



SPECIAL CONDITIONS FATAL		NUMBER INJURED 3	HIT & RUN FELONY <input type="checkbox"/>	CITY EASTVALE	JUDICIAL DISTRICT RIVERSIDE SUPERIOR			
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	CURRED ON:		YEAR	TIME (2400) 0106	NCIC # 9840	OFFICER I.D. 017546		
	MILEPOST INFORMATION:		GPS COORDINATES		LONGITUDE		PHOTOGRAPHS BY: <input type="checkbox"/> NONE SGT. PARENT	
	AT INTERSECTION WITH:		STATE HWY REL		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
PARTY 1	DRIVER LICENSE NUMBER (SUSP)	STATE CA	CLASS U	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 2018	MAKE / MODEL / COLOR TOYO COROLLA BLK	LICENSE NUMBER
DRIVER						OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER		
PEDESTRIAN						OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER		
PARKED VEHICLE	CITY / STATE / ZIP MIRA LOMA CA		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	WEIGHT	BIRTHDATE YEAR	RACE H	AUTO AIDE TOW - (951)735-2180
OTHER	BUSINESS PHONE NONE		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE			DESCRIBE VEHICLE DAMAGE
INSURANCE CARRIER INCAPACITATED		POLICY NUMBER		VEHICLE TYPE		UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> ROLL-OVER <input type="checkbox"/>		SHADE IN DAMAGED AREA SEDAN-TOP
DIR OF TRAVEL ON STREET OR HIGHWAY S		SPEED LIMIT 65		CA _____ DOT _____		CAL-T _____ TCP/PSC _____ MC/MX _____		
PARTY 2	DRIVER LICENSE NUMBER VALID	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 2017	MAKE / MODEL / COLOR FORD EXPEDITION WHI	LICENSE NUMBER BDV4453
DRIVER						OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		
PEDESTRIAN						OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		
PARKED VEHICLE	CITY / STATE / ZIP NORCO CA		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	WEIGHT	BIRTHDATE YEAR	RACE H	NORCO TRUCK & AUTO - (951)735-3351
OTHER	BUSINESS PHONE NONE		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE			DESCRIBE VEHICLE DAMAGE
INSURANCE CARRIER BINDER		POLICY NUMBER RENTAL		VEHICLE TYPE		UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> ROLL-OVER <input type="checkbox"/>		SHADE IN DAMAGED AREA VAN-TOP
DIR OF TRAVEL ON STREET OR HIGHWAY S		SPEED LIMIT 65		CA _____ DOT _____		CAL-T _____ TCP/PSC _____ MC/MX _____		
PARTY 3	DRIVER LICENSE NUMBER VALID	STATE CA	CLASS A	AIR BAG P	SAFETY EQUIP. G	VEH. YEAR 2016	MAKE / MODEL / COLOR FREI TRCTR YEL	LICENSE NUMBER
DRIVER						OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		
PEDESTRIAN						OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		
PARKED VEHICLE	CITY / STATE / ZIP HAWAIIAN GARDENS CA		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	WEIGHT	BIRTHDATE YEAR	RACE H	DRIVEN FROM SCENE
OTHER	BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE			DESCRIBE VEHICLE DAMAGE
INSURANCE CARRIER OLD REPUBLIC INS. CO.		POLICY NUMBER		VEHICLE TYPE		UNK <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER <input type="checkbox"/>		SHADE IN DAMAGED AREA SEMI-TRAILER-LEFT
DIR OF TRAVEL ON STREET OR HIGHWAY S		SPEED LIMIT 55		CA _____ DOT _____		CAL-T _____ TCP/PSC _____ MC/MX _____		
PREPARER'S NAME JOSEPH H. TRONTI 017546			DISPATCH NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			REVIEWER'S NAME		
						DATE REVIEWED		

DATE OF COLLISION (MO. DAY YEAR)	TIME(2400) 0106	NCIC # 9840	OFFICER I.D. 017546	NUMBER
OWNER'S NAME		OWNER ADDRESS		NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
PROPERTY DAMAGE DESCRIPTION OF DAMAGE				

