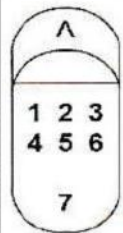


SPECIAL CONDITIONS FATAL		NUMBER INJURED 5	HIT & RUN FELONY <input type="checkbox"/>	CITY EASTVALE	JUDICIAL DISTRICT RIVERSIDE SUPERIOR			LOCAL REPORT NUMBER [REDACTED]		
NUMBER KILLED 1		HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY RIVERSIDE	REPORTING DISTRICT		BEAT 011	DAY OF WEEK MONDAY	TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
LOCATION	COLLISION OCCURRED ON:				MO	DAY	YEAR	TIME (2400)	NCIC #	OFFICER I.D.
	MILEPOST INFORMATION:				GPS COORDINATES		[REDACTED]		[REDACTED]	
	AT INTERSECTION WITH: <input checked="" type="checkbox"/> OR [REDACTED]				STATE HWY REL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		[REDACTED]		[REDACTED]	
PARTY 1	DRIVER'S LICENSE NUMBER [REDACTED] (SUSP)	STATE CA	CLASS U	AIR BAG N	SAFETY EQUIP. G	VEH. YEAR 2018	MAKE / MODEL / COLOR TOYO COROLLA BLK	LICENSE NUMBER [REDACTED]	STATE CA	
DRIVER	NAME (FIRST, MIDDLE, LAST) [REDACTED]				OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER					
PEDESTRIAN	STREET ADDRESS [REDACTED]				OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER					
PARKED VEHICLE	CITY / STATE / ZIP [REDACTED]				DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
BICYCLIST	SEX F	HAIR BRN	EYES GRN	HEIGHT 5-04	WEIGHT 125	BIRTHDATE MO DAY YEAR	RACE H	AUTO AIDE TOW - (951)735-2180		
OTHER	HOME PHONE [REDACTED]		BUSINESS PHONE NONE		VEHICLE IDENTIFICATION NUMBER: [REDACTED]					
INSURANCE CARRIER TRAVELERS INDEMNITY		POLICY NUMBER [REDACTED]			VEHICLE TYPE 01	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA SEDAN-TOP		
DIR OF TRAVEL ON STREET OR HIGHWAY S		SPEED LIMIT 65		CA _____ DOT _____		CAL-T _____ TCP/PSC _____		MCMX _____		
PARTY 2	DRIVER'S LICENSE NUMBER [REDACTED] VALID	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 2017	MAKE / MODEL / COLOR FORD EXPEDITION WHI	LICENSE NUMBER [REDACTED]	STATE WA	
DRIVER	NAME (FIRST, MIDDLE, LAST) [REDACTED]				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER					
PEDESTRIAN	STREET ADDRESS [REDACTED]				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER					
PARKED VEHICLE	CITY / STATE / ZIP [REDACTED]				DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
BICYCLIST	SEX F	HAIR BLK	EYES BLK	HEIGHT 5-01	WEIGHT 136	BIRTHDATE MO DAY YEAR	RACE H	NORCO TRUCK & AUTO - (951)735-3351		
OTHER	HOME PHONE [REDACTED]		BUSINESS PHONE NONE		VEHICLE IDENTIFICATION NUMBER: [REDACTED]					
INSURANCE CARRIER [REDACTED]		POLICY NUMBER RENTAL			VEHICLE TYPE 07	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA VAN-TOP		
DIR OF TRAVEL ON STREET OR HIGHWAY S		SPEED LIMIT 65		CA _____ DOT _____		CAL-T _____ TCP/PSC _____		MCMX _____		
PARTY 3	DRIVER'S LICENSE NUMBER [REDACTED] VALID	STATE CA	CLASS A	AIR BAG P	SAFETY EQUIP. G	VEH. YEAR 2016	MAKE / MODEL / COLOR FREI TRCTR VEL	LICENSE NUMBER [REDACTED]	STATE PA	
DRIVER	NAME (FIRST, MIDDLE, LAST) [REDACTED]				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER					
PEDESTRIAN	STREET ADDRESS [REDACTED]				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER					
PARKED VEHICLE	CITY / STATE / ZIP [REDACTED]				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
BICYCLIST	SEX M	HAIR BLK	EYES BRN	HEIGHT 5-10	WEIGHT 210	BIRTHDATE MO DAY YEAR	RACE H	DRIVEN FROM SCENE		
OTHER	HOME PHONE [REDACTED]		BUSINESS PHONE [REDACTED]		VEHICLE IDENTIFICATION NUMBER: [REDACTED]					
INSURANCE CARRIER [REDACTED]		POLICY NUMBER [REDACTED]			VEHICLE TYPE 25	31	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA SEM-TRAILER-LEFT	
DIR OF TRAVEL ON STREET OR HIGHWAY S		SPEED LIMIT 55		CA _____ DOT _____		CAL-T _____ TCP/PSC _____		MCMX _____		
PREPARER'S NAME [REDACTED]			DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			REVIEWER'S NAME [REDACTED]			DATE REVIEWED 08/02/2018	


