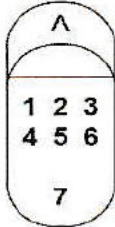



DATE OF COLLISION (MO., DAY, YEAR) 05/21/2018	TIME(2400) 0106	NCIC# [REDACTED]	OFFICER I.D. [REDACTED]	NUMBER [REDACTED]
PROPERTY DAMAGE	OWNER'S NAME	OWNER ADDRESS		NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
	DESCRIPTION OF DAMAGE			

SEATING POSITION  <p>1 - DRIVER 2 TO 6 - PASSENGERS 7 - STATION WAGON REAR 8 - REAR, 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 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
		TYPE OF COLLISION				OTHER ASSOCIATED FACTORS (MARK 1 TO 2 ITEMS)			
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 CONTROLS OBSCURED				C CELL PHONE HANDSFREE IN USE				C RAN OFF ROAD
	D NO CONTROLS PRESENT / FACTOR*	X	X	X	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
	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
LIGHTING	B PEDESTRIAN								Q TRAVELING WRONG WAY
A DAYLIGHT	C OTHER MOTOR VEHICLE				OTHER ASSOCIATED FACTORS (MARK 1 TO 2 ITEMS)				
B DUSK - DAWN	D MOTOR VEHICLE ON OTHER ROADWAY				A VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 22350				
C DARK - STREET LIGHTS	E PARKED MOTOR VEHICLE				B VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
X D DARK - NO STREET LIGHTS	F TRAIN				C VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
E DARK - STREET LIGHTS NOT FUNCTIONING*	G BICYCLE				D [REDACTED]				
ROADWAY SURFACE	H ANIMAL:				E VISION OBSCUREMENT:				
X A DRY	I FIXED OBJECT:				F INATTENTION*:				
B WET	J OTHER OBJECT:				G STOP & GO TRAFFIC				
C SNOWY - ICY					H ENTERING / LEAVING RAMP				
D SLIPPERY (MUDDY, OILY, ETC.)					I PREVIOUS COLLISION				
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)	PEDESTRIAN'S ACTIONS				J UNFAMILIAR WITH ROAD				
A HOLES, DEEP RUT*	X A NO PEDESTRIANS INVOLVED				K DEFECTIVE VEH. EQUIP.: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
B LOOSE MATERIAL ON ROADWAY*	B CROSSING IN CROSSWALK - AT INTERSECTION				L UNINVOLVED VEHICLE				
C OBSTRUCTION ON ROADWAY*	C CROSSING IN CROSSWALK - NOT AT INTERSECTION				M OTHER*:				
D CONSTRUCTION - REPAIR ZONE	D CROSSING - NOT IN CROSSWALK				N NONE APPARENT				
E REDUCED ROADWAY WIDTH	E IN ROAD - INCLUDES SHOULDER				O RUNAWAY VEHICLE				
F FLOODED*	F NOT IN ROAD								
X G OTHER*: TRAFFIC BRK	G APPROACHING / LEAVING SCHOOL BUS								
H NO UNUSUAL CONDITIONS									

SKETCH FOR SKETCH DIAGRAM, SEE PAGE 4  INDICATE NORTH	MISCELLANEOUS [REDACTED] V3
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INJURED / WITNESSES / PASSENGERS**
CHP 555 CARS PAGE 3 (REV 11-18) OPI 060

