28

29

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
N. DOKER 038110	11/28/2019		

ANNEX E

ON-DUTY EMERGENCY VEHICLE CRASH (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 18 of 18

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
11/25/2019	2125	9252	038110	9252-2019-06789

1 **Intoxication Narrative**

2

3 Upon contacting Party 1 (Collins), I noticed the odor of an alcoholic beverage on his breath. I
4 asked Collins if he'd been drinking. Collins stated that he'd consumed two beers earlier in the
5 evening and had stopped drinking "at least an hour before he started driving home." I asked
6 Collins to perform a series of Field Sobriety Tests which he did. Collins was determined not to be
7 under the influence and was not arrested.

8

9 **Cause**

10

11 Party 1 (Collins) caused this crash by driving in violation of CVC Section 21801(a) – Failure to
12 yield right-of-way while making a left turn. Collins initiated his left turn and accelerated Vehicle 1
13 directly into the path of Vehicle 2 while Vehicle 2 was approaching at a speed and from a
14 distance close enough to constitute an immediate hazard. This cause is based on physical
15 evidence at the crash scene, the damage to the involved vehicles, and the independent
16 statements obtained.

17

18 **RECOMMENDATIONS**

19

20 None.

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
N. DOKER 038110	11/28/2019		

ANNEX F

FATAL CRASH WITH FELONY PROSECUTION

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL TRAFFIC CRASH REPORT CHP 555 Page 1 (Rev. 3-20) OPI 060 Page 1 of 22													
SPECIAL CONDITIONS FATAL		NUMBER INJURED 2		LET & RUN FELONY <input type="checkbox"/>		CITY UNINCORPORATED		JUDICIAL DISTRICT SACRAMENTO		LOCAL REPORT NUMBER 9252-2019-08888			
NUMBER VEHICLES 1		LET & RUN MISDEMEANOR <input type="checkbox"/>		COUNTY SACRAMENTO		REPORTING DISTRICT 071		SEAT 071		DAY OF WEEK S M T W T F S			
TOWAWAY <input type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER ID 9252		OFFICER ID 042564		PHOTOGRAPHS BY: <input type="checkbox"/> NONE		PHOTOGRAPHS BY: F. ZHANG 42564					
LOCATION	CRASH OCCURRED ON 47TH AVENUE					MO. DAY YEAR 11/10/2019		TIME (2400) 0135		NOC# 9252			
	MILEPOST INFORMATION					GPS COORDINATES LATITUDE 38.51038 LONGITUDE -121.44561							
	FEETMILES OF <input checked="" type="checkbox"/> AT INTERSECTION WITH STEINER DRIVE					STATE HWY REL. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
	OR: FEETMILES OF												
PARTY 1		DRIVER'S LICENSE NUMBER A1234567 (SUSP)(ID)		STATE CA		CLASS U		AIR BAG P		SAFETY EQUIP. H			
VEH. YEAR 1984		MAKE/MODEL/COLOR TOYOTA XCAB P-UP WHT		LICENSE NUMBER 6L53749		STATE CA							
DRIVER NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> JAMES ADAM BROWNING		STREET ADDRESS 106 ELM COURT, APT. C		CITY/STATE/ZIP SACRAMENTO CA 95823		DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		HELP U TOWING (916) 555-1234					
PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		HOME PHONE (916) 555-4567		BUSINESS PHONE NONE		VEHICLE IDENTIFICATION NUMBER: 22		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER			
INSURANCE CARRIER GEICO		POLICY NUMBER ABC123-CB-4		DIR OF TRAVEL W		ON STREET OR HIGHWAY 47TH AVENUE		LANE 2		THRU LANE 2			
TOTAL LANE 3		SPEED LIMIT 45		VEH. YEAR 1984		MAKE/MODEL/COLOR TOYOTA XCAB P-UP WHT		LICENSE NUMBER 6L53749		STATE CA			
PARTY 2		DRIVER'S LICENSE NUMBER		STATE		CLASS		AIR BAG		SAFETY EQUIP.			
DRIVER NAME (FIRST, MIDDLE, LAST)		STREET ADDRESS		CITY/STATE/ZIP		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE					
HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:		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			
INSURANCE CARRIER		POLICY NUMBER		DIR OF TRAVEL		ON STREET OR HIGHWAY		LANE		THRU LANE			
TOTAL LANE		SPEED LIMIT		VEH. YEAR		MAKE/MODEL/COLOR		LICENSE NUMBER		STATE			
PARTY 3		DRIVER'S LICENSE NUMBER		STATE		CLASS		AIR BAG		SAFETY EQUIP.			
DRIVER NAME (FIRST, MIDDLE, LAST)		STREET ADDRESS		CITY/STATE/ZIP		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE					
HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:		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			
INSURANCE CARRIER		POLICY NUMBER		DIR OF TRAVEL		ON STREET OR HIGHWAY		LANE		THRU LANE			
TOTAL LANE		SPEED LIMIT		VEH. YEAR		MAKE/MODEL/COLOR		LICENSE NUMBER		STATE			
PREPARED BY F. ZHANG 042564				DISPATCH NOTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA				REVIEWER'S NAME				DATE REVIEWED	

An Internationally Accredited Agency Destroy Previous Editions Chp555_0320.pdf

ANNEX F

FATAL CRASH WITH FELONY PROSECUTION (continued)

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
TRAFFIC CRASH CODING
CHP 555 Page 2 (Rev. 3-20) OPI 060

Page 2 of 22

DATE OF CRASH (MO, DAY, YEAR) 11/10/2019	TIME (2400) 0135	NCIC # 9252	OFFICER ID 042564	NUMBER 9252-2019-08888	
PROPERTY DAMAGE		OWNER'S NAME SACRAMENTO COUNTY	OWNER'S ADDRESS 655 SACTO WAY, SACRAMENTO CA 95811		
PERSON NOTIFIED		<input type="checkbox"/> SAME AS OWNER	TELEPHONE NUMBER		METHOD OF NOTIFICATION (MARK ALL THAT APPLY) <input type="checkbox"/> IN PERSON <input type="checkbox"/> PHONE <input checked="" type="checkbox"/> DISPATCH <input checked="" type="checkbox"/> CHP 422
LOG / INCIDENT NUMBER 0243D10102011					
DESCRIPTION OF DAMAGE DENTS, SCUFFING AND PAINT TRANSFER TO TRAFFIC SIGNAL POLE					

SEATING POSITION	OCCUPANTS	SAFETY EQUIPMENT	AIR BAG	INATTENTION CODES
A 1 TO 9 - STANDARD SEATING POSITION 10 - REAR OCC. TRK. VAN, STATION WAGON, ETC.* 11 - POSITION UNKNOWN* 0 - OTHER*	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 P - NOT REQUIRED	Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE M / BICYCLE - HELMET DRIVER PASSENGER V - NO X - NO W - YES Y - YES	B - UNKNOWN L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	A - CELL PHONE HANDHELD B - CELL PHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONAL HYGIENE J - READING K - OTHER

ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY CRASH FACTOR LIST NUMBER (W/ OF PARTY AT FAULT)	TRAFFIC CONTROL DEVICES	1	2	3	VEHICLE AUTOMATION LEVEL	1	2	3	MOVEMENT PRECEDING CRASH
1 A 23152(A)	A CONTROLS FUNCTIONING				A SAE LEVEL = 0				A STOPPED
	B CONTROLS NOT FUNCTIONING*				B SAE LEVEL = 1				B PROCEEDING STRAIGHT
	C CONTROLS OBSCURED				C SAE LEVEL = 2				C RAN OFF ROAD
	D NO CONTROLS PRESENT / FACTOR*				D SAE LEVEL = 3				D MAKING RIGHT TURN
					E SAE LEVEL = 4				E MAKING LEFT TURN
					F SAE LEVEL = 5				F MAKING U TURN
					G UNKNOWN*				G BACKING
									H SLOWING / STOPPING
									I PASSING OTHER VEHICLE
									J CHANGING LANES
									K PARKING MANEUVER
									L ENTERING TRAFFIC
									M OTHER UNSAFE TURNING
									N XING INTO OPPOSING LANE
									O PARKED
									P MERGING
									Q TRAVELING WRONG WAY
									R OTHER*
									S LANE SPLITTING
									T SOBRIETY / DRUG / PHYSICAL (MARK ALL THAT APPLY)
									A HAD NOT BEEN DRINKING
									B HBD - UNDER THE INFLUENCE
									C HBD - NOT UNDER INFLUENCE*
									D HBD - IMPAIRMENT UNKNOWN*
									E UNDER DRUG INFLUENCE*
									F DRE EXAM, CONDUCTED
									G STIMULANT
									H HALLUCINOGEN
									I DISSOCIATIVE ANESTHETICS
									J NARCOTIC ANALGESIC
									K INHALANT
									L CANNABIS
									M DEPRESSANT
									N IMPAIRMENT - PHYSICAL*
									O IMPAIRMENT NOT KNOWN
									P H NOT APPLICABLE
									Q SLEEPY / FATIGUED*

ROADWAY SURFACE

A DRY

B WET

C SNOWY - ICY

D SLIPPERY (MUDDY, OILY, ETC.)

ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)

A HOLES, DEEP RUT*

B LOOSE MATERIAL ON ROADWAY*

C OBSTRUCTION ON ROADWAY*

D CONSTRUCTION - REPAIR ZONE

E REDUCED ROADWAY WIDTH

F FLOODED*

G OTHER*

H NO UNUSUAL CONDITIONS

PEDESTRIAN'S ACTIONS

A NO PEDESTRIANS INVOLVED

B CROSSING IN CROSSWALK - AT INTERSECTION

C CROSSING IN CROSSWALK - NOT AT INTERSECTION

D CROSSING - NOT IN CROSSWALK

E IN ROAD - INCLUDES SHOULDER

F NOT IN ROAD

G APPROACHING / LEAVING SCHOOL BUS

SKETCH

FOR SKETCH DIAGRAM, SEE PAGE 5


INDICATE NORTH

MISCELLANEOUS

1	2	3	SPECIAL INFORMATION
			A HAZARDOUS MATERIAL
			B CELL PHONE HANDHELD IN USE
			C CELL PHONE HANDSFREE IN USE
			D CELL PHONE NOT IN USE
			E CELL PHONE USE UNKNOWN
			F SCHOOL BUS RELATED
			G BIKEWAY FACILITY
			A SHARED ROADWAY
			B CLASS I - BIKE PATH*
			C CLASS II - BIKE LANE*
			D CLASS III - BIKE ROUTE*
			E CLASS IV - SEPARATED BIKEWAY*

ANNEX F

FATAL CRASH WITH FELONY PROSECUTION (continued)

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
INJURED / WITNESS / PASSENGERS
CHP 555 Page 3 (Rev. 3-20) OPI 060  Page 3 of 22

DATE OF CRASH (MO. DAY YEAR)		TIME (24HR)	NOI#	OFFICER ID	NUMBER												
11/10/2019		0135	9252	042564	9252-2019-08888												
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)		INJURED WAS ("X" ONE)		PARTY NUMBER	SEAT POS	AIR BAG	SAFETY SEBELT	EJECTED					
<input type="checkbox"/>	<input type="checkbox"/>	34	M	<input checked="" type="checkbox"/> FATAL INJURY	<input type="checkbox"/> SUSPECTED SERIOUS INJURY	<input type="checkbox"/> SUSPECTED MINOR INJURY	<input type="checkbox"/> POSSIBLE INJURY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	3	P	H	0
NAME / D.O.B. / ADDRESS											TELEPHONE						
MICHAEL JOHN BROAD (07/04/1985) 7625 ALACANTE WAY SACRAMENTO CA 95823											(916) 555-5678						
(INJURED ONLY) TRANSPORTED BY:						EMS RUN NUMBER:		TAKEN TO:									
SACRAMENTO COUNTY CORONER'S								SACRAMENTO COUNTY MORGUE									
DESCRIBE INJURIES																	
SUSTAINED FATAL INJURIES (REFER TO NARRATIVE)																	
PRONOUNCED DECEASED AT THE SCENE BY AMR PARAMEDIC B. JONES AT 0150 HOURS.																	
CORONER'S CASE #2011-999 <input checked="" type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/>	<input type="checkbox"/>	35	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	P	H	0
NAME / D.O.B. / ADDRESS											TELEPHONE						
JAMES ADAM BROWNING (01/01/1984) 106 ELM COURT, APT. C SACRAMENTO CA 95823											(916) 555-4567						
(INJURED ONLY) TRANSPORTED BY:						EMS RUN NUMBER:		TAKEN TO:									
AMR AMBULANCE						11-123456		SACRAMENTO MEDICAL CENTER									
DESCRIBE INJURIES																	
CONTUSIONS TO BOTH KNEES AND A CIRCUMFERENTIAL CONTUSION TO HIS CHEST																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/>	<input type="checkbox"/>	32	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	4	P	D	0
NAME / D.O.B. / ADDRESS											TELEPHONE						
RICHARD GENE HENRY (04/01/1987) 945 MELBORN STREET SACRAMENTO CA 95823											(916) 555-6789						
(INJURED ONLY) TRANSPORTED BY:						EMS RUN NUMBER:		TAKEN TO:									
AMR AMBULANCE						11-123457		SACRAMENTO MEDICAL CENTER									
DESCRIBE INJURIES																	
COMPLAINT OF PAIN TO HIS NECK AND BACK																	
<input checked="" type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	52	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											TELEPHONE						
PHILIP ALAN JUNG (11/11/1966) 9595 STEINER DRIVE SACRAMENTO CA 95823											(916) 555-7890						
(INJURED ONLY) TRANSPORTED BY:						EMS RUN NUMBER:		TAKEN TO:									
DESCRIBE INJURIES																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input checked="" type="checkbox"/>	<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"/>					
NAME / D.O.B. / ADDRESS											TELEPHONE						
PAUL ROLAND (05/20/1977) 1258 STACEY STREET SACRAMENTO CA 95808											(916) 555-8952						
(INJURED ONLY) TRANSPORTED BY:						EMS RUN NUMBER:		TAKEN TO:									
DESCRIBE INJURIES																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	43	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											TELEPHONE						
HANK ANDREW REDMAN (04/15/1976) 8986 CHARDONNA Y CIRCLE SACRAMENTO CA 95823											(916) 555-8901						
(INJURED ONLY) TRANSPORTED BY:						EMS RUN NUMBER:		TAKEN TO:									
DESCRIBE INJURIES																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
PREPARED BY NAME		ID NUMBER		MO. DAY YEAR		REVIEWER'S NAME		MO. DAY YEAR									
F. ZHANG		042564		11/12/2019													

