INFORMATION REDACTED PURSUANT TOTHE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C.552(B)(6)

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 100148

Date Received	Repository ☐
18-NOV-2019 MAR 0 3 2020	Reference No. 11280937

OWNER INFORMATION (Type or Print)

Name			
Address		Daytime Telephone Number	E-mail Address
City OXNARD	State CA	Zip Code	Evening Telephone Number

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2HNYD18936H	ACURA	MDX	2006

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Original Owner ☒	Dealer's City Ventura	State CA	Zip Code		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 02-OCT-2019

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 220000 SEATS, 150000 SEAT BELTS	Failure Mileage 145000	Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	☐ 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).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	1	0	N 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 old part is available).

TL* THE CONTACT OWNED A 2006 ACURA MDX. WHILE THE CONTACT'S VEHICLE WAS IDLING AT A TRAFFIC LIGHT, IT WAS REAR ENDED BY ANOTHER VEHICLE. THE CONTACT HEARD AN ABNORMAL NOISE AND THE FRONT DRIVER'S SEAT FRACTURED IN HALF. ALSO, THE SEAT BELT BECAME DETACHED DURING THE IMPACT. THE AIR BAG DEPLOYED. THERE WERE NO WARNING INDICATORS ILLUMINATED. THE CONTACT SUSTAINED INJURIES TO THE LEFT KNEE, BACK, NECK, AND HIP. THE CONTACT WAS TRANSPORTED VIA AMBULANCE TO THE HOSPITAL FOR MEDICAL ATTENTION. THE CONTACT WAS CURRENTLY SEEING A CHIROPRACTOR AND RECEIVING TREATMENT FOR HER BACK AND NECK. THE VEHICLE WAS UNABLE TO BE DRIVEN AND WAS TOWED TO AN IMPOUND LOT. A POLICE REPORT WAS NOT FILED. THE VEHICLE WAS NOT DIAGNOSED. THE DEALER AND MANUFACTURER WERE NOT INFORMED OF THE FAILURE. THE FAILURE MILEAGE WAS 145,000.

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

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

OXNARD POLICE DEPARTMENT
COPY NOT TO BE DUPLICATED
TO: Leticia Garcia
AGENCY: OXPD
BY: CA5464
DATE: OCT 22 2019

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

TRAFFIC COLLISION REPORT

CHP 555 Page 1 (Rev. 4-11) OPI 060

SPECIAL CONDITIONS	NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER
	2	☐	Oxnard	Ventura	[redacted]
	NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY	REPORTING DISTRICT / BEAT	DAY OF WEEK / TOW AWAY
	0	☐	Ventura	41	S M T W T F S ☒ YES ☐ NO

LOCATION

COLLISION OCCURRED ON	MO. DAY YEAR	TIME (2400)	NCIC #	OFFICER I.D.
[redacted]	10/02/2019	1854	5604	5538

MILEPOST INFORMATION: FEET/MILES OF
GPS COORDINATES: LATITUDE 34.164434965 LONGITUDE -119.159416766
PHOTOGRAPHS BY: ☐ NONE — Michael Gens
☒ AT INTERSECTION WITH [redacted]
☐ OR: FEET/MILES OF
STATE HWY REL: ☐ YES ☒ NO

PARTY 01

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.
[redacted]	CA	C	L	G

DRIVER ☒ — NAME (FIRST, MIDDLE, LAST): [redacted]
PEDESTRIAN ☐ — STREET ADDRESS: [redacted]
PARKED VEHICLE ☐ — CITY/STATE/ZIP: OXNARD CA [redacted]

BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE
☐	M	BLK	BRO	5 – 6	125	[redacted]	H

OTHER ☐ — HOME PHONE: [redacted] — BUSINESS PHONE:
INSURANCE CARRIER: GEICO — POLICY NUMBER: [redacted]
DIR OF TRAVEL: [redacted] — ON STREET OR HIGHWAY: [redacted] — SPEED LIMIT: 40

VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
2012	DODGE RAM 1500 SIL	[redacted]	CA

OWNER'S NAME: [redacted] ☐ SAME AS DRIVER
OWNER'S ADDRESS: ☒ SAME AS DRIVER
DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☒ DRIVER ☐ OTHER
Owl Towing
PRIOR MECHANICAL DEFECTS: ☒ NONE APPARENT ☐ REFER TO NARRATIVE
VEHICLE IDENTIFICATION NUMBER: 3C6JD6AT3CG[redacted]

