



SURVIVAL FACTORS ATTACHMENT 2

OPD Injured Passenger Report

Oxnard, California

HWY15MH006

(17 pages)

DATE OF COLLISION (MO. DAY YEAR)				TIME (2400)	NCIC #	OFFICER I.D.	NUMBER										
02/24/2015					5604	5172	2015-00021246										
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER					
<input type="checkbox"/> #	<input type="checkbox"/>	35	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"/>	02	0	P	A	0
NAME / D. O. B. / ADDRESS																	
[REDACTED]																	
TELEPHONE																	
[REDACTED]																	
(INJURED ONLY) TRANSPORTED BY:																	
AMBULANCE																	
TAKEN TO:																	
ST. JOHNS PLEASANT VALLEY																	
DESCRIBE INJURIES																	
COMPLAINT OF PAIN TO LEFT LEG BELOW KNEE, AND LOWER BACK																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	45	F	<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"/>	02	0	P	A	0
NAME / D. O. B. / ADDRESS																	
[REDACTED]																	
TELEPHONE																	
[REDACTED]																	
(INJURED ONLY) TRANSPORTED BY:																	
AMBULANCE																	
TAKEN TO:																	
ST. JOHNS PLEASANT VALLEY																	
DESCRIBE INJURIES																	
COMPLAINT OF PAIN/ REDNES TO LEFT SHOULDER AND COMPLAINT OF PAIN TO LEFT SIDE OF HEAD																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	46	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"/>	02	0	P	A	0
NAME / D. O. B. / ADDRESS																	
[REDACTED]																	
TELEPHONE																	
[REDACTED]																	
(INJURED ONLY) TRANSPORTED BY:																	
AMBULANCE																	
TAKEN TO:																	
ST. JOHNS PLEASANT VALLEY																	
DESCRIBE INJURIES																	
DISLOCATED RIGHT THUMB, SWELLING ON RIGHT HAND, BROKEN RIBS ON RIGHT SIDE OF TORSO,																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	63	F	<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"/>	02	0	P	A	0
NAME / D. O. B. / ADDRESS																	
[REDACTED]																	
TELEPHONE																	
[REDACTED]																	
(INJURED ONLY) TRANSPORTED BY:																	
AMBULANCE																	
TAKEN TO:																	
LOS ROBLES																	
DESCRIBE INJURIES																	
L12 VERTEBRAE COMPRESSION INJURY, COMPLAINT OF PAIN TO LEFT KNEE AND BACK OF HEAD																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	44	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"/>	02	0	P	A	0
NAME / D. O. B. / ADDRESS																	
[REDACTED]																	
TELEPHONE																	
[REDACTED]																	
(INJURED ONLY) TRANSPORTED BY:																	
AMBULANCE																	
TAKEN TO:																	
LOS ROBLES																	
DESCRIBE INJURIES																	
SHATTERED LEFT CLAVICAL, 5 FRACTURED RIBS ON LEFT SIDE OF TORSO, HEMATOMA ON LEFT SIDE OF HEAD, PAIN ON RIGHT SIDE OF BACK																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	41	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"/>	02	0	P	A	0
NAME / D. O. B. / ADDRESS																	
[REDACTED]																	
TELEPHONE																	
[REDACTED]																	
(INJURED ONLY) TRANSPORTED BY:																	
AMBULANCE																	
TAKEN TO:																	
LOS ROBLES																	
DESCRIBE INJURIES																	
LARGE LUMP ON BACK OF HEAD IN THE LEFT SIDE, BRUISING ON LEFT THIGH, CAMPLAINT OF PAIN TO LEFT SIDE OF TORSO																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
PREPARER'S NAME				I.D. NUMBER		MO. DAY YEAR		REVIEWER'S NAME				MO. DAY YEAR					
Fermin Hernandez				5172													