An Internationally Accredited Agency Destroy Previous Editions Chp555_0320.pdf

ANNEX F

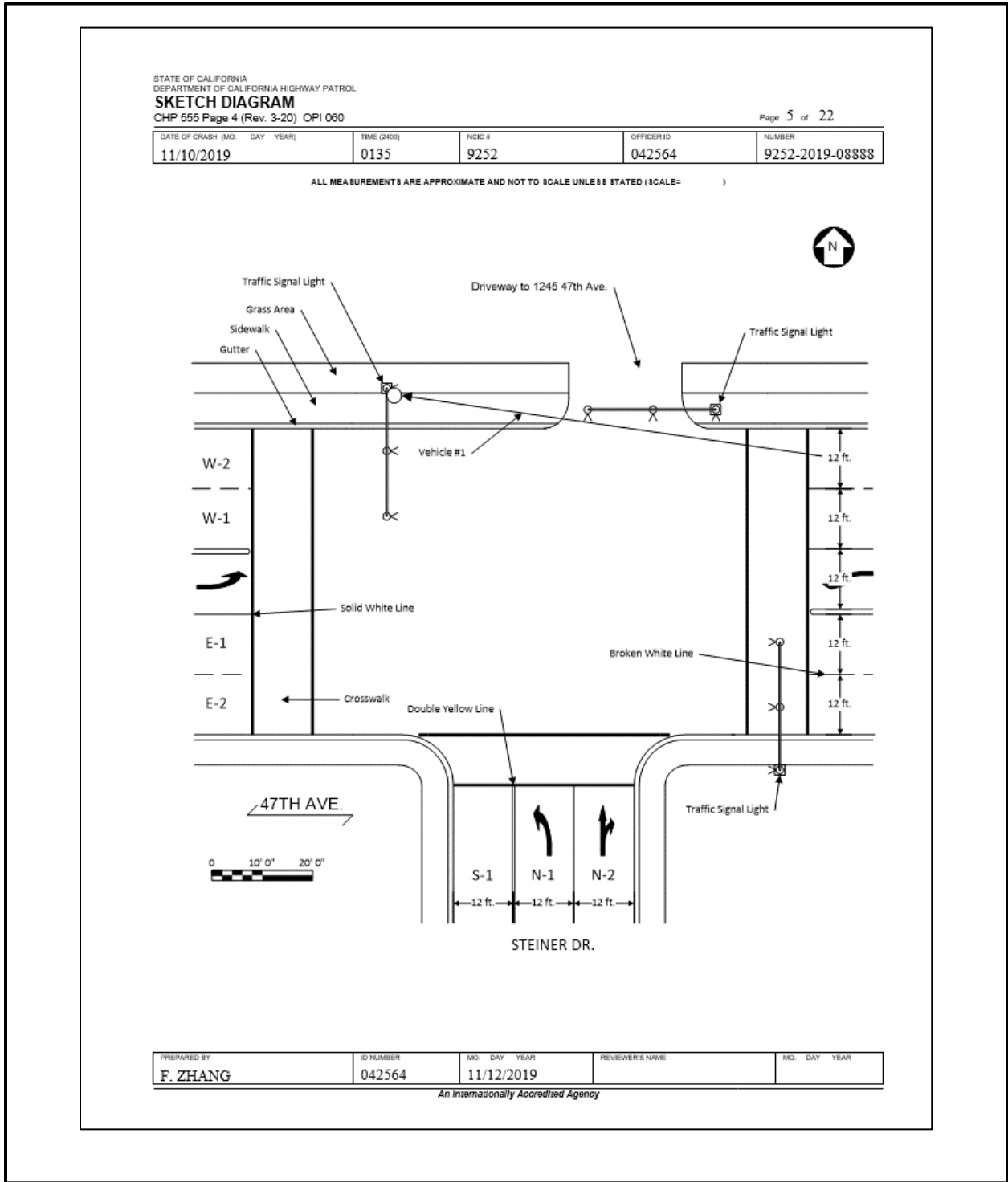
FATAL CRASH WITH FELONY PROSECUTION (continued)

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL INJURED / WITNESS / PASSENGERS CHP 555 Page 3 (Rev. 3-20) OPI 060													Page 4 of 22					
DATE OF CRASH (MO. DAY YEAR)				TIME (2400)	NOC #				OFFICER ID			NUMBER						
11/10/2019				0135	9252				042564			9252-2019-08888						
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY SEATBELT	EJECTED	
				FATAL INJURY	SUSPECTED SERIOUS INJURY	SUSPECTED MINOR INJURY	POSSIBLE INJURY	DRIVER	PASS.	PED.	BICYCLIST	OTHER						OVER
<input checked="" type="checkbox"/> # 4	<input type="checkbox"/>	36	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"/>					
NAME / D.O.B. / ADDRESS MARY ANN BECKMAN (10/31/1983) 2525 EL CAMINO REAL SACRAMENTO CA 95691												TELEPHONE (916) 555-9012						
(INJURED ONLY) TRANSPORTED BY:				EMS RUN NUMBER:				TAKEN TO:										
DESCRIBE INJURIES																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
<input checked="" type="checkbox"/> # 5	<input type="checkbox"/>	41	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"/>					
NAME / D.O.B. / ADDRESS EVAN SCOTT SCRIBBLE (12/25/1977) 49 CHAMPION CIRCLE WEST SACRAMENTO CA 95691												TELEPHONE (916) 555-5309						
(INJURED ONLY) TRANSPORTED BY:				EMS RUN NUMBER:				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"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS												TELEPHONE						
(INJURED ONLY) TRANSPORTED BY:				EMS RUN NUMBER:				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"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS												TELEPHONE						
(INJURED ONLY) TRANSPORTED BY:				EMS RUN NUMBER:				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"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS												TELEPHONE						
(INJURED ONLY) TRANSPORTED BY:				EMS RUN NUMBER:				TAKEN TO:										
DESCRIBE INJURIES																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
PREPARED BY NAME F. ZHANG				ID NUMBER 042564				MO. DAY YEAR 11/12/2019				REVIEWER'S NAME				MO. DAY YEAR		

