

From: [Ann Marie L Ambrose](#)
To: [EVOQ \(NHTSA\)](#)
Cc: [REDACTED]
Subject: ODI # 11221017
Date: Thursday, July 25, 2019 3:04:56 PM
Attachments: [040190821 PR.pdf](#)

Here is a copy of the police report.
Please let me know status of my claim.

Thank you,

[REDACTED]
Pico Rivera, CA [REDACTED]
ODI # 11221017

[REDACTED]

[040190821 PR.pdf](#) 3.6MB

Ann-Marie Ambrose
Customer Service Representative



8300 Greensboro Drive, Suite 600, McLean, VA 22102

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PAGE COUNT: 9

CLIENT : [REDACTED]
DIVISION : 0647
ADJUSTER : N0160160
CLAIM : [REDACTED]

TRANSACTION # : [REDACTED]
DATE : 06/27/2019

DATE OF LOSS : 06/16/2019 TIME OF LOSS : 09:30 AM
STREET :
CITY : PICO RIVERA
COUNTY : LOS ANGELES
STATE : CA

INVESTIGATING AGENCY : LOS ANGELES CO SO
REPORT NUMBER : [REDACTED]
REPORT TYPE : Auto Accident
PARTY 1 : [REDACTED]
PARTY 2 : [REDACTED]
PARTY 3 : [REDACTED]

CAR : ELANTRA MAKE : HYUN YEAR : 2016
TAG : [REDACTED]

DRIVER LICENSE :
ADDITIONAL INFO :

NOTE :

THANK YOU FOR YOUR ORDER!

INACTIVE

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SPECIAL CONDITIONS		NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER	
		2	☐	PICO RIVERA	Downey		
		NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY	REPORTING DISTRICT	BEAT	DAY OF WEEK
		0	☐	LOS ANGELES	1513	15171	5 M T W T F S
							☒ YES ☐ NO
LOCATION	COLLISION OCCURRED ON				MO. DAY YEAR	TIME (2400)	NCIC #
					06 16 19	1235	1900
	MILEPOST INFORMATION				GPS COORDINATES		OFFICER I.D.
	FEET/MILES OF				LATITUDE 33.9926 LONGITUDE 118.0887		PHOTOGRAPHS BY: ☒ NONE
		☐ AT INTERSECTION WITH		STATE HWY REL.			
		☒ OR: FEET/MILES N OF		☐ YES ☒ NO			
PARTY 1	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR
			CA	C	L	G	2017
DRIVER	NAME (FIRST, MIDDLE, LAST)				MAKE/MODEL/COLOR		LICENSE NUMBER
☒					2017 NISSAN/ALTIMA/WHI		CA
PEDESTRIAN					OWNER'S NAME		
☐					☒ SAME AS DRIVER		
PARKED VEHICLE	CITY/STATE/ZIP				OWNER'S ADDRESS		
☐	COMMENCE CA				☒ SAME AS DRIVER		
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE
☐	F	BRN	BRN	501	158		H
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER		
☐					1N4AL3AP6HC		
INSURANCE CARRIER		POLICY NUMBER		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE	
MERCURY INS.				01		☐ UNK. ☐ NONE ☐ MINOR	
DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		☒ MOD. ☐ MAJOR ☐ ROLL-OVER	
S		ROSEMEAD BL		40			
PARTY 2	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR
			CA	C	L	G	2016
DRIVER	NAME (FIRST, MIDDLE, LAST)				MAKE/MODEL/COLOR		LICENSE NUMBER
☒					2016 HYUNDAI/ELANTA/WHI		CA
PEDESTRIAN					OWNER'S NAME		
☐					☐ SAME AS DRIVER		
PARKED VEHICLE	CITY/STATE/ZIP				OWNER'S ADDRESS		
☐	PICO RIVERA CA				☒ SAME AS DRIVER		
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE
☐	M	BLK	BRN	503	150		H
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER		
☐					5NPDH4AEGGH		
INSURANCE CARRIER		POLICY NUMBER		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE	
LIBERTY MUTUAL INS.				01		☐ UNK. ☐ NONE ☐ MINOR	
DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		☒ MOD. ☐ MAJOR ☐ ROLL-OVER	
S		ROSEMEAD BL		40			
PARTY 3	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR
			CA	C	M	G	2003
DRIVER	NAME (FIRST, MIDDLE, LAST)				MAKE/MODEL/COLOR		LICENSE NUMBER
☒					2003 TOYOTA/CAMRY/GRY		CA
PEDESTRIAN					OWNER'S NAME		
☐					☒ SAME AS DRIVER		
PARKED VEHICLE	CITY/STATE/ZIP				OWNER'S ADDRESS		
☐	MONTEREY PARK CA				☒ SAME AS DRIVER		
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE
☐	F	BRN	BRN	502	145		H
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER		
☐					4T1BE32K63U		
INSURANCE CARRIER		POLICY NUMBER		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE	
ESURANCE PACA				01		☐ UNK. ☐ NONE ☐ MINOR	
DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		☒ MOD. ☐ MAJOR ☐ ROLL-OVER	
S		ROSEMEAD BL		40			
PREPARER'S NAME				DISPATCH NOTIFIED		REVIEWER'S NAME	
ROBERT LONG				☒ YES ☐ NO ☐ N/A		DEP. FOSTER #48531	
						DATE REVIEWED	
						06/18/2019	