DATE OF COLLISION (MO. DAY YEAR)	TIME(2400)	NCIC#	OFFICER I.D.	NUMBER

PROPERTY DAMAGE	OWNER'S NAME	OWNER ADDRESS	NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
	DESCRIPTION OF DAMAGE		

SEATING POSITION  <p>1 - DRIVER 2 TO 6 - PASSENGERS 7 - STATION WAGON REAR 8 - REAR, CCC TRK. OR VAN 9 - POSITION UNKNOWN 0 - OTHER</p>	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 D - 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
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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
I VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO A 23152(A)	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 OTHER THAN DRIVER*	C CONTROLS OBSCURED				C CELL PHONE HANDSFREE IN USE				C RAN OFF ROAD
D UNKNOWN*	D NO CONTROLS PRESENT / FACTOR*	X	X	X	D CELL PHONE NOT IN USE				D MAKING RIGHT TURN
WEATHER (MARK 1 TO 2 ITEMS)	TYPE OF COLLISION				E SCHOOL BUS RELATED				E MAKING LEFT TURN
A CLEAR	A HEAD - ON				F 75 FT MOTORTRUCK COMBO				F MAKING U TURN
X B CLOUDY	B SIDE SWIPE				G 32 FT TRAILER COMBO				G BACKING
C RAINING	C REAR END				H				H SLOWING / STOPPING
D SNOWING	D BROADSIDE				I				I PASSING OTHER VEHICLE
E FOG / VISIBILITY FT.	E HIT OBJECT				J			X	J CHANGING LANES
F OTHER:*	F OVERTURNED				K				K PARKING MANEUVER
G WIND	G VEHICLE / PEDESTRIAN				L				L ENTERING TRAFFIC
LIGHTING	H OTHER:*				M				M OTHER UNSAFE TURNING
A DAYLIGHT	MOTOR VEHICLE INVOLVED WITH				N				N XING INTO OPPOSING LANE
B DUSK - DAWN	A NON - COLLISION				O				O PARKED
C DARK - STREET LIGHTS	B PEDESTRIAN				OTHER ASSOCIATED FACTORS (MARK 1 TO 2 ITEMS)				P MERGING
X D DARK - NO STREET LIGHTS	C OTHER MOTOR VEHICLE				A VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 22350				Q TRAVELING WRONG WAY
E DARK - STREET LIGHTS NOT FUNCTIONING*	D MOTOR VEHICLE ON OTHER ROADWAY				B VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				R OTHER:*
ROADWAY SURFACE	E PARKED MOTOR VEHICLE				C VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
X A DRY	F TRAIN				D				SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)
B WET	G BICYCLE				E VISION OBSCUREMENT:				A HAD NOT BEEN DRINKING
C SNOWY - ICY	H ANIMAL:				F INATTENTION*:			X	B HBD - UNDER INFLUENCE
D SLIPPERY (MUDDY, OILY, ETC.)	I FIXED OBJECT:				G STOP & GO TRAFFIC				C HBD - NOT UNDER INFLUENCE*
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)	J OTHER OBJECT:				H ENTERING / LEAVING RAMP				D HBD - IMPAIRMENT UNKNOWN*
A HOLES, DEEP RUT*	PEDESTRIAN'S ACTIONS				I PREVIOUS COLLISION				E UNDER DRUG INFLUENCE*
B LOOSE MATERIAL ON ROADWAY*	A NO PEDESTRIANS INVOLVED				J UNFAMILIAR WITH ROAD				F IMPAIRMENT - PHYSICAL*
C OBSTRUCTION ON ROADWAY*	B 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	C CROSSING IN CROSSWALK - NOT AT INTERSECTION				L UNINVOLVED VEHICLE				H NOT APPLICABLE
E REDUCED ROADWAY WIDTH	D CROSSING - NOT IN CROSSWALK				M OTHER:*				I SLEEPY / FATIGUED*
F FLOODED*	E IN ROAD - INCLUDES SHOULDER				N NONE APPARENT				
X G OTHER*: TRAFFIC BRK	F NOT IN ROAD				O RUNAWAY VEHICLE				
H NO UNUSUAL CONDITIONS	G APPROACHING / LEAVING SCHOOL BUS			X					

