U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100147

Date Received	Repository ☐
SEP 02 2003 11: 32	Reference No. 10034313

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	Void
City SAN GABRIEL / State CA / Zip Code		

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☒ NO
In the absence of your authorization, NHTSA will not provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 9/3/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
YV1KS9615S1	VOLVO	960	1995

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
8-11-98	Pacific Motors			6	Gasoline
Original Owner ☐	Dealer's City: City of Auction - Rosemead	State: Ca	Zip Code: 91106		

Transmission Type		Powertrain	Vehicle Component Code
Automatic	☒ Antilock Brakes ☐ Cruise Control	?	180000 VEHICLE SPEED CONTROL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
~~15-APR-2003~~ 7-22-03	112,000	30

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
Michelin	P205/55HR16	P205/55HR16 Pilot XGTHY

DOT No. (Example: DOTMALBABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:

Tire Component Code	Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Void

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☒ No	☐ Yes ☒ No	1	None	Yes

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if said part is available).

WHILE DRIVING THE VEHICLE AT 30 MPH AND WITH NO WARNING VEHICLE WOULD ACCELERATE, CAUSING THE CONSUMER TO LOSE CONTROL OF VEHICLE. DEALER HAS BEEN CONTACTED ON TWO OCCASIONS. *AK

See next page for description of accident

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

While driving on San Gabriel BL - city of San Gab @ 30 MPH in the left lane (north bound), the car all of a sudden, with no previous warning, overspeeded and swerved to the right. I hit my brake & tried to straighten the steering wheel but it could not. I completely lost control over the car. The car jumped over the curb hitting some objects a traffic sign & crashed into a store went through the show case & a glass door. The whole corner was wiped out & part of the ceiling fell on top of the car. The car stopped both air bags opened. Car was total loss. I have bruises in my right hand. Hand was xrayed & no fractures. I have HO since up to this day I am still in a state of shock

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 72173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590

VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety HotLine (DASH) 2 DOT

U.S. Department of Transportation
National Highway Traffic Safety Administration

STATE OF CALIFORNIA
TRAFFIC COLLISION REPORT
CHP 555 PAGE 1 (Rev 9-87) OPI 042

SPECIAL CONDITIONS	NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER
CPD	1	☐	SAN GABRIEL	ALHAMBRA	TC-03-07-024
	NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY: LOS ANGELES / REPORTING DISTRICT: 1962	BEAT: 25	2003-02485 A25

LOCATION

COLLISION OCCURRED ON: SAN GABRIEL BLVD
MO. DAY YEAR: 07/22/2003 — TIME (2400): 18:56 — NCIC #: 1962 — OFFICER I.D.: 025
DAY OF WEEK: S M T W T F S — TOW AWAY: ☒ YES ☐ NO — PHOTOGRAPHS BY: D.FLORES #25 ☐ NONE
STATE HWY REL: ☐ YES ☒ NO
☐ AT INTERSECTION WITH
☒ OR: 83' FEET/MILES S OF SANTA FE AVE

PARTY 1

DRIVER'S LICENSE NUMBER	STATE	CLASS	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
[redacted]	CA	C	L	1995	VOLVO 850 SILVER	4CER509	CA

☒ DRIVER — NAME (FIRST, MIDDLE, LAST): [redacted]
STREET ADDRESS: [redacted]
OWNER'S NAME: ☒ SAME AS DRIVER
CITY / STATE / ZIP: SAN GABRIEL CA [redacted]
OWNER'S ADDRESS: ☒ SAME AS DRIVER
DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☐ DRIVER ☐ OTHER

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE MO. DAY YEAR	RACE
F	BRO	BRO	502	130	[redacted]	W

PRIOR MECHANICAL DEFECTS: ☒ NONE APPARENT ☐ REFER TO NARRATIVE
HOME PHONE: [redacted] — BUSINESS PHONE: [redacted]
VEHICLE IDENTIFICATION NUMBER: YV1KS951581[redacted]
DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ☐ MOD. ☒ MAJOR ☐ ROLL-OVER
INSURANCE CARRIER: AAA — POLICY NUMBER: [redacted]
DIR OF TRAVEL: N — ON STREET OR HIGHWAY: SAN GABRIEL BLVD — SPEED LIMIT: 35 — PCF
CA ____ SOT ____ CAL-T ____ TCP/PSC ____ MC/MX ____

PARTY

DRIVER'S LICENSE NUMBER — STATE — CLASS — SAFETY EQUIP. — VEH. YEAR — MAKE / MODEL / COLOR — LICENSE NUMBER — STATE
☐ DRIVER — NAME (FIRST, MIDDLE, LAST)
☐ PEDESTRIAN — STREET ADDRESS — OWNER'S NAME ☐ SAME AS DRIVER
☐ PARKED VEHICLE — CITY / STATE / ZIP — OWNER'S ADDRESS ☐ SAME AS DRIVER
☐ BICYCLIST — SEX — HAIR — EYES — HEIGHT — WEIGHT — BIRTHDATE MO. DAY YEAR — RACE — DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☐ DRIVER ☐ OTHER
PRIOR MECHANICAL DEFECTS: ☐ NONE APPARENT ☐ REFER TO NARRATIVE
☐ OTHER — HOME PHONE — BUSINESS PHONE — VEHICLE IDENTIFICATION NUMBER
INSURANCE CARRIER — POLICY NUMBER — DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☐ ROLL-OVER
DIR OF TRAVEL — ON STREET OR HIGHWAY — SPEED LIMIT — PCF
CA-T ____ TCP/PSC ____ MC/MX ____