VEHICLE TYPE	DESCRIBE VEHICLE DAMAGE	SHADE IN DAMAGED AREA
22	☐ UNK. ☐ NONE ☐ MINOR ☒ MOD. ☐ MAJOR ☐ ROLL-OVER	

CA ____ DOT ____
CAL-T ____ TCP/PSC ____ MC/MX ____

PARTY 02

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.
[redacted]	CA	C	L	G

DRIVER ☒ — NAME (FIRST, MIDDLE, LAST): [redacted]
PEDESTRIAN ☐ — STREET ADDRESS: [redacted]
PARKED VEHICLE ☐ — CITY/STATE/ZIP: OXNARD CA [redacted]

BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE
☐	F	BLK	BRO	5 – 6	250	[redacted]	H

OTHER ☐ — HOME PHONE: [redacted] — BUSINESS PHONE:
INSURANCE CARRIER: BRISTOL WEST — POLICY NUMBER: [redacted]
DIR OF TRAVEL: [redacted] — ON STREET OR HIGHWAY: [redacted] — SPEED LIMIT: 45

VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
2006	ACURA MDX BLU	[redacted]	CA

OWNER'S NAME: [redacted] ☐ SAME AS DRIVER
OWNER'S ADDRESS: ☒ SAME AS DRIVER
DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☒ DRIVER ☐ OTHER
Bobs Towing
PRIOR MECHANICAL DEFECTS: ☒ NONE APPARENT ☐ REFER TO NARRATIVE
VEHICLE IDENTIFICATION NUMBER:

VEHICLE TYPE	DESCRIBE VEHICLE DAMAGE	SHADE IN DAMAGED AREA
07	☐ UNK. ☐ NONE ☐ MINOR ☐ MOD. ☒ MAJOR ☐ ROLL-OVER	

CA ____ DOT ____
CAL-T ____ TCP/PSC ____ MC/MX ____

PARTY 03

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.
[redacted]	CA	C	M	G

DRIVER ☒ — NAME (FIRST, MIDDLE, LAST): [redacted]
PEDESTRIAN ☐ — STREET ADDRESS: [redacted]
PARKED VEHICLE ☐ — CITY/STATE/ZIP: OXNARD CA [redacted]

BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE
☐	M	BLK	BLK	5 – 9	220	[redacted]	H

OTHER ☐ — HOME PHONE: [redacted] — BUSINESS PHONE:
INSURANCE CARRIER: ALLIANCE — POLICY NUMBER: [redacted]
DIR OF TRAVEL: [redacted] — ON STREET OR HIGHWAY: [redacted] — SPEED LIMIT: 40

VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
1999	NISSAN ALTIMA GRY	[redacted]	CA

OWNER'S NAME: [redacted] ☐ SAME AS DRIVER
OWNER'S ADDRESS: ☒ SAME AS DRIVER
DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☒ DRIVER ☐ OTHER
Driven from scene
PRIOR MECHANICAL DEFECTS: ☒ NONE APPARENT ☐ REFER TO NARRATIVE
VEHICLE IDENTIFICATION NUMBER:

VEHICLE TYPE	DESCRIBE VEHICLE DAMAGE	SHADE IN DAMAGED AREA
01	☐ UNK. ☐ NONE ☒ MINOR ☐ MOD. ☐ MAJOR ☐ ROLL-OVER	

CA ____ DOT ____
CAL-T ____ TCP/PSC ____ MC/MX ____

PREPARER'S NAME	DISPATCH NOTIFIED	REVIEWER'S NAME	DATE REVIEWED
Brandi Roberts	☐ YES ☐ NO ☒ N/A	Justin Songer	10/21/2019

GEICO CLAIM # [redacted]

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

TRAFFIC COLLISION CODING

CHP 555 Page 2 (Rev. 4-11) OPI 060

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
10/02/2019	1854	5604	5538	[redacted]

PROPERTY DAMAGE

OWNER'S NAME	OWNER'S ADDRESS	NOTIFIED
		☐ YES ☐ NO

DESCRIPTION OF DAMAGE

SEATING POSITION

1 - DRIVER
2 TO 8 - 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
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

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 - 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