SKETCH FOR SKETCH DIAGRAM, SEE PAGE 4 <div style="text-align: center;">  INDICATE NORTH </div>	MISCELLANEOUS V3'S TRAILER INFO: R/O IS THE SAME AS V3 VIN <div style="background-color: black; width: 100px; height: 20px; margin-top: 5px;"></div>
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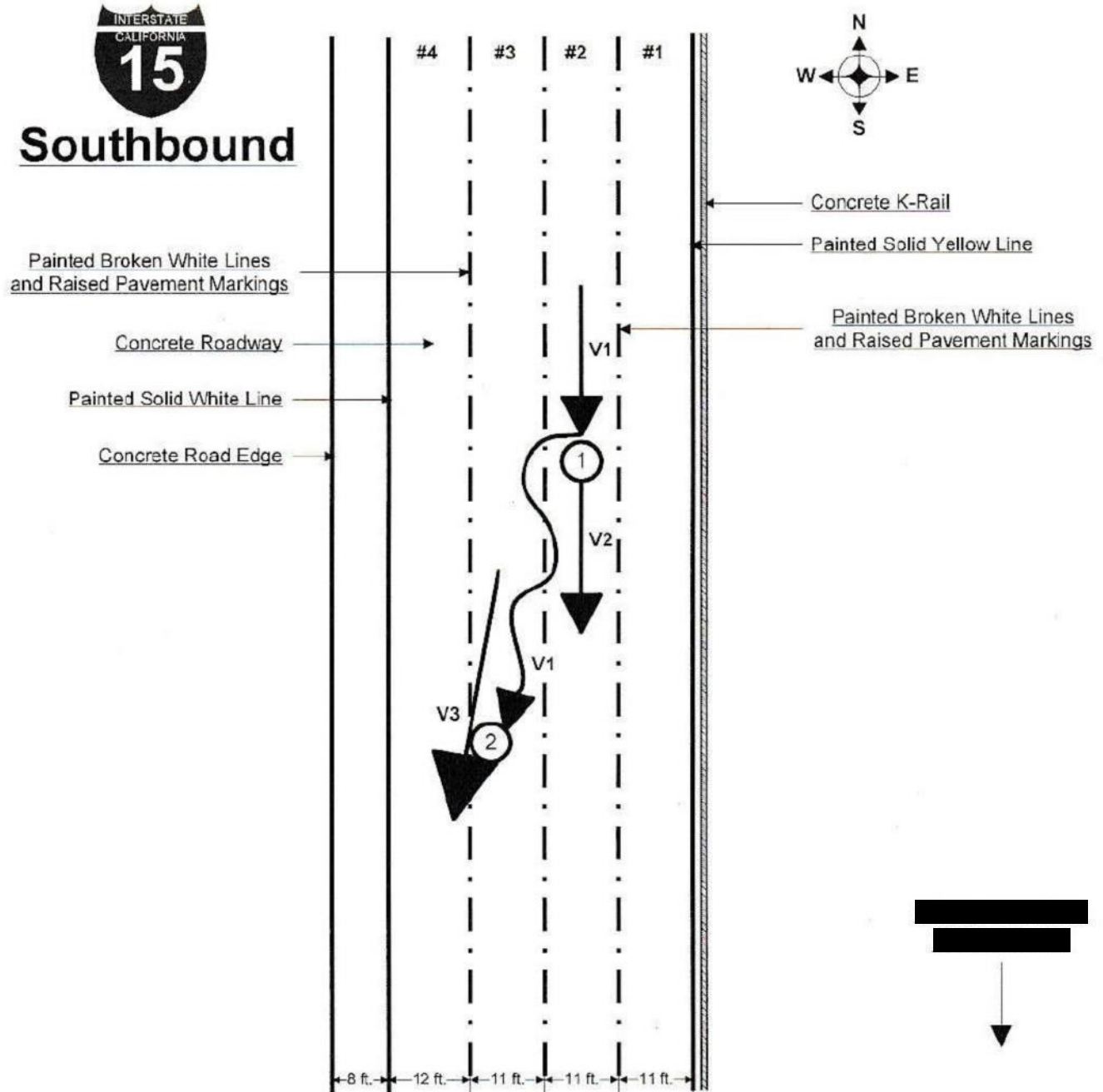
DATE OF COLLISION (MO. DAY YEAR)				OFFICER I.D.				NUMBER									
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ('X' ONE)				INJURED WAS ('X' ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
				FATAL INJURY	SUSPECTED SERIOUS INJURY	SUSPECTED MINOR INJURY	POSSIBLE INJURY	DRIVER	PASS.	PED.	BIICYLIST	OTHER					
<input type="checkbox"/> #	<input type="checkbox"/>	23	F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	N	G	0
NAME / D.O.B. / ADDRESS												TELEPHONE					
(INJURED ONLY) TRANSPORTED BY: RIVERSIDE COUNTY CORONERS OFFICE								EMS RUN NUMBER				TAKEN TO: RIVERSIDE COUNTY CORONERS OFFICE					
DESCRIBE INJURIES:																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	22	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	3	N	G	0
NAME / D.O.B. / ADDRESS												TELEPHONE					
(INJURED ONLY) TRANSPORTED BY: AMR								EMS RUN NUMBER 397				TAKEN TO: RIVERSIDE COMMUNITY HOSPITAL					
DESCRIBE INJURIES:																	
<input checked="" type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	12	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	6	P	G	0
NAME / D.O.B. / ADDRESS												TELEPHONE					
(INJURED ONLY) TRANSPORTED BY: AMR								EMS RUN NUMBER 355				TAKEN TO: CORONA REGIONAL MEDICAL CENTER					
DESCRIBE INJURIES:																	
<input checked="" type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	13	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	7	P	G	0
NAME / D.O.B. / ADDRESS												TELEPHONE					
(INJURED ONLY) TRANSPORTED BY: AMR								EMS RUN NUMBER 355				TAKEN TO: CORONA REGIONAL MEDICAL CENTER					
DESCRIBE INJURIES:																	
<input checked="" type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	54	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	3	M	G	0
NAME / D.O.B. / ADDRESS												TELEPHONE					
(INJURED ONLY) TRANSPORTED BY: AMR								EMS RUN NUMBER 355				TAKEN TO: CORONA REGIONAL MEDICAL CENTER					
DESCRIBE INJURIES:																	
<input checked="" type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	39	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	1	M	G	0
NAME / D.O.B. / ADDRESS												TELEPHONE					
(INJURED ONLY) TRANSPORTED BY: AMR								EMS RUN NUMBER 355				TAKEN TO: CORONA REGIONAL MEDICAL CENTER					
DESCRIBE INJURIES:																	
<input checked="" type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	

STATE OF CALIFORNIA
SKETCH DIAGRAM

CHP 555 Page 4 (Rev. 04-11) OPI060

DATE OF INCIDENT [REDACTED]	TIME 0106	NCIC NUMBER [REDACTED]	OFFICER I.D. [REDACTED] 6	NUMBER [REDACTED] [REDACTED]
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE=)