An Internationally Accredited Agency
Chp555_0320.pdf
Destroy Previous Editions

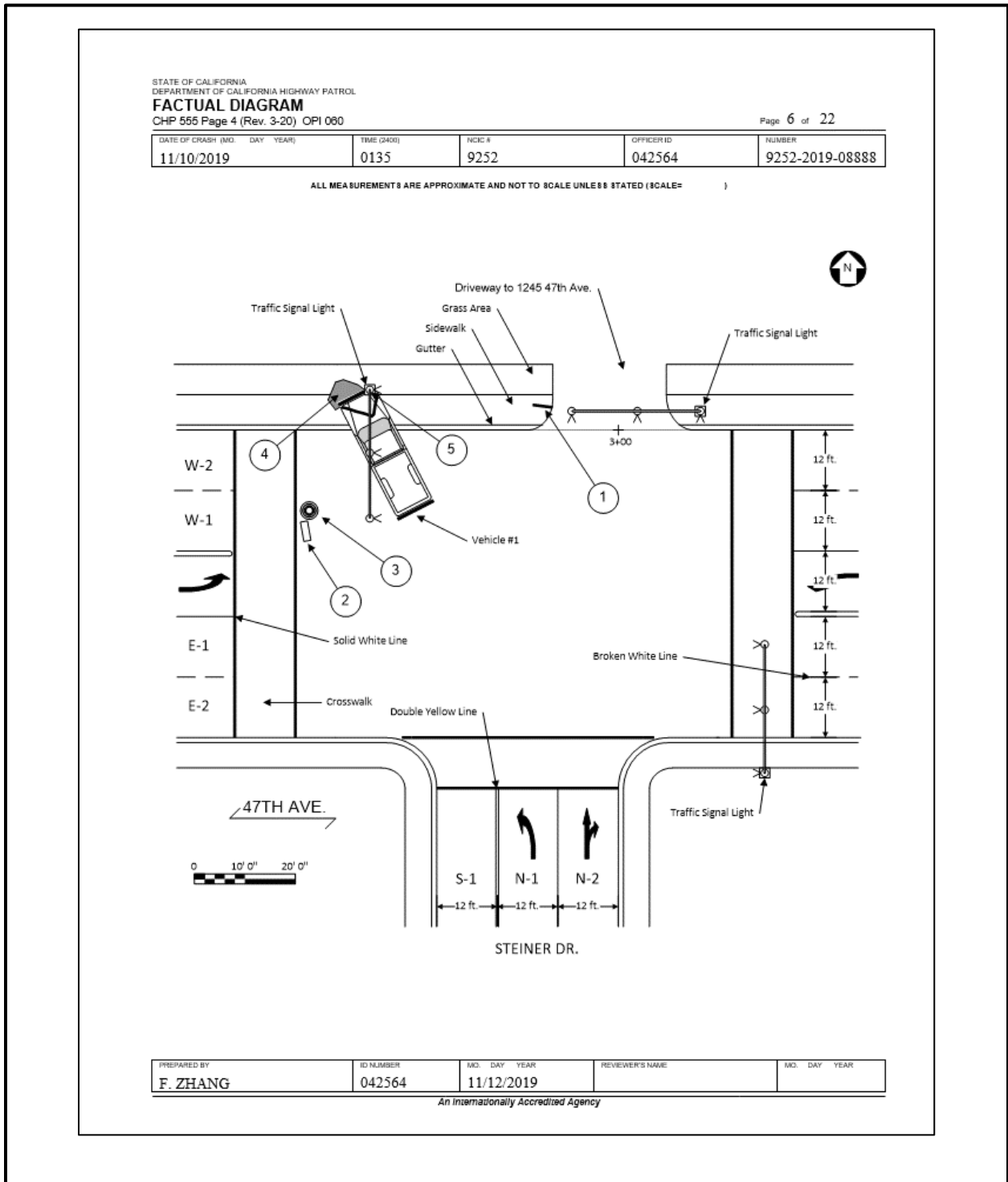
ANNEX F

FATAL CRASH WITH FELONY PROSECUTION (continued)



ANNEX F

FATAL CRASH WITH FELONY PROSECUTION (continued)



ANNEX F

FATAL CRASH WITH FELONY PROSECUTION (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 7 of 22

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
11/10/2019	0135	9252	042564	9252-2019-08888

1 **FACTUAL DIAGRAM LEGEND**

2

3 **Station Line Description**

4 A station line was established at the crash scene along the north roadway edge (seam between
5 the asphalt concrete W-2 lane and the concrete rolled gutter) of 47th Avenue. The station line
6 was created using a 300 foot fiberglass tape. Station 3+00 was established at the east roadway
7 edge prolongation of Steiner Drive. Station measurements increased to the west. Offset
8 measurements were taken perpendicular to and left or right of the station line using a 25 foot steel
9 tape. Measurements were recorded in feet and tenths of feet.

10

11 **Physical Evidence Descriptions and Locations**

12

Item #	Description	Station	Offset
1	A tire scuff mark approximately 4 feet in length and 0.6 feet in width.	Begin 3+13.0 End 3+17.1	4.5 R 5.0 R
2	A Metal tool box ejected from the truck bed of Vehicle #1.	N/W corner 3+63.5 S/E corner 3+61.5	18.1 L 21.5 L
3	A 3.5 foot diameter coil of air hose	Center 3+60.5	15.9 L
4	A puddle of radiator fluid and motor oil, approximately 6 feet in width.	West end 3+56.9 East end 3+48.2	6.1 R 5.8 R
5	Face of damaged traffic signal light pole	3+49.0	7.0 R
V-1	Right front tire	3+47.1	4.5 R
V-1	Right rear tire	3+40.0	8.5 L

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
F. ZHANG 042564	11/12/2019		

ANNEX F

FATAL CRASH WITH FELONY PROSECUTION (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 8 of 22

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	INCIDENT NUMBER	OFFICER I.D. NUMBER	NUMBER
11/10/2019	0135	9252	042564	9252-2019-08888

1 **FACTS**

2

3 **Notification**

4 While on patrol as unit 112-71, Officer Garcia and I were dispatched to a crash with an ambulance
5 responding at 0140 hours. We responded from Stockton Boulevard at Perry Avenue and arrived
6 on the scene at 0151 hours. All times, speeds, and measurements contained in this report are
7 approximate. All measurements were obtained using steel and fiberglass tape measures.

8

9 **Scene Description**

10 This crash occurred just west of the intersection of 47th Avenue and Steiner Drive within the
11 unincorporated area of south Sacramento County.

12

13 47th Avenue in the area of the crash is a relatively straight, level, major multi-lane, east-west
14 aligned county road. There are two lanes for travel in each direction. There is a left turn lane for
15 eastbound traffic that provides access to the parking area of the First Baptist Church at 1245 47th
16 Avenue. The church driveway is located along the north roadway edge partially within the
17 prolongations of the intersection. There is a left turn lane for westbound traffic turning onto
18 southbound Steiner Drive. The left turn lanes are delineated by solid painted white lines. There
19 are raised concrete medians separating the eastbound and westbound lanes, east and west of the
20 intersection. The traffic lanes are constructed of asphalt/concrete. The eastbound and
21 westbound 1 and 2 lanes are separated by broken painted white lines. There are raised concrete
22 sidewalks bordering both the north and south roadway edges. Rolled concrete gutters separate
23 the asphalt/concrete lanes from the raised sidewalks.

