

OF INFORMATION ACT (FOIA), 5 U.S.C.552(B)(6)

From: [DataQuality, DataQuality \(NHTSA\)](#)
To: [EVOO \(NHTSA\)](#)
Subject: FW: [REDACTED] vehicle owner questionnaire
Date: Wednesday, March 24, 2021 8:06:45 AM
Attachments: [REDACTED]

From: [REDACTED]
Sent: Tuesday, March 23, 2021 2:36 PM
To: DataQuality, DataQuality (NHTSA) <DataQuality@dot.gov>
Subject: [REDACTED] vehicle owner questionnaire

CAUTION: This email originated from outside of the Department of Transportation (DOT). Do not click on links or open attachments unless you recognize the sender and know the content is safe.

The only two edits I would add are these,

1. vehicle information-multiple failure : airbags did not deploy under collision, and SOS emergency system did not work at all.
2. Applicable incident information; The manufacture has been informed of failure, and has opened an inquiry into both failures. They are seeking the EDR from the vehicle.

Sent from my iPhone



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

01-MAR-2021

Repository

Reference No.
11398525

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City TEHACHAPI State CA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address [REDACTED]

Evening Telephone Number [REDACTED]

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
4S4WMAJD2K3 [REDACTED] Make SUBARU Model ASCENT Model Year 2019
Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type:
Original Owner Dealer's City State Zip Code
Transmission Type Antilock Brakes Cruise Control Powertrain Multiple Failure: Incident Date(s)
22-FEB-2021

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS Failure Mileage Failure Speed 35

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 Yes No Fire Yes No Number of Persons Injured 4 Number of Deaths 0 Reported to Police Y

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 2019 SUBARU ASCENT. THE CONTACT STATED WHILE DRIVING AT 35 MPH THE CONTACT CRASHED THE VEHICLE WITH ANOTHER VEHICLE HEAD ON. UPON IMPACT NO AIR BAGS WERE DEPLOYED. 4 PERSONS WERE INJURED IN THE IMPACT WHICH REQUIRED MEDICAL ATTENTION. THE CONTACT STATED NO WARNING LIGHT WAS ILLUMINATED. A POLICE REPORT WAS FILED. THE VEHICLE WAS TOWED TO INSURANCE LOT, WHERE IT WAS DIAGNOSED WITH BEING TOTALED. THE MANUFACTURER WAS NOT INFORMED OF FAILURE. THE VIN WAS NOT AVAILABLE. THE FAILURE MILEAGE WAS NOT AVAILABLE. *DT

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.

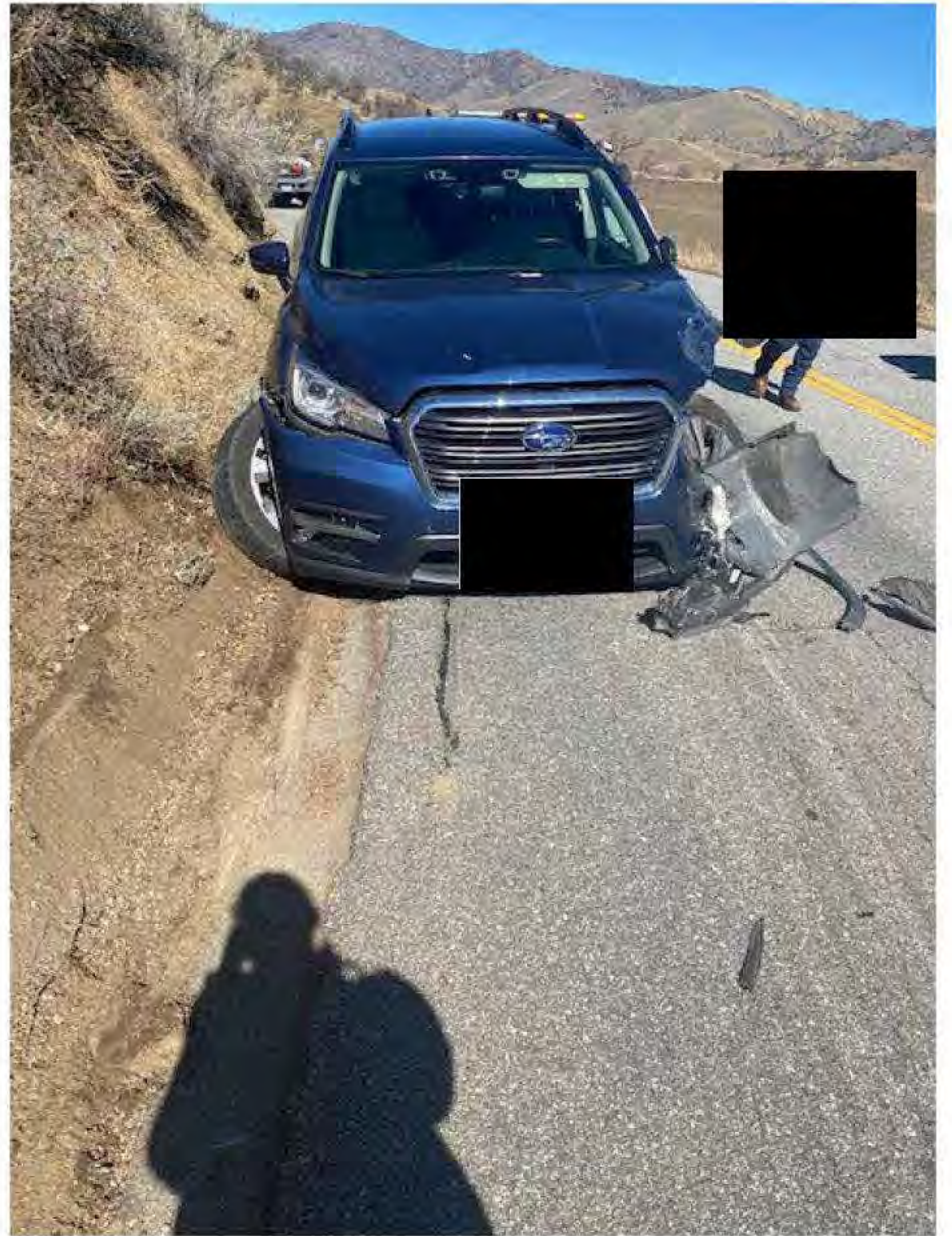
From: [DataQuality, DataQuality \(NHTSA\)](#)
To: [EVOO \(NHTSA\)](#)
Subject: FW [REDACTED] police report \pics
Date: Wednesday, March 24, 2021 8:07:36 AM
Attachments: [REDACTED]