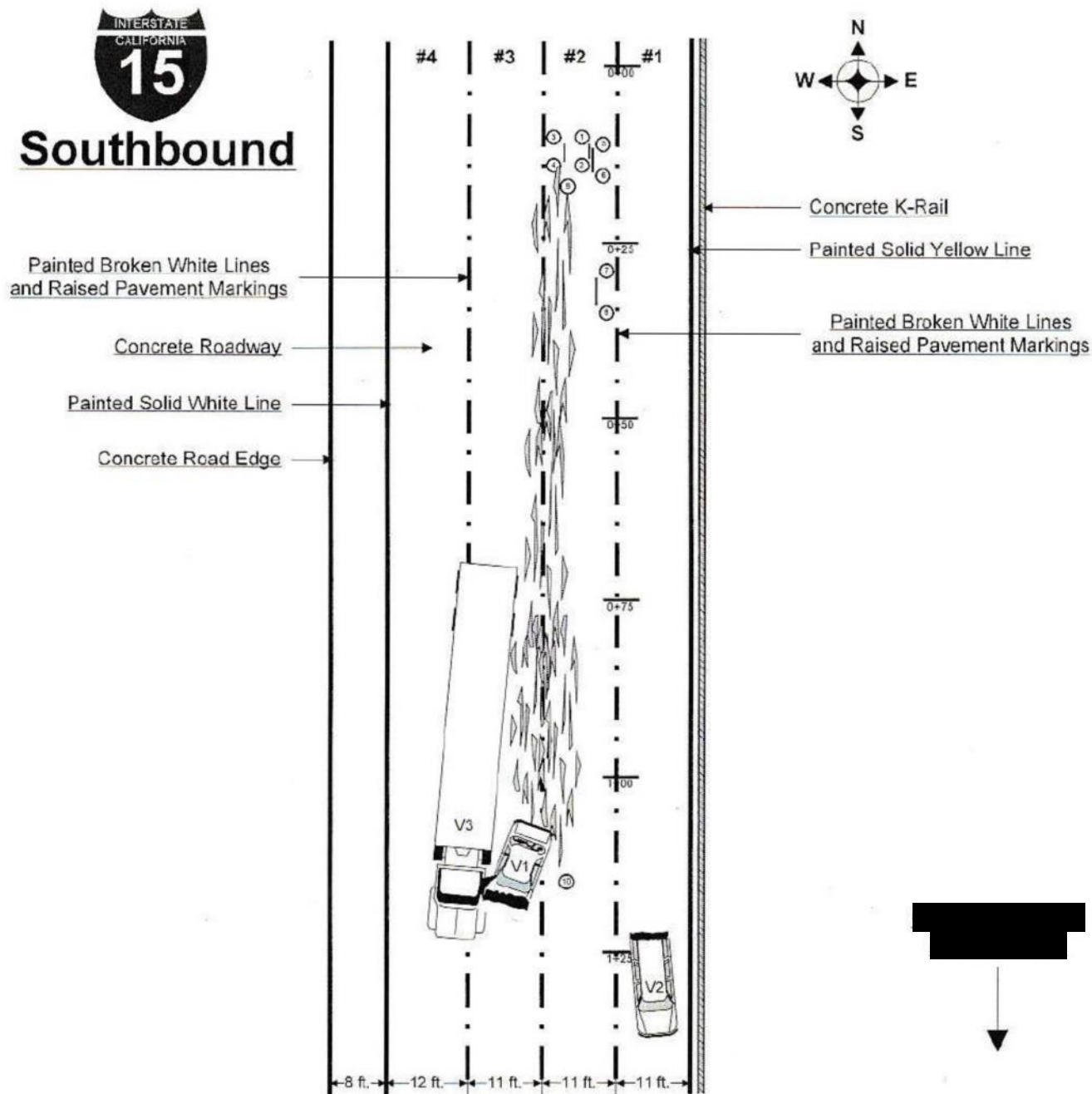
PREPARED BY [REDACTED]	I.D. NUMBER [REDACTED]	DATE [REDACTED]	REVIEWER'S NAME [REDACTED]	DATE [REDACTED]
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STATE OF CALIFORNIA
FACTUAL DIAGRAM

CHP 555 Page 4 (Rev. 04-11) OPI060

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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



Not to Scale

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Factual Diagram Legend

Station Line:

A station line was established along the painted broken white line which separates the #1 lane from the #2 lane and travels in a true north/south direction. Station 0+00 was established

Vehicle Points of Rest:

- Vehicle #1, (Toyota) (V1's) left front wheel was located 13 ft. right from Station 1+18.
- Vehicle #1, (Toyota) (V1's) left rear wheel was located 11 ft. right from Station 1+10.
- Vehicle #2, (Ford) (V2's) right front wheel was located 4 ft. left from Station 1+35.
- Vehicle #2, (Ford) (V2's) right rear wheel was located 3 ft. left from Station 1+25.
- Vehicle #3, (Freightliner) (V3's) left front wheel was located 19 ft. right from Station 1+22.
- Vehicle #3, (Freightliner) (V3's) left rear wheel of tractor was located 18 ft. right from Station 1+07.
- Vehicle #3, (Freightliner) (V3's) left rear wheel of trailer was located 15 ft. right from Station 0+73.

Physical Evidence:

- A – Gouge Mark/black material transfer
- B – Gouge Mark/black material transfer
- C – Tire Friction Mark.
- D – Tire Friction Mark.
- E – Debris/Fluid Field approximately 100 ft. in length and 10 ft. in width.