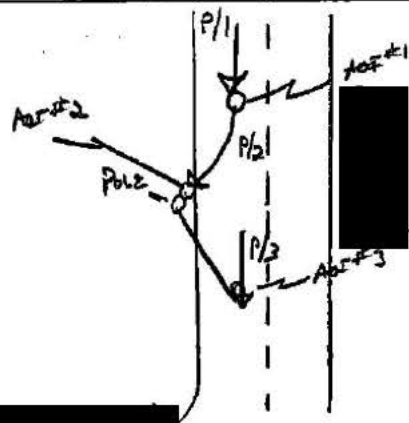
INTOAM

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DATE OF COLLISION (MO. DAY YEAR) 06-16-19		TIME (2400) 1235	NCIC # 1900	OFFICER I.D. 430275	NOTIFIED ☒ YES ☐ NO	
PROPERTY DAMAGE	OWNER'S NAME SOUTHERN CALIFORNIA Edison				NOTED AV, ROSEMEAD CA	
DESCRIPTION OF DAMAGE LIGHT POLE						
SEATING POSITION		SAFETY EQUIPMENT		AIR BAG	INATTENTION CODES	
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		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/SOULDER HARNESS USED H - LAP/SOULDER 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 M/C 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	A - CELLPHONE HANDHELD B - CELLPHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONAL HYGIENE J - READING K - OTHER
				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	TRAFFIC CONTROL DEVICES	1	2	3	SPECIAL INFORMATION	1	2	3	MOVEMENT PRECEDING COLLISION
A VC SECTION VIOLATED: ☐ YES ☐ NO	A CONTROLS FUNCTIONING				A HAZARDOUS MATERIAL				A STOPPED
B OTHER IMPROPER DRIVING*	B CONTROLS NOT FUNCTIONING*				B CELL PHONE HANDHELD IN USE				B PROCEEDING STRAIGHT
	C CONTROLS OBSCURED				C CELL PHONE HANDSFREE IN USE				C RAN OFF ROAD
C OTHER THAN DRIVER*	D NO CONTROLS PRESENT / FACTOR*				D CELL PHONE NOT IN USE				D MAKING RIGHT TURN
D UNKNOWN*	TYPE OF COLLISION				E SCHOOL BUS RELATED				E MAKING LEFT TURN
	A HEAD - ON				F 75 FT MOTORTRUCK COMBO				F MAKING U TURN
	B SIDE SWIPE				G 32 FT TRAILER COMBO				G BACKING
	C REAR END				H				H SLOWING / STOPPING
WEATHER (MARK 1 TO 2 ITEMS)	D BROADSIDE				I				I PASSING OTHER VEHICLE
☒ A CLEAR	E HIT OBJECT				J				J CHANGING LANES
B CLOUDY	F OVERTURNED				K				K PARKING MANUEVER
C RAINING	G VEHICLE / PEDESTRIAN				L				L ENTERING TRAFFIC
D SNOWING	H OTHER*				M				M OTHER UNSAFE TURNING
E FOG / VISIBILITY FT.					N				N XING INTO OPPOSING LANE
F OTHER*	MOTOR VEHICLE INVOLVED WITH				O				O PARKED
G WIND	A NON - COLLISION								P MERGING
LIGHTING	B PEDESTRIAN								Q TRAVELING WRONG WAY
☒ A DAYLIGHT	☒ C OTHER MOTOR VEHICLE				OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)				R OTHER*
B DUSK - DAWN	D MOTOR VEHICLE ON OTHER ROADWAY				A VC SECTION VIOLATED: ☐ YES ☐ NO				
C DARK - STREET LIGHTS	E PARKED MOTOR VEHICLE				B VC SECTION VIOLATED: ☐ YES ☐ NO				
D DARK - NO STREET LIGHTS	F TRAIN				C VC SECTION VIOLATED: ☐ YES ☐ NO				
E DARK - STREET LIGHTS NOT FUNCTIONING*	G BICYCLE								
ROADWAY SURFACE	H ANIMAL*								
☒ A DRY	I FIXED OBJECT: POLE								SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)
B WET	J OTHER OBJECT:				D				A HAD NOT BEEN DRINKING
C SNOWY - ICY					E VISION OBSCUREMENT:				B HBD - UNDER THE INFLUENCE
D SLIPPERY (MUDDY, OILY, ETC.)					F INATTENTION*				C HBD - NOT UNDER INFLUENCE*
ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS)	PEDESTRIAN'S ACTIONS				G STOP & GO TRAFFIC				D HBD - IMPAIRMENT UNKNOWN*
A HOLES, DEEP RUT*	☒ A NO PEDESTRIANS INVOLVED				H ENTERING / LEAVING RAMP				E UNDER DRUG INFLUENCE*
B LOOSE MATERIAL ON ROADWAY*	B CROSSING IN CROSSWALK - AT INTERSECTION				I PREVIOUS COLLISION				F IMPAIRMENT - PHYSICAL*
C OBSTRUCTION ON ROADWAY*	C CROSSING IN CROSSWALK - NOT AT INTERSECTION				J UNFAMILIAR WITH ROAD				G IMPAIRMENT NOT KNOWN
D CONSTRUCTION - REPAIR ZONE	D CROSSING - NOT IN CROSSWALK				K DEFECTIVE VEH. EQUIP.: ☐ YES ☐ NO				H NOT APPLICABLE
E REDUCED ROADWAY WIDTH	E IN ROAD - INCLUDES SHOULDER				L UNINVOLVED VEHICLE				I SLEEPY / FATIGUED*
F FLOODED*	F NOT IN ROAD				M OTHER*				
G OTHER*	G APPROACHING / LEAVING SCHOOL BUS				N NONE APPARENT				
☒ H NO UNUSUAL CONDITIONS					O RUNAWAY VEHICLE				

SKETCH 	MISCELLANEOUS A INDICATE NORTH
---	--

DATE OF COLLISION (MO. DAY YEAR) 06-16-19				TIME (2400) 1235	NCIC # 1900	OFFICER I.D. 430275										
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	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER				
☐ #	☐	62	F	☐	☐	☐	☒	☒	☐	☐	☐	☐	1	1	L	6

TELEPHONE: **SAME AS P/1**

(INJURED ONLY) TRANSPORTED BY: **TREATED AT SCENE BY LACO FIRE ENG #40 CAPT. ATANY, REFUSED TRANSPORT**
TAKEN TO:
DESCRIBE INJURIES: **COMPLAINT OF LEFT WAIST PAIN, CHEST PAIN FROM SEATBELT**

☐ VICTIM OF VIOLENT CRIME NOTIFIED																
☐ #	☐	51	F	☐	☐	☐	☒	☐	☒	☐	☐	☐	3	3	M	6

NAME / D.O.B. / ADDRESS: **SAME AS P/2** TELEPHONE:

(INJURED ONLY) TRANSPORTED BY: **TREATED AT SCENE BY LACO FIRE ENG #40 CAPT. ATANY, CALLED AMBULANCE 1206**
TAKEN TO: **90242**
DESCRIBE INJURIES: **TRANSPORTED TO KAISER DOWNNEY MEDICAL CENTER, 9333 IMPERIAL HWY DOWNNEY CA**
COMPLAINT OF HEAD AND NECK PAIN

☐ VICTIM OF VIOLENT CRIME NOTIFIED																
☐ #	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐				

NAME / D.O.B. / ADDRESS: TELEPHONE:

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:
DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED																
☐ #	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐				

NAME / D.O.B. / ADDRESS: TELEPHONE:

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:
DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED																
☐ #	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐				

NAME / D.O.B. / ADDRESS: TELEPHONE:

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:
DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED																
☐ #	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐				

NAME / D.O.B. / ADDRESS: TELEPHONE:

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:
DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED				
PREPARER'S NAME ROBERT LONG	I.D. NUMBER 430275	MO. DAY YEAR 061619	REVIEWER'S NAME	MO. DAY YEAR

NARRATIVE/SUPPLEMENTAL

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DATE OF INCIDENT/OCCURRENCE 06-16-19	TIME (2400) 1235	NCIC NUMBER 1900	OFFICER I.D. NUMBER 430275
"X" ONE ☒ Narrative ☐ Supplemental		"X" ONE ☒ Collision Report ☐ Other:	
TYPE SUPPLEMENTAL ("X" APPLICABLE) ☐ BA Update ☐ Hazardous Materials		☐ Fatal ☐ School Bus ☐ Hit and Run Update ☐ Other:	
CITY/COUNTY/JUDICIAL DISTRICT PICO PUEBLO / LOS ANGELES / DOWNEY			REPORTING DISTRICT/BEAT 1513 15171
LOCATION/SUBJECT [REDACTED]			STATE HIGHWAY RELATED ☐ Yes ☒ No
1.			
2. I. FACTS			
3. A. SCENE			
4. 1. ROADWAY DESCRIPTION			
5. THE COLLISION OCCURRED ON [REDACTED]			
6. OF [REDACTED] IS A			
7. FOUR LANE, NORTH/SOUTH, TWO WAY ASPHALT STREET,			
8. DIRECTION OF TRAVEL IS SEPARATED BY A RAISED			
9. CONCRETE CENTER MEDIAN AND INDIVIDUAL LANES OF			
10. TRAVEL BY A BROKEN, WHITE LINE. THERE ARE STANDARD			
11. CONCRETE CURBS BORDERING THE EAST AND WEST			
12. SIDES OF [REDACTED]			
13.			
14. [REDACTED] IS A EAST/WEST, TWO LANE,			
15. TOWAY ASPHALT RESIDENTIAL STREET. THERE IS ONE LANE			
16. OF TRAVEL IN EACH DIRECTION. DIRECTION OF TRAVEL			
17. IS SEPARATED BY BROKEN YELLOW LINE IN THE MIDDLE			
18. OF THE STREET, THERE ARE STANDARD CONCRETE CURBS			
19. BORDERING THE NORTH AND SOUTH SIDES OF [REDACTED]			
20. [REDACTED]			
21.			
22.			
23. 2. TRAFFIC CONTROLS,			
24. THE INTERSECTION OF [REDACTED] AND [REDACTED]			
25. [REDACTED] IS A T-INTERSECTION THERE IS A			
26. STOP SIGN FOR E/B TRAFFIC ON [REDACTED]			
27. DURING THE COURSE OF MY INVESTIGATION, I NOTICED			
28. THAT THE STOP SIGN WAS PRESENT,			
29.			
30.			
31.			
PREPARER'S NAME and I.D. NUMBER ROBERT LONL 430275	DATE 061619	REVIEWER'S NAME	DATE

NARRATIVE/SUPPLEMENTAL

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DATE OF INCIDENT/OCCURRENCE 06-16-19	TIME (2400) 1235	NCIC NUMBER 1900	OFFICER I.D. NUMBER 430275	NUMBER [REDACTED]
"X" ONE ☒ Narrative ☐ Supplemental		"X" ONE ☒ Collision Report ☐ Other:		TYPE SUPPLEMENTAL ("X" APPLICABLE) ☐ BA Update ☐ Hazardous Materials ☐ Fatal ☐ School Bus ☐ Hit and Run Update ☐ Other:
CITY/COUNTY/JUDICIAL DISTRICT PICO RIVERA LOS ANGELES DOWNEY			REPORTING DISTRICT/BEAT 1513 1517	CITATION NUMBER —
LOCATION/SUBJECT [REDACTED]			STATE HIGHWAY RELATED ☐ Yes ☒ No	

1.

2.

B. MEASUREMENTS

3.

1. AREA OF IMPACT "AOI"

4.

THE AOI WAS DETERMINED FROM PARTY STATEMENTS AND DEBATS. ALL MEASUREMENTS WERE OBTAINED BY PACING. THE AOI'S ARE AS FOLLOWS:

5.

6.

7.

AOI #1 P/1 VS P/2

8.

N/WCL OF [REDACTED]

9.

E/WCL OF [REDACTED]

10.

AOI #2 P/2 VS LIGHT POLE

11.

N/WCL OF [REDACTED]

12.

W/WCL OF [REDACTED]

13.

AOI #3 POLE VS P/3

14.

N/WCL OF [REDACTED]

15.

E/WCL OF [REDACTED]

16.

17.

18.

C. PHYSICAL EVIDENCE

19.

1. SKID MARKS

20.

THERE WERE NO SKID MARKS

21.

22.

23.

2. DEBATS

24.

THERE WAS BROKEN PLASTIC LENSE AND VEHICLE PARTS

25.

AT AOI #1 FROM P/1 AND P/2'S VEHICLE. THERE WAS

26.

BROKEN PIECES OF CONCRETE LIGHT POLE AND OIL

27.