24

25 Steiner Drive in the area of the crash is a relatively straight, level, north-south aligned county road
26 that provides access from 47th Avenue to the Lincoln Heights neighborhood of Sacramento
27 County. There is one lane for southbound travel. There is a northbound lane designated for
28 through and right turn traffic and a northbound left turn lane for traffic turning west onto 47th
29 Avenue. The north and southbound lanes are separated by painted solid double yellow lines.

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
F. ZHANG 042564	11/12/2019		

ANNEX F

FATAL CRASH WITH FELONY PROSECUTION (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 9 of 22

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	INCIDENT NUMBER	OFFICER I.D. NUMBER	NUMBER
11/10/2019	0135	9252	042564	9252-2019-08888

1 The left turn lane is delineated by a solid painted white line. The roadway is constructed of
2 asphalt/concrete. There are rolled concrete gutters and raised concrete sidewalks bordering both
3 the east and west roadway edges.

4
5 47th Avenue and Steiner Drive intersect at an approximate 90 degree angle in a "T" type
6 intersection with 47th Avenue being the through highway. Steiner Drive terminates at the south
7 edge of 47th Avenue. There are painted white lines designating crosswalks located along all
8 prolongations of the intersection. The intersection is controlled in all directions by official traffic
9 control signals. The traffic signal light phasing was observed for approximately 10 minutes after
10 Vehicle #1 (Toyota) was removed from the intersection and the signal timing and light illumination
11 appeared to be in proper working order. The weather was overcast and a light rain caused the
12 roadway surface to become wet. It was not raining when I arrived on the scene.

13
14 **Parties**

15 Driver #1 (Browning) was located in an American Medical Response (AMR) ambulance when I
16 arrived at the scene. He was later contacted at the Sacramento Medical Center (SMC) where he
17 was identified by a California Identification Card. Browning was established as the driver of
18 Vehicle #1 (Toyota) at the time of the crash by his sustained injury pattern and statements.
19 Browning sustained injuries consisting of contusions to both knees and a circumferential contusion
20 to his chest. Driver #1's injuries were photographed.

21
22 Vehicle #1 (Toyota extra-cab pickup) was found at rest on its wheels facing a northwesterly
23 direction as shown on the factual diagram. Vehicle #1 sustained major damage as a result of the
24 crash. Its front structure was displaced rearward in a "V" shaped pattern consistent with a pole
25 strike. The "V" shaped vertex was aligned just to the right of the vehicle's midline. The front
26 bumper was displaced rearward approximately two feet with contact damage extending laterally to
27 one foot on both the left and right sides of the area of maximum intrusion. Corresponding contact
28 damage was noted to the hood and radiator as they were both displaced rearward. The vehicle's
29 engine was displaced from its mounts and was shifted to the vehicle's left side.

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
F. ZHANG 042564	11/12/2019		

ANNEX F

FATAL CRASH WITH FELONY PROSECUTION (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 10 of 22

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	INCIDENT NUMBER	OFFICER I.D. NUMBER	NUMBER
11/10/2019	0135	9252	042564	9252-2019-08888



1

2

3 The windshield was shattered with the fracture originating from a position near its midline at the
4 leading edge. Induced damage was found to both fenders as their leading edges were turned
5 inward. The driver side door was jammed in a closed position. The passenger side door was
6 found in a full open position. Both door windows were found in a closed position. The rear sliding
7 window was found in an open position. The ignition key was located in the ignition. The knee
8 bolsters along both sides of the steering column were cracked and displaced forward. The
9 vehicle's steering wheel ring was bent forward at the six o'clock position and the steering column
10 was displaced up and forward. The vehicle's dash and glove box area, immediately forward of the
11 right side passenger seat, was displaced forward. No prior damage or defects were noted.

12

13 Physical Evidence

- 14 • Damage sustained to the front and interior of Vehicle #1
- 15 • Scuffing and blue and white paint transfer to the base of traffic signal pole
- 16 • Injuries to Driver #1 (Browning)
- 17 • Injuries to Passenger Henry
- 18 • Injuries to Passenger Broad

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
F. ZHANG 042564	11/12/2019		

ANNEX F

FATAL CRASH WITH FELONY PROSECUTION (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 11 of 22

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
11/10/2019	0135	9252	042564	9252-2019-08888

- 1 • Blood sample obtained from Driver #1 and placed into evidence at the Sacramento County
- 2 Main Jail Evidence Locker
- 3 • Digitally recorded statements of Browning; Henry; and Witnesses Jung, Roland, Redman,
- 4 Scribble, and Beckman contained on CD and placed into evidence at the CHP South
- 5 Sacramento Area Evidence Locker
- 6 • All photographs contained on CD and placed into evidence at the CHP South Sacramento
- 7 Area Evidence Locker

8

9 **Other Factual Information**

10 Passenger Henry fled from the scene immediately after the crash. He was found crouching

11 behind a dumpster at the service station located at 47th Avenue and Sampson Boulevard by

12 Officers Andersen and Nguyen. At the time he was located, Henry was wearing a white tee shirt

13 with a Harley Davidson motorcycle printed on the front and a blue baseball hat. He was

14 subsequently transported to the SMC via AMR ambulance where he was identified by a California

15 Identification Card. I contacted Henry at SMC and noted he did not display any visible injuries.

16 He complained of pain to his neck and back. I inspected his chest and legs for contusions,

17 abrasions and/or lacerations and found none. Those areas of his body were photographed.

18

19 Passenger Broad was found not wearing his seat belt seated in the right front passenger seat of

20 Vehicle #1. He was declared deceased at the scene by AMR Paramedic B. Jones at 0150 hours.

21 On December 10, 2019, beginning at 1000 hours, I attended the autopsy performed on Broad by

22 Dr. Stevens at the Sacramento County Morgue. Dr. Stevens noted the following injuries Broad

23 sustained as a result of the crash:

- 24 • Fractures to the right side ribs 4, 5, and 6
- 25 • Dicing lacerations to the right side of the face
- 26 • Complete transection of the spine at C6

27 Passenger Broad's injuries were photographed.

28

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
F. ZHANG 042564	11/12/2019		

ANNEX F

FATAL CRASH WITH FELONY PROSECUTION (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 12 of 22

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
11/10/2019	0135	9252	042564	9252-2019-08888

1 Driver #1's (Browning) privilege to drive was suspended twice with personal service by an officer,
2 and Driver #1 had been convicted of driving under the influence two times prior to this crash.
3 Browning was on probation and had completed a court-ordered DUI offender program.
4
5 The injury pattern Driver #1 displayed on his chest matched the damaged steering wheel pattern
6 on Vehicle #1. Comparison photographs were taken of the damaged steering wheel and the
7 injury pattern located on Driver #1's chest.