Location of Physical Evidence:

- 1 – Begin of Item A was located 4 ft. right from Station 0+11
- 2 – End of Item A was located 4 ft. right from Station 0+13
- 3 – Begin of Item B was located 7 ft. right from Station 0+11
- 4 – End of Item B was located 7 ft. right from Station 0+14
- 5 – Begin of Item C was located 3 ft. right from Station 0+12
- 6 – End of Item C was located 3 ft. right from Station 0+15
- 7 – Begin of Item D was located 3 ft. right from Station 0+30
- 8 – End of Item D was located 3 ft. right from Station 0+34
- 9 – Begin of Item E was located 4 ft. right from Station 0+14
- 10 – End of Item E was located 8 ft. right from Station 1+15

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

1 **FACTS**

3 **NOTIFICATION:**

5 On [REDACTED] 8 I was on foot picking up a lane closure along [REDACTED]
6 [REDACTED] a previous fatal traffic collision. At approximately 0106 hours, I was
7 picking up traffic cones when I heard a crashing sound to the north of my location. At
8 approximately 0108 hours, [REDACTED] advised Inland Communications
9 Center he was approaching the area and discovered a major injury traffic collision had
10 occurred. I responded from my previous location and arrived on scene at approximately 0109
11 hours. All times, speeds, and measurements in this investigation are approximate.
12 Measurements were taken by roll meter and steel tape.

14 **SCENE:**

16 At the scene of the collision, [REDACTED] composed of concrete and is maintained by the State
17 of California. There are four general use lanes which are separated by broken white lines with
18 raised ceramic markers. The roadway is bordered on the west by a solid white line and an
19 asphalt shoulder followed by a descending dirt embankment with shrubs and trees. On the
20 east, the roadway is bordered by a solid yellow line followed by concrete k-rail. The roadway
21 was dry and the weather was cloudy and cool at the time of the collision. This collision
22 occurred during darkness hours with no street lights at or around the scene of this collision.
23 The speed limit at this location is 65 mph. See factual diagram for further scene description.

25 **PARTIES:**

27 **Party #1, ([REDACTED] (P1):** was located by [REDACTED] at the scene still seated in the driver's
28 seat of Vehicle #1, [REDACTED] while wearing her seatbelt. She was identified by her valid
29 California identification card which was confirmed by [REDACTED]
30 [REDACTED]. A records check through CHP dispatch revealed [REDACTED] driver's license was
31 suspended effective 09/24/2017. She was determined to be the driver of V1 at the time of the
32 collision based on her passenger's statement, the fatal injuries she sustained, the fact she was
33 the registered owner of V1 and the fact she was still seated in the driver's seat of V1.

35 **Pre-Collision Profile:**

37 The following profile was derived from information obtained from the mother of [REDACTED]
38 [REDACTED] at Riverside Community Hospital. [REDACTED] had no
39 known medical conditions and by all accounts was a healthy individual. There was nothing
40 abnormal about her state of mind and she had not been depressed in the weeks leading up to
41 the collision. [REDACTED] was employed by [REDACTED].

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]

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PARTIES-continued:

Pre-Collision Profile-continued:

She had recently purchased the 2018 Toyota Corolla involved in this collision. [REDACTED] had been known to consume alcohol occasionally and was the possessor of a medicinal marijuana card. On [REDACTED] just prior to midnight, [REDACTED] went to sleep in her bed. On [REDACTED] she awoke at 0830 hours, and got herself ready to go to work at [REDACTED]. Between 0930 and 1800 hours, [REDACTED] remained at work. After leaving work, [REDACTED] arrived back home at 1815 hours. Between 1815 and 1930 hours, [REDACTED] watched television and "hung out" with her sister [REDACTED] Passenger #1) in [REDACTED] bedroom. [REDACTED] was the last family member to speak to [REDACTED] at 1900 hours; however, [REDACTED] did not know the exact whereabouts of [REDACTED] after leaving the house at 1930 hours. [REDACTED] believed that [REDACTED] went to the Punch Bowl Social (12635 N. Main Street, Rancho Cucamonga) to have dinner and "hang out" with some friends.

On [REDACTED] at approximately 1015 hours, [REDACTED] spoke to [REDACTED] at Riverside Community Hospital to obtain her statement regarding the collision. At the time of the interview, [REDACTED] had just been moved to the intensive care unit after undergoing surgery. According to [REDACTED] she and [REDACTED] had left their home at about 1930 hours, and went to Punch Bowl Social where they ate. At 2130 hours, they drove to N8's Billiards (2507 S. Euclid Avenue, Ontario) where they played pool and met "new friends." According to [REDACTED] neither her, nor [REDACTED] consumed alcohol at either establishment they visited. [REDACTED] did not remember details of the collision, but believed that they had left N8's Billiards and were on their way home.

Vehicle #1, (Toyota) (V1): V1 was located resting on its wheels facing in a southerly direction within the #3 lane of [REDACTED]. V1 sustained major damage as a result of this collision. The front bumper was buckled and pushed under the engine compartment, the grille was punctured, the hood was buckled and bent back towards the windshield, the front axles were bent/damaged, the frame was bent, both front fenders were crumpled and pushed back towards the passenger compartment, the engine compartment had major intrusion, the windshield was cracked, the rear windshield was shattered, the dashboard had bent and crumpled and the roof was buckled. All damage noted was consistent with a rear end collision with a large SUV. Safety belts were present in the vehicle and were worn by the driver and right front passenger. They did not appear to be in the locked position and no airbags deployed. Based upon the significant front end damage to V1, it is my opinion that the frontal airbags in V1 should have deployed. Inland Division Multidisciplinary Accident Investigation Team (MAIT) was requested by the CHP Riverside Area due to the suspected restraint failure. Refer to MAIT supplemental IL-030-18 for further.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
[REDACTED]	[REDACTED]	05/21/2018	[REDACTED]	[REDACTED]

DATE OF INCIDENT

TIME

NCIC NUMBER

OFFICER I.D.