DATE OF COLLISION (MO. DAY YEAR) 02-24-15				TIME (2400)	NCIC # 5604	OFFICER I.D.				NUMBER 15-21246							
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER					
<input type="checkbox"/> #	<input type="checkbox"/>	27	F	<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"/>					

NAME (I.D. O.B. / ADDRESS)

(INJURED ONLY) TRANSPORTED BY: **AMBULANCE** TAKEN TO: **VCMC**

DESCRIBE INJURIES: **PAIN TO HEAD & LT. HIP; X-RAYS NEG.**

VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/> #	<input type="checkbox"/>	62	M	<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"/>					
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(INJURED ONLY) TRANSPORTED BY: **AMBULANCE** TAKEN TO: **VCMC**

DESCRIBE INJURIES: **FRACTURED BACK; PAIN TO NECK, RT SHLDR, LEGS**

VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/> #	<input type="checkbox"/>	36	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
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(INJURED ONLY) TRANSPORTED BY: **AMBULANCE** TAKEN TO: **VCMC**

DESCRIBE INJURIES: **FRACTURED RT CHEEK; LACERATIONS HEAD; PAIN TO NECK, LT SHLDR**

VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/> #	<input type="checkbox"/>	65	F	<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"/>	<input type="checkbox"/>					
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(INJURED ONLY) TRANSPORTED BY: **AMBULANCE** TAKEN TO: **VCMC**

DESCRIBE INJURIES: **TWO FRACTURED CLAVICLES; BRUISED LT LUNG; PAIN TO BACK**

VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/> #	<input type="checkbox"/>	61	M	<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"/>	<input type="checkbox"/>					
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(INJURED ONLY) TRANSPORTED BY: **AMBULANCE** TAKEN TO: **VCMC**

DESCRIBE INJURIES: **BRAIN BLEED; FRACTURED PELVIS; PAIN TO LT SHLDR, BACK, NECK**

VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/> #	<input type="checkbox"/>	53	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"/>					
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(INJURED ONLY) TRANSPORTED BY: **AMBULANCE** TAKEN TO: **VCMC**

DESCRIBE INJURIES: **PAIN TO BACK, RT SHLDR, ABDOMEN; X-RAYS NEG.**

VICTIM OF VIOLENT CRIME NOTIFIED

PREPARER'S NAME	I.D. NUMBER 4610	MO. DAY YEAR 02-24-15	REVIEWER'S NAME	MO. DAY YEAR
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INJURED / WITNESS / PASSENGERS

CHP 555 Page 3 (Rev. 1-03) OPI 061

DATE OF COLLISION (MO. DAY YEAR) 02/24/2015	TIME (2400) 0544	NCIC # 5604	OFFICER I.D. 5310	NUMBER 15-21246
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WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)					PARTY NO.	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER					
<input type="checkbox"/> #	<input checked="" type="checkbox"/>	62	M	<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"/>					

NAME / D.O.B. / ADDRESS _____ TELEPHONE _____

(INJURED ONLY) TRANSPORTED BY: _____ TAKEN TO: COMMUNITY MEMORIAL HOSPITAL

DESCRIBE INJURIES
DISLOCATED LEFT ELBOW

VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/> #	<input checked="" 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"/>					
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NAME / D.O.B. / ADDRESS _____ TELEPHONE _____

(INJURED ONLY) TRANSPORTED BY: _____ TAKEN TO: COMMUNITY MEMORIAL HOSPITAL

DESCRIBE INJURIES
SORE RIGHT HIP

SORE LOWER BACK

VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/> #	<input checked="" type="checkbox"/>	45	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"/>					
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NAME / D.O.B. / ADDRESS _____ TELEPHONE _____

(INJURED ONLY) TRANSPORTED BY: _____ TAKEN TO: COMMUNITY MEMORIAL HOSPITAL

DESCRIBE INJURIES
BACK SPASM

CHEST PAIN

VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/> #	<input checked="" type="checkbox"/>	68	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"/>					
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NAME / D.O.B. / ADDRESS _____ TELEPHONE _____