From: [REDACTED]
Sent: Tuesday, March 23, 2021 2:41 PM
To: DataQuality, DataQuality (NHTSA) <DataQuality@dot.gov>
Subject: [REDACTED] police report \pics

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
TRAFFIC COLLISION REPORT
CHP 535 PAGE 1 (REV. 04-11) OPT 080

SPECIAL CONDITIONS		NUMBER BLANKED 0	HT & RUN PELVITY <input type="checkbox"/>	CITY UNINCORPORATED	JUDICIAL DISTRICT EKSC (MOJAVE)	LOCAL REPORT NUMBER [REDACTED]
		NUMBER PULLED 0	HT & RUN MODIFICATION <input type="checkbox"/>	COUNTY KERN	REPORTING DISTRICT BEAT 001	DAY OF WEEK MONDAY
LOCATION	COLLISION OCCURRED ON: BANDUCCIRD		MO	DAY	YEAR	TIME (2490)
	MILEPOST INFORMATION:		02/22/2021			1040
	OPS COORDINATES LATITUDE 35.692344°		LONGITUDE -118.561908°		PHOTOGRAPHS BY: [REDACTED]	
AT INTERSECTION WITH: <input checked="" type="checkbox"/> OR: 2 MILE(S) WEST OF ALPS DR		STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		OFFICER I.D. 019367		
PARTY 1		DRIVER'S LICENSE NUMBER	STATE CA	CLASS A	AIR BAG M	SAFETY EQUIP. G
DRIVER		NAME (FIRST, MIDDLE, LAST)		VEH. YEAR	MAKE / MODEL / COLOR	
<input checked="" type="checkbox"/>		[REDACTED]		2016	FRHT CASCADE BLK	
PEDES-TRIAN		STREET ADDRESS		2021	VANGUARD VXP WHI	
<input type="checkbox"/>		[REDACTED]		OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		
PARKED VEHICLE		CITY / STATE / ZIP		OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER		
<input type="checkbox"/>		BAKERSFIELD CA [REDACTED]		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
BICY-CLIST		SEX	HAIR	EYES	HEIGHT	WEIGHT
<input type="checkbox"/>		M	BLK	BLK	5-07	160
OTHER		HOME PHONE	BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER	
<input type="checkbox"/>		[REDACTED]	[REDACTED]		3AKJGLDR8GS [REDACTED]	
INSURANCE CARRIER		POLICY NUMBER		VEHICLE TYPE		
SECURITY NATIONAL		[REDACTED]		25 40		
DIR OF TRAVEL ON STREET OR HIGHWAY		SPEED LIMIT		DESCRIBE VEHICLE DAMAGE		
W BANDUCCIRD		55		<input checked="" type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		
PARTY 2		DRIVER'S LICENSE NUMBER	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G
DRIVER		NAME (FIRST, MIDDLE, LAST)		VEH. YEAR	MAKE / MODEL / COLOR	
<input checked="" type="checkbox"/>		[REDACTED]		2019	SUBA ASCENT BLU	
PEDES-TRIAN		STREET ADDRESS		OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER		
<input type="checkbox"/>		[REDACTED]		OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		
PARKED VEHICLE		CITY / STATE / ZIP		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
<input type="checkbox"/>		TEHACHAPI CA [REDACTED]		ANTELOPE VALLEY TOWING - (661)267-6454		
BICY-CLIST		SEX	HAIR	EYES	HEIGHT	WEIGHT
<input type="checkbox"/>		F	BRN	GRN	5-07	155
OTHER		HOME PHONE	BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER	
<input type="checkbox"/>		[REDACTED]	NONE		4S4WMAJ2K [REDACTED]	
INSURANCE CARRIER		POLICY NUMBER		VEHICLE TYPE		
USAA		[REDACTED]		07		
DIR OF TRAVEL ON STREET OR HIGHWAY		SPEED LIMIT		DESCRIBE VEHICLE DAMAGE		
E BANDUCCIRD		55		<input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		
PARTY 3		DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.
DRIVER		NAME (FIRST, MIDDLE, LAST)		VEH. YEAR	MAKE / MODEL / COLOR	
<input type="checkbox"/>						
PEDES-TRIAN		STREET ADDRESS		OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		
<input type="checkbox"/>				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		
PARKED VEHICLE		CITY / STATE / ZIP		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
<input type="checkbox"/>						
BICY-CLIST		SEX	HAIR	EYES	HEIGHT	WEIGHT
<input type="checkbox"/>						
OTHER		HOME PHONE	BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER	
<input type="checkbox"/>						
INSURANCE CARRIER		POLICY NUMBER		VEHICLE TYPE		
DIR OF TRAVEL ON STREET OR HIGHWAY		SPEED LIMIT		DESCRIBE VEHICLE DAMAGE		
				<input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> ROLL-OVER		
PREPARER'S NAME		DISPATCH NOTIFIED		REVIEWER'S NAME		DATE REVIEWED
BRYAN D. LOMBARDI 019367		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		J BLAIS 017064		02/25/2021