WARNING!
DISSEMINATION OF THIS DOCUMENT AND INFORMATION THEREIN IS RESTRICTED TO: (PERSON OR AGENCY)
REPRODUCTION FOR UNAUTHORIZED PURPOSES PROHIBITED
(PERSON RELEASING)
POLICE DEPARTMENT

PARTY

DRIVER'S LICENSE NUMBER — STATE — CLASS — SAFETY EQUIP. — VEH. YEAR — MAKE / MODEL / COLOR — LICENSE NUMBER — STATE
☐ DRIVER — NAME (FIRST, MIDDLE, LAST)
☐ PEDESTRIAN — STREET ADDRESS — OWNER'S NAME ☐ SAME AS DRIVER
☐ PARKED VEHICLE — CITY / STATE / ZIP — OWNER'S ADDRESS ☐ SAME AS DRIVER
☐ BICYCLIST — SEX — HAIR — EYES — HEIGHT — WEIGHT — BIRTHDATE MO. DAY YEAR — RACE — DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☐ DRIVER ☐ OTHER
PRIOR MECHANICAL DEFECTS: ☐ NONE APPARENT ☐ REFER TO NARRATIVE
☐ OTHER — HOME PHONE — BUSINESS PHONE — VEHICLE IDENTIFICATION NUMBER
CHP USE ONLY VEHICLE TYPE — DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☐ ROLL-OVER — SHADE IN DAMAGED AREA
INSURANCE CARRIER — POLICY NUMBER
DIR OF TRAVEL — ON STREET OR HIGHWAY — SPEED LIMIT — PCF
CA ____ SOT ____ CAL-T ____ TCP/PSC ____ MC/MX ____

PREPARER'S NAME	DISPATCH NOTIFIED	REVIEWER'S NAME	DATE REVIEWED
D.FLORES #25	☒ YES ☐ NO ☐ NA	[signature]	7/30/03

STATE OF CALIFORNIA

TRAFFIC COLLISION CODING

'86 Page 2 (Rev. 8-87) OPT 902

DATE OF COLLISION (Mo. Day Year)	TIME (2400)	RDC #	OFFICER I.D.	NUMBER
07/22/2003	15:58	1962	FLORES, DANIEL	TC-03-07-624

PROPERTY DAMAGE

OWNER'S NAME	OWNER'S ADDRESS	NOTIFIED
ROSEMEAD GARDENS	999 S SAN GABRIEL BLVD S SAN, CA 91775-	☒ YES ☐ NO

DESCRIPTION OF DAMAGE: CONCRETE LANDSCAPING SCULPTURE/CONCRETE BRIDGES

SEATING POSITION

1 - DRIVER
2 TO 5 - PASSENGERS
7 - STATION WAGON REAR
8 - REAR OF PICK-UP, VAN, ETC.
9 - POSITION UNKNOWN
0 - OTHER

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
L - AIR BAG DEPLOYED
M - AIR BAG NOT DEPLOYED
N - OTHER
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

M/C BICYCLE - HELMET
DRIVER
V - NO
W - YES

PASSENGER
X - NO
Y - YES

EJECTED FROM VEHICLE

0 - NOT EJECTED
1 - FULLY EJECTED
2 - PARTIALLY EJECTED
3 - UNKNOWN

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

PRIMARY COLLISION FACTOR — LIST NUMBER (#) OF PARTY AT FAULT

1 — A VC SECTION VIOLATED: CVC 22107 — CITED ☐ YES ☐ NO
B OTHER IMPROPER DRIVING *
C OTHER THAN DRIVER*
D UNKNOWN*
E FELL ASLEEP *

WEATHER (MARK 1 TO 2 ITEMS)
☒ A CLEAR
B CLOUDY
C RAINING
D SNOWING
E FOG / VISIBILITY ____ FT.
F OTHER *:
G WIND

LIGHTING
☒ A DAYLIGHT
B DUSK - DAWN
C DARK - STREET LIGHTS
D DARK - NO STREET LIGHTS
E DARK - STREET LIGHTS NOT FUNCTIONING*

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

TRAFFIC CONTROL DEVICE — 1 2 3
A CONTROLS FUNCTIONING — ☒
B CONTROLS NOT FUNCTIONING *
C CONTROLS OBSCURED
☒ D NO CONTROLS PRESENT (FACTOR)*

TYPE OF COLLISION
A HEAD - ON
B SIDESWIPE
C REAR END
D BROADSIDE
☒ E HIT OBJECT
F OVERTURNED
G VEHICLE / PEDESTRIAN*
H OTHER*