8

9 **STATEMENTS**

10

11 *Driver #1 (Browning): When I arrived at the SMC on November 10, 2019, at 0300 hours, I*
12 *observed Browning in Trauma Room 4. I observed his interaction with hospital staff for*
13 *approximately 10 minutes. He appeared lucid and was communicating with the hospital staff. I*
14 *then contacted Browning and obtained a digitally recorded statement. The following is a*
15 *summarization of the statement:*

16

17 Browning said he had been at a party with passengers Henry and Broad. The party was at the
18 house of a friend named Paul Roland. He was unsure what the address was, but knew it was on
19 Stacey Street. He drank several "Coors Light" brand beers during the three hours they spent at
20 the party. He could not say how many. They decided to leave to go to another party at a house
21 on Fruitridge Road. He was seated in the right front seat and Broad was driving. Henry was
22 seated in the rear extra cab section on the right side. The last thing he remembered was that they
23 were on 47th Avenue going from Stockton Boulevard toward Franklin Boulevard when Broad just
24 drove off the road and struck the pole. He managed to get out of the truck, but his chest hurt
25 "really bad" so he lied down on the grass and waited for help to come. He did not see Broad or
26 Henry after the crash. Browning said he owned the truck but let Broad drive because he had been
27 drinking. Browning stated that his Toyota did not suffer from any mechanical defects prior to the
28 crash. Browning was asked to identify persons at the party on Stacey Street and he said he only
29 knew Paul and gave a telephone number of 916-555-8952.

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
F. ZHANG 042564	11/12/2019		

ANNEX F

FATAL CRASH WITH FELONY PROSECUTION (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 13 of 22

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
11/10/2019	0135	9252	042564	9252-2019-08888

1 *Browning was asked a series of follow-up questions that revealed the following information:*

2

3 Browning purchased the Toyota truck in 2005 and it had never suffered from any mechanical
4 defects. Browning worked his regular eight-hour shift at Newtown grocery store as a clerk the day
5 prior to the crash and spent the remainder of the evening at home watching "American Idol." He
6 got up on the day of the crash at approximately 1000 hours and spent the morning watching
7 television. He cleaned his apartment during the afternoon hours. He called Henry and Broad at
8 about 1900 hours to see if they wanted to go to the party at Roland's house. They both said yes
9 and both met him at his apartment at about 2200 hours. They left his apartment at about 2215
10 hours and arrived at Roland's around 2220 hours. All three of them rode in Browning's Toyota
11 which he drove. Henry sat in the left rear jump seat and Broad rode in the right front passenger
12 seat. Browning was asked if he suffered from any medical conditions and he said no. Browning
13 said there were approximately five people at the party at Roland's house during the time they
14 were there.

15

16 *On November 10, 2019, at 1500 hours, I recontacted Browning at the Sacramento County Main*
17 *Jail for the purpose of conducting a follow-up interview and re-evaluating his injuries. The follow-*
18 *up interview was digitally recorded. Prior to commencing with the interview, Browning was*
19 *advised of his Miranda rights. Browning waived the Miranda rights and provided the following*
20 *summarized statement:*

21

22 Browning was confronted with the statement provided by Witness Roland, specifically, that Roland
23 observed Browning drive the Toyota when they left his residence immediately before the crash
24 occurred. Additionally, I advised Browning that his injury pattern was consistent with his being the
25 driver of the Toyota at the time of the crash and, given the impact forces, Broad could not have
26 been the driver. At that time Browning stated he was "feeling bad about the whole thing anyway"
27 and admitted that he had been the driver of the Toyota at the time of the crash. He said that he
28 must have drifted off the road but he did not remember why he would do that. He said he hit the
29 pole and then all he wanted to do was get out of the truck. His door was jammed so he climbed

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
F. ZHANG 042564	11/12/2019		

ANNEX F

FATAL CRASH WITH FELONY PROSECUTION (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 14 of 22

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	INCIDENT NUMBER	OFFICER I.D. NUMBER	NUMBER
11/10/2019	0135	9252	042564	9252-2019-08888

1 out the right side. He said he knew Broad was hurt but he figured help was on the way and his
 2 chest really hurt. He said he tried to avoid responsibility for the crash because he was recently
 3 arrested for driving under the influence and was on probation for the offense. He admitted to
 4 being arrested two times for driving under the influence during the past year. Browning stated he
 5 has an alcohol problem and knows he should be in a rehabilitation program. He conceded he'd
 6 recently completed a DUI offender program where they talked about the dangers of drinking and
 7 driving, specifically, that your ability to drive while intoxicated is severely diminished and the
 8 probability of causing a crash is much higher. Browning was asked if he realized he could hurt an
 9 innocent party by driving while under the influence and he stated "Yeah, look what happened to
 10 Mike." He was asked if he thought about that before he drove away from Witness Roland's house
 11 and he said yes, but that he thought he was okay to make it to the other party and did not want
 12 anyone else to drive his truck.

13

14 I examined Browning's chest and lower legs for signs of impact. I found a distinctly circular
 15 pattern of bruising to his upper chest. The ring of bruising was approximately 14 inches in
 16 diameter, equal the diameter of the Toyota's steering wheel ring. Additionally, there was bruising
 17 to both knees.

18

19 *Passenger Henry: While at SMC on November 10, 2019, I observed Henry in Trauma Room 7. I*
 20 *observed his interaction with hospital staff for approximately 10 minutes. He appeared lucid and*
 21 *was communicating with the hospital staff. I then contacted Henry and obtained a digitally*
 22 *recorded statement. The following is a summarization of the statement:*

23

24 Henry related that he received a telephone call from Browning (Driver #1) at around 1900 hours
 25 asking if he wanted to go to a party. He said yes and met Browning and Broad at Browning's
 26 apartment at about 2200 hours. He did not notice anything out of the ordinary with Browning and
 27 he appeared to be sober. He did not see Browning drink anything alcoholic while they were at his
 28 apartment. He and Broad arrived at the apartment at about the same time. They left Browning's
 29 apartment in Browning's Toyota pickup. He was a passenger in the left rear jump seat (directly

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
F. ZHANG 042564	11/12/2019		

ANNEX F

FATAL CRASH WITH FELONY PROSECUTION (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 15 of 22

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	INCIDENT NUMBER	OFFICER I.D. NUMBER	NUMBER
11/10/2019	0135	9252	042564	9252-2019-08888

1 behind the driver), Browning was driving and Broad sat in the right front seat. They went to the
2 party that was being held at Paul's (friend of Browning's) house. They arrived around 2230 hours.
3 Paul lived at an unknown address on Stacey Street. They stayed at the party for approximately
4 three hours during which time he consumed "about six Coors Light beers." He saw both Browning
5 and Broad also drinking Coors Light beer but he could not estimate how much. The party was
6 "dead" as there were only three or four other people at the house so the three of them decided to
7 go to another party being held at a house on Fruitridge Road. They left Paul's house in
8 Browning's Toyota at around 0100 hours. Henry could not be sure who was driving when they left
9 because he was "highly intoxicated." All he knew was that he was "scrunched" into the rear seat
10 behind the driver. He was not wearing a seat belt. In fact, he could not be sure if there was a
11 seat belt in the position where he was seated.

12

13 Henry said he recalled traveling on 47th Avenue when he heard the "sound" of the crash. He was
14 thrown forward, "jostled" around, and then the Toyota came to rest. He sat there for
15 approximately 30 seconds before he crawled out of the cab through the rear sliding window. He
16 saw Browning lying down on the grass but he did not see Broad. Henry ran from the scene
17 because he had been drinking and he didn't want to get into trouble. He ran down to the gas
18 station and hid behind the dumpster. That's where he was when the CHP found him.