DATE OF COLLISION (MO, DAY, YEAR) **02/22/2021** TIME(2400) **1040** NCIC # **9830** OFFICER I.D. **019367** NUMBER **[REDACTED]**

OWNER'S NAME _____ OWNER ADDRESS _____ NOTIFIED YES NO

PROPERTY DAMAGE 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 - CELL PHONE HANDHELD
 B - CELL PHONE HANDSFREE
 C - ELECTRONIC EQUIPMENT
 D - RADIO / CD
 E - SMOKING
 F - EATING
 G - CHILDREN
 H - ANIMALS
 I - PERSONAL HYGIENE
 J - READING
 K - OTHER

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

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	1 2 3			SPECIAL INFORMATION	1 2 3			MOVEMENT PRECEDING COLLISION
		1	2	3		1	2	3	
I VC SECTION VIOLATED CITED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO A 21850	A CONTROLS FUNCTIONING				A HAZARDOUS MATERIAL				A STOPPED
B OTHER IMPROPER DRIVING*	B CONTROLS NOT FUNCTIONING*				B CELL PHONE HANDHELD IN USE			<input checked="" type="checkbox"/>	B PROCEEDING STRAIGHT
C OTHER THAN DRIVER*	C CONTROLS OBSCURED				C CELL PHONE HANDSFREE IN USE				C RAN OFF ROAD
D UNKNOWN*	D NO CONTROLS PRESENT / FACTOR*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	D CELL PHONE NOT IN USE				D MAKING RIGHT TURN
	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
WEATHER (MARK 1 TO 2 ITEMS)	C REAR END				H				H SLOWING / STOPPING
<input checked="" type="checkbox"/> A CLEAR	D BROADSIDE				I				I PASSING OTHER VEHICLE
B CLOUDY	E HIT OBJECT				J				J CHANGING LANES
C RAINING	F OVERTURNED				K				K PARKING MANEUVER
D SNOWING	G VEHICLE / PEDESTRIAN				L				L ENTERING TRAFFIC
E FOG / VISIBILITY	H OTHER*				M				M OTHER UNSAFE TURNING
F OTHER*	MOTOR VEHICLE INVOLVED WITH				N			<input checked="" type="checkbox"/>	N XING INTO OPPOSING LANE
G WIND	A NON - COLLISION				O				O PARKED
LIGHTING	B PEDESTRIAN								P MERGING
<input checked="" type="checkbox"/> A DAYLIGHT	C OTHER MOTOR VEHICLE				OTHER ASSOCIATED FACTORS				Q TRAVELING WRONG WAY
B DUSK - DAWN	D MOTOR VEHICLE ON OTHER ROADWAY				(MARK 1 TO 2 ITEMS)				R OTHER*
C DARK - STREET LIGHTS	E PARKED MOTOR VEHICLE				A VC SECTION VIOLATED CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
D DARK - NO STREET LIGHTS	F TRAIN				B VC SECTION VIOLATED CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
E DARK - STREET LIGHTS NOT FUNCTIONING*	G BICYCLE				C VC SECTION VIOLATED CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
ROADWAY SURFACE	H ANIMAL				D				SOBRIETY - DRUG PHYSICAL
<input checked="" type="checkbox"/> A DRY	I FIXED OBJECT								(MARK 1 TO 2 ITEMS)
B WET	J OTHER OBJECT				E VISION OBSCUREMENT			<input checked="" type="checkbox"/>	A HAD NOT BEEN DRINKING
C SLOWLY - ICY					F INATTENTION*				B HBD - UNDER INFLUENCE
D SLIPPERY (MUDDY, OILY, ETC.)					G STOP & GO TRAFFIC				C HBD - NOT UNDER INFLUENCE*
ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS)	PEDESTRIAN'S ACTIONS				H ENTERING / LEAVING RAMP				D HBD - IMPAIRMENT UNKNOWN*
A HOLES, DEEP PITS*	A NO PEDESTRIANS INVOLVED				I PREVIOUS COLLISION				E UNDER DRUG INFLUENCE*
B LOOSE MATERIAL ON ROADWAY*	B CROSSING IN CROSSWALK AT INTERSECTION				J UNFAMILIAR WITH ROAD				F IMPAIRMENT - PHYSICAL*
C OBSTRUCTION ON ROADWAY*	C CROSSING IN CROSSWALK AT INTERSECTION				K DEFECTIVE VEH EQUIP. CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				G IMPAIRMENT NOT KNOWN
D CONSTRUCTION / REPAIR ZONE	D CROSSING - NOT IN CROSSWALK				L UNINVOLVED VEHICLE				H NOT APPLICABLE
E REDUCED ROADWAY WIDTH	E IN ROAD - INCLUDES SHOULDER				M OTHER*				I SLEEPY / FATIGUED*
F FLOODED*	F NOT IN ROAD				N NONE APPARENT				
G OTHER*	G APPROACHING / LEAVING SCHOOL BUS				O RUNAWAY VEHICLE				
<input checked="" type="checkbox"/> H NO UNUSUAL CONDITIONS									