FROM P/2'S VEHICLE AT AOI #2, THERE WAS BROKEN

28.

WINDOW GLASS FROM P/3'S VEHICLE AT AOI #3.

29.

30.

31.

PREPARER'S NAME and I.D. NUMBER ROBERT LONG 430275	DATE 061619	REVIEWER'S NAME	DATE
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NARRATIVE/SUPPLEMENTAL

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DATE OF INCIDENT/OCCURRENCE 06-16-19	TIME (2400) 1235	NCIC NUMBER 1900	OFFICER I.D. NUMBER 430275	
"X" ONE ☒ Narrative ☐ Supplemental		"X" ONE ☒ Collision Report ☐ Other:		TYPE SUPPLEMENTAL ("X" APPLICABLE) ☐ BA Update ☐ Hazardous Materials ☐ Fatal ☐ School Bus ☐ Hit and Run Update ☐ Other:
CITY/COUNTY/JUDICIAL DISTRICT PICO RIVERA LOS ANGELES DOWNEY			REPORTING DISTRICT/BEAT 1513 15171	CITATION NUMBER —
LOCATION/SUBJECT [REDACTED]			STATE HIGHWAY RELATED ☐ Yes ☒ No	
1.				
2. 3. OTHER PHYSICAL EVIDENCE				
3. NONE				
4.				
5.				
6. II STATEMENTS				
7. A. PARTIES				
8. P/1 SAID SHE WAS TRAVELING S/B ON [REDACTED]				
9. IN THE #2 LANE AT APPROXIMATELY 35 MPH. P/1				
10. SAID P/2 SLOWED TO A STOP INFRONT OF HER.				
11. P/1 SAID SHE WAS UNABLE TO STOP AND COLLIDED				
12. WITH P/2'S VEHICLE FROM BEHIND. P/1 SAID P/2'S VEHICLE				
13. VEERED TO THE RIGHT AND COLLIDED WITH A LIGHT				
14. POLE. P/1 SAID THE LIGHT POLE FELL OVER AND				
15. LANDED ON P/3'S VEHICLE, WHICH WAS STOPPED				
16. IN THE S/B #2 LANE OF [REDACTED]				
17.				
18.				
19. P/2 SAID HE WAS TRAVELING S/B ON [REDACTED]				
20. IN THE #2 TRAFFIC LANE. P/2 SAID HE WAS STOPPED				
21. IN TRAFFIC AND SAW P/1 APPROACHING HIS VEHICLE				
22. FROM BEHIND AND NOT SLOWING DOWN. P/2 SAID				
23. HE KNEW P/1 WAS NOT GOING TO STOP AND WOULD				
24. COLLIDE WITH HIS VEHICLE, SO HE SWERVED TO HIS				
25. RIGHT IN AN ATTEMPT TO BEING HIT BY				
26. P/1'S VEHICLE. P/2 SAID P/1 CRASHED INTO THE				
27. REAR OF HIS VEHICLE AND THE IMPACT PUSHED				
28. HIM FORWARD INTO A LIGHT POLE. P/2 SAID				
29.				
30.				
31.				
PREPARER'S NAME and I.D. NUMBER ROBERT LONG 430275		DATE 061619	REVIEWER'S NAME DATE	

NARRATIVE/SUPPLEMENTAL

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DATE OF INCIDENT/OCCURRENCE 06-16-19	TIME (2400) 1235	NCIC NUMBER 1900	OFFICER I.D. NUMBER 430275	NUMBER [REDACTED]
"X" ONE ☒ Narrative ☐ Supplemental		"X" ONE ☒ Collision Report ☐ Other:		TYPE SUPPLEMENTAL ("X" APPLICABLE) ☐ BA Update ☐ Hazardous Materials ☐ Fatal ☐ School Bus ☐ Hit and Run Update ☐ Other:
CITY/COUNTY/JUDICIAL DISTRICT PICO RIVERA LOS ANGELES Downey				REPORTING DISTRICT/BEAT 1513 1511 CITATION NUMBER —
LOCATION/SUBJECT [REDACTED]				STATE HIGHWAY RELATED ☐ Yes ☒ No

1.
2.
3. THE LIGHT POLE FELL OVER AND LANDED ON THE
4. ROOF OF P/3'S VEHICLE. P/2 SAID P/3'S VEHICLE
5. WAS STOPPED IN THE S/B #2 LANE OF [REDACTED]

6.
7.
8. P/3 SAID SHE WAS TRAVELING S/B ON [REDACTED]
9. AND WAS STOPPED IN TRAFFIC IN THE #2
10. TRAFFIC LANE. P/3 SAID SHE HEARD A LOUD CRASH
11. BEHIND HER AND THEN SAW A LIGHT POLE FALLING
12. TOWARDS HER VEHICLE. P/3 SAID THE LIGHT POLE
13. LANDED ON THE ROOF OF HER VEHICLE. P/3 SAID
14. JUST PRIOR TO THE LIGHT POLE LANDING ON
15. THE ROOF OF HER VEHICLE, HER FRONT SEAT
16. PASSENGER OPENED THE FRONT PASSENGER DOOR
17. AND LEFT OUT OF THE VEHICLE ONTO TO ROADWAY
18. TO AVOID BEING HIT BY THE FALLING POLE.
19.
20.
21.

22. III. OPINIONS AND CONCLUSIONS

23. A. SUMMARY

24. P/1 WAS TRAVELING S/B ON [REDACTED] IN THE #2
25. TRAFFIC LANE AND COLLIDED WITH P/2'S VEHICLE,
26. PUSHING P/2'S VEHICLE INTO A CONCRETE LIGHT POLE.
27. THE LIGHT POLE THEN FELL ONTO THE ROOF
28. OF P/3'S VEHICLE, WHICH WAS STOPPED IN TRAFFIC
29. IN THE S/B #2 LANE OF [REDACTED]
30.
31.