MOTOR VEHICLE INVOLVED WITH
A NON-COLLISION
B PEDESTRIAN
C OTHER MOTOR VEHICLE
D MOTOR VEHICLE ON OTHER ROADWAY
E PARKED MOTOR VEHICLE
F TRAIN
G BICYCLE
H ANIMAL:
☒ I FIXED OBJECT: I CURB, BUILDING
J OTHER OBJECT:

PEDESTRIAN ACTIONS
☒ A NO PEDESTRIAN 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

TYPE OF VEHICLE — 1 2 3
A PASSENGER CAR / STATION WAGON — ☒
B PASSENGER CAR W / TRAILER
C MOTORCYCLE / SCOOTER
D PICKUP OR PANEL TRUCK
E PICKUP / PANEL TRUCK W / TRAILER
F TRUCK OR TRUCK TRACTOR
G TRUCK / TRUCK TRACTOR W / TRAILER
H SCHOOL BUS
I OTHER BUS
J EMERGENCY VEHICLE
K HIGHWAY CONST. EQUIPMENT
L BICYCLE
☒ M OTHER VEHICLE
N PEDESTRIAN
O MOPED

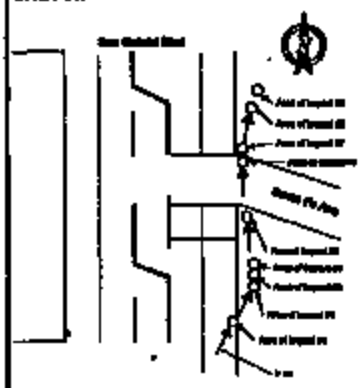
OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS) — 1 2 3
☒ A VC SECTION VIOLATION: CVC 22350 — CITED ☐ YES ☐ NO
B VC SECTION VIOLATION: CITED ☐ YES ☐ NO
C VC SECTION VIOLATION: CITED ☐ YES ☐ NO
D
E VEHICLE DISCOURTESY:
F INATTENTION
G STOP & GO TRAFFIC
H ENTERING / LEAVING RAMP
I HEADON COLLISION
J UNFAMILIAR WITH ROAD
K DEFECTIVE VEH. EQUIP. CITED ☐ YES ☒ NO
L UNINVOLVED VEHICLE
M OTHER*:
N NONE APPARENT
O RUNAWAY VEHICLE

MOVEMENT PRECEDING COLLISION — 1 2 3
A STOPPED
☒ B PROCEEDING STRAIGHT
C RAN OFF ROAD
D MAKING RIGHT TURN
E MAKING LEFT TURN
F MAKING U TURN
G BACKING
H SLOWING / STOPPING
I PASSING OTHER VEHICLE
J CHANGING LANES
K PARKING MANEUVER
L ENTERING TRAFFIC
M MERGING UNSAFE TURNING
N XING INTO OPPOSING LANE
O PARKED
P MERGING
Q TRAVELING WRONG WAY
R OTHER*

SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS) — 1 2 3
☒ A HAD NOT BEEN DRINKING
B HBD - UNDER INFLUENCE
C HBD - NOT UNDER INFLUENCE
D HBD - IMPAIRMENT UNKNOWN
E UNDER DRUG INFLUENCE *
F IMPAIRMENT - PHYSICAL *
G IMPAIRMENT NOT KNOWN
H NOT APPLICABLE
I SLEEPY / FATIGUED

SPECIAL INFORMATION
A HAZARDOUS MATERIAL

SKETCH



INDICATE NORTH

MISCELLANEOUS

STATE OF CALIFORNIA

TRAFFIC COLLISION CODING

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3

DATE OF COLLISION (MM - Day - Year)	TIME (2400)	REPORT #	OFFICER I.D.	NUMBER
07/22/2003	16:09	1962	FLORES, DANIEL	TC-03-07-024

PROPERTY DAMAGE

OWNER'S NAME: CITY OF SAN GABRIEL

OWNER'S ADDRESS: 428 S MISSION DR SGAB, CA 91776-

VEHICLE? YES ☐ NO ☐

DESCRIPTION OF DAMAGE: SIGN POST/ MINOR CURB DAMAGE

SEATING POSITION

1 - DRIVER
2 TO 6 - PASSENGERS
7 - STATION WAGON REAR
8 - REAR OCC. TRK. OR VAN
9 - POSITION UNKNOWN
0 - OTHER

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
L - AIR BAG DEPLOYED
M - AIR BAG NOT DEPLOYED
N - OTHER
P - NOT REQUIRED

M/C BICYCLE - HELMET
DRIVER
V - NO
W - YES

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

PASSENGER
X - NO
Y - YES

EJECTED FROM VEHICLE

0 - NOT EJECTED
1 - FULLY EJECTED
2 - PARTIALLY EJECTED
3 - UNKNOWN

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

PRIMARY COLLISION FACTOR — LIST NUMBER (#) OF PARTY AT FAULT

1

- A VC SECTION VIOLATED: CVC 22107 — CITED: ☐ YES ☐ NO
- B OTHER IMPROPER DRIVING *:
- C OTHER THAN DRIVER*
- D UNKNOWN*
- E FELL ASLEEP *