SKETCH FOR SKETCH DIAGRAM, SEE PAGE 4



MISCELLANEOUS
 V1'S TRAILER VIN
 5V8VC5327MT [REDACTED]

DATE OF COLLISION (MO. DAY YEAR) 02/22/2021		TIME(2400) 1040	NCIG# 9830	OFFICER I.D. 019367	NUMBER [REDACTED]												
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ('X' ONE)				INJURED WAS ('X' ONE)					PARTY NUMBER	SEAT POS.	JOB BAG	SAFETY EQUIP.	EJECTED
				PATAL INJURY	SUSPECTED SERIOUS INJURY	SUSPECTED MINOR INJURY	POSSIBLE INJURY	DRIVER	PASS.	PED.	BIKCYCLIST	OTHER					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	24	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	0	P	B	0
NAME / D.O.B. / ADDRESS [REDACTED] BAKERSFIELD CA [REDACTED] TELEPHONE [REDACTED]																	
(INJURED ONLY) TRANSPORTED BY:										EMS RUN NUMBER			TAKEN TO:				
DESCRIBE INJURIES:																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	15	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	3	M	G	0
NAME / D.O.B. / ADDRESS [REDACTED] TEHACHAPI CA [REDACTED] TELEPHONE NONE																	
(INJURED ONLY) TRANSPORTED BY:										EMS RUN NUMBER			TAKEN TO:				
DESCRIBE INJURIES:																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	12	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	4	M	G	0
NAME / D.O.B. / ADDRESS [REDACTED] TEHACHAPI CA [REDACTED] TELEPHONE NONE																	
(INJURED ONLY) TRANSPORTED BY:										EMS RUN NUMBER			TAKEN TO:				
DESCRIBE INJURIES:																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	13	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	6	M	G	0
NAME / D.O.B. / ADDRESS [REDACTED] TEHACHAPI CA [REDACTED] TELEPHONE NONE																	
(INJURED ONLY) TRANSPORTED BY:										EMS RUN NUMBER			TAKEN TO:				
DESCRIBE INJURIES:																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS [REDACTED] TELEPHONE [REDACTED]																	
(INJURED ONLY) TRANSPORTED BY:										EMS RUN NUMBER			TAKEN TO:				
DESCRIBE INJURIES:																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS [REDACTED] TELEPHONE [REDACTED]																	
(INJURED ONLY) TRANSPORTED BY:										EMS RUN NUMBER			TAKEN TO:				
DESCRIBE INJURIES:																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	

PREPARER'S NAME: BRYAN D. LOMBARDI
 I.D. NUMBER: 019367
 MO. DAY YEAR: 02/22/2021
 REVIEWER'S NAME: J BLAIS 017064
 MO. DAY YEAR: 02/25/2021