(INJURED ONLY) TRANSPORTED BY: _____ TAKEN TO: COMMUNITY MEMORIAL HOSPITAL

DESCRIBE INJURIES
COMPLAINT OF PAIN TO LEFT KNEE, GROIN, NECK AND SHOULDER, HEAD

VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/> #	<input checked="" type="checkbox"/>	65	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"/>					
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NAME / D.O.B. / ADDRESS _____ TELEPHONE _____

(INJURED ONLY) TRANSPORTED BY: _____ TAKEN TO: COMMUNITY MEMORIAL HOSPITAL

DESCRIBE INJURIES
COMPLAINT OF PAIN TO SPINE, HEAD, SHOULDERS, HIPS, KNEES

VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/> #	<input checked="" type="checkbox"/>	57	M	<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"/>					
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NAME / D.O.B. / ADDRESS _____ TELEPHONE _____

(INJURED ONLY) TRANSPORTED BY: _____ TAKEN TO: COMMUNITY MEMORIAL HOSPITAL

DESCRIBE INJURIES
FRACTURE IN NECK

COMPLAINT OF PAIN TO RIGHT SHOULDER, LEFT RIBS, LEFT SHIN

VICTIM OF VIOLENT CRIME NOTIFIED

PREPARER'S NAME _____	I.D. NUMBER 5310	MO. DAY YEAR 2-24-15	REVIEWER'S NAME _____	MO. DAY YEAR _____
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INJURED / WITNESS / PASSENGERS

CHP 555 Page 3 (Rev. 1-03) OPI 061

DATE OF COLLISION (MO. DAY YEAR)

TIME (2400)

NCIC#

OFFICER I.D.

NUMBER

2-24-15

0544

5604

5310

15-21246

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)					PARTY NO.	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER					
<input type="checkbox"/> #	<input checked="" type="checkbox"/>	67	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

NAME / D.O.B. / ADDRESS _____ TELEPHONE _____

(INJURED ONLY) TRANSPORTED BY: _____ TAKEN TO: COMMUNITY MEMORIAL HOSPITAL

DESCRIBE INJURIES
COMPLAINT OF PAIN TO LEFT FACE AND CHEST

LACERATION ON LEFT SHIN

VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/> #	<input checked="" type="checkbox"/>	42	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"/>					
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NAME / D.O.B. / ADDRESS _____ TELEPHONE _____

(INJURED ONLY) TRANSPORTED BY: _____ TAKEN TO: COMMUNITY MEMORIAL HOSPITAL

DESCRIBE INJURIES
UNKNOWN LOWER BODY INJURY

VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/> #	<input checked="" type="checkbox"/>	39	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"/>					
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NAME / D.O.B. / ADDRESS _____ TELEPHONE _____

(INJURED ONLY) TRANSPORTED BY: _____ TAKEN TO: COMMUNITY MEMORIAL HOSPITAL

DESCRIBE INJURIES
COMPLAINT OF PAIN TO NECK

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"/>					
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NAME / D.O.B. / ADDRESS _____ TELEPHONE _____

(INJURED ONLY) TRANSPORTED BY: _____ TAKEN TO: _____

DESCRIBE INJURIES

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"/>					
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NAME / D.O.B. / ADDRESS _____ TELEPHONE _____

(INJURED ONLY) TRANSPORTED BY: _____ TAKEN TO: _____

DESCRIBE INJURIES

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"/>					
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NAME / D.O.B. / ADDRESS _____ TELEPHONE _____

(INJURED ONLY) TRANSPORTED BY: _____ TAKEN TO: _____

DESCRIBE INJURIES

VICTIM OF VIOLENT CRIME NOTIFIED

PREPARER'S NAME	I.D. NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
_____	5310	2-24-15	_____	_____