PREPARER'S NAME and I.D. NUMBER ROBERT LONG 430275	DATE 061619	REVIEWER'S NAME	DATE
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NARRATIVE/SUPPLEMENTAL

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DATE OF INCIDENT/OCCURRENCE 06-16-19	TIME (2400) 1235	NCIC NUMBER 1900	OFFICER I.D. NUMBER 430275	NUMBER [REDACTED]
"X" ONE ☒ Narrative ☐ Supplemental		"X" ONE ☒ Collision Report ☐ Other:		TYPE SUPPLEMENTAL ("X" APPLICABLE) ☐ BA Update ☐ Hazardous Materials ☐ Fatal ☐ School Bus ☐ Hit and Run Update ☐ Other:
CITY/COUNTY/JUDICIAL DISTRICT PICO RIVERA LOS ANGELES DOWNEY				REPORTING DISTRICT/BEAT 1513 15171 CITATION NUMBER —
LOCATION/SUBJECT [REDACTED]				STATE HIGHWAY RELATED ☐ Yes ☒ No

B. ADDITIONAL INFORMATION

P11, P12 AND P13'S VEHICLE WERE ALL TOWED AT OWNERS REQUEST TO HELMS AND HILL TOWING AT 649 S MAPLE ST, MINTERELLO CA 90640.

SOUTHERN CALIFORNIA Edison WAS NOTIFIED RE: THE LIGHT POLE AND RESPONDED TO THE ACCIDENT SCENE AND REMOVED THE LIGHT POLE FROM THE ROADWAY.

C. CAUSE

P11 CAUSED THIS COLLISION BY TRAVELING AT AN UNSAFE SPEED, NOT ALLOWING HER TO STOP OR SLOW DOWN FOR TRAFFIC STOPPED IN FRONT OF HER (VIOLATION [REDACTED]).

IV RECOMMENDATIONS

NONE

PREPARER'S NAME and I.D. NUMBER

ROBERT LONG 430275

DATE

061619

REVIEWER'S NAME

DEP. FOSTER #485531

DATE

06118/2019

















Image 1

Claim Reference Id: [REDACTED]
File Name: PHOTO19
File Date: 06/21/2019
Label: Image 1
Note: Owner [REDACTED] | Style: 2016, HYUN, Elantra SE
Automatic (Alabama
Plant) | Insured: [REDACTED] | Loss Date: 06/16/2019 | P
olicy Number: AF | Claim Repres
Photo Location:
Photo Taken By: [REDACTED]
Estimate Indicator: E01



Image 10

Claim Reference Id: [REDACTED]

File Name: PHOTO6

File Date: 06/21/2019

Label: Image 10

Note: Owner [REDACTED] | Style: 2016, HYUN, Elantra SE
Automatic (Alabama
Plant) | Insured: [REDACTED] | Loss Date: 06/16/2019 | P
olicy Number: AF | Claim Repres

Photo Location:

Photo Taken By: [REDACTED]

Estimate Indicator: E01



Image 11

Claim Reference Id: [REDACTED]
File Name: PHOTO3
File Date: 06/21/2019
Label: Image 11
Note: Owner [REDACTED] | Style: 2016, HYUN, Elantra SE
Automatic (Alabama
Plant) | Insured: [REDACTED] | Loss Date: 06/16/2019 | Policy Number: AF | Claim Repres
Photo Location:
Photo Taken By: [REDACTED]
Estimate Indicator: E01



Image 12

Claim Reference Id: [REDACTED]
File Name: PHOTO4
File Date: 06/21/2019
Label: Image 12
Note: Owner [REDACTED] | Style: 2016, HYUN, Elantra SE Automatic (Alabama Plant) | Insured: [REDACTED] | Loss Date: 06/16/2019 | Policy Number: AF | Claim Repres
Photo Location:
Photo Taken By: [REDACTED]
Estimate Indicator: E01



Image 13

Claim Reference Id: [REDACTED]
File Name: PHOTO7
File Date: 06/21/2019
Label: Image 13
Note: Owner [REDACTED] | Style: 2016, HYUN, Elantra SE Automatic (Alabama Plant) | Insured: [REDACTED] | Loss Date: 06/16/2019 | Policy Number: AF | Claim Repres
Photo Location:
Photo Taken By: [REDACTED]
Estimate Indicator: E01



Image 14

Claim Reference Id: [REDACTED]
File Name: PHOTO24
File Date: 06/21/2019
Label: Image 14
Note: Owner [REDACTED] | Style: 2016, HYUN, Elantra SE
Automatic (Alabama
Plant) | Insured: [REDACTED] | Loss Date: 06/16/2019 | P
olicy Number: AF | Claim Repres
Photo Location:
Photo Taken By: [REDACTED]
Estimate Indicator: E01



Image 15

Claim Reference Id: [REDACTED]
File Name: PHOTO17
File Date: 06/21/2019
Label: Image 15
Note: Owner [REDACTED] | Style: 2016, HYUN, Elantra SE
Automatic (Alabama
Plant) | Insured: [REDACTED] | Loss Date: 06/16/2019 | P
olicy Number: AF | Claim Repres
Photo Location:
Photo Taken By: [REDACTED]
Estimate Indicator: E01