SEATING POSITION  <p>1 - DRIVER 2 TO 6 - PASSENGERS 7 - STATION WAGON REAR 8 - REAR. OCC 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 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
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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
A VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> 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 OTHER THAN DRIVER*	C CONTROLS OBSCURED				C CELL PHONE HANDSFREE IN USE				C RAN OFF ROAD
X D UNKNOWN*	D NO CONTROLS PRESENT / FACTOR*	X	X	X	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
	X C REAR END				H				H SLOWING / STOPPING
WEATHER (MARK 1 TO 2 ITEMS)	D BROADSIDE				I				I PASSING OTHER VEHICLE
A CLEAR	E HIT OBJECT				J			X	J CHANGING LANES
X 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
	B PEDESTRIAN								Q TRAVELING WRONG WAY
LIGHTING	C OTHER MOTOR VEHICLE				OTHER ASSOCIATED FACTORS (MARK 1 TO 2 ITEMS)				R OTHER*:
A DAYLIGHT	D MOTOR VEHICLE ON OTHER ROADWAY	1	2	3	A VC SECTION VIOLATED: CITED: <input type="checkbox"/> YES <input type="checkbox"/> NO				
B DUSK - DAWN	E PARKED MOTOR VEHICLE				B VC SECTION VIOLATED: CITED: <input type="checkbox"/> YES <input type="checkbox"/> NO				
X C DARK - STREET LIGHTS	F TRAIN				C VC SECTION VIOLATED: CITED: <input type="checkbox"/> YES <input type="checkbox"/> NO				
D DARK - NO STREET LIGHTS	G BICYCLE				D				
E DARK - STREET LIGHTS NOT FUNCTIONING*	H ANIMAL:								
	I FIXED OBJECT:								
ROADWAY SURFACE	J OTHER OBJECT:								
X A DRY									
B WET	PEDESTRIAN'S ACTIONS								
C SNOWY - ICY	A NO PEDESTRIANS INVOLVED				E VISION OBSCUREMENT:				
D SLIPPERY (MUDDY, OILY, ETC.)	B CROSSING IN CROSSWALK - AT INTERSECTION				F INATTENTION*:				
	C CROSSING IN CROSSWALK - NOT AT INTERSECTION				G STOP & GO TRAFFIC				
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)	D CROSSING - NOT IN CROSSWALK				H ENTERING / LEAVING RAMP				
A HOLES, DEEP RUT*	E IN ROAD - INCLUDES SHOULDER				I PREVIOUS COLLISION				
B LOOSE MATERIAL ON ROADWAY*	F NOT IN ROAD	X	X	X	J UNFAMILIAR WITH ROAD		X		
C OBSTRUCTION ON ROADWAY*	G APPROACHING / LEAVING SCHOOL BUS				K DEFECTIVE VEH. EQUIP.: CITED: <input type="checkbox"/> YES <input type="checkbox"/> NO				
D CONSTRUCTION - REPAIR ZONE					L UNINVOLVED VEHICLE				
E REDUCED ROADWAY WIDTH					M OTHER*:				
F FLOODED*					N NONE APPARENT				
G OTHER*:					O RUNAWAY VEHICLE				
X H NO UNUSUAL CONDITIONS									

SKETCH <div style="text-align: center;">  INDICATE NORTH </div>	MISCELLANEOUS
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(MO. DAY YEAR)		TIME(2400)	NCIC #	OFFICER I.D.	NUMBER														
[REDACTED]		0106	9840	017546	[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	SUSPECTED SERIOUS INJURY	SUSPECTED MINOR INJURY	POSSIBLE INJURY	DRIVER	PASS.	PED.	BICYCLIST	OTHER							
<input type="checkbox"/> #	<input type="checkbox"/>	[REDACTED]	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	M	G	0		
NAME / D.O.B. / ADDRESS										MIRA LOMA CA [REDACTED] TELEPHONE [REDACTED]									
(INJURED ONLY) TRANSPORTED BY:				EMS RUN NUMBER				TAKEN TO:											
RIVERSIDE COUNTY CORONERS OFFICE				[REDACTED]				RIVERSIDE COUNTY CORONERS OFFICE											
DESCRIBE INJURIES:																			
PRONOUNCED [REDACTED] BY PARAMEDIC C. ASHBAUGH #P36146 @ 0120 HRS																			
RIVERSIDE COUNTY CORONER'S REPORT [REDACTED] <input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/> #	<input type="checkbox"/>	[REDACTED]	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	M	G	0		
NAME / D.O.B. / ADDRESS										MIRA LOMA CA [REDACTED] TELEPHONE [REDACTED]									
(INJURED ONLY) TRANSPORTED BY:				EMS RUN NUMBER				TAKEN TO:											
AMR				397				RIVERSIDE COMMUNITY HOSPITAL											
DESCRIBE INJURIES:																			
[REDACTED]																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/> #	<input type="checkbox"/>	[REDACTED]	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										NORCO CA [REDACTED] TELEPHONE [REDACTED]									
(INJURED ONLY) TRANSPORTED BY:				EMS RUN NUMBER				TAKEN TO:											
AMR				[REDACTED]				CORONA REGIONAL MEDICAL CENTER											
DESCRIBE INJURIES:																			
[REDACTED]																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/> #	<input type="checkbox"/>	[REDACTED]	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										NORCO CA [REDACTED] TELEPHONE [REDACTED]									
(INJURED ONLY) TRANSPORTED BY:				EMS RUN NUMBER				TAKEN TO:											
AMR				[REDACTED]				CORONA REGIONAL MEDICAL CENTER											
DESCRIBE INJURIES:																			
[REDACTED]																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/> #	<input type="checkbox"/>	[REDACTED]		<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										TELEPHONE									
(INJURED ONLY) TRANSPORTED BY:				EMS RUN NUMBER				TAKEN TO:											
DESCRIBE INJURIES:																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
PREPARER'S NAME				I.D. NUMBER				MO. DAY YEAR				REVIEWER'S NAME				MO. DAY YEAR			
JOSEPH H. TRONTI				017546				[REDACTED]											

TRUCK / BUS COLLISION SUPPLEMENTAL REPORT

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

PARTY NUMBER

3

ON

TIME (2400)
0106

NCIC NUMBER
9840

OFFICER I.D. NUMBER
017546

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:

- Operating on a Trafficway open to the public (In-Transport)
- 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):

- Yes No

NUMBER OF VEHICLES TOWED FROM SCENE DUE TO DISABLING DAMAGE
2

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)

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
- 98 - Other Cargo Body (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.

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

Bus Use (Enter one code from below)

0

- 0 - Not a Bus
- 1 - School (Public or Private)
- 2 - Transit
- 3 - Inticity
- 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: _____

Carrier Street Address (P.O. Box Only if no street address): _____

City / State / ZIP Code: READING, PA _____ Phone Number _____

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

SEQUENCE OF EVENTS

NOTE: FOR THIS VEHICLE, LIST UP TO FOUR EVENTS

Event 1: 13 Event 2: _____ 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 / 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

Joseph H. Tronti

017546

REVIEWED BY

DATE