INJURED / WITNESS / PASSENGERS

CHP 555 Page 3 (Rev. 1-03) OPI 081

DATE OF COLLISION (MO. DAY YEAR) 02/24/2015	TIME (2400) 0544	NCIC # 5604	OFFICER I.D. 5097	NUMBER 15-21246
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WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)					PARTY NO.	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER					
<input type="checkbox"/> #	<input type="checkbox"/>	58	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					0

NAME / D.O.B. / ADDRESS	TELEPHONE
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(INJURED ONLY) TRANSPORTED BY: AMR AMBULANCE	TAKEN TO: LOS ROBLES HOSPITAL
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DESCRIBE INJURIES
FRACTURE TO LOWER BACK, ADMITTED TO LOS ROBLES HOSPITAL

TRAIN CONDUCTOR VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/> #	<input type="checkbox"/>	31	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					0
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NAME / D.O.B. / ADDRESS	TELEPHONE
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(INJURED ONLY) TRANSPORTED BY: AMR AMBULANCE	TAKEN TO: ST. JOHNS HOSPITAL, OXNARD
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DESCRIBE INJURIES
ABRASIONS TO RIGHT ELBOW, PAIN TO BACK AND NECK AREA.

TRAIN ENGINEER TRAINEE VICTIM OF VIOLENT CRIME NOTIFIED

<input checked="" type="checkbox"/> #	<input type="checkbox"/>	59	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"/>					
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NAME / D.O.B. / ADDRESS	TELEPHONE
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(INJURED ONLY) TRANSPORTED BY:	TAKEN TO:
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DESCRIBE INJURIES

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"/>					
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NAME / D.O.B. / ADDRESS	TELEPHONE
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(INJURED ONLY) TRANSPORTED BY:	TAKEN TO:
--------------------------------	-----------

DESCRIBE INJURIES

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"/>					
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NAME / D.O.B. / ADDRESS	TELEPHONE
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(INJURED ONLY) TRANSPORTED BY:	TAKEN TO:
--------------------------------	-----------

DESCRIBE INJURIES

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"/>					
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NAME / D.O.B. / ADDRESS	TELEPHONE
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(INJURED ONLY) TRANSPORTED BY:	TAKEN TO:
--------------------------------	-----------

DESCRIBE INJURIES

VICTIM OF VIOLENT CRIME NOTIFIED

PREPARER'S NAME	I.D. NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
	5097	02/24/2015		

DATE OF COLLISION (MO. DAY YEAR)				TIME (2400)	NCIC #	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	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER					
<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]
 (INJURED ONLY)
 DESCRIBE INJURIES
 WAS IN FIRST PASSENGER CAR

<input type="checkbox"/>	<input type="checkbox"/>																<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>																

NAME / D. O. B. / ADDRESS [REDACTED]
 (INJURED ONLY)
 DESCRIBE INJURIES
 WAS IN LAST PASSENGER CAR

<input type="checkbox"/>	<input type="checkbox"/>																<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>																

NAME / D. O. B. / ADDRESS [REDACTED]
 (INJURED ONLY) TRANSPORTED BY:
 DESCRIBE INJURIES
 WAS ON THE THIRD

TRAIN PASSENGERS

VICTIM OF VIOLENT CRIME NOTIFIED
 TELEPHONE
 CA 93033
 [REDACTED]

<input type="checkbox"/>	<input type="checkbox"/>																<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>																

NAME / D. O. B. / ADDRESS [REDACTED]
 (INJURED ONLY) TRANSPORTED BY:
 DESCRIBE INJURIES
 WAS ON SECOND TO

VICTIM OF VIOLENT CRIME NOTIFIED
 TELEPHONE
 CA 93033
 0075

<input type="checkbox"/>	<input type="checkbox"/>																<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>																