STATE OF CALIFORNIA
SKETCH DIAGRAM

CHP 555 Page 4 (Rev. 04-11) OPL060

PAGE 4 OF 10

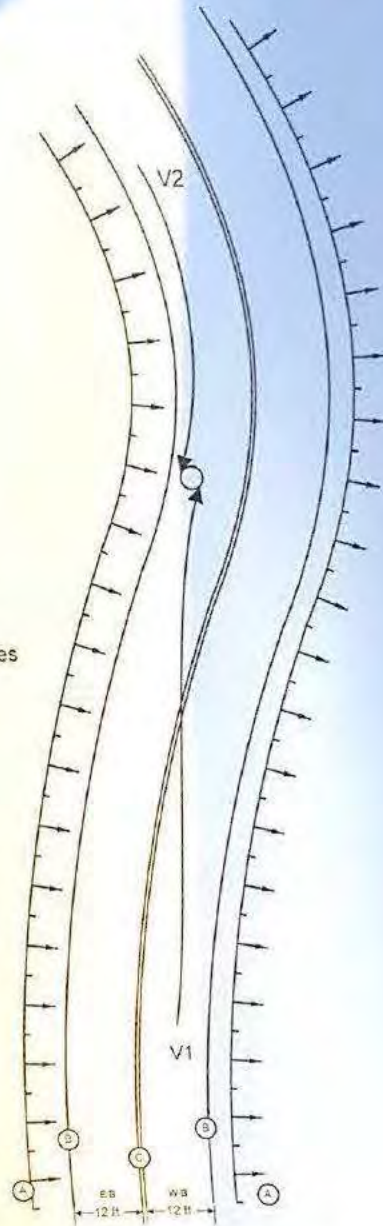
DATE OF INCIDENT 02/22/2021	TIME 1040	NCIC NUMBER 9830	OFFICER I.D. NUMBER 019367	NUMBER [REDACTED]
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE=)

Banducci Road



- A) Descending Dirt Embankment
- B) Road Edge
- C) Painted Solid Double Yellow Lines



Alps Drive
 ↓

PREPARED BY BRYAN D. LOMBARDI	I.D. NUMBER 019367	DATE 02/22/2021	REVIEWER'S NAME J BLAIS 017064	DATE 02/25/2021
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STATE OF CALIFORNIA
FACTUAL DIAGRAM

CHP 555 Page 4 (Rev. 04-11) OP1060

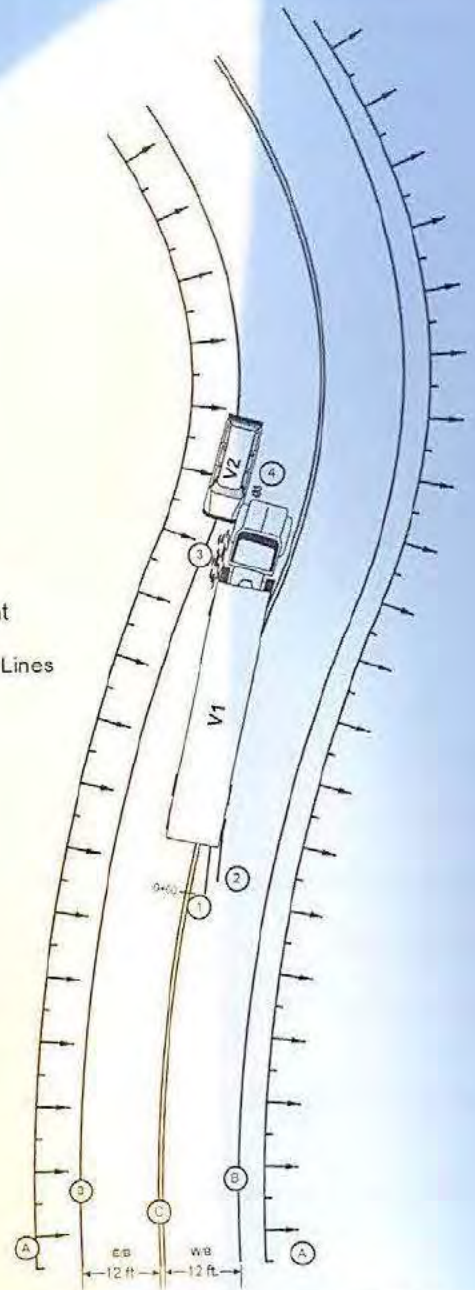
DATE OF INCIDENT 02/22/2021	TIME 1040	NCIC NUMBER 9830	OFFICER I.D. 019367	NUMBER [REDACTED]
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE=)

Banducci Road



- A) Descending Dirt Embankment
- B) Road Edge
- C) Painted Solid Double Yellow Lines



PREPARED BY BRYAN D. LOMBARDI	I.D. NUMBER 019367	DATE 02/22/2021	REVIEWER'S NAME J BLAIS 017064	DATE 02/25/2021
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DATE OF INCIDENT 02/22/2021	TIME 1040	NCIC NUMBER 9830	OFFICER I.D. NUMBER 019367	NUMBER [REDACTED]
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1 **PHYSICAL EVIDENCE LEGEND:**

2 **STATION LINE:**

3 A station line was established along the south road edge of Banducci Road. Station 0+00 was
 4 established 2 miles west of the west road edge prolongation of Alps Drive. The station line
 5 increases as you proceed from east to west. All measurements were taken at right angles to
 6 the station line.