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	01	02	03	SPECIAL INFORMATION	01	02	03	MOVEMENT PRECEDING COLLISION
A VC SECTION VIOLATED: 22350 VC CITED ☐ YES ☒ NO	A CONTROLS FUNCTIONING				A HAZARDOUS MATERIAL			X	A STOPPED
B OTHER IMPROPER DRIVING*:	B CONTROLS NOT FUNCTIONING*				B CELL PHONE HANDHELD IN USE	X			B PROCEEDING STRAIGHT
	C CONTROLS OBSCURED				C CELL PHONE HANDSFREE IN USE				C RAN OFF ROAD
	X D NO CONTROLS PRESENT / FACTOR*				D CELL PHONE NOT IN USE				D MAKING RIGHT TURN
C OTHER THAN DRIVER*	**TYPE OF COLLISION**				E SCHOOL BUS RELATED				E MAKING LEFT TURN
D UNKNOWN*	A HEAD - ON				F 75 FT MOTORTRUCK COMBO				F MAKING U TURN
	B SIDE SWIPE				G 32 FT TRAILER COMBO				G BACKING
	X C REAR END	X	X	X	H		X		H SLOWING / STOPPING
WEATHER (MARK 1 TO 2 ITEMS)	D BROADSIDE				I				I PASSING OTHER VEHICLE
X A CLEAR	E HIT OBJECT				J				J CHANGING LANES
B CLOUDY	F OVERTURNED				K				K PARKING MANEUVER
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	X C OTHER MOTOR VEHICLE	01	02	03	**OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)**				R OTHER*:
B DUSK - DAWN	D MOTOR VEHICLE ON OTHER ROADWAY								
X C DARK - STREET LIGHTS	E PARKED MOTOR VEHICLE				A VC SECTION VIOLATION: CITED ☐ YES ☐ NO				
D DARK - NO STREET LIGHTS	F TRAIN								
E DARK - STREET LIGHTS NOT FUNCTIONING*	G BICYCLE				B VC SECTION VIOLATION: CITED ☐ YES ☐ NO				
ROADWAY SURFACE	H ANIMAL:				C VC SECTION VIOLATION: CITED ☐ YES ☐ NO	01	02	03	**SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)**
X A DRY	I FIXED OBJECT:				D [redacted]	X	X	X	A HAD NOT BEEN DRINKING
B WET	J OTHER OBJECT:				E VISION OBSCUREMENT:				B HBD - UNDER THE INFLUENCE
C SNOWY - ICY					F INATTENTION*:				C HBD - NOT UNDER INFLUENCE*
D SLIPPERY (MUDDY, OILY, ETC.)					G STOP & GO TRAFFIC				D HBD - IMPAIRMENT UNKNOWN*
ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS)	**PEDESTRIAN'S ACTIONS**				H ENTERING / LEAVING RAMP				E UNDER DRUG INFLUENCE*
A HOLES, DEEP RUT*	X A NO PEDESTRIANS INVOLVED				I PREVIOUS COLLISION				F IMPAIRMENT - PHYSICAL*
B LOOSE MATERIAL ON ROADWAY*	B CROSSING IN CROSSWALK - AT INTERSECTION				J UNFAMILIAR WITH ROAD				G IMPAIRMENT NOT KNOWN
C OBSTRUCTION ON ROADWAY*					K DEFECTIVE VEH. EQUIP.: CITED ☐ YES ☐ NO				H NOT APPLICABLE
D CONSTRUCTION - REPAIR ZONE	C CROSSING IN CROSSWALK - NOT AT INTERSECTION								I SLEEPY / FATIGUED*
E REDUCED ROADWAY WIDTH	D CROSSING - NOT IN CROSSWALK				L UNINVOLVED VEHICLE				
F FLOODED*	E IN ROAD - INCLUDES SHOULDER				M OTHER*:				
G OTHER*:	F NOT IN ROAD	X	X	X	N NONE APPARENT				
X H NO UNUSUAL CONDITIONS	G APPROACHING / LEAVING SCHOOL BUS				O RUNAWAY VEHICLE				

SKETCH

MISCELLANEOUS

UKIAH POLICE DEPARTMENT
[illegible]

An internationally Accredited Agency

STATE OF CALIFORNIA

INJURED / WITNESS / PASSENGERS

CHP 555 Page 3 (Rev. 11-06) OPI 065

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
10/02/2019	1854	5604	5538	[redacted]

