



**HIGHWAY FACTORS GROUP CHAIRMAN'S
FACTUAL REPORT**

**Highway Attachment – Fatal Traffic Collision Report and CHP MAIT
Supplemental Report for Motorcoach Crash on
I-15 S/B on December 19, 2013**

Pala Mesa, California

HWY20FH003

(53 pages)

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
TRAFFIC COLLISION REPORT
CHP 555 PAGE 1 (REV. 04-11) OPI 080

SD-15-R-45.92-5



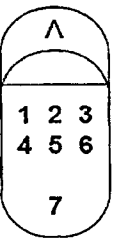
SPECIAL CONDITIONS FATAL		NUMBER INJURED 20	HT & RUN FELONY	CITY UNINCORPORATED	JUDICIAL DISTRICT NO COUNTY SUPERIOR	LOCAL REPORT NUMBER 13120208	
✓ 42		NUMBER KILLED 1	HT & RUN MISDEMEANOR	COUNTY SAN DIEGO	REPORTING DISTRICT	BEAT 021	DAY OF WEEK THURSDAY
TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		COLLISION OCCURRED ON: I-15 S/B		MO 12/19/2013	DAY 12/19/2013	YEAR 12/19/2013	TIME (2400) 1430
LOCATION	MILEPOST INFORMATION:		GPS COORDINATES LATITUDE 33.32212°		LONGITUDE - 117.15785°		PHOTOGRAPHS BY: <input type="checkbox"/> NONE OFFICER JIO #14989
	<input type="checkbox"/> AT INTERSECTION WITH:		OR: FEET SOUTH OF SR-76		STATE HWY REL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
	PARTY 1		DRIVER'S LICENSE NUMBER	STATE CA	CLASS B	AIR BAG P	SAFETY EQUIP. G
DRIVER <input checked="" type="checkbox"/>		NAME (FIRST, MIDDLE, LAST) HECTOR NUNEZ CLEMENTE		OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		FIVE STAR BUS CHARTER INC.	
PEDES- TRIAN <input type="checkbox"/>		STREET ADDRESS		OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		2926 FLOWER ST. HUNTINGTON PA 90255	
PARKED VEHICLE <input type="checkbox"/>		CITY / STATE / ZIP COMPTON CA 90221		DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		S & R TOWING - (760)722-6686	
BICY- CLIST <input type="checkbox"/>		SEX M	HAIR BRN	EYES BRN	HEIGHT 5-05	WEIGHT 170	BIRTHDATE DAY YEAR RACE H
OTHER <input type="checkbox"/>		HOME PHONE		BUSINESS PHONE NONE		VEHICLE IDENTIFICATION NUMBER: YE2TC63B7X2043355	
INSURANCE CARRIER OCCIDENTAL FIRE & CAS		POLICY NUMBER		VEHICLE TYPE 10		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> ROLL-OVER	
DIR OF TRAVEL ON STREET OR HIGHWAY S		SPEED LIMIT 55		CA 388586 DOT 1908782		SHADE IN DAMAGED AREA BUS - LEFT	
PARTY 2		DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR
DRIVER <input type="checkbox"/>		NAME (FIRST, MIDDLE, LAST)		OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		FIVE STAR BUS CHARTER INC.	
PEDES- TRIAN <input type="checkbox"/>		STREET ADDRESS		OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		2926 FLOWER ST. HUNTINGTON PA 90255	
PARKED VEHICLE <input type="checkbox"/>		CITY / STATE / ZIP		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		S & R TOWING - (760)722-6686	
BICY- CLIST <input type="checkbox"/>		SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE DAY YEAR RACE
OTHER <input type="checkbox"/>		HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:	
INSURANCE CARRIER		POLICY NUMBER		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER	
DIR OF TRAVEL ON STREET OR HIGHWAY		SPEED LIMIT		CA _____ DOT _____		SHADE IN DAMAGED AREA	
PARTY 3		DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR
DRIVER <input type="checkbox"/>		NAME (FIRST, MIDDLE, LAST)		OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		FIVE STAR BUS CHARTER INC.	
PEDES- TRIAN <input type="checkbox"/>		STREET ADDRESS		OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		2926 FLOWER ST. HUNTINGTON PA 90255	
PARKED VEHICLE <input type="checkbox"/>		CITY / STATE / ZIP		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		S & R TOWING - (760)722-6686	
BICY- CLIST <input type="checkbox"/>		SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE DAY YEAR RACE
OTHER <input type="checkbox"/>		HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:	
INSURANCE CARRIER		POLICY NUMBER		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER	
DIR OF TRAVEL ON STREET OR HIGHWAY		SPEED LIMIT		CA _____ DOT _____		SHADE IN DAMAGED AREA	
PREPARER'S NAME L. LANIUS 016516		DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		REVIEWER'S NAME		DATE REVIEWED 3/17/14	