WEATHER (MARK 1 TO 2 ITEMS)

- ■ A CLEAR
- B CLOUDY
- C RAINING
- D SNOWING
- E FOG / VISIBILITY ____ FT.
- F OTHER *:
- G WIND

LIGHTING

- ■ A DAYLIGHT
- B DUSK-DAWN
- C DARK-STREET LIGHTS
- D DARK - NO STREET LIGHTS
- E DARK - STREET LIGHTS NOT FUNCTIONING *

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

TRAFFIC CONTROL DEVICES

	1	2	3
A CONTROLS FUNCTIONING	■		
B CONTROLS NOT FUNCTIONING *			
C CONTROLS OBSCURED			
■ D NO CONTROLS PRESENT / FACTOR*			

TYPE OF COLLISION

- A HEAD - ON
- B SIDESWIPE
- C REAR END
- D BROADSIDE
- ■ E HIT OBJECT
- F OVERTURNED
- G VEHICLE / PEDESTRIAN
- H OTHER*:

MOTOR VEHICLE INVOLVED WITH

- A NON - COLLISION
- B PEDESTRIAN
- C OTHER MOTOR VEHICLE
- D MOTOR VEHICLE ON OTHER ROADWAY
- E PARKED MOTOR VEHICLE
- F TRAIN
- G BICYCLE
- H ANIMAL:
- ■ I FIXED OBJECT: CURB,BUILDING
- J OTHER OBJECT:

PEDESTRIAN'S ACTIONS

- ■ A NO PEDESTRIAN 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

TYPE OF VEHICLE

	1	2	3
A PASSENGER CAR / STATION WAGON			
B PASSENGER CAR W/ TRAILER			
C MOTORCYCLE / SCOOTER			
D PICKUP OR PANEL TRUCK			
E PICKUP / PANEL TRUCK W/ TRAILER			
F TRUCK OR TRUCK TRACTOR			
G TRUCK / TRUCK TRACTOR W / TRLR.			
H SCHOOL BUS			
I OTHER BUS			
J EMERGENCY VEHICLE			
K HIGHWAY CONST. EQUIPMENT			
L BICYCLE			
M OTHER VEHICLE			
N PEDESTRIAN			
O MOPED			

OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)

	1	2	3
A VC SECTION VIOLATION: CITED ☐ YES ☐ NO			
B VC SECTION VIOLATION: CITED ☐ YES ☐ NO			
C VC SECTION VIOLATION: CITED ☐ YES ☐ NO			
D			
E VISION OBSCUREMENT			
F INATTENTION*			
G STOP & GO TRAFFIC			
H ENTERING / LEAVING RAMP			
I PREVIOUS COLLISION			
J UNFAMILIAR WITH ROAD			
K DEFECTIVE VEH. EQUIP. CITED ☐ YES ☐ NO			
L UNINVOLVED VEHICLE			
M OTHER*:			
N NONE APPARENT			
O RUNAWAY VEHICLE			

MOVEMENT PRECEDING COLLISION

	1	2	3
A STOPPED			
B PROCEEDING STRAIGHT			
C RAN OFF ROAD			
D MAKING RIGHT TURN			
E MAKING LEFT TURN			
F MAKING U TURN			
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*			

SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)

	1	2	3
A HAD NOT BEEN DRINKING			
B HBD - UNDER INFLUENCE			
C HBD - NOT UNDER INFLUENCE			
D HBD - IMPAIRMENT UNKNOWN			
E UNDER DRUG INFLUENCE *			
F IMPAIRMENT - PHYSICAL *			
G IMPAIRMENT NOT KNOWN			
H NOT APPLICABLE			
I SLEEPY / FATIGUED			

SPECIAL INFORMATION

- A HAZARDOUS MATERIAL

SKETCH

INDICATE NORTH

MISCELLANEOUS

STATE OF CALIFORNIA

TRAFFIC COLLISION CODING

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DATE OF COLLISION (Mo. Day Year)	TIME (Mil.)	ACID #	OFFICER I.D.	AGENCY
07/23/2003	16:00	1962	FLORES, DANIEL	TC-03-07-024

PROPERTY DAMAGE

OWNER'S NAME: EDISON | OWNER'S ADDRESS: P.O. BOX 900 ROSEMEAD, CA 91770- | SCHOOL BUS RELATED: YES / NO

DESCRIPTION OF DAMAGE: MINOR SIDESWIPE DAMAGE TO WOODEN ULTILITY POLE #744497E

SEATING POSITION

1 2 3
4 5 6
7

1 - DRIVER
2 TO 6 - PASSENGERS
7 - STATION WAGON REAR
8 - REAR OCC. TRK. OR VAN
9 - POSITION UNKNOWN
0 - OTHER

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
L - AIR BAG DEPLOYED
M - AIR BAG NOT DEPLOYED
N - OTHER
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