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					
☐#	☐	[redacted]	M	☐	☐	☐	☒	☒	☐	☐	☐	☐	01	1	L	G	0

NAME / D. O. B. / ADDRESS: [redacted] OXNARD CA [redacted]

TELEPHONE: [redacted]

(INJURED ONLY) TRANSPORTED BY: SELF

TAKEN TO: HOME

DESCRIBE INJURIES: PAIN TO CHEST AND NECK

☐ VICTIM OF VIOLENT CRIME NOTIFIED

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					
☐#	☐	[redacted]	F	☐	☐	☐	☒	☒	☐	☐	☐	☐	02	1	L	G	0

NAME / D. O. B. / ADDRESS: [redacted] OXNARD CA [redacted]

TELEPHONE: [redacted]

(INJURED ONLY) TRANSPORTED BY: AMBULANCE

TAKEN TO: ST. JOHNS HOSPITAL

DESCRIBE INJURIES: PAIN TO HEAD AND BACK

☐ VICTIM OF VIOLENT CRIME NOTIFIED

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					
☐#	☐	[redacted]	M	☐	☐	☐	☒	☒	☐	☐	☐	☐	03	1	M	G	0

NAME / D. O. B. / ADDRESS: [redacted] ST OXNARD CA [redacted]

TELEPHONE: [redacted]

(INJURED ONLY) TRANSPORTED BY: SELF

TAKEN TO: HOME

DESCRIBE INJURIES: PAINT TO CHEST AND BACK OF NECK

☐ VICTIM OF VIOLENT CRIME NOTIFIED

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					
☐#	☐	[redacted]	F	☐	☐	☐	☒	☐	☒	☐	☐	☐	03	3	M	G	0

NAME / D. O. B. / ADDRESS: [redacted] OXNARD CA [redacted]

TELEPHONE: [redacted]

(INJURED ONLY) TRANSPORTED BY: SELF

TAKEN TO: HOME

DESCRIBE INJURIES: PAIN TO BACK OF NECK, HEAD, AND BACK

☐ VICTIM OF VIOLENT CRIME NOTIFIED

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					
☐#	☐	[redacted]	M	☐	☐	☐	☒	☒	☐	☐	☐	☐	04	1	M	G	0

NAME / D. O. B. / ADDRESS: [redacted] OXNARD CA [redacted]

TELEPHONE: [redacted]

(INJURED ONLY) TRANSPORTED BY: SELF

TAKEN TO: HOME

DESCRIBE INJURIES: PAIN TO NECK AND BACK

OXNARD POLICE DEPARTMENT COPY NOT TO BE DUPLICATED

☐ VICTIM OF VIOLENT CRIME NOTIFIED

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					
☐#	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐					

NAME / D. O. B. / ADDRESS:

TELEPHONE:

(INJURED ONLY) TRANSPORTED BY:

TAKEN TO:

DESCRIBE INJURIES:

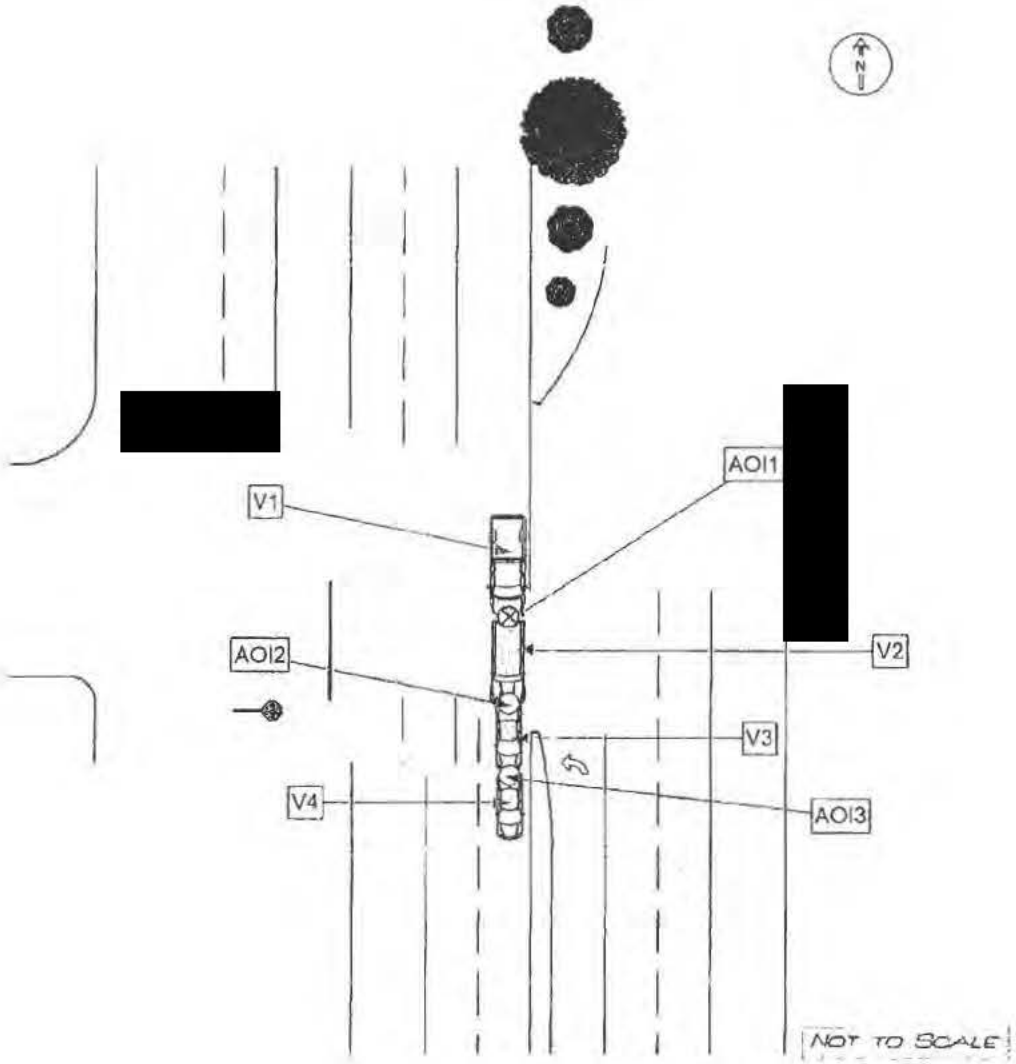
☐ VICTIM OF VIOLENT CRIME NOTIFIED

PREPARER'S NAME	I.D. NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
Brandi Roberts	5538	10/02/2019	Justin Songer	10/21/2019

STATE OF CALIFORNIA
FACTUAL DIAGRAM
CHP 555 Page 4(Rev. 11-06) OPI 065

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
10/02/2019	1854	5604	5538	[redacted]

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



CAMARILLO POLICE DEPARTMENT
COPY NOT

PREPARED BY	I.D. NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
Brandl, Roberts	5538	10/02/2019	Justin Songer	10/21/2019

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

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
10/02/2019	1854	5604	5538	[redacted]

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

CITY/COUNTY/JUDICIAL DISTRICT			REPORTING DISTRICT/BEAT	CITATION NUMBER
Oxnard	Ventura	Ventura	41	

LOCATION/SUBJECT	STATE HIGHWAY RELATED
S ROSE AVE	☐ Yes ☒ No

NOTIFICATION: On 10/2/2019 at 1854 hours, I responded to a 4 vehicle collison that occured on [redacted] at [redacted]

SUMMARY: V1 was traveling southbound on [redacted]. In the number 1 lane and failed to yeild to stopped traffic at [redacted] and collided into vehicle 3 causing V2 to rear end V3 causing V3 to rear end V4.

DRIVER STATEMENTS: Driver 1, [redacted] stated that he was driving southbound in the number 1 lane when he noticed V2 suddenly stop. [redacted] advised he attempted to stop but ultimately collided to the rear of V2. [redacted] airbags depolyed and had a complaint of pain onhis chest area.

Driver 2 [redacted] advised that she was traveling southbound on [redacted] when she came to a stop due to traffic in fron ofher stopping. [redacted] advised that she wasthe rear ended by V1 causing her airbags to depoly. [redacted] lost control of her vehicle and was unable to see due to the air bag and her vehicle drifted into the northbound lanes on [redacted] had a complaint of pain to her head and back and was transported by ambulance to St. Johns Hospital.