NUMBER

[REDACTED]

1 **FACTS-continued:**

2
3 **PARTIES-continued**

4
5 **Party #2, (P2):** was located at the scene standing to the right side of Vehicle #2,
6 (Ford) (V2). She was identified by her valid California driver's license as [REDACTED]
7 She was determined to be the driver of V2 at the time of the collision based on her statement,
8 her passenger's statement and the injuries she sustained as a result of the collision.
9

10 **Pre-Collision Profile:**

11
12 On [REDACTED] at approximately 1830 hours, I spoke to [REDACTED] to
13 determine her pre-collision activities. She was Spanish speaking only, so her husband, [REDACTED]
14 [REDACTED] translated. [REDACTED] had no known medical conditions and by all
15 accounts was a healthy individual. There was nothing abnormal about her state of mind and
16 she had not been depressed in the weeks leading up to the collision. On [REDACTED]
17 [REDACTED] she had fallen asleep sometime in the evening while staying with family in Midland,
18 Texas. She awoke on [REDACTED] and had Menudo for breakfast before getting on
19 the road to head home. The route was going to take them on [REDACTED] and finally onto [REDACTED]
20 [REDACTED] She left Midland, Texas around 1100 hours and she drove from Midland to El Paso,
21 Texas. Her husband drove from El Paso to New Mexico. She drove again from an unknown
22 City in New Mexico to somewhere in Arizona or New Mexico. She couldn't remember exactly.
23 Her husband drove again from the last location to Phoenix, Arizona. Once in Phoenix she got
24 behind the wheel and began driving once again. She drove into California and stopped to
25 switch driving with her husband. He drove from Blythe, California to Banning, California. She
26 started driving once more approximately one hour before the collision occurred.

27 **Vehicle #2, (Ford) (V2):** V2 was located resting on its wheels facing in a southerly direction
28 within the #1 lane of [REDACTED] V2 sustained major
29 damage as a result of this collision. The rear bumper was bent underneath the undercarriage,
30 the rear access door was crumpled and pushed into the rear passenger compartment, the rear
31 windshield was shattered, both rear quarter panels were buckled and pushed forward and the
32 rear axle and rear wheels were bent. All damage noted was consistent with a rear end
33 collision from a sedan. Safety belts were present in the vehicle and were worn by the
34 occupants of V2. They did appear to be working properly and no airbags deployed. No prior
35 mechanical defects were noted or claimed.

36
37
38
39
40
41

PREPARED BY

I.D. NUMBER

DATE

REVIEWER'S NAME

DATE

[REDACTED]

DATE OF INCIDENT

TIME

NCIC NUMBER

OFFICER I.D.

NUMBER

FACTS-continued:**PARTIES-continued**

Party #3, [REDACTED] (P3): was located at the scene standing to the left side of Vehicle #3, (Freightliner) (V3). He was identified by his valid California commercial driver's license as [REDACTED]. He was determined to be the driver of V3 at the time of the collision based on his statement, the fact he was the sole occupant of V3 and the fact he was employed and working for the company who owns V3.

Pre-Collision Profile:

On Monday [REDACTED] I spoke to [REDACTED] to determine his pre-collision activities. [REDACTED] had no known medical conditions and by all accounts was a healthy individual. There was nothing abnormal about his state of mind and he had not been depressed in the weeks leading up to the collision. On [REDACTED] he went to bed at 0200 hours. He slept for 18 hours and did not wake up until 2200 hours. He woke up and had something to eat before getting himself ready for work. He left his home and clocked into work at midnight on May 21, 2018. He had been driving for only one hour on his route when the collision occurred.

Vehicle #3, (Freightliner) (V3): V2 was located resting on its wheels facing in a southerly direction within the #3 and #4 lanes of [REDACTED]. V3 sustained minor damage as a result of this collision. The left side metal steps were bent and the left rear tires of V3's tractor were scuffed. All damage noted was consistent with a sideswipe collision from a sedan. Safety belts were present in the vehicle and appeared to be working properly. No prior mechanical defects were noted or claimed.

PHYSICAL EVIDENCE:

Refer to Factual Diagram and Legend.

OTHER ADDITIONAL INFORMATION:

Due to the previous fatal traffic collision, CHP personnel were conducting several Round Robin/Traffic Breaks in the immediate area to provide for the safety of emergency personnel on scene. During the last Round Robin/Traffic Break, [REDACTED] stopped all southbound traffic completely for the purposes of picking up traffic cones and clearing the previous collision scene. Officer [REDACTED] had his red/blue emergency lights activated from his CHP patrol vehicle and had stopped traffic which extended for a distance over 900 feet with all lanes occupied by stopped vehicles. This collision occurred while these vehicles were stopped.

PREPARED BY

I.D. NUMBER

DATE

REVIEWER'S NAME

DATE

DATE OF INCIDENT

TIME

NCIC NUMBER

OFFICER I.D.

NUMBER

FACTS-continued:**ASSISTING PERSONNEL ON SCENE:****CHP Personnel on scene:**

Officer J. Tronti, ID 17546, Investigating Officer
Officer R. Breeding, ID 20210, Traffic Control, CHP 180 Completion and Photographs
Officer A. Rolens, ID 20220, Traffic Control, CHP 180 Completion and Assist with Diagram
Officer J. Colteen, ID 21298, Traffic Control
Officer M. Napier, ID 21017, Traffic Control

CHP Personnel on scene (cont.):

Officer G. Michel, ID 16358, Traffic Control
Officer M. Najera, ID 20102, Traffic Control
Officer D. Lindberg Jr., ID 20913, Traffic Control
Officer S. Irick, ID 20690, Traffic Control
Officer K. Simmons, ID 21048, Traffic Control
Officer K. Saelor, ID 20081, Traffic Control
Sergeant B. Arendt, ID 17194, On Scene Management and Traffic Control
Sergeant S. Parent, ID 16159, On Scene Management, First Aid and Photographs.