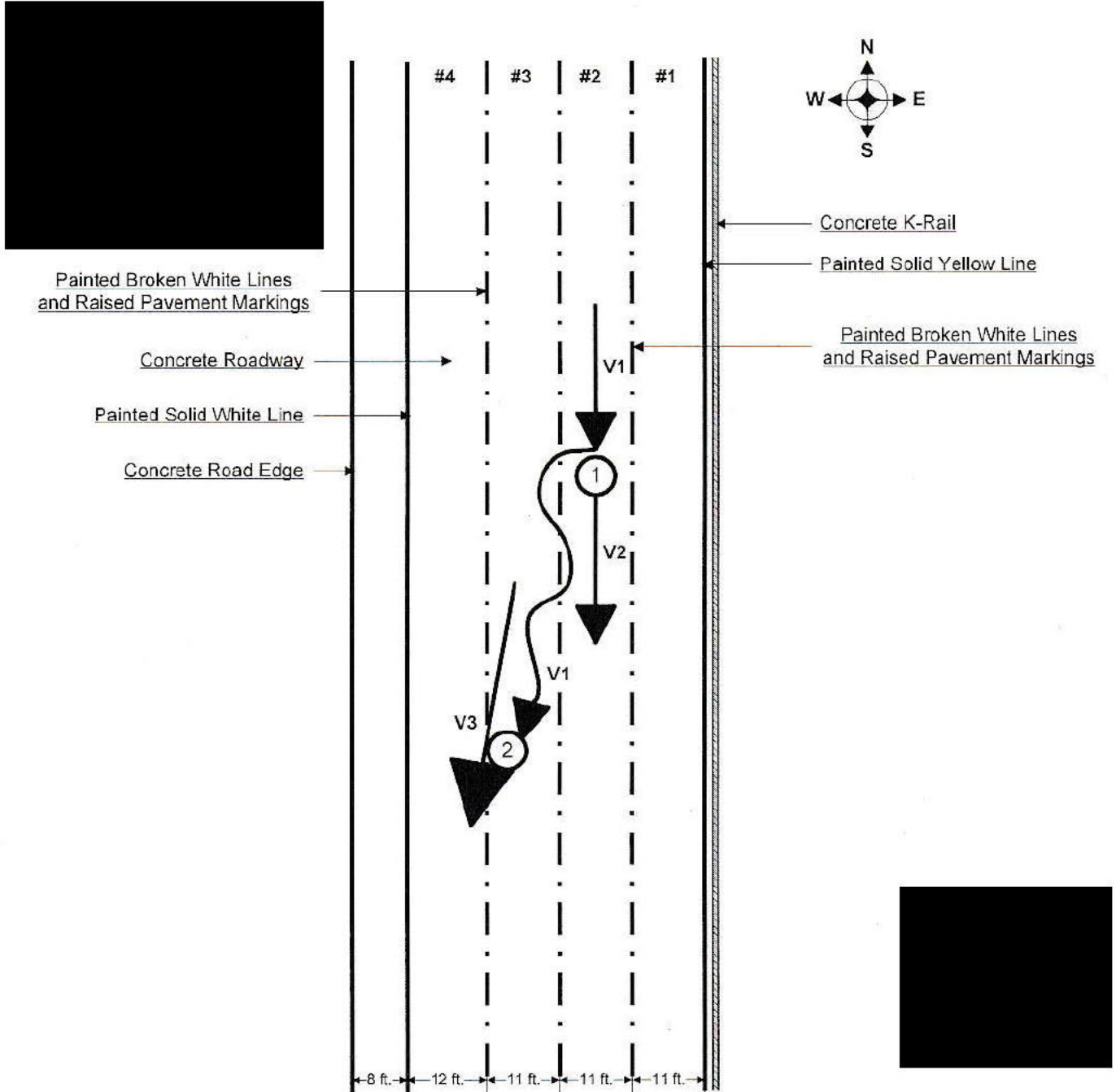
DATE OF COLLISION (MO. DAY YEAR) 05/21/2018				TIME (2400) 0106				OFFICER I.D. [REDACTED]				NUMBER [REDACTED]					
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ('X' ONE)				INJURED WAS ('X' ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
				FATAL INJURY	SUSPECTED SERIOUS INJURY	SUSPECTED MINOR INJURY	POSSIBLE INJURY	DRIVER	PASS.	PED.	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
[REDACTED]				[REDACTED]				[REDACTED]				[REDACTED]					
(INJURED ONLY) TRANSPORTED BY: RIVERSIDE COUNTY CORONERS OFFICE				EMS RUN NUMBER				TAKEN TO: RIVERSIDE COUNTY CORONERS OFFICE									
DESCRIBE INJURIES: BLUNT IMPACT INJURIES TO THE HEAD AND NECK. [REDACTED] #P36146 @ 0120 HRS [REDACTED]																	
<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 [REDACTED]												TELEPHONE (951)565-1313					
(INJURED ONLY) TRANSPORTED BY: AMR				EMS RUN NUMBER 397				TAKEN TO: RIVERSIDE COMMUNITY HOSPITAL									
DESCRIBE INJURIES: BLUNT IMPACT INJURIES TO HEAD AND NECK.																	
<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 [REDACTED]												TELEPHONE [REDACTED]					
(INJURED ONLY) TRANSPORTED BY: AMR				EMS RUN NUMBER 355				TAKEN TO: CORONA REGIONAL MEDICAL CENTER									