19

20 *Witness Jung: Jung was contacted at the scene by Officer Garcia who obtained the following*
21 *statement:*

22

23 Jung related he was traveling eastbound on 47th Avenue approaching a red signal light at the
24 intersection of Steiner Drive. He saw the Toyota pickup (Vehicle #1) traveling westbound on 47th
25 Avenue approaching Steiner Drive. The Toyota was the only other vehicle on 47th Avenue
26 around the intersection at that time. Jung estimated the Toyota was traveling at approximately 50
27 miles per hour. Without warning, the Toyota veered off the north side of the roadway and struck
28 the signal pole. A "bunch of debris flew out" of the Toyota's bed and the vehicle "spun around."
29 When it came to rest there was smoke rising from the engine area. He saw a man get out of the

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
F. ZHANG 042564	11/12/2019		

ANNEX F

FATAL CRASH WITH FELONY PROSECUTION (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 16 of 22

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
11/10/2019	0135	9252	042564	9252-2019-08888

1 Toyota using the right front door. That man lied down on the grass area in front of the Toyota and
2 remained there until the ambulance arrived. Another man crawled out of the interior of the Toyota
3 using the rear sliding window. He could not tell where the man had been seated during the crash.
4 That man ran from the scene westbound on 47th Avenue.
5
6 Jung described the man who ran from the scene as a white male adult, approximately 30 years
7 old, five foot eight inches tall and approximately 180 pounds. The man was wearing a blue
8 baseball cap, a white tee shirt with some sort of design printed on the front and blue jeans. Jung
9 said he did not get a clear look at the fleeing man's face and he could not provide a hair color nor
10 could he identify the man. Jung was asked to describe the man he saw getting out of the Toyota
11 using the right side door. He said he talked to the man as he laid on the grass. He stayed with
12 him until the ambulance arrived. Jung then walked over to the AMR ambulance in which
13 Browning (Driver #1) was being treated, pointed to Browning and stated "that's him." Jung added
14 that he could smell alcohol on Browning's breath while they waited for the ambulance.
15
16 Witness Roland: I contacted Roland on November 10, 2019, at his home 1258 Stacey Street,
17 Sacramento, CA, at 0800 hours. A digitally recorded statement was obtained at that time. The
18 following is a summary of that statement:
19
20 Roland said that he had a small party at his residence last night (November 9, 2019). He recalled
21 that Browning (Driver #1) arrived at the party around 2200 hours accompanied by two friends he
22 did not know. Browning introduced them but he could not recall their names. He described one
23 as being a white male adult wearing a blue baseball cap and a white tee shirt with a Harley
24 Davidson motorcycle printed on the front. The second person was a white male adult about six
25 feet tall, weighed about 200 lbs., and was wearing a red flannel shirt and blue jeans. The party
26 had not really gotten started when they arrived. They stayed for about three hours, drank several
27 "Coors Light" beers and then left. Roland was asked to be more specific as to the amount of beer
28 each of the three consumed and he said he could not recall specifics. When they left they all
29 seemed "fine" meaning they were not intoxicated. After they left the only ones at the party were

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
F. ZHANG 042564	11/12/2019		

ANNEX F

FATAL CRASH WITH FELONY PROSECUTION (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 17 of 22

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	INCIDENT NUMBER	OFFICER I.D. NUMBER	NUMBER
11/10/2019	0135	9252	042564	9252-2019-08888

1 himself, Hank Redman, and Redman's girlfriend Mary Beckman. He recalled escorting Browning
2 out to the street when they left. The three got into Browning's Toyota. Browning drove, the guy
3 wearing the ball cap got into the jump seat behind Browning, and the third guy wearing the flannel
4 shirt was the right front passenger. Roland was asked if he knew of Browning's prior arrest history
5 for driving under the influence. Roland said he had talked often with Browning concerning his
6 tendency to drink and drive. Browning admitted he has had a few "close calls" while driving under
7 the influence. Roland said he told Browning "not to drive if he was drunk" when they left but
8 Browning insisted he was not intoxicated.

9

10 Witness Redman: Redman was contacted by telephone on November 10, 2019, at 1300 hours by
11 Officer Zhang. A digitally recorded statement was obtained from Redman at that time and is
12 summarized below:

13

14 Redman stated that he was present at Paul Roland's residence during the evening hours of
15 November 9, 2019. At approximately 2200 hours, Browning (Driver #1) arrived at the residence
16 accompanied by two friends whom he did not know. The friends were never introduced to him or
17 his girlfriend, Mary Beckman. He spoke briefly with Browning during the evening and observed
18 him consume "a few light beers." Redman could not estimate how much beer Browning's friends
19 consumed during their time at Roland's house, but he did see them each with a can of beer that
20 he saw them drinking out of. Redman said that Browning seemed a "little buzzed" when they left
21 but Browning told him that one of his friends was going to drive. Browning and his friends left
22 Paul's house around 0100 hours. He did not escort them to the street and did not see who was
23 driving the Toyota when they left.

24

25 Witness Beckman: Beckman was contacted by telephone on November 10, 2019, at 1030 hours
26 by Officer Garcia. A digitally recorded statement was obtained from Beckman at that time and is
27 summarized below:

28

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
F. ZHANG 042564	11/12/2019		

ANNEX F

FATAL CRASH WITH FELONY PROSECUTION (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 18 of 22

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
11/10/2019	0135	9252	042564	9252-2019-08888

1 Beckman was present at Roland’s house on November 9, 2019, during the evening hours. She
2 was there with her boyfriend (Witness Redman) and she did not know the host, Paul Roland. She
3 recalled that at around 2130 hours, three guys showed up at the house. They were all drinking
4 beer but she had no idea how much each had consumed. She was never introduced to them but
5 recalled one was wearing a red shirt and one was wearing a “Harley” tee shirt. She didn’t notice
6 anything out of the ordinary about their demeanor. They seemed fine and appeared sober when
7 they left at about 0100 hours.

8

9 *Witness Scribble:* Scribble is the paramedic that attended to Browning (Driver #1) during his on-
10 scene medical care and transport to SMC. Scribble was contacted by telephone on November 10,
11 2019, at 1900 hours, by Officer Zhang. A digitally recorded statement was obtained at that time
12 and is summarized below:

13

14 Scribble said that he attended to Browning (Driver #1) from the time he arrived at the scene of the
15 crash at 0145 hours, until he turned him over to the staff at the Sacramento Medical Center.

16 Scribble said that Browning spoke to him about his injuries but did not discuss details of the crash.
17 During their conversation he noticed an odor of an alcoholic beverage about his person. Scribble
18 described Browning as “drunk.” Browning admitted to Scribble that he had consumed three beers
19 before the crash.