7
 8 **PHYSICAL EVIDENCE DESCRIPTION:**

- 9 1) Tire Friction Mark
- 10 2) Tire Friction Mark
- 11 3) Debris Field
- 12 4) Debris Field

13 **PHYSICAL EVIDENCE LOCATION:**

ITEM	STATION	OFFSET	DIR	DESCRIPTION
1	0+00	14 Feet	Right	Beg: of Tire Friction Mark
	0+17	13 Feet	Right	End: Tire Friction Mark
2	0+04	16 Feet	Right	Beg: Tire Friction Mark
	0+17	15 Feet	Right	End: Tire Friction Mark
3	0+51	2 Feet	Right	Beg: Debris Field
	0+70	2 Feet	Right	End: Debris Field
4	0+81	3 Feet	Right	Debris Field

14
 15 **Vehicles Points of Rest**

16
 17 **V1:**

- 18
- 19 **#1 Axle** was located approximately 2 feet north of the south road edge of Banducci Road and 71
- 20 feet west of station 0+00.
- 21 **#2 Axle** was located approximately 3 feet north of the south road edge of Banducci Road and 54
- 22 feet west of station 0+00.
- 23 **#3 Axle** was located approximately 3 feet north of the south road edge of Banducci Road and 51
- 24 feet west of station 0+00.
- 25 **#4 Axle** was located approximately 6 feet north of the south road edge of Banducci Road and 20
- 26 feet west of station 0+00.
- 27 **#5 Axle** was located approximately 6 feet north of the south road edge of Banducci Road and 16
- 28 feet west of station 0+00.

29
 30 **V2:** L/F was located approximately 2 feet north of the south road edge of Banducci Road and 71

31 feet west of station 0+00.
 32
 33 L/F was located approximately 2 feet north of the south road edge of Banducci Road and 77 feet
 34 west of station 0+00.

35

PREPARED BY BRYAN D. LOMBARDI	I.D. NUMBER 019367	DATE 02/22/2021	REVIEWER'S NAME J BLAIS 017064	DATE 02/25/2021
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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
02/22/2021	1040	9830	019367	[REDACTED]

FACTS**NOTIFICATION:**

On February 22, 2021 at approximately 1045 hours, I was dispatched to traffic collision with an ambulance responding. I responded from the Mojave CHP Office and arrived at the collision scene at approximately 1105 hours. All times, speeds, and measurements in this investigation are approximate. Measurements were taken by odometer and roll meter.

SCENE:

Banducci Road is an east/west aligned highway within the unincorporated limits of Kern County. At the scene of the collision, Banducci Road runs north and south. Banducci Road consists of 1 lane in each direction. Northbound traffic is separated from southbound traffic by painted solid double yellow lines. The road curves, descending for northbound traffic and ascending for southbound traffic and is composed of primarily asphalt. Banducci Road is bordered to the west and east by descending dirt embankments. The road was dry and the weather at the time of my arrival was clear, cool and dry.

PARTIES:

Party 1 [REDACTED] was contacted at the collision scene and was identified by a California commercial driver's license. Party 1 [REDACTED] was determined to be the driver of Vehicle 1 Freightliner in this collision based on his statements and Passenger [REDACTED] statements.

Vehicle 1 Freightliner Tractor Trailer Combination sustained moderate damage as a result of this collision to the left front tire area, left front fender and grille. V1's seatbelts were not inspected, no previous damage or mechanical defects were claimed.

Vehicle 1's [REDACTED] did not sustain any damage as a result of this collision.

Party 2 [REDACTED] was contacted at the collision scene and identified by her California driver's license. Party 2 [REDACTED] was determined to be the driver of Vehicle 2 Subaru based on her statements, passenger statements and is the registered owner.

Vehicle 2 Subaru sustained major damage to the left front fender, left front wheel assembly, grill, hood and right rear axle appeared broken. V2's seatbelts were not inspected, no previous damage or mechanical defects were claimed.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
BRYAN D. LOMBARDI	019367	02/22/2021	J BLAIS 017064	02/25/2021

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
02/22/2021	1040	9830	019367

1 **STATEMENTS:**

2 *STATEMENTS ARE NOT VERBATIM AND ARE WRITTEN IN SUMMARY FORM.*

3
4 **Party 1** [redacted] related to CHP Officer Braughton ID 17237 in essence he was driving vehicle 1
5 Freightliner westbound on Banducci Road at approximately 35 miles per hour. P1 claimed V2
6 entered the curve in the road and was in the westbound lane. P1 stated V2 hit the left front wheel
7 which caused V1 to travel to the left. P1 could not explain how the vehicle's came to rest. P1
8 claimed he did not see any signs restricting commercial vehicles with trailers from traveling on
9 Banducci Road.