DESCRIBE INJURIES: [REDACTED]																	
<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 [REDACTED]												TELEPHONE [REDACTED]					
(INJURED ONLY) TRANSPORTED BY: AMR				EMS RUN NUMBER 355				TAKEN TO: CORONA REGIONAL MEDICAL CENTER									
DESCRIBE INJURIES: FACIAL CUTS AND BRUISING. BROKEN NOSE. RIGHT FOOT SWOLLEN. LACERATIONS TO RIGHT ARM.																	
<input checked="" type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	54	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	3	M	G	0
NAME / D.O.B. / ADDRESS [REDACTED]												TELEPHONE [REDACTED]					
(INJURED ONLY) TRANSPORTED BY: AMR				EMS RUN NUMBER 355				TAKEN TO: CORONA REGIONAL MEDICAL CENTER									
DESCRIBE INJURIES: LOWER BACK DISC PAIN. LEFT FOOT SWOLLEN/SPRAINED.																	
<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 [REDACTED]												TELEPHONE [REDACTED]					
(INJURED ONLY) TRANSPORTED BY: AMR				EMS RUN NUMBER 355				TAKEN TO: CORONA REGIONAL MEDICAL CENTER									
DESCRIBE INJURIES: COMPLAINT OF PAIN TO LEFT ARM.																	
<input checked="" type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
PREPARER'S NAME [REDACTED]				I.D. NUMBER [REDACTED]				REVIEWER'S NAME [REDACTED]				MO. DAY YEAR 08/02/2018					