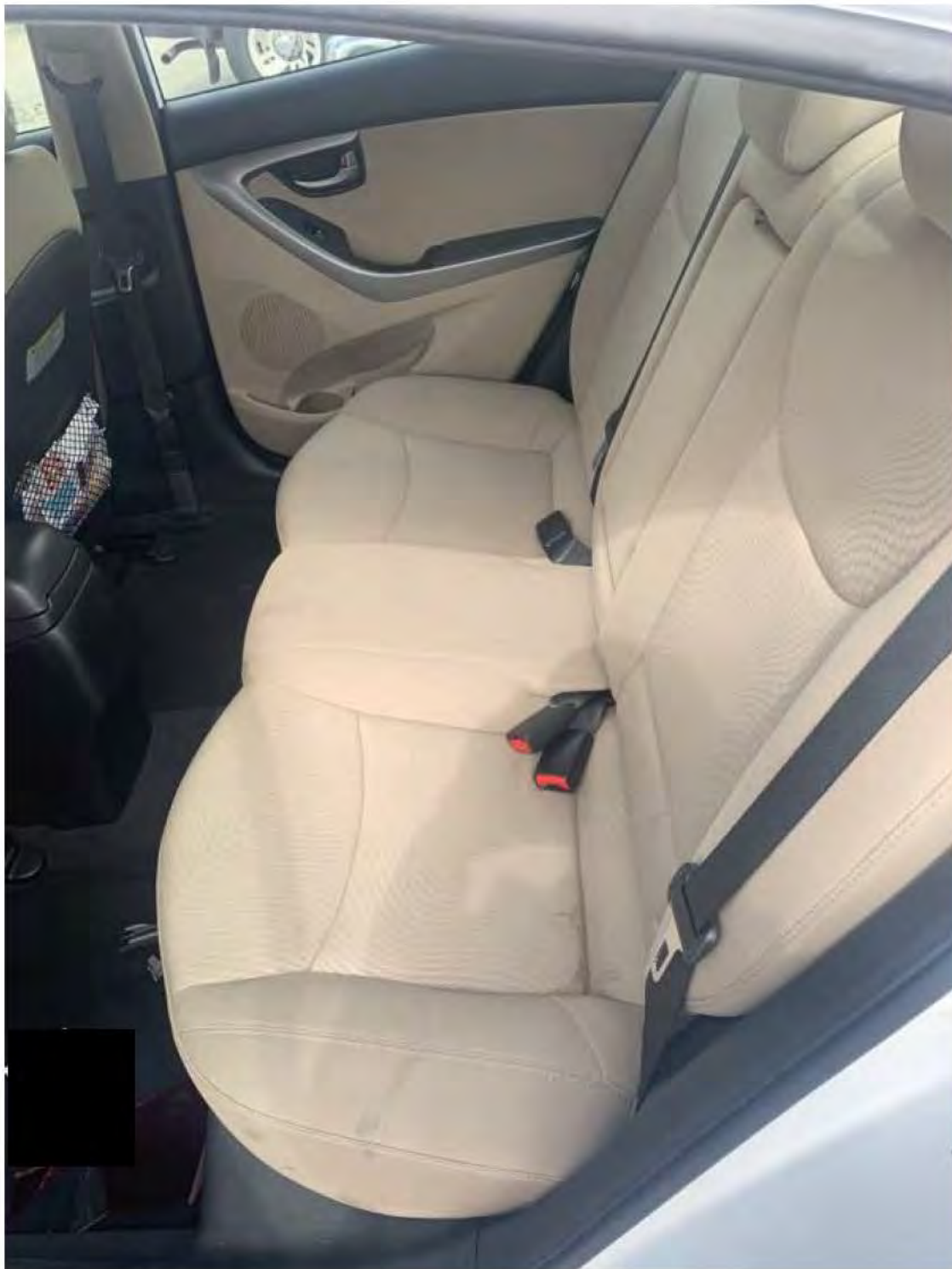


Image 16

Claim Reference Id: [REDACTED]
File Name: PHOTO1
File Date: 06/21/2019
Label: Image 16
Note: Owner [REDACTED] | Style: 2016, HYUN, Elantra SE
Automatic (Alabama
Plant) | Insured: [REDACTED] | Loss Date: 06/16/2019 | P
olicy Number: AF | Claim Repres
Photo Location:
Photo Taken By: [REDACTED]
Estimate Indicator: E01



Image 17

Claim Reference Id: [REDACTED]
File Name: PHOTO23
File Date: 06/21/2019
Label: Image 17
Note: Owner [REDACTED] | Style: 2016, HYUN, Elantra SE
Automatic (Alabama
Plant) | Insured: [REDACTED] | Loss Date: 06/16/2019 | P
olicy Number: AF | Claim Repres
Photo Location:
Photo Taken By: [REDACTED]
Estimate Indicator: E01



Image 18

Claim Reference Id: [REDACTED]
File Name: PHOTO35
File Date: 06/21/2019
Label: Image 18
Note: Owner [REDACTED] | Style: 2016, HYUN, Elantra SE
Automatic (Alabama
Plant) | Insured: [REDACTED] | Loss Date: 06/16/2019 | P
olicy Number: AF | Claim Repres
Photo Location:
Photo Taken By: [REDACTED]
Estimate Indicator: E01



Image 19

Claim Reference Id: [REDACTED]
File Name: PHOTO13
File Date: 06/21/2019
Label: Image 19
Note: Owner [REDACTED] | Style: 2016, HYUN, Elantra SE
Automatic (Alabama
Plant) | Insured: [REDACTED] | Loss Date: 06/16/2019 | Policy Number: AF | Claim Repres
Photo Location:
Photo Taken By: [REDACTED]
Estimate Indicator: E01



Image 2

Claim Reference Id: [REDACTED]
File Name: PHOTO25
File Date: 06/21/2019
Label: Image 2
Note: Owner [REDACTED] | Style: 2016, HYUN, Elantra SE
Automatic (Alabama
Plant) | Insured: [REDACTED] | Loss Date: 06/16/2019 | P
olicy Number: AF | Claim Repres
Photo Location:
Photo Taken By: [REDACTED]
Estimate Indicator: E01



Image 20

Claim Reference Id: [REDACTED]
File Name: PHOTO9
File Date: 06/21/2019
Label: Image 20
Note: Owner [REDACTED] | Style: 2016, HYUN, Elantra SE
Automatic (Alabama
Plant) | Insured [REDACTED] | Loss Date: 06/16/2019 | P
olicy Number: AF | Claim Repres
Photo Location:
Photo Taken By: [REDACTED]
Estimate Indicator: E01



Image 21

Claim Reference Id: [REDACTED]
File Name: PHOTO39
File Date: 06/21/2019
Label: Image 21
Note: Owner [REDACTED] | Style: 2016, HYUN, Elantra SE
Automatic (Alabama
Plant) | Insured: [REDACTED] | Loss Date: 06/16/2019 | Policy Number: AF | Claim Repres
Photo Location:
Photo Taken By: [REDACTED]
Estimate Indicator: E01