M/C MOTORCYCLE - HELMET
DRIVER
V - NO
W - YES
PASSENGER
X - NO
Y - YES

EJECTED FROM VEHICLE

0 - NOT EJECTED
1 - FULLY EJECTED
2 - PARTIALLY EJECTED
3 - UNKNOWN

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

PRIMARY COLLISION FACTOR
LIST NUMBER (1) OF PARTY AT FAULT: 1

- A VC SECTION VIOLATED: CVC 22107 — CITED: YES / NO
- B OTHER IMPROPER DRIVING *
- C OTHER THAN DRIVER*
- D UNKNOWN*
- E FELL ASLEEP *

WEATHER (MARK 1 TO 2 ITEMS)
- A CLEAR
- B CLOUDY
- C RAINING
- D SNOWING
- E FOG / VISIBILITY — FT.
- F OTHER*:
- G WIND

LIGHTING
- A DAYLIGHT
- B DUSK-DAWN
- C DARK-STREET LIGHTS
- D DARK - NO STREET LIGHTS
- E DARK - STREET LIGHTS NOT FUNCTIONING*

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

TRAFFIC CONTROL DEVICES | 1 | 2 | 3
- A CONTROLS FUNCTIONING
- B CONTROLS NOT FUNCTIONING *
- C CONTROLS OBSCURED
- D NO CONTROLS PRESENT / FACTOR*

TYPE OF COLLISION
- A HEAD - ON
- B SIDESWIPE
- C REAR END
- D BROADSIDE
- E HIT OBJECT
- F OVERTURNED
- G VEHICLE / PEDESTRIAN
- H OTHER*:

MOTOR VEHICLE INVOLVED WITH
- A NON-COLLISION
- B PEDESTRIAN
- C OTHER MOTOR VEHICLE
- D MOTOR VEHICLE ON OTHER ROADWAY
- E PARKED MOTOR VEHICLE
- F TRAIN
- G BICYCLE
- H ANIMAL:
- I FIXED OBJECT: CURB, BUILDING
- J OTHER OBJECT:

PEDESTRIAN'S ACTIONS
- A NO PEDESTRIAN 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

TYPE OF VEHICLE | 1 | 2 | 3
- A PASSENGER CAR, STATION WAGON
- B MULTI-PURPOSE VEHICLE
- C MOTORCYCLE / SCOOTER
- D [illegible]
- E PICKUP / PANEL TRUCK W / TRAILER
- F TRUCK OR TRUCK TRACTOR
- G TRUCK / TRUCK TRACTOR W / TRAIL
- H SCHOOL BUS
- I OTHER BUS
- J EMERGENCY VEHICLE
- K HIGHWAY CONST. EQUIPMENT
- L BICYCLE
- M OTHER VEHICLE
- N PEDESTRIAN
- O MOPED

OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS) | 1 | 2 | 3
- A VC SECTION VIOLATION: CITED: YES / NO
- B VC SECTION VIOLATION: CITED: YES / NO
- C VC SECTION VIOLATION: CITED: YES / NO
- D [illegible]
- E VISION OBSCUREMENT
- F INATTENTION*
- G STOP & GO TRAFFIC
- H ENTERING / LEAVING RAMP
- I PREVIOUS COLLISION
- J UNFAMILIAR WITH ROAD
- K DEFECTIVE VEH. EQUIP. CITED: YES / NO
- L UNINVOLVED VEHICLE
- M OTHER*:
- N NONE APPARENT
- O RUNAWAY VEHICLE

MOVEMENT PRECEDING COLLISION | 1 | 2 | 3
- A STOPPED
- B PROCEEDING STRAIGHT
- C RAN OFF ROAD
- D MAKING RIGHT TURN
- E MAKING LEFT TURN
- F MAKING U TURN
- 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*

SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS) | A | 2 | 3
- A HAD NOT BEEN DRINKING
- B HBD - UNDER INFLUENCE
- C HBD - NOT UNDER INFLUENCE
- D HBD - IMPAIRMENT UNKNOWN
- E UNDER DRUG INFLUENCE *
- F IMPAIRMENT - PHYSICAL *
- G IMPAIRMENT NOT KNOWN
- H NOT APPLICABLE
- I ASLEEP / FATIGUED

SPECIAL INFORMATION
- A HAZARDOUS MATERIAL

SKETCH

INDICATE NORTH

MISCELLANEOUS

STATE OF CALIFORNIA

TRAFFIC COLLISION CODING

16 Page 2 (Rev. 8-97) OPI 062 — 6

DATE OF COLLISION (Mo. Day Year)	TIME (2400)	CC/C #	OFFICER I.D.	NUMBER
07/22/2003	16:56	1982	FLORES, DANIEL	TC-03-07-024