STATE OF CALIFORNIA
SKETCH DIAGRAM

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

DATE OF INCIDENT 05/21/2018	TIME 0106	NCIC NUMBER [REDACTED]	OFFICER I.D. [REDACTED]	NUMBER [REDACTED]
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE=)



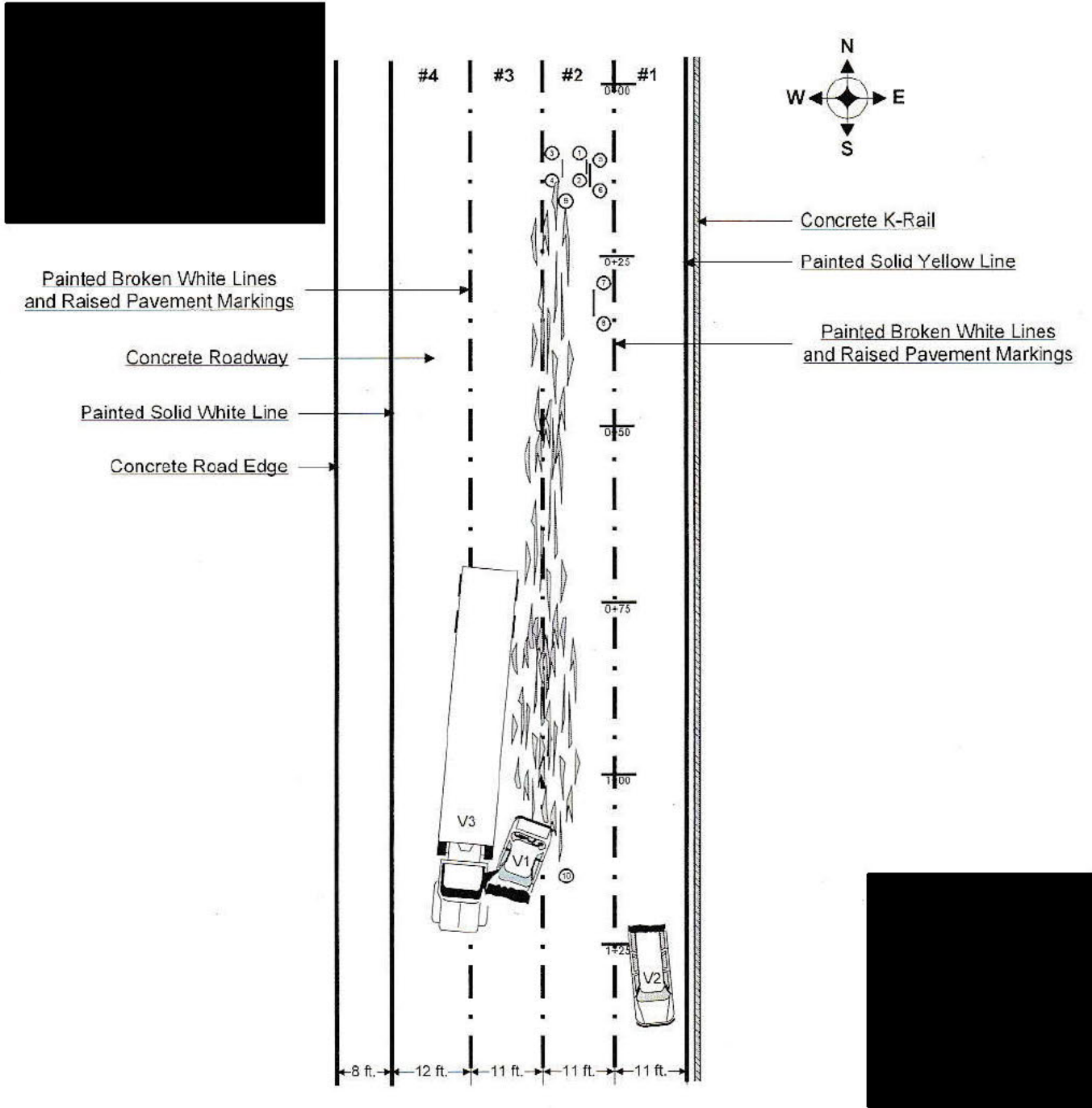
PREPARED BY [REDACTED]	I.D. NUMBER [REDACTED]	DATE 05/21/2018	REVIEWER'S NAME [REDACTED]	DATE 08/02/2018
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STATE OF CALIFORNIA
FACTUAL DIAGRAM

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

DATE OF INCIDENT 05/21/2018	TIME 0106	[REDACTED]	NUMBER 9 [REDACTED]
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE=)

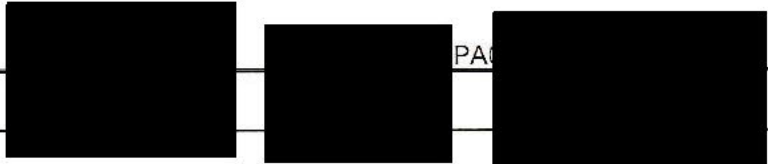


Not to Scale

[REDACTED]	[REDACTED]	DATE 05/21/2018	[REDACTED]	DATE 08/02/2018
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NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT	TIME
05/21/2018	0106



PA

Factual Diagram Legend

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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 2,590 feet north of the north roadway edge of the Cantu-Galleano Ranch Road over crossing.

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