Image 22

Claim Reference Id: [REDACTED]
File Name: PHOTO15
File Date: 06/21/2019
Label: Image 22
Note: Owner [REDACTED] | Style: 2016, HYUN, Elantra SE
Automatic (Alabama
Plant) | Insured: [REDACTED] | Loss Date: 06/16/2019 | Policy Number: AF | Claim Repres
Photo Location:
Photo Taken By: [REDACTED]
Estimate Indicator: E01



Image 23

Claim Reference Id: [REDACTED]
File Name: PHOTO16
File Date: 06/21/2019
Label: Image 23
Note: Owner [REDACTED] | Style: 2016, HYUN, Elantra SE
Automatic (Alabama
Plant) | Insured: [REDACTED] | Loss Date: 06/16/2019 | Policy Number: AF | Claim Repres
Photo Location:
Photo Taken By: [REDACTED]
Estimate Indicator: E01



Image 24

Claim Reference Id: [REDACTED]
File Name: PHOTO31
File Date: 06/21/2019
Label: Image 24
Note: Owner: [REDACTED] R|Style:2016,HYUN,Elantra SE
Automatic (Alabama
Plant)|Insured: [REDACTED] R|LossDate:06/16/2019|P
olicyNumber:AF|ClaimRepres
Photo Location:
Photo Taken By: [REDACTED]
Estimate Indicator: E01



Image 25

Claim Reference Id: [REDACTED]
File Name: PHOTO40
File Date: 06/21/2019
Label: Image 25
Note: Owner [REDACTED] | Style: 2016, HYUN, Elantra SE
Automatic (Alabama
Plant) | Insured: [REDACTED] | Loss Date: 06/16/2019 | P
olicy Number: AF | Claim Repres
Photo Location:
Photo Taken By: [REDACTED]
Estimate Indicator: E01



Image 26

Claim Reference Id: [REDACTED]
File Name: PHOTO41
File Date: 06/21/2019
Label: Image 26
Note: Owner [REDACTED] | Style: 2016, HYUN, Elantra SE
Automatic (Alabama
Plant) | Insured: [REDACTED] | Loss Date: 06/16/2019 | P
olicy Number: AF | Claim Repres
Photo Location:
Photo Taken By: [REDACTED]
Estimate Indicator: E01



Image 27

Claim Reference Id: [REDACTED]
File Name: PHOTO32
File Date: 06/21/2019
Label: Image 27
Note: Owner [REDACTED] | Style: 2016, HYUN, Elantra SE
Automatic (Alabama
Plant) | Insured: [REDACTED] | Loss Date: 06/16/2019 | P
olicy Number: AF | Claim Repres
Photo Location:
Photo Taken By: [REDACTED]
Estimate Indicator: E01



Image 28

Claim Reference Id: [REDACTED]
File Name: PHOTO28
File Date: 06/21/2019
Label: Image 28
Note: Owner [REDACTED] | Style: 2016, HYUN, Elantra SE
Automatic (Alabama
Plant) | Insured: [REDACTED] | Loss Date: 06/16/2019 | P
olicy Number: AF | Claim Repres
Photo Location:
Photo Taken By: [REDACTED]
Estimate Indicator: E01



Image 29

Claim Reference Id: [REDACTED]
File Name: PHOTO11
File Date: 06/21/2019
Label: Image 29
Note: Owner [REDACTED] | Style: 2016, HYUN, Elantra SE
Automatic (Alabama
Plant) | Insured: [REDACTED] | Loss Date: 06/16/2019 | P
olicy Number: AF | Claim Repres
Photo Location:
Photo Taken By: [REDACTED]
Estimate Indicator: E01



Image 3

Claim Reference Id: [REDACTED]
File Name: PHOTO5
File Date: 06/21/2019
Label: Image 3
Note: Owner [REDACTED] Style:2016,HYUN,Elantra SE
Automatic (Alabama
Plant)|Insured:[REDACTED]|LossDate:06/16/2019|P
olicyNumber:AF|ClaimRepres
Photo Location:
Photo Taken By: [REDACTED]
Estimate Indicator: E01



Image 30

Claim Reference Id: [REDACTED]
File Name: PHOTO21
File Date: 06/21/2019
Label: Image 30
Note: Owner [REDACTED] | Style: 2016, HYUN, Elantra SE
Automatic (Alabama
Plant) | Insured: [REDACTED] | Loss Date: 06/16/2019 | P
olicy Number: AF | Claim Repres
Photo Location:
Photo Taken By: [REDACTED]
Estimate Indicator: E01



Image 31

Claim Reference Id: [REDACTED]
File Name: PHOTO42
File Date: 06/21/2019
Label: Image 31
Note: Owner [REDACTED] | Style: 2016, HYUN, Elantra SE
Automatic (Alabama
Plant) | Insured: [REDACTED] | Loss Date: 06/16/2019 | Policy Number: AF | Claim Repres
Photo Location:
Photo Taken By: [REDACTED]
Estimate Indicator: E01



Image 32

Claim Reference Id: [REDACTED]
File Name: PHOTO18
File Date: 06/21/2019
Label: Image 32
Note: Owner [REDACTED] | Style: 2016, HYUN, Elantra SE
Automatic (Alabama
Plant) | Insured: [REDACTED] | Loss Date: 06/16/2019 | P
olicy Number: AF | Claim Repres
Photo Location:
Photo Taken By: [REDACTED]
Estimate Indicator: E01



Image 33

Claim Reference Id: [REDACTED]

File Name: PHOTO10

File Date: 06/21/2019

Label: Image 33

Note: Owner [REDACTED] | Style: 2016, HYUN, Elantra SE
Automatic (Alabama
Plant) | Insured: [REDACTED] | Loss Date: 06/16/2019 | P
olicy Number: AF | Claim Repres

Photo Location:

Photo Taken By: [REDACTED]

Estimate Indicator: E01



Image 34

Claim Reference Id: [REDACTED]
File Name: PHOTO36
File Date: 06/21/2019
Label: Image 34
Note: Owner [REDACTED] | Style: 2016, HYUN, Elantra SE
Automatic (Alabama
Plant) | Insured: [REDACTED] Loss Date: 06/16/2019 | P
olicy Number: AF | Claim Repres
Photo Location:
Photo Taken By: [REDACTED]
Estimate Indicator: E01