PROPERTY DAMAGE

OWNER/BUSINESS NAME: PUBLIC STORAGE — OWNER'S ADDRESS: 339 S SAN GABRIEL S GAB, CA 91776- — NOTIFIED: [X] YES [ ] NO

DESCRIPTION OF DAMAGE: STRUCTURAL DAMAGE TO BUILDING AND FLOWER BED DAMAGE

SEATING POSITION

1 2 3
4 5 6
7

1 - DRIVER
2 TO 5 - PASSENGERS
6 - STATION WAGON REAR
8 - REAR OCC. TRK. OR VAN
9 - POSITION UNKNOWN
0 - OTHER

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
L - AIR BAG DEPLOYED
M - AIR BAG NOT DEPLOYED
N - OTHER
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

M/C BICYCLE - HELMET
DRIVER
X - NO
W - YES

PASSENGER
X - NO
Y - YES

EJECTED FROM VEHICLE

0 - NOT EJECTED
1 - FULLY EJECTED
2 - PARTIALLY EJECTED
3 - UNKNOWN

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

PRIMARY COLLISION FACTOR — LIST NUMBER (#) OF PARTY AT FAULT: 1

- [X] A. VC SECTION VIOLATED: CVC 22107 — CITED: [X] YES [ ] NO
- [ ] B. OTHER IMPROPER DRIVING *
- [ ] C. OTHER THAN DRIVER *
- [ ] D. UNKNOWN *
- [ ] E. FELL ASLEEP *

WEATHER (MARK 1 TO 2 ITEMS)
- [X] A. CLEAR
- [ ] B. CLOUDY
- [ ] C. RAINING
- [ ] D. SNOWING
- [ ] E. FOG / VISIBILITY — FT.
- [ ] F. OTHER *
- [ ] G. WIND

LIGHTING
- [X] A. DAYLIGHT
- [ ] B. DUSK-DAWN
- [ ] C. DARK-STREET LIGHTS
- [ ] D. DARK - NO STREET LIGHTS
- [ ] E. DARK - STREET LIGHTS NOT FUNCTIONING *

ROADWAY SURFACE
- [X] 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 *:
- [X] H. NO UNUSUAL CONDITIONS

TRAFFIC CONTROL DEVICES
- [ ] A. CONTROLS FUNCTIONING
- [ ] B. CONTROLS NOT FUNCTIONING *
- [ ] C. CONTROLS OBSCURED
- [X] D. NO CONTROLS PRESENT / FACTOR *

TYPE OF COLLISION
- [ ] A. HEAD - ON
- [ ] B. SIDESWIPE
- [ ] C. REAR END
- [ ] D. BROADSIDE
- [X] E. HIT OBJECT
- [ ] F. OVERTURNED
- [ ] G. VEHICLE / PEDESTRIAN
- [ ] H. OTHER *

MOTOR VEHICLE INVOLVED WITH
- [ ] A. NON-COLLISION
- [ ] B. PEDESTRIAN
- [ ] C. OTHER MOTOR VEHICLE
- [ ] D. MOTOR VEHICLE ON OTHER ROADWAY
- [ ] E. PARKED MOTOR VEHICLE
- [ ] F. TRAIN
- [ ] G. BICYCLE
- [ ] H. ANIMAL:
- [X] I. FIXED OBJECT: CURB,BUILDING
- [ ] J. OTHER OBJECT:

PEDESTRIAN'S ACTIONS
- [X] A. NO PEDESTRIAN 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

1	2	3	TYPE OF VEHICLE
			A. PASSENGER CAR / STATION WAGON
			B. PASSENGER CAR W / TRAILER
			C. MOTORCYCLE / SCOOTER
			D. PICK-UP OR PANEL TRUCK
			E. PICK-UP / PANEL TRUCK W / TRAILER
			F. TRUCK OR TRUCK TRACTOR
			G. TRUCK / TRUCK TRACTOR W / TRAILER
			H. SCHOOL BUS
			I. OTHER BUS
			J. EMERGENCY VEHICLE
			K. HIGHWAY CONST. EQUIPMENT
			L. BICYCLE
			M. OTHER VEHICLE
			N. PEDESTRIAN
			O. MOPED

1	2	3	OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)
			A. VC SECTION VIOLATION: CITED [ ] YES [ ] NO
			B. VC SECTION VIOLATION: CITED [ ] YES [ ] NO
			C. VC SECTION VIOLATION: CITED [ ] YES [ ] NO
			D. -
			E. VISION OBSCUREMENT
			F. INATTENTION
			G. STOP & GO TRAFFIC
			H. ENTERING / LEAVING RAMP
			I. PREVIOUS COLLISION
			J. UNFAMILIAR WITH ROAD
			K. DIRECTIVE / VEH. EQUIP. CITED [ ] YES [ ] NO
			L. UNINVOLVED VEHICLE
			M. OTHER *:
			N. NONE APPARENT
			O. RUNAWAY VEHICLE

1	2	3	MOVEMENT PRECEDING COLLISION
			A. STOPPED
			B. PROCEEDING STRAIGHT
			C. RAN OFF ROAD
			D. MAKING RIGHT TURN
			E. MAKING LEFT TURN
			F. MAKING U-TURN
			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:

1	2	3	SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)
			A. HAD NOT BEEN DRINKING
			B. HBD - UNDER INFLUENCE
			C. HBD - NOT UNDER INFLUENCE
			D. HBD - INVOLVEMENT UNKNOWN
			E. UNDER DRUG INFLUENCE *
			F. IMPAIRMENT - PHYSICAL *
			G. IMPAIRMENT NOT KNOWN
			H. NOT APPLICABLE
			I. ASLEEP / FATIGUED

SPECIAL INFORMATION
- A. HAZARDOUS MATERIAL

SKETCH

INDICATE NORTH

MISCELLANEOUS

STATE OF CALIFORNIA

INJURED / WITNESS / PASSENGERS

CHP 555 CARS Page 3 (Rev. 8/95) OPI 042

DATE OF COLLISION (Mo. Day Year)	TIME (2400)	NCIC #	OFFICER ID	NUMBER
07/23/2003	15:55	1942	FLORES, DANIEL ALLEN	TC-03-07-424

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE): FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	INJURED WAS ("X" ONE): DRIVER	PASS	PED	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS	SAFETY EQUIP	EJECTED
#		21	F										1	1	L	0

NAME/DOB/ADDRESS [illegible], RANA KARIM [illegible]/1981 5104 N MUSCATEL SAN GABRIEL CA 91776- TELEPHONE 626-[illegible]-5805

(INJURED ONLY) TRANSPORTED BY: DECLINED TAKEN TO: N/A

DESCRIBE INJURIES

RIGHT FOREARM PAIN

☐ VICTIM OF VIOLENT CRIME NOTIFIED

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS	PED	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS	SAFETY EQUIP	EJECTED
# 1		25	F													

NAME/DOB/ADDRESS GONZALES, MONICA 07/07/1978 3425 KELBURN AVE ROSEMEAD CA 91770 TELEPHONE 626-573-[illegible]

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES

COPY

☐ VICTIM OF VIOLENT CRIME NOTIFIED

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS	PED	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS	SAFETY EQUIP	EJECTED
#																

NAME/DOB/ADDRESS TELEPHONE

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES

☐ VICTIM OF VIOLENT CRIME NOTIFIED

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS	PED	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS	SAFETY EQUIP	EJECTED
#																

NAME/DOB/ADDRESS TELEPHONE

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES

☐ VICTIM OF VIOLENT CRIME NOTIFIED

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS	PED	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS	SAFETY EQUIP	EJECTED
#																

NAME/DOB/ADDRESS TELEPHONE

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES

☐ VICTIM OF VIOLENT CRIME NOTIFIED

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS	PED	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS	SAFETY EQUIP	EJECTED
#																

NAME/DOB/ADDRESS TELEPHONE

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES

☐ VICTIM OF VIOLENT CRIME NOTIFIED

PREPARER'S NAME	ID NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
D.FLORES #25		07/23/2003	[signature]	7/30/03

STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL
CHP 556 (Rev 7-90) OPI 042

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	ADC NUMBER	OFFICER I.D. NUMBER	NUMBER
07/22/2003	18:08	1962	925	TC-03-07-034

"X" ONE	"X" ONE	TYPE SUPPLEMENTAL ("X" AS APPLICABLE)		
☒ Narrative	☒ Collision report	☐ SA update	☐ Fatal	☐ Hit and run update
☐ Supplemental	☐ Other:	☐ Hazardous materials	☐ School bus	☐ Other:

CITY/COUNTY/JUDICIAL DISTRICT	REPORTING DISTRICT/BEAT	CITATION NUMBER
SAN GABRIEL, LOS ANGELES ALHAMBRA	1962 / 28	

LOCATION/SUBJECT	STATE HIGHWAY RELATED	
SAN GABRIEL BLVD	☐ Yes	☒ No

****

Narrative Title: 2003-02485/INJURY TC/D.FLORES #25
Date Entered: 07/28/2003 09:20:11

COPY

FACTS:

NOTIFICATION:

On 07-22-03 at 1810 hours, I was dispatched to a call of an unknown injury collision at 550 S. San Gabriel Blvd. Officer R. Hernandez (#090) was at the scene. I responded from the station and arrived on scene at 1814 hours. All times, speeds and measurements in this investigation are approximate. Measurements were taken by rollmeter, except where otherwise indicated.

SCENE:

San Gabriel Blvd is a northbound/southbound, straight and level, major city street with two lanes for each direction of travel.. The roadway surface is composed primarily of asphaltic concrete. Santa Fe Ave. is an eastbound/westbound, straight and level, city street with one lane for each direction of travel. The roadway surface is composed primarily of asphaltic concrete.

PARTIES:

Party # 1 ([redacted] was contacted at the collision scene at 1815 hours. [redacted] was identified by a California driver license and she was placed as a Party by the following items:

- Personal statements
- Statement of W #1

WITNESSES:

Witness #1 ([redacted] was contacted at the scene at 1820 hours. [redacted] was identified by a valid driver license.

PREPARER'S NAME AND I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
D.FLORES #25	07/23/2003		7/30/03

Use previous editions until depleted.