10
11 **Party 2 K** [redacted] related to me in essence she was driving vehicle 2 Subaru eastbound on
12 Banducci Road at approximately 35 miles per hour. P2 related when she came around a curve in
13 the road, she observed V1 traveling westbound halfway in the eastbound lane. P2 related she
14 steered V2 to the right onto the dirt embankment to avoid V1. P2 related she could not move over
15 anymore because of the dirt embankment when V1's left front collided with the left front of V2. P2
16 related V1 continued traveling westbound which was pushing V2 backwards. P2 related
17 Passenger 2 exited V2 and was hitting V1's driver's window to stop V1. P2 related V1 finally
18 stopped and she called 911.

19
20 **Passenger 1** [redacted] related to CHP Officer Braughton ID 17237 in essence he was in the sleeper
21 berth of V1 when the collision occurred and did not know what happened.

22
23 **Passenger 2** [redacted] was contacted at the collision scene and identified verbally by name and
24 date of birth. Passenger 2 [redacted] related he was seated in the right front passenger seat of
25 V2. Passenger 2 [redacted] related he observed V1 halfway in V2's lane when they came around
26 the curve. Passenger 2 [redacted] related P2 drove V2 to the right to avoid V1 and V1 hit the front
27 of V2. Passenger 2 [redacted] related P1 kept driving V1 westbound and was pushing V2
28 backwards. Passenger 2 [redacted] related he exited V2 and was hitting the driver's window of V1
29 to get P1 to stop. Passenger 2 [redacted] related P1 was waving at P2 trying to get P2 to move
30 V2 out of the way.

31
32 **Passenger 3** [redacted] was contacted at the scene and identified verbally by name and date of
33 birth. Passenger 3 [redacted] related he was seated in the left rear passenger seat of V2.
34 Passenger 3 [redacted] related he observed V1 halfway in V2's lane and P2 moved to the right to
35 avoid V1. Passenger [redacted] related V1 hit the front of V2.

36
37 **Passenger 4** [redacted] was contacted at the collision scene and identified verbally by name and
38 date of birth. Passenger 4 [redacted] related he was seated in the right rear passenger seat of
39 V2. Passenger 4 [redacted] related he was looking down and leaning against the window.
40 Passenger 4 [redacted] related he looked up, saw V1 in V2's lane and they both hit.

41

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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
02/22/2021	1040	9830	019367

1 **OPINIONS AND CONCLUSIONS:**

2 *THE SUMMARY, AREA OF IMPACT(S) AND CAUSE WERE BASED ON PHYSICAL EVIDENCE, VEHICLE DAMAGE*
 3 *AND STATEMENTS.*

4
 5 **SUMMARY:**

6 Party 1 [REDACTED] was driving Vehicle 1 Freightliner Tractor Trailer Combination westbound on Banducci
 7 Road west of Alps Drive at a stated speed 35 miles per hour. Party 2 [REDACTED] was driving
 8 Vehicle 2 Subaru eastbound on Banducci Road, west of Alps Drive at a stated speed of 35 miles
 9 per hour. P1 drove V1 into the opposing lane due to the overall length of V1 and for the curves
 10 in the road. The left front of V1 collided with the left front of V2 in the eastbound lane of Banducci
 11 Road west of Alps Drive. Both involved vehicles came to rest on their wheels. V1 was facing a
 12 northwesterly direction and V2 was facing a southeasterly direction.

13
 14 **AREA OF IMPACT:**

15 Area of Impact 1 (Vehicle 1 Freightliner Tractor Trailer Combination verses Vehicle 2 Subaru) was
 16 located approximately 2 miles west of the west road edge prolongation of Alps Drive and
 17 approximately and approximately 2 feet north of the south road edge of Banducci Road.

18
 19 **CAUSE:**

20 Party 1 [REDACTED] caused this collision by driving Vehicle 1 Freightliner Tractor Trailer Combination in
 21 violation of [REDACTED] CVC which states: Upon all highways, a vehicle shall be driven upon the right
 22 half of the roadway.

23
 24 **RECOMMENDATIONS:**

25 P1 was cited on scene for [REDACTED] CVC – Failure to drive on the right half of the roadway. CHP 215
 26 Citation number [REDACTED]

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
BRYAN D. LOMBARDI	019367	02/22/2021	J BLAIS 017064	02/25/2021

DATE OF COLLISION: 02/22/2021
 TIME (2400): 1040
 NCIC NUMBER: 9830
 OFFICER I.D. NUMBER: 019367

PARTY NUMBER: 1
 NUMBER: [REDACTED]

GENERAL INSTRUCTIONS - COMPLETE THIS FORM FOR EACH QUALIFYING VEHICLE IF THE CRASH MEETS CRITERIA ON BACK OF THIS FORM.