Driver 3, [redacted] stated that he was driving southbound in the number one lane on [redacted] when he came to a stop due to traffic. While [redacted] was stopped he was suddenly rear ended by V2, causing his vehicle to be pushed into V4. [redacted] advised he had pain to his chest and neck as a result of the collision.

Driver 4, [redacted] stated that he was stopped in the number 1 lane facing southbound on [redacted] when his vehicle was rear ended by V3. [redacted] had a complaint of pain to his neck and back as a result of the collision.

PASSENGER STATEMENTS: Passenger 1, [redacted] stated that they were driving southbound in the number 1 lane on [redacted] when the came to a stop in traffic. Suddenly She felt impact from behind as V2 rear ended their vehicle. As a result of the collision, [redacted] had a complaint of pain to her neck head and back.

OFFICER ACTIONS: Officer Gens took photos of the involved vehicles. Two of the four vehicles were towed at owners request.

OXNARD POLICE DEPARTMENT
COPY NOT TO BE DUPLICATED

PREPARER'S NAME AND I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
Brandi Roberts 5538	10/02/2019	Justin Songer	10/21/2019

Use previous editions until depleted.

OSP 98 16869

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

TRAFFIC COLLISION REPORT

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SPECIAL CONDITIONS	NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER
	2	☐	Oxnard	Ventura	[redacted]
	NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY	REPORTING DISTRICT / BEAT	DAY OF WEEK / TOW AWAY
	0	☐	Ventura	41	S M T W T F S ☒ YES ☐ NO

LOCATION

COLLISION OCCURRED ON	MO. DAY YEAR	TIME (2400)	NCIC #	OFFICER I.D.
[redacted]	10/02/2019	1854	5804	5538

MILEPOST INFORMATION: FEET/MILES OF
GPS COORDINATES: LATITUDE 34.164434965 LONGITUDE -119.159416766
PHOTOGRAPHS BY: ☐ NONE — Michael Gens
☒ AT INTERSECTION WITH LINDSAY PL
☐ OR: FEET/MILES OF
STATE HWY REL: ☐ YES ☒ NO

PARTY 04

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.
[redacted]	CA	C	M	G

DRIVER ☒ — NAME (FIRST, MIDDLE, LAST): [redacted]
PEDESTRIAN ☐ — STREET ADDRESS: [redacted]
PARKED VEHICLE ☐ — CITY/STATE/ZIP: OXNARD CA [redacted]

BICYCLIST ☐	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE
	M	BLK	BRO	6 – 4	105	[redacted]	H

OTHER ☐ — HOME PHONE: [redacted] — BUSINESS PHONE:
INSURANCE CARRIER: GEICO — POLICY NUMBER: [redacted]
DIR OF TRAVEL: [redacted] — ON STREET OR HIGHWAY: — SPEED LIMIT: 40

VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
2014	INFINITI Q50 GRY	[redacted]	[redacted]

OWNER'S NAME: [redacted] ☒ SAME AS DRIVER
OWNER'S ADDRESS: ☒ SAME AS DRIVER
DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☒ DRIVER ☐ OTHER
Driven from scene
PRIOR MECHANICAL DEFECTS: ☒ NONE APPARENT ☐ REFER TO NARRATIVE
VEHICLE IDENTIFICATION NUMBER:
VEHICLE TYPE: 01 — DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☒ MINOR ☐ MOD. ☐ MAJOR ☐ ROLL-OVER — SHADE IN DAMAGED AREA
CA ____ DOT ____ CA/T ____ TCP/PSC ____ MC/MX ____

PARTY

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.

DRIVER ☐ — NAME (FIRST, MIDDLE, LAST):
PEDESTRIAN ☐ — STREET ADDRESS:
PARKED VEHICLE ☐ — CITY/STATE/ZIP:

BICYCLIST ☐	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE
				–			

OTHER ☐ — HOME PHONE: — BUSINESS PHONE:
INSURANCE CARRIER: — POLICY NUMBER:
DIR OF TRAVEL: — ON STREET OR HIGHWAY: — SPEED LIMIT:

VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE

OWNER'S NAME: ☐ SAME AS DRIVER
OWNER'S ADDRESS: ☐ SAME AS DRIVER
DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☐ DRIVER ☐ OTHER
PRIOR MECHANICAL DEFECTS: ☐ NONE APPARENT ☐ REFER TO NARRATIVE
VEHICLE IDENTIFICATION NUMBER:
VEHICLE TYPE: — DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☐ ROLL-OVER — SHADE IN DAMAGED AREA
CA ____ DOT ____ CA/T ____ TCP/PSC ____ MC/MX ____

OXNARD POLICE DEPARTMENT
COPY NOT TO BE DUPLICATED

PARTY

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.