80 (0/91)

PHYSICAL EVIDENCE:
1. Damage to vehicle #1, and property damage.
2. Debris and tire marks on sidewalk.

STATEMENTS:

PARTIES:

Party # 1 [redacted] said that she was northbound on San Gabriel Blvd, inside the number 2 lane at 35 mph. She said that she was travelling straight ahead with both hands on the steering wheel when suddenly and without warning the steering wheel jerked to the right on its own. She said her vehicle struck the east curb, drove up onto the sidewalk and sideswiped three concrete landscaping objects, and a city sign post while continuing north on the sidewalk. She said that she drove off the sidewalk onto Santa Fe Ave., struck the north curb of Santa Fe Ave., drove up onto the sidewalk, sideswiped a utility pole, drove through shrubbery, and collided into the building at 550 S. San Gabriel.

[redacted] said that she did not know what caused the vehicle steering wheel to jerk to the right. She indicated that the vehicle was in good working order and it had no known mechanical problems, adding that it was recently serviced.

I asked [redacted] if she applied her brakes during the ordeal. She said that she applied her brakes immediately following the jerking motion to the right. She said that after applying the brakes the back-end of vehicle swerved violently side to side without slowing the vehicle down. I asked her if it felt like a flat tire when the vehicle jerked to the right on San Gabriel Blvd and she said, "I don't know." I asked her if she struck anything in the roadway and she replied, "no." I asked her if she could have unknowingly pressed the accelerator pedal instead of the brake after the vehicle steering wheel jerked right. She said that she was certain she applied the brakes and continued to apply the brakes to the point of rest.

WITNESSES:

Witness #1 [redacted] said that she was northbound on San Gabriel Blvd., approaching Angeleno St., when she heard a loud noise from the rear. She said that she looked into mirror and saw P #1 travelling on the east sidewalk of San Gabriel Blvd. at a steady estimated speed of 25-30 mph. She said that P #1 continued northbound, striking objects along the way, until the point of rest. She said that she did not see what occurred with P #1 prior to driving on the sidewalk.

OPINIONS AND CONCLUSIONS

SUMMARY:

It appears that P #1 was northbound on San Gabriel Blvd in the number 2 lane at approx. 35 mph. when the vehicle turned right, struck the east curb of San Gabriel Blvd and drove up onto the sidewalk. P #1 sideswiped three large concrete landscaping objects, a city sign post, another city street curb, sideswiped

a utility pole, drove through landscaping shrubs, and struck the building at 550 S. San Gabriel Boulevard, where P #1 came to rest.

AREA OF IMPACT (AOI):

1. AOI #1 (east curb of San Gabriel Blvd): right wheel mark was 83' S. of the SC of Santa Fe Ave. and the left wheel mark was 69' S. of the SC of Santa Fe Ave.
2. AOI #2 (concrete landscaping bridge): 54' S. of the SC of Santa Fe Ave and 9' E. of the EC of San Gabriel Blvd.
3. AOI #3 (concrete "dragon" sculpture): 49' S. of the SC of Santa Fe Ave and 9' E. of the EC of San Gabriel Blvd.
4. AOI #4 (concrete landscaping "dragon" bridge): 41.3' S. of the SC of Santa Fe Ave and 9' E. of the EC of San Gabriel Blvd.
5. AOI #5 (city sign post): 16.7' S. of the SC of Santa Fe Ave and 2' E. of the EC of San Gabriel Blvd.
6. AOI #6 (north curb of Santa Fe Ave): 8' E. of the EC of San Gabriel Blvd.
7. AOI #7 (Edison utility pole): 15' N. of the NC of Santa Fe Ave. and 4.8' E. of the EC of San Gabriel Blvd.
8. AOI #8 (landscaping shrubs): 37' N. of the NC of Santa Fe Ave. and 15' E. of the EC of San Gabriel Blvd.
9. AOI #9 (building): 58' N. of the NC of Santa Fe Ave. and 23' E. of the EC of San Gabriel Blvd.

CAUSE:

Based on the available facts at this time, P #1 turned right when it was not safe to do so in violation of VC 22107. After the first point of impact, I attribute CVC 22350 (unsafe speed) as an associated factor for the remaining points of impacts. There were no facts present or known that would indicate mechanical failure as the cause of either case.

ADDITIONAL INFO:

I checked the roadway for any objects that would have possibly caused the steering of a vehicle to jerk right if struck. The roadway was clear of any objects. There were no skid marks located at the scene. There was a dark tire mark at the curb (AOI #1) where P #1 struck the curb. There was 189 feet of (right wheel) tire marks extending north from the first AOI to the point of rest at AOI #9. These marks were not consistent with skid marks but were consistent with drag marks left by a flat tire. I checked vehicle #1 and saw that the right front and rear tires were flat and the rims were heavily damaged. The right front tire had sidewall damage consistent with striking a curb. I did not see any evidence of brake or steering fluids on the roadway or sidewalk. I could not get into the engine compartment area.

RECOMMENDATIONS:

Narrative: Page 10

None, pending review by the Traffic Investigator.