Image 36

Claim Reference Id: [REDACTED]

File Name: PHOTO22

File Date: 06/21/2019

Label: Image 36

Note: Owner [REDACTED] | Style: 2016, HYUN, Elantra SE Automatic (Alabama Plant) | Insured: [REDACTED] | Loss Date: 06/16/2019 | Policy Number: AF | Claim Repres

Photo Location:

Photo Taken By: [REDACTED]

Estimate Indicator: E01



Image 37

Claim Reference Id: [REDACTED]
File Name: PHOTO14
File Date: 06/21/2019
Label: Image 37
Note: Owner [REDACTED] | Style: 2016, HYUN, Elantra SE
Automatic (Alabama
Plant) | Insured: [REDACTED] | Loss Date: 06/16/2019 | P
olicy Number: AF | Claim Repres
Photo Location:
Photo Taken By: [REDACTED]
Estimate Indicator: E01



Image 38

Claim Reference Id: [REDACTED]
File Name: PHOTO30
File Date: 06/21/2019
Label: Image 38
Note: Owner [REDACTED] | Style: 2016, HYUN, Elantra SE
Automatic (Alabama
Plant) | Insured: [REDACTED] | Loss Date: 06/16/2019 | P
olicy Number: AF | Claim Repres
Photo Location:
Photo Taken By: [REDACTED]
Estimate Indicator: E01



Image 39

Claim Reference Id: [REDACTED]
File Name: PHOTO20
File Date: 06/21/2019
Label: Image 39
Note: Owner [REDACTED] | Style: 2016, HYUN, Elantra SE
Automatic (Alabama
Plant) | Insured: [REDACTED] | Loss Date: 06/16/2019 | P
olicy Number: AF | Claim Repres
Photo Location:
Photo Taken By: [REDACTED]
Estimate Indicator: E01



Image 4

Claim Reference Id: [REDACTED]
File Name: PHOTO26
File Date: 06/21/2019
Label: Image 4
Note: Owner [REDACTED] | Style: 2016, HYUN, Elantra SE
Automatic (Alabama
Plant) | Insured: [REDACTED] | Loss Date: 06/16/2019 | Policy Number: AF | Claim Repres
Photo Location:
Photo Taken By: [REDACTED]
Estimate Indicator: E01



Image 40

Claim Reference Id: [REDACTED]
File Name: PHOTO27
File Date: 06/21/2019
Label: Image 40
Note: Owner [REDACTED] | Style: 2016, HYUN, Elantra SE
Automatic (Alabama
Plant) | Insured: [REDACTED] | Loss Date: 06/16/2019 | P
olicy Number: AF | Claim Repres
Photo Location:
Photo Taken By: [REDACTED]
Estimate Indicator: E01



Image 41

Claim Reference Id: [REDACTED]
File Name: PHOTO38
File Date: 06/21/2019
Label: Image 41
Note: Owner [REDACTED] | Style: 2016, HYUN, Elantra SE
Automatic (Alabama
Plant) | Insured: [REDACTED] | Loss Date: 06/16/2019 | P
olicy Number: AF | Claim Repres
Photo Location:
Photo Taken By: [REDACTED]
Estimate Indicator: E01



Image 42

Claim Reference Id: [REDACTED]
File Name: PHOTO33
File Date: 06/21/2019
Label: Image 42
Note: Owner [REDACTED] Style:2016,HYUN,Elantra SE
Automatic (Alabama
Plant)|Insured: [REDACTED] |LossDate:06/16/2019|P
olicyNumber:AF|ClaimRepres
Photo Location:
Photo Taken By: [REDACTED]
Estimate Indicator: E01



Image 5

Claim Reference Id: [REDACTED]
File Name: PHOTO2
File Date: 06/21/2019
Label: Image 5
Note: Owner [REDACTED] Style:2016,HYUN,Elantra SE
Automatic (Alabama
Plant)|Insured [REDACTED] |LossDate:06/16/2019|P
olicyNumber:AF|ClaimRepres
Photo Location:
Photo Taken By: [REDACTED]
Estimate Indicator: E01



Image 6

Claim Reference Id: [REDACTED]

File Name: PHOTO8

File Date: 06/21/2019

Label: Image 6

Note: Owner: [REDACTED] | Style: 2016, HYUN, Elantra SE
Automatic (Alabama
Plant) [REDACTED] | Loss Date: 06/16/2019 | P
olicy Number: AF | Claim Repres

Photo Location:

Photo Taken By: [REDACTED]

Estimate Indicator: E01



Image 7

Claim Reference Id: [REDACTED]
File Name: PHOTO29
File Date: 06/21/2019
Label: Image 7
Note: Owner [REDACTED] | Style: 2016, HYUN, Elantra SE Automatic (Alabama Plant) | Insured: [REDACTED] | Loss Date: 06/16/2019 | Policy Number: AF | Claim Repres
Photo Location:
Photo Taken By: [REDACTED]
Estimate Indicator: E01



Image 8

Claim Reference Id: [REDACTED]
File Name: PHOTO12
File Date: 06/21/2019
Label: Image 8
Note: Owner [REDACTED] | Style: 2016, HYUN, Elantra SE
Automatic (Alabama
Plant) | Insured [REDACTED] | Loss Date: 06/16/2019 | P
olicy Number: AF | Claim Repres
Photo Location:
Photo Taken By: [REDACTED]
Estimate Indicator: E01



Image 9

Claim Reference Id: [REDACTED]
File Name: PHOTO37
File Date: 06/21/2019
Label: Image 9
Note: Owner [REDACTED] | Style: 2016, HYUN, Elantra SE
Automatic (Alabama
Plant) | Insured: [REDACTED] | Loss Date: 06/16/2019 | Policy Number: AF | Claim Repres
Photo Location:
Photo Taken By: [REDACTED]
Estimate Indicator: E01