FATAL

11111111

DATE OF COLLISION (MO. DAY YEAR) 12/19/2013	TIME(2400) 1430	NCIC # 9650	OFFICER I.D. 016516	NUMBER 13120208
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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 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	
1 VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO A 22107VC	X A CONTROLS FUNCTIONING				A HAZARDOUS MATERIAL				A STOPPED	
B OTHER IMPROPER DRIVING*	B CONTROLS NOT FUNCTIONING*				B CELL PHONE HANDHELD IN USE				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	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	
	C REAR END				H				H SLOWING / STOPPING	
	D BROADSIDE				I				I PASSING OTHER VEHICLE	
WEATHER (MARK 1 TO 2 ITEMS)	E HIT OBJECT				J				J CHANGING LANES	
X A CLEAR	F OVERTURNED				K				K PARKING MANUEVER	
X B CLOUDY	G VEHICLE / PEDESTRIAN				L				L ENTERING TRAFFIC	
X C RAINING	H OTHER*				M				M OTHER UNSAFE TURNING	
D SNOWING	MOTOR VEHICLE INVOLVED WITH				N				N XING INTO OPPOSING LANE	
E FOG / VISIBILITY FT.	X A NON - COLLISION				O				O PARKED	
F OTHER*	B PEDESTRIAN								P MERGING	
G WIND	C OTHER MOTOR VEHICLE								Q TRAVELING WRONG WAY	
LIGHTING	D MOTOR VEHICLE ON OTHER ROADWAY								R OTHER*: UNSAFE TURN	
X A DAYLIGHT	E PARKEO MOTOR VEHICLE				OTHER ASSOCIATED FACTORS (MARK 1 TO 2 ITEMS)					
B DUSK - DAWN	F TRAIN				A VC SECTION VIOLATED: CITED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
C DARK - STREET LIGHTS	G BICYCLE				B VC SECTION VIOLATED: CITED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
D DARK - NO STREET LIGHTS	H ANIMAL:				C VC SECTION VIOLATED: CITED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
E DARK - STREET LIGHTS NOT FUNCTIONING*	I FIXED OBJECT:				D				SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)	
ROADWAY SURFACE	J OTHER OBJECT:				E VISION OBSCUREMENT:				A HAD NOT BEEN DRINKING	
X A DRY	PEDESTRIAN'S ACTIONS				F INATTENTION*:				B HBD - UNDER INFLUENCE	
B WET	X A NO PEDESTRIANS INVOLVED				G STOP & GO TRAFFIC				C HBD - NOT UNDER INFLUENCE*	
C SNOWY - ICY	B CROSSING IN CROSSWALK - AT INTERSECTION				H ENTERING / LEAVING RAMP				D HBD - IMPAIRMENT UNKNOWN*	
D SLIPPERY (MUDDY, OILY, ETC.)	C CROSSING IN CROSSWALK - NOT AT INTERSECTION				I PREVIOUS COLLISION				E UNDER DRUG INFLUENCE*	
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)	D CROSSING - NOT IN CROSSWALK				J UNFAMILIAR WITH ROAD				F IMPAIRMENT - PHYSICAL*	
A HOLES, DEEP RUT*	E IN ROAD - INCLUDES SHOULDER				K OEFECTIVE VEH. EQUIP.: CITED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				G IMPAIRMENT NOT KNOWN	
B LOOSE MATERIAL ON ROADWAY*	F NOT IN ROAD				L UNINVOLVED VEHICLE				H NOT APPLICABLE	
C OBSTRUCTION ON ROADWAY*	G APPROACHING / LEAVING SCHOOL BUS			X	M OTHER*				I SLEEPY / FATIGUED*	
D CONSTRUCTION - REPAIR ZONE					N NONE APPARENT					
E REDUCED ROADWAY WIDTH					O RUNAWAY VEHICLE					
F FLOODED*										
G OTHER*										
X H NO UNUSUAL CONDITIONS										