CAL FIRE Personnel on scene:

Truck 17: Captain K. Wallace
Engineer W. Morgan
Firefighter/Paramedic D. Smith
Firefighter S. Caban

Engine 17: Captain J. May
Engineer J. Miller
Firefighter/Paramedic C. Ashbaugh (Pronounced P1 Deceased at 0120 hours)

Engine 16: Captain M. Boren
Engineer M. Lewan
Firefighter R. Howell

PREPARED BY

I.D. NUMBER

DATE

REVIEWER'S NAME

DATE

1 **FACTS-continued:**

2

3 **ASSISTING PERSONNEL ON SCENE:**

4

5 **AMR Personnel on scene:**

6

7 Unit 397: E. Robles

8 T. Cross

9 Unit 355: W. Stacy

10 S. Maddaluna

11

12 **Riverside County Sheriff's Department/Coroner:**

13

14 Deputy Coroner D. Winsatt, ID N4362.

15

16 **STATEMENTS:**

17

18 *STATEMENTS ARE NOT VERBATIM AND ARE WRITTEN IN SUMMARY FORM. THE STATEMENTS WERE READ*
19 *BACK TO THE INVOLVED PARTIES FOR VERIFICATION.*

20

21 **Party #1, (P1):** suffered fatal injuries as a result of this collision and no statement was
22 obtained.

23

24 **Party #2, (P2):** related to me in essence. She was Spanish speaking only, so her
25 husband, translated. She stated that she was driving her family home from
26 Texas and had just transitioned from at 60 miles per hour. Her
27 intention was to exit Upon entering she immediately, and
28 clearly, observed flashing red and blue lights in the road ahead. She recognized the flashing
29 lights as those from a police vehicle. She also clearly saw numerous vehicles (estimated 50
30 vehicles in each of the four traffic lanes) with brake lamps illuminated that appeared to be
31 stopped or slowing. She slowed the Ford Expedition she was driving and began merging to
32 the left, where she ultimately occupied the #2 traffic lane. She brought her vehicle to a
33 complete stop and there were no vehicles behind her. She believed there was a tractor trailer
34 to her right, but did not recall if there were any vehicles to her left. She said there was a sedan
35 ahead of her, but that she had left space (four to five car lengths) between the front of her
36 vehicle and the sedan ahead. She had been stopped for an estimated 20 to 30 seconds when
37 she suddenly felt a hard impact to the rear. The impact accelerated her vehicle forward and to
38 the left, before coming to a stop facing in a southerly direction within the #1. After the collision
39 she exited her vehicle and checked on the welfare of her family and all parties involved until
40 assistance arrived.

41

42

43

DATE OF INCIDENT

TIME

NCIC NUMBER

OFFICER I.D.

NUMBER

[REDACTED]

1 **FACTS-continued:**

2

3 **STATEMENTS (cont.):**

4

5 **Party #3, (P3):** related to me in essence. He stated he was driving on [REDACTED]
6 the #3 lane at approximately 40 mph. While driving, he observed stopped traffic ahead and
7 could see a police vehicle up ahead with red/blue emergency lights activated. It appeared that
8 police activity was further ahead and to his knowledge, the police vehicle with emergency
9 lights activated had stopped traffic. As a result of traffic ahead, he began to change lanes to
10 his right into the #3 lane. As he was beginning his lane change he heard a loud crashing
11 sound and felt an impact on the left side of his vehicle. He immediately stopped and looked
12 out his window to see a black sedan and crashed into the left side of his truck. After the
13 collision he exited his vehicle to check on the welfare of all parties involved and remained on
14 scene until assistance arrived.

15

16 **Passenger [REDACTED]:** related to Sergeant S. Parent in essence. She stated her sister,
17 [REDACTED] was driving them home at the time of the collision, but she could not remember any
18 details surrounding the collision.

19

20 The passengers in Vehicle #2, (Ford) (V2) were asleep at the time of the collision and could
21 not provide any details surrounding the collision.

22

PREPARED BY

I.D. NUMBER

DATE

REVIEWER'S NAME

DATE

[REDACTED]

1 **OPINIONS AND CONCLUSIONS:**

2
3 *THE FOLLOWING SUMMARY, AREA OF IMPACT(S) AND CAUSE OF THIS COLLISION SEQUENCE WAS*
4 *DEVELOPED CONSIDERING THE LOCATIONS OF AND THE DAMAGE TO THE INVOLVED VEHICLES, THE*
5 *STATEMENTS OBTAINED AND THE PHYSICAL EVIDENCE PRESENT AT THE SCENE.*
6

7 **SUMMARY:**

8
9 **Pre-Impact:**

10
11 While CHP was actively engaged in stopping traffic for a previous traffic collision involving a
12 fatality, there were vehicles stopped in all lanes that extended for approximately 900 feet north
13 of the patrol vehicle which had its emergency lights activated. Party #1, [REDACTED] (P1) was
14 driving Vehicle #1, (Toyota) (V1) on [REDACTED] within the #2 lane at an indeterminate rate of
15 speed north of [REDACTED] approaching the rear of Vehicle #2, (Ford) (V2).
16 Party #2, [REDACTED] (P2) was driving V2 on [REDACTED] within the #2 lane and was stopped with
17 traffic north of [REDACTED] just ahead of V1 and to the left rear of Vehicle #3,
18 (Freightliner) (V3). Party #3, [REDACTED] (P3) was driving V3 on [REDACTED] within the #3 lane and
19 was slowing with traffic ahead and to the right of V1 and V2.
20