DRIVER ☐ — NAME (FIRST, MIDDLE, LAST):
PEDESTRIAN ☐ — STREET ADDRESS:
PARKED VEHICLE ☐ — CITY/STATE/ZIP:

BICYCLIST ☐	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE
				–			

OTHER ☐ — HOME PHONE: — BUSINESS PHONE:
INSURANCE CARRIER: — POLICY NUMBER:
DIR OF TRAVEL: — ON STREET OR HIGHWAY: — SPEED LIMIT:

VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE

OWNER'S NAME: ☐ SAME AS DRIVER
OWNER'S ADDRESS: ☐ SAME AS DRIVER
DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☐ DRIVER ☐ OTHER
PRIOR MECHANICAL DEFECTS: ☐ NONE APPARENT ☐ REFER TO NARRATIVE
VEHICLE IDENTIFICATION NUMBER:
VEHICLE TYPE: — DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☐ ROLL-OVER — SHADE IN DAMAGED AREA
CA ____ DOT ____ CA/T ____ TCP/PSC ____ MC/MX ____

PREPARER'S NAME	DISPATCH NOTIFIED	REVIEWER'S NAME	DATE REVIEWED
Brandi Roberts	☐ YES ☐ NO ☒ N/A	Justin Songer	10/21/2019

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

TRAFFIC COLLISION CODING

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DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
10/02/2019	1854	5604	5538	[redacted]

PROPERTY DAMAGE

OWNER'S NAME	OWNER'S ADDRESS	NOTIFIED
		☐ YES ☐ NO

DESCRIPTION OF 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
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

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 - 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

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

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

- [ ] A. VC SECTION VIOLATED: 22350 VC — CITED ☐ YES ☒ NO
- [ ] B. OTHER IMPROPER DRIVING*:
- [ ] C. OTHER THAN DRIVER*
- [ ] D. UNKNOWN*

WEATHER (MARK 1 TO 2 ITEMS)

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

LIGHTING

- [ ] A. DAYLIGHT
- [ ] B. DUSK - DAWN
- [X] 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 CONDITIONS
(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 — 04

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

TYPE OF COLLISION

- [ ] A. HEAD - ON
- [ ] B. SIDE SWIPE
- [X] C. REAR END — X
- [ ] D. BROADSIDE
- [ ] E. HIT OBJECT
- [ ] F. OVERTURNED
- [ ] G. VEHICLE / PEDESTRIAN
- [ ] H. OTHER*:

MOTOR VEHICLE INVOLVED WITH

- [ ] A. NON - COLLISION
- [ ] B. PEDESTRIAN
- [X] C. OTHER MOTOR VEHICLE — 04
- [ ] D. MOTOR VEHICLE ON OTHER ROADWAY
- [ ] E. PARKED MOTOR VEHICLE
- [ ] F. TRAIN
- [ ] G. BICYCLE
- [ ] H. ANIMAL:
- [ ] I. FIXED OBJECT:
- [ ] J. OTHER OBJECT:

PEDESTRIAN'S ACTIONS

- [X] 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
- [X] F. NOT IN ROAD — X
- [ ] G. APPROACHING / LEAVING SCHOOL BUS

SPECIAL INFORMATION — 04

- [X] A. HAZARDOUS MATERIAL
- [ ] B. CELL PHONE HANDHELD IN USE
- [ ] C. CELL PHONE HANDSFREE IN USE
- [ ] D. CELL PHONE NOT IN USE
- [ ] E. SCHOOL BUS RELATED
- [ ] F. 76 FT MOTORTRUCK COMBO
- [ ] G. 32 FT TRAILER COMBO
- [ ] H.
- [ ] I.
- [ ] J.
- [ ] K.
- [ ] L.
- [ ] M.
- [ ] N.
- [ ] O.

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 — 04
- [X] D. [redacted]
- [ ] 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

- [ ] 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. HAD NOT BEEN DRINKING
- [ ] B. HBD - UNDER THE 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*

SKETCH

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MISCELLANEOUS