NAME / D. O. B. / ADDRESS [REDACTED]
 (INJURED ONLY)
 DESCRIBE INJURIES
 WAS ON CAR #206 ON THE BOTTOM

PREPARED BY [REDACTED] I.D. NUMBER 5098 MO. DAY YEAR 02 24 15 REVIEWER'S NAME MO. DAY YEAR

DATE OF COLLISION (MO. DAY YEAR) 02/24/2015				TIME (2400)	NCIC # 5604	OFFICER I.D. 5172	NUMBER 2015-00021246												
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED		
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER							
<input type="checkbox"/> #	<input type="checkbox"/>	19	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"/>	<input type="checkbox"/>	02	0	P	A	0	
NAME / D. O. B. / ADDRESS													TELEPHONE						
(INJURED ONLY) TRANSPORTED BY: AMBULANCE													TAKEN TO: LOS ROBLES						
DESCRIBE INJURIES COMPLAINT OF PAIN TO LOWER BACK, SORENESS TO LEFT ARM																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/> #	<input type="checkbox"/>		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"/>	<input type="checkbox"/>	02	0	P	A	0	
NAME / D. O. B. / ADDRESS													TELEPHONE						
(INJURED ONLY) TRANSPORTED BY: AMBULANCE													TAKEN TO: LOS ROBLES						
DESCRIBE INJURIES UNKNOWN																			
<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"/>	<input type="checkbox"/>						
NAME / D. O. B. / ADDRESS													TELEPHONE						
(INJURED ONLY) TRANSPORTED BY:													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"/>	<input type="checkbox"/>						
NAME / D. O. B. / ADDRESS													TELEPHONE						
(INJURED ONLY) TRANSPORTED BY:													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"/>	<input type="checkbox"/>						
NAME / D. O. B. / ADDRESS													TELEPHONE						
(INJURED ONLY) TRANSPORTED BY:													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			
				5172															

I contacted the following people:

[REDACTED]

train 206 top floor

[REDACTED]

Train 263 Bottom floor

[REDACTED]

Train 263 bottom floor

[REDACTED]

Train 263 Top floor

[REDACTED]

Train 211 Top Floor

[REDACTED]

**OXNARD
POLICE**



Passangers info 15-21246

1 message

Wed, Feb 25, 2015 at 10:33 AM



**OXNARD
POLICE**




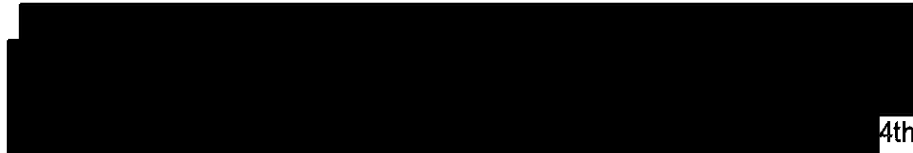
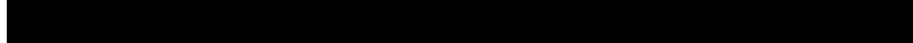
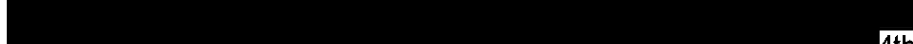
Re: Names of train passengers