QUALIFYING INFORMATION

- THIS FORM IS BEING COMPLETED BECAUSE THIS VEHICLE IS
- A truck or truck combination > 10,000 lbs. GVWR / GCWR
 - A bus with seats for 9 or more persons, including driver
 - A vehicle of any type with a hazardous materials placard (includes auto, light truck, van, 10,000 lbs. or less)

TOTAL INVOLVED VEHICLES IN THE CRASH: 2
 NUMBER OF PERSONS SUSTAINING FATAL INJURIES: 0
 NUMBER OF INJURED PERSONS TRANSPORTED FOR IMMEDIATE MEDICAL TREATMENT: 0
 NUMBER OF VEHICLES TOWED FROM SCENE DUE TO DISABLING DAMAGE: 2

AT THE TIME OF THE CRASH, THIS VEHICLE WAS

- Operating on a Trafficway open to the public (In-Transport)
- Parked on or off the Trafficway

COMMERCIAL DRIVER LICENSE (CDL)
 Yes No
 CDL LICENSE CLASS (Check one):
 Class A Class B Class C Class D Class M

VEHICLE INFORMATION

VEHICLE CONFIGURATION (Enter one code from below): 9

- 1 - Passenger Car (only if vehicle has Hazardous Materials Placard)
- 2 - Light Truck (Only if vehicle has Hazardous Materials Placard)
- 3 - Bus (seats for 9-15 people, including driver)
- 4 - Bus (seats for 16 people or more, including driver)
- 5 - Single-Unit Truck (2 axles, 6 tires)
- 6 - Single-Unit Truck (3 or more axles)
- 7 - Truck / Trailer(s) (Single-Unit Truck with Trailer(s))
- 8 - Truck / Tractor (without trailer, bobtail, or saddle-mount)
- 9 - Tractor / Semi-Trailer (one trailer)
- 10 - Tractor / Doubles (two trailers)
- 11 - Tractor / Triples (three trailers)
- 99 - Other Truck > 10,000 lbs. (not listed above)

GVWR / GCWR (Enter one code from below. Use GCWR for truck combinations): 3

- 1 - 10,000 lbs. or Less
- 2 - 10,001 - 26,000 lbs.
- 3 - Greater than 26,000 lbs.

CARGO BODY TYPE (Enter one code from below): 3

- 0 - Not Applicable / No Cargo Body
- 1 - Bus (seats for 9-15 people, including driver)
- 2 - Bus (seats for 16 people or more, including driver)
- 3 - Van / Enclosed Box
- 4 - Cargo Tank
- 5 - Flatbed
- 6 - Dump
- 7 - Concrete Mixer
- 8 - Auto Transporter
- 9 - Garbage / Refuse
- 10 - Grain, Chips, Gravel
- 11 - Pole
- 12 - Vehicle Towing Another Motor Vehicle
- 13 - Intermodal Chassis
- 14 - Logging
- 88 - Other Cargo Body (not listed above)

Bus Use (Enter one code from below): 0

- 0 - Not a Bus
- 1 - School (Public or Private)
- 2 - Transit
- 3 - Intcity
- 4 - Charter
- 5 - Other

HAZARDOUS MATERIALS INVOLVEMENT
 DID THE VEHICLE HAVE A HAZ-MAT PLACARD?
 Yes No
 IF YES, INCLUDE THE FOLLOWING INFORMATION FROM THE PLACARD:
 HM 4-Digit # or name from diamond or box: _____
 HM Class # from bottom of diamond: _____
 Was Haz-Mat released from THIS vehicle's cargo? Yes No

MOTOR CARRIER INFORMATION

CHECK ONE:
 Interstate Carrier Intrastate Carrier Not In Commerce - Government Not In Commerce - Other Trucks (Over 10,000 lbs. GVWR / GCWR)

Carrier Name: [REDACTED]
 Carrier Street Address (P.O. Box Only if no street address): [REDACTED]
 City / State / ZIP Code: Bakersfield, CA [REDACTED] Phone Number: [REDACTED]
 Carrier ID Number(s): NONE USDOT# [REDACTED] MC / MX # [REDACTED] State# CA [REDACTED]

SEQUENCE OF EVENTS

NOTE: FOR THIS VEHICLE, LIST UP TO FOUR EVENTS

Event 1: 8 Event 2: 13 Event 3: Event 4:

- NON-COLLISIONS**
- 1 Ran Off Road
 - 2 Jackknife
 - 3 Overturn (Rollover)
 - 4 Downhill Runaway
 - 5 Cargo Loss or Shift
 - 6 Explosion or Fire
 - 7 Separation of Units
 - 8 Cross Median / Centeline

- NON-COLLISIONS (Continued)**
- 9 Equipment Failure (Tires, Brakes, Steering, etc.)
 - 10 Other Non-Collision
- COLLISION INVOLVING / WITH**
- 12 Pedestrian
 - 13 Motor Vehicle In-Transport
 - 14 Parked Motor Vehicle

- COLLISION INVOLVING / WITH (Continued)**
- 15 Train
 - 16 Pedalcycle
 - 17 Animal
 - 18 Fixed Object
 - 19 Work Zone Maintenance Equipment
 - 20 Other Moveable Object
 - 98 Other (Describe):

PREPARED BY: BRYAN D. LOMBARDI 019367
 REVIEWED BY: J Blais 017064
 DATE: 02/25/2021