21 **At-Impact:**

22
23 Due to P1 driving while under the influence of alcohol, P1 failed to recognize stopped traffic
24 ahead and was unable to stop V1 before the front of V1 struck the rear of V2 (AOI #1). V1
25 continued forward and to the right until the right front of V1 struck the left side of V3's tractor
26 (AOI #2).
27

28 **Post-Impact:**

29
30 After the collision all parties were still on scene and all vehicles were located at their points of
31 rest upon CHP arrival.
32

33 **AREAS OF IMPACT (AOI's):**

34
35 AOI #1: (V1 vs. V2) was located approximately 2,580 feet north of the north roadway edge of
36 the [REDACTED] over crossing and 16 feet west of the [REDACTED] line
37 of [REDACTED]
38

39 AOI #2: (V1 vs. V3) was located approximately 2,460 feet north of the [REDACTED] of
40 the [REDACTED] over crossing and 29 feet west of the east roadway edge line
41 of [REDACTED]
42

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
[REDACTED]			

1 **INTOXICATION NARRATIVE:**

2
3 At the time of the collision, Party #1, [REDACTED] (P1's) sobriety could not be determined. The
4 Riverside County Coroner's Officer performed a post-mortem examination of P1, which
5 indicated that [REDACTED] blood alcohol level was in excess of the state's 0.08% presumptive
6 level for alcohol intoxication. The report from the Coroner's Office also indicated detectable
7 levels of cannabis found in her system at the time of death and at the time of collision.

8
9 Based on the Coroner's findings, it is my opinion [REDACTED] was driving while under the
10 influence of alcohol in combination with cannabis at the time of death and at the time of the
11 collision.

12
13 **CAUSE:**

14
15 Party #1, [REDACTED] (P1) caused this collision by driving Vehicle #1, (Toyota) (V1) in violation of
16 California Vehicle Code Section;

17
18 23152 (a) – It is unlawful for a person who is under the influence of any alcoholic beverage to
19 drive a vehicle.

20
21 An associated factor in this collision was P1 driving V1 in violation of California Vehicle Code
22 Section;

23
24 22350 – No person shall drive a vehicle upon a highway at a speed greater than is reasonable
25 or prudent having due regard for weather, visibility, the traffic on, and the surface and width of,
26 the highway, and in no event at a speed which endangers the safety of persons or property.

27
28 **RECOMMENDATIONS:**

29
30 None.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
[REDACTED]				

TRUCK / BUS COLLISION SUPPLEMENTAL REPORT

CHP 555D (Rev. 1-07) OPI 062

PARTY NUMBER
3

DATE OF COLLISION _____ TIME (2400) _____ NCIC NUMBER _____ OFFICER I.D. NUMBER _____ NUMBER _____

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 3	AT THE TIME OF THE CRASH, THIS VEHICLE WAS: <input checked="" type="checkbox"/> Operating on a Trafficway open to the public (In-Transport) <input type="checkbox"/> Parked on or off the Trafficway
NUMBER OF PERSONS SUSTAINING FATAL INJURIES 1	
NUMBER OF INJURED PERSONS TRANSPORTED FOR IMMEDIATE MEDICAL TREATMENT 5	COMMERCIAL DRIVER LICENSE (CDL): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
NUMBER OF VEHICLES TOWED FROM SCENE DUE TO DISABLING DAMAGE 2	CDL LICENSE CLASS (Check one): <input checked="" type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input type="checkbox"/> Class M

VEHICLE INFORMATION

VEHICLE CONFIGURATION (Enter one code from below) <input type="text" value="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)	CARGO BODY TYPE (Enter one code from below) <input type="text" value="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 98 - Other Cargo Body (not listed above)
GVWR / GCWR (Enter one code from below. Use GCWR for truck combinations) <input type="text" value="3"/> 1 - 10,000 lbs. or Less 2 - 10,001 - 25,000 lbs. 3 - Greater than 26,000 lbs.	HAZARDOUS MATERIALS INVOLVEMENT DID THE VEHICLE HAVE A HAZ-MAT PLACARD? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Bus Use (Enter one code from below) <input type="text" value="0"/> 0 - Not a Bus 1 - School (Public or Private) 2 - Transit 3 - Intcity 4 - Charter 5 - Other	

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: PENSKE TRUCK LEASING CO

Carrier Street Address (P.O. Box Only if no street address): 2675 MORGANTOWN RD

City / State / ZIP Code: READING, PA 19607 Phone Number: (610)775-6000

Carrier ID Number(s): NONE USDOT# [REDACTED] MC / MX # _____ State# CA

SEQUENCE OF EVENTS

NOTE: FOR THIS VEHICLE, LIST UP TO FOUR EVENTS

Event 1: Event 2: Event 3: Event 4:

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

- NON-COLLISIONS (Continued)**
- 9 Equipment Failure (Tires, Brakes, Steering, etc.)
 - 10 Other Non-Collision

- COLLISION INVOLVING / WITH**
- 12 Pedestrian
 - 13 Motor Vehicle In-Transport
 - 14 Parked Motor Vehicle

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

PREPARED BY _____ REVIEWED BY _____ DATE _____