1 message



Wed, Feb 25, 2015 at 2:37 AM

 here is the list of passenger info I obtained

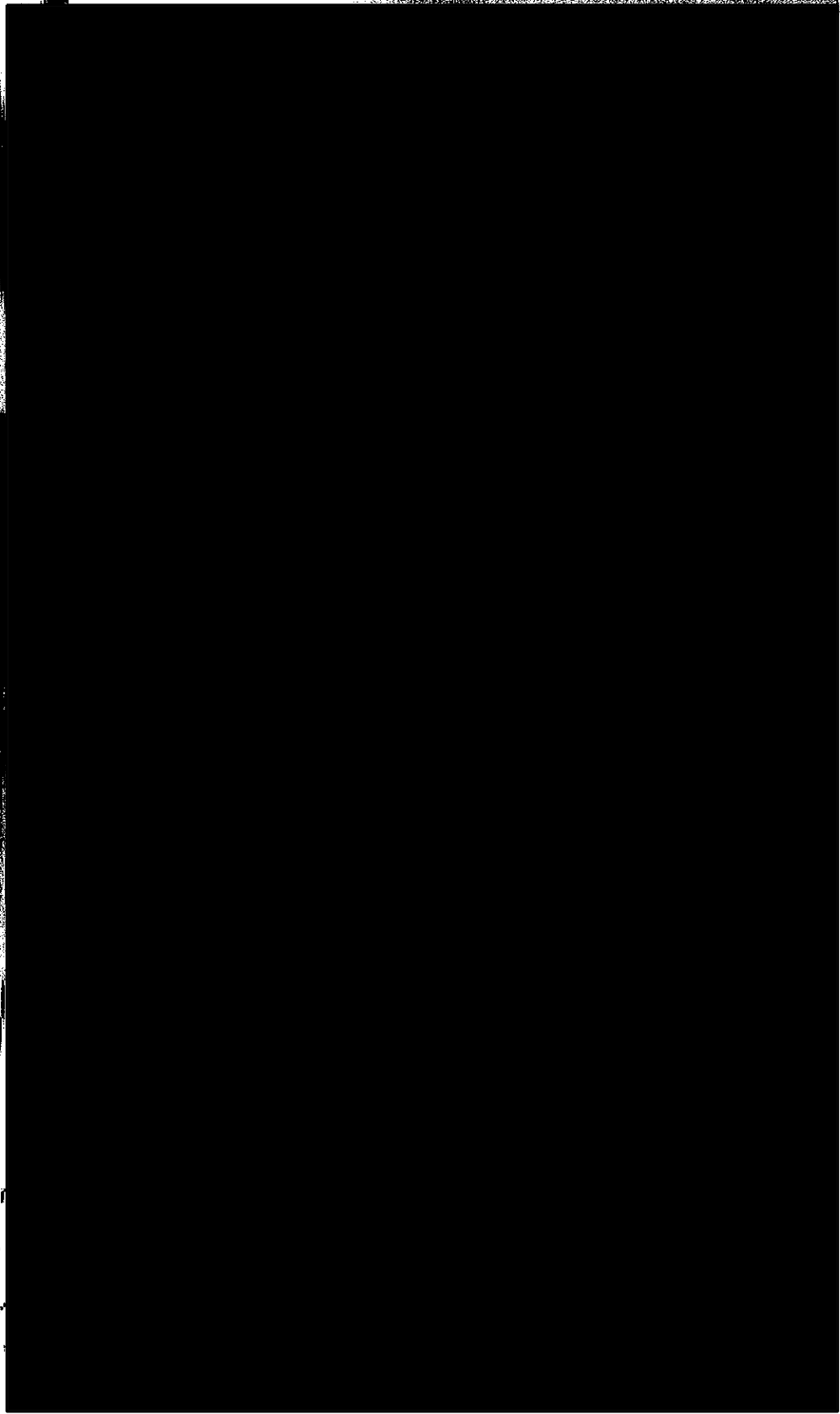
 4th car, upstairs
 3rd car, bottom
 3rd car, bottom
 4th car, middle.

[REDACTED]

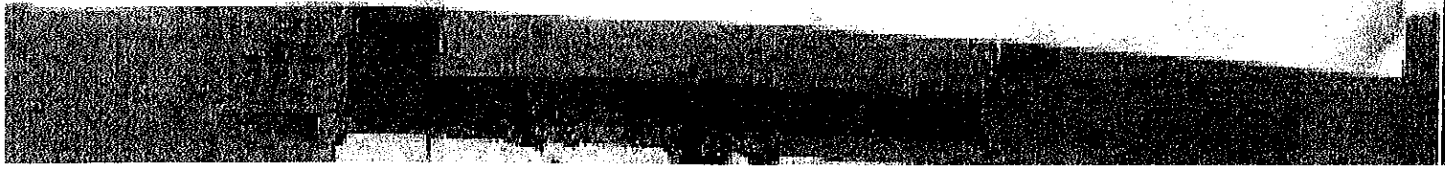
[REDACTED]

[REDACTED]

[REDACTED]



[The right side of the page contains a large area of white space, which appears to be either a blank page or a page where the text has been completely redacted. No legible text is visible.]