20

21

22

23

24

25

26

27

28

29

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
F. ZHANG 042564	11/12/2019		

ANNEX F

FATAL CRASH WITH FELONY PROSECUTION (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 19 of 22

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
11/10/2019	0135	9252	042564	9252-2019-08888

1 **OPINIONS AND CONCLUSIONS**

2

3 **Summary**

4 Driver #1 (Browning) arrived at the home of Witness Roland on November 9, 2019, at
5 approximately 2200 hours. During that time he consumed a quantity of beer. He left Roland's
6 residence on November 10, 2019, at approximately 0115 hours with passengers Henry and Broad
7 in his Toyota pickup (Vehicle #1). When they left Roland's house Browning was driving,
8 Passenger Broad was seated in the right front seat and Passenger Henry was seated in the left
9 side jump seat directly behind the driver. The three were traveling to a residence on Fruitridge
10 Road. Browning drove directly from Roland's residence on Stacey Street toward their destination
11 on Fruitridge Road. Browning was driving westbound on 47th Avenue approaching the
12 intersection with Steiner Drive in the #2 lane at a speed estimated by Witness Jung as 50 miles
13 per hour which is consistent with the damage sustained to the front of the Toyota as a result of its
14 impact with the traffic signal light pole. Browning's judgment and ability to drive was impaired due
15 to his consumption of an alcoholic beverage.

16

17 As he entered the intersection with Steiner Drive, Browning allowed Vehicle #1 to veer to the right.
18 Vehicle #1 traveled off the north roadway edge, across the raised concrete sidewalk, and struck
19 the east face of the traffic signal light pole. At impact with the pole, all three unrestrained
20 occupants continued forward while Vehicle #1's forward motion was halted. Browning's chest
21 struck Vehicle #1's steering wheel ring while his knees struck the knee bolsters along both sides
22 of the steering column. The right front passenger (Broad) traveled forward and struck the dash
23 and windshield immediately forward of his seated position. Passenger Henry traveled forward and
24 struck the soft seat back of the driver's seat. The slight offset (right of center) nature of the impact
25 with the pole caused Vehicle #1 to rotate in a clockwise direction. After yawing, Vehicle #1 came
26 to rest with its front tires on the sidewalk and the rear tires in the westbound #2 lane of 47th
27 Avenue.

28

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
F. ZHANG 042564	11/12/2019		

ANNEX F

FATAL CRASH WITH FELONY PROSECUTION (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 20 of 22

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
11/10/2019	0135	9252	042564	9252-2019-08888

1 Once Vehicle #1 came to rest, Browning exited by crawling over the top of Broad and opening the
2 right side door. He then walked to the grass area immediately in front of Vehicle #1 where he laid
3 down and awaited medical aid. Passenger Henry crawled out of Vehicle #1 using the rear sliding
4 window and attempted to flee from the scene by running to the intersection of 47th Avenue and
5 Sampson Boulevard where he hid behind a dumpster. Passenger Broad expired at the scene as
6 a result of the injuries he sustained in the crash. Passenger Henry was located and detained by
7 Officers Andersen and Nguyen.

8

9 **Area of Impact**

10 The area of impact between the traffic signal light pole and the front of Vehicle #1 (Toyota) was
11 established by physical evidence and the position of rest of Vehicle #1. The area of impact was
12 located 13 feet west of the west roadway edge prolongation of Steiner Drive and seven feet north
13 of the north roadway edge of 47th Avenue.

14

15 **Intoxication Narrative**

16 Driver #1 (Browning) was contacted at the Sacramento Medical Center on November 10, 2019, at
17 0310 hours. During the contact, I noticed an odor of an alcoholic beverage emitting from his
18 breath. Browning's eyes were bloodshot and glassy and his speech was slurred. Due to
19 Browning's injuries, only two field sobriety tests were administered, the horizontal gaze nystagmus
20 and the Preliminary Alcohol Screening device. Based on the nature of the crash, Browning's
21 objective signs of intoxication, his being the driver of Vehicle #1 (Toyota) at the time of the crash,
22 and the fatal injuries sustained by Passenger Broad, I arrested Browning for 23153(a) CVC,
23 Felony Driving Under the Influence of alcohol. A blood sample was obtained from Browning's
24 right arm at 0345 hours. The sample was drawn by L. Grimes, RN, and I deposited the blood into
25 the evidence locker at the Sacramento County Main Jail at 0600 hours on November 10, 2019.
26 Browning was treated for his injuries and released for booking at 0800 hours. He was transported
27 to the Sacramento County Main Jail, by Officer S. Muhammad, and booked into custody at 0845
28 hours on November 10, 2019.

29

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
F. ZHANG 042564	11/12/2019		

ANNEX F

FATAL CRASH WITH FELONY PROSECUTION (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 21 of 22

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
11/10/2019	0135	9252	042564	9252-2019-08888

1 **Cause**

2 Driver #1 (Browning) was the cause of this crash as he was driving Vehicle #1 (Toyota) while his
3 judgment and ability to do so was impaired by the consumption of an alcoholic beverage, a
4 violation of 23152(a) CVC:

5

6 *"It is unlawful for a person who is under the influence of any alcoholic beverage to drive a vehicle."*

7

8 The cause is based upon the following:

- 9 • Browning was established as the driver of Vehicle #1 (Toyota) at the time of the crash by
10 statements and his injury pattern.
- 11 • His level of impairment was established by the dynamics of the crash and his objective
12 signs of intoxication.

13

14 An associated factor is Browning's allowing Vehicle #1 to veer off the north roadway edge when
15 unsafe to do so, a violation of 22107 CVC:

16

17 *"No person shall turn a vehicle from a direct course or move right or left upon a roadway until such
18 movement can be made with reasonable safety and then only after the giving of an appropriate
19 signal in the manner provided in this Chapter in the event any other vehicle may be affected by
20 the movement."*

21

22

23

24

25

26

27

28

29

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
F. ZHANG 042564	11/12/2019		

ANNEX F

FATAL CRASH WITH FELONY PROSECUTION (continued)

STATE OF CALIFORNIA - DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

NARRATIVE/SUPPLEMENTAL

Page 22 of 22

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	INCIDENT NUMBER	OFFICER I.D. NUMBER	NUMBER
11/10/2019	0135	9252	042564	9252-2019-08888

1 **RECOMMENDATIONS**

2

3 It is my recommendation that the Sacramento County District Attorney's Office review this
4 investigation and consider the following charges for filing against Driver #1 (Browning):

5

6 187/191.5(a) California Penal Code: Browning was driving Vehicle #1 (Toyota) while under the
7 influence of an alcoholic beverage, a violation of 23152(a) CVC. As a result of his driving under
8 the influence he caused this crash which resulted in fatal injuries to Passenger Broad. Browning's
9 prior arrest history (two convictions) is indicative of a person who knows the dangers associated
10 with such an act and as such his behavior in driving while under the influence is grossly negligent.
11 Additionally, Browning had completed a DUI Offender Program in which the dangers of driving
12 while under the influence are emphasized. Browning also held conversations with Witness
13 Roland on the subject and was advised by him not to drive.

14

15 23153(a) CVC: Browning was driving Vehicle #1 when his ability to do so was impaired due to the
16 consumption of an alcoholic beverage in violation of 23152(a) CVC. As a result of his driving
17 under the influence, he caused this crash which resulted in fatal injuries to Passenger Broad.

18

19 14601.2(a) CVC: Browning's privilege to drive was under suspension at the time of the crash for
20 driving under the influence.

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
F. ZHANG 042564	11/12/2019		