SKETCH FOR SKETCH DIAGRAM, SEE PAGE 7



MISCELLANEOUS

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
INJURED / WITNESSES / PASSENGERS
CHP 555 CARS PAGE 3 (REV 04-11) OPI 065

DATE OF COLLISION (MO. DAY YEAR) 12/19/2013		TIME(2400) 1430	NCIC # 9650	OFFICER I.D. 016516	NUMBER 13120208												
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"/>	64	F	<input checked="" type="checkbox"/>	<input 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	9	P	P	1
NAME / D.O.B. / ADDRESS TAYDE MURGUIA () VAN NUYS CA 91406													TELEPHONE				
(INJURED ONLY) TRANSPORTED BY: SAN DIEGO COUTNY CORONERS OFFICE								TAKEN TO: SAN DIEGO COUNTY MORGUE									
DESCRIBE INJURIES: SUSTAINED FATAL INJURIES FROM MULTIPLE BLUNT FORCE TRAUMA PRONOUNCED DECEASED AT THE SCENE BY RESERVE IMPERIAL COUNTY FIRE PARAMEDIC FARENBAUGH CORONERS CASE NUMBER # 13-2866 <input 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"/>	1	9	P	P	0
NAME / D.O.B. / ADDRESS SALVADOR ROMERO HERNANDEZ () VAN NUYS CA 91406													TELEPHONE				
(INJURED ONLY) TRANSPORTED BY: VISTA FIRE PARAMEDICS								TAKEN TO: TRI-CITY MEDICAL CENTER OCEANSIDE									
DESCRIBE INJURIES: COMPLAINT OF PAIN TO BACK TREATED BY MEDICAL STAFF <input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	65	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"/>	1	9	P	P	0
NAME / D.O.B. / ADDRESS ZHENYA MARKOSYAN () GLENDALE CA 91205													TELEPHONE				
(INJURED ONLY) TRANSPORTED BY: NORTH COUNTY FIRE PARAMEDICS								TAKEN TO: TRI-CITY MEDICAL CENTER OCEANSIDE									
DESCRIBE INJURIES: COMPLAINT OF PAIN TO LEFT SHOULDER,RIGHT KNEE AND BOTH ARMS TREATED BY MEDICAL STAFF <input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	72	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"/>	1	9	P	P	0
NAME / D.O.B. / ADDRESS KARAPET MIRIMANYAN () GLENDALE CA 91205													TELEPHONE				
(INJURED ONLY) TRANSPORTED BY: NORTH COUNTY FIRE PARAMEDICS								TAKEN TO: TRI-CITY MEDICAL CENTER OCEANSIDE									
DESCRIBE INJURIES: COMPLAINT OF PAIN TO NECK,RIGHT SHOULDER LEFT KNEE AND SPINE TREATED BY MEDICAL STAFF <input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	64	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"/>	1	9	P	P	0
NAME / D.O.B. / ADDRESS JULIO E. ALANYA () ARLETA CA 91331													TELEPHONE				
(INJURED ONLY) TRANSPORTED BY: VISTA FIRE PARAMEDICS								TAKEN TO: TRI-CITY MEDICAL CENTER OCEANSIDE									
DESCRIBE INJURIES: COMPLAINT OF PAIN TO HEAD NECK AND BACK TREATED BY MEDICAL STAFF <input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	72	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	9	P	P	0
NAME / D.O.B. / ADDRESS FELICITAS PE LIMCAY () GLENDALE CA 91205													TELEPHONE				
(INJURED ONLY) TRANSPORTED BY: VISTA FIRE PARAMEDICS								TAKEN TO: SCRIPPS MEMORIAL HOSPITAL LA JOLLA									
DESCRIBE INJURIES: BROKEN RIBS TRETAD BY MEDICAL STAFF <input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
PREPARER'S NAME L. LANIUS				I.D. NUMBER 016516		MO. DAY YEAR 12/19/2013		REVIEWER'S NAME				MO. DAY YEAR					