This guy was a walk-in patient at VCMC. He may have been contacted and interviewed at the scene prior to leaving; however, I took his info again and additional photos.

[REDACTED]

No phone #

personal email: [REDACTED]

Statement:

seated in car #211 on second level towards front, but facing the rear. He saw flames and crash and felt sudden derailment of the car. Said his car was perpendicular to tracks then landed on its side. [REDACTED] was thrown down the stairs of the compartment and when the train came to rest he was then on the first level. [REDACTED] broke a window to exit but saw how close they were to flames. He returned inside the train to help others injured until help arrived. Complaint of pain to lower left back and base of back of head. Pain to both hip areas. Abrasions/lacerations to back possibly from glass.

Photos taken by myself and Officer [REDACTED] from VCMC and CMH were left with Sgt [REDACTED] as well as photos from Los Robles by Det. [REDACTED]

Officer [REDACTED]

Date/Time of Incident: 2/24/15 / 0545		NCIC: 5604	Officer ID No. 5135	D.R. Number: 15-21246
"X" ONE <input type="checkbox"/> Narrative <input type="checkbox"/> Supplemental		"X" ONE <input type="checkbox"/> Collision Report <input type="checkbox"/> Other:		TYPE SUPPLEMENTAL ("X" APPLICABLE) <input type="checkbox"/> BA Update <input type="checkbox"/> Hazardous Materials
CITY / COUNTY / JUDICIAL DISTRICT OXNARD / VENTURA / VENTURA		REPORTING DISTRICT / BEAT / 31		CITATION NUMBER C
LOCATION / SUBJECT RICE AVE / FIFTH ST		STATE HIGHWAY RELATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

W-1 [REDACTED]

W-2 [REDACTED]

V-3 [REDACTED] 98 TOYOTA CAMRY 4-DR RED R/O SAME
 STATE FARM INS. [REDACTED]

STATEMENTS: [REDACTED] SAID SHE WAS MAKING A TURN FROM RICE AVE TO FIFTH ST GOING WEST. SHE LOOKED TOWARDS THE TRACK ON HER RIGHT AND SAW A TRUCK PULLING A TRAILER PARTIALLY ON THE TRACK. SHE DESCRIBED IT AS A CITY OF OXNARD GRAFFITI REMOVAL TRUCK. SHE SAID THE TRUCK WAS AT AN ANGLE. SHE SAID THE DOORS WERE SHUT AND THE LIGHTS WERE OFF. SHE THEN SAW THE TRAIN COMING FROM THE WEST GOING EAST. SHE DID NOT SEE ANYONE IN THE TRUCK, OR GOING TO OR FROM IT. SHE SAID SHE SAW THE ARMS FOR THE RAILROAD TRACK CROSSING GO DOWN. SHORTLY AFTER SHE SAW THE TRAIN HIT THE TRUCK.

[REDACTED] SAID HE WAS IN VEHICLE WAITING FOR THE RAILROAD ARMS TO GO BACK UP. HE SAID HE WAS STOPPED AT THE LIMIT LINE. HE SAID THE ARMS WERE DOWN AND THE FLASHING RED LIGHTS WERE WORKING. HE WAS STARTLED BY A LOUD AND VERY CLOSE "BOOM" AS THE TRAIN PASSED IN FRONT. HE DESCRIBED WHAT HE SAW LATER AS "AN EXPLOSION." HE SAID HE DID NOT SEE WHERE THE TRUCK THAT GOT HIT WAS. HE KEPT ASKING ME IF IT WAS STOPPED ON THE TRACKS IN THE ROAD BECAUSE HE DID NOT SEE A TRUCK THERE PRIOR TO THE COLLISION. HE SAID HE WAS VERY SCARED, AND WHEN I FIRST SPOKE TO HIM HIS SPEECH WAS DIFFICULT TO UNDERSTAND. HE WAS RAMBLING AND AFTER ABOUT AN HOUR ON SCENE HE WAS ABLE TO CALM DOWN AND SPEAK TO ME. [REDACTED] SAID HE DID NOT KNOW WHAT HIT HIS CAR CAUSING THE WINDOW TO BREAK.

OFFICER ACTIONS: ON 2-24-15, AT ABOUT 0545 HOURS, I RESPONDED TO ASSIST OFFICER [REDACTED] WITH A COLLISION INVOLVING A TRAIN VERSUS A VEHICLE.

UPON ARRIVAL, I USED MY VEHICLE TO BLOCK NORTHBOUND TRAFFIC ON RICE JUST SOUTH OF THE INTERSECTION.

PREPARER'S NAME AND I.D. NUMBER [REDACTED] 5135	DATE 2-24-15	REVIEWER'S NAME	DATE
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Date/Time of Incident: 2-24-15 / 0544		NCIC: 5604	Officer ID No. 4879	D.R. Number: 15-21246
<input type="checkbox"/> Narrative <input checked="" type="checkbox"/> Supplemental		<input checked="" type="checkbox"/> Collision Report <input type="checkbox"/> Other:		TYPE SUPPLEMENTAL ("X" APPLICABLE) <input type="checkbox"/> BA Update <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Fatal <input type="checkbox"/> School Bus <input type="checkbox"/> Hit and Run Update <input type="checkbox"/> Other:
CITY / COUNTY / JUDICIAL DISTRICT OXNARD / VENTURA / VENTURA			REPORTING DISTRICT / BEAT 1 / 12	CITATION NUMBER C
LOCATION / SUBJECT FIFTH STREET AND RICE AVENUE / [REDACTED] [REDACTED]			STATE HIGHWAY RELATED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

STATEMENTS:

Victim:

[REDACTED]
 W/M 5'10"/160 Brown/Hazel
 [REDACTED]

[REDACTED] was a walk-in patient at Ventura County Medical Center and stated that he spoke to an officer at the collision scene and was released after providing his information. [REDACTED] did not feel any pain to his body until after he was released; therefore, he went to VCMC for treatment. [REDACTED] told me he was sitting towards the front of car 211. He was on the second level and facing the rear of the train. [REDACTED] stated the first thing he saw was the flames as car 211 was passing it then the sudden derailment. [REDACTED] said that at some point after the impact car 211 was perpendicular to the tracks, causing him to be thrown into the stairway. After car 211 came to rest, [REDACTED] found himself on the first level with the car lying on its side. [REDACTED] broke a window in an attempt to get out and saw that they were very close to the flames. He decided to return inside to help assess the injuries of the victims until help arrived. [REDACTED] complained of pain to his lower left back, the base of the back of his head, and to both hips. [REDACTED] also sustained some abrasions to his back from broken glass. I took photos of [REDACTED] and downloaded them to a CD. [REDACTED] also signed an authorization for medical release of information form.

OFFICER ACTIONS:

On 2-24-15 at approximately 0900 hours I was working as an Oxnard School Resource Officer when I responded to Ventura County Medical Center to assist in contacting victims involved in a Metrolink collision that occurred in Oxnard. I responded with Sgt. [REDACTED] Officer [REDACTED] and Officer [REDACTED]

At Ventura County Medical Center Officer [REDACTED] contacted victims for statements, Officer [REDACTED] took photos of the victims (barcode #269993), and I obtained authorizations for medical release of information. For details, refer to all other reports under this case number, 15-21246.

At VCMC I obtained authorizations for medical release of information from the following subjects:

[REDACTED]

I learned that the following subjects were also being treated, but unable to contact and sign the

PREPARER'S NAME AND I.D. NUMBER [REDACTED] / 4879	DATE 2-25-15	REVIEWER'S NAME	DATE
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