AN INTERNATIONALLY ACCREDITED AGENCY

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
INJURED / WITNESSES / PASSENGERS
CHP 555 CARS PAGE 3 (REV 04-11) OPI 065

DATE OF COLLISION (MO. DAY YEAR) 12/19/2013		TIME(2400) 1430	NCIC # 9650	OFFICER I.D. 016516		NUMBER 13120208											
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"/>	79	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"/>	1	9	P	A	0
NAME / D.O.B. / ADDRESS GODFREDO TUGADE MAGNO ()) VAN NUYS CA 91401												TELEPHONE					
(INJURED ONLY) TRANSPORTED BY: NORTH COUNTY FIRE PARAMEDICS						TAKEN TO: PALOMAR MEDICAL CENTER ESCONDIDO											
DESCRIBE INJURIES: FRACTURED RIBS AND PUNCTURED LUNG																	
TREATED BY MEDICAL STAFF																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	51	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"/>	1	9	P	A	0
NAME / D.O.B. / ADDRESS JESUS VIDAL AVILES ()) NORTH HOLLYWOOD CA 91605												TELEPHONE					
(INJURED ONLY) TRANSPORTED BY: OCEANSIDE FIRE PARAMEDICS						TAKEN TO: PALOMAR MEDICAL CENTER ESCONDIDO											
DESCRIBE INJURIES: FRACTURED VERTABRAE, BRUISED LUNG, CONTUSION TO HEAD AND FACE																	
TREATED BY MEDICAL STAFF																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	59	F	<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"/>	1	9	P	A	0
NAME / D.O.B. / ADDRESS MARIAN KIJARES GUACENA ()) VENTURA CA 93004												TELEPHONE					
(INJURED ONLY) TRANSPORTED BY: OCEANSIDE FIRE PARAMEDICS						TAKEN TO: PALOMAR MEDICAL CENTER ESCONDIDO											
DESCRIBE INJURIES: ABRASIONS TO FACE, BRUISED LEFT HIP																	
TREATED BY MEDICAL STAFF																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	69	F	<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"/>	1	9	P	A	0
NAME / D.O.B. / ADDRESS THELMA MIJARES ANDRADA ()) MISSION HILLS CA 91345												TELEPHONE					
(INJURED ONLY) TRANSPORTED BY: NORTH COUNTY FIRE PARAMEDICS						TAKEN TO: PALOMAR MEDICAL CENTER ESCONDIDO											
DESCRIBE INJURIES: CONTUSION TO FACE																	
TREATED MEDICAL STAFF																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	82	F	<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"/>	1	9	P	A	0
NAME / D.O.B. / ADDRESS OSSANA CHAHINIAN ()) VAN NUYS CA 91401												TELEPHONE					
(INJURED ONLY) TRANSPORTED BY: PALA FIRE PARAMEDICS						TAKEN TO: FALLBROOK HOSPITAL FALLBROOK											
DESCRIBE INJURIES: LACERATION TO FOREHEAD, CONTUSION TO RIHT HAND, CONTUSION TO RIGHT SHOULDER, COMPLAINT OF PAIN TO NECK																	
TRETED BY MEDICAL STAFF																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	68	F	<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"/>	1	9	P	A	0
NAME / D.O.B. / ADDRESS ALMA A. AGUILAR ()) LOS ANGELES CA 90061												TELEPHONE					
(INJURED ONLY) TRANSPORTED BY: PALA FIRE PARAMEDICS						TAKEN TO: FALLBROOK HOSPITAL FALLBROOK											
DESCRIBE INJURIES: CONTUSION TO LEFT RIBS AND SHOULDER																	
TREATED BY MEDICAL STAFF																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
PREPARER'S NAME L. LANIUS				I.D. NUMBER 016516		MO. DAY YEAR 12/19/2013		REVIEWER'S NAME				MO. DAY YEAR					

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CHP 555 CARS PAGE 3 (REV 04-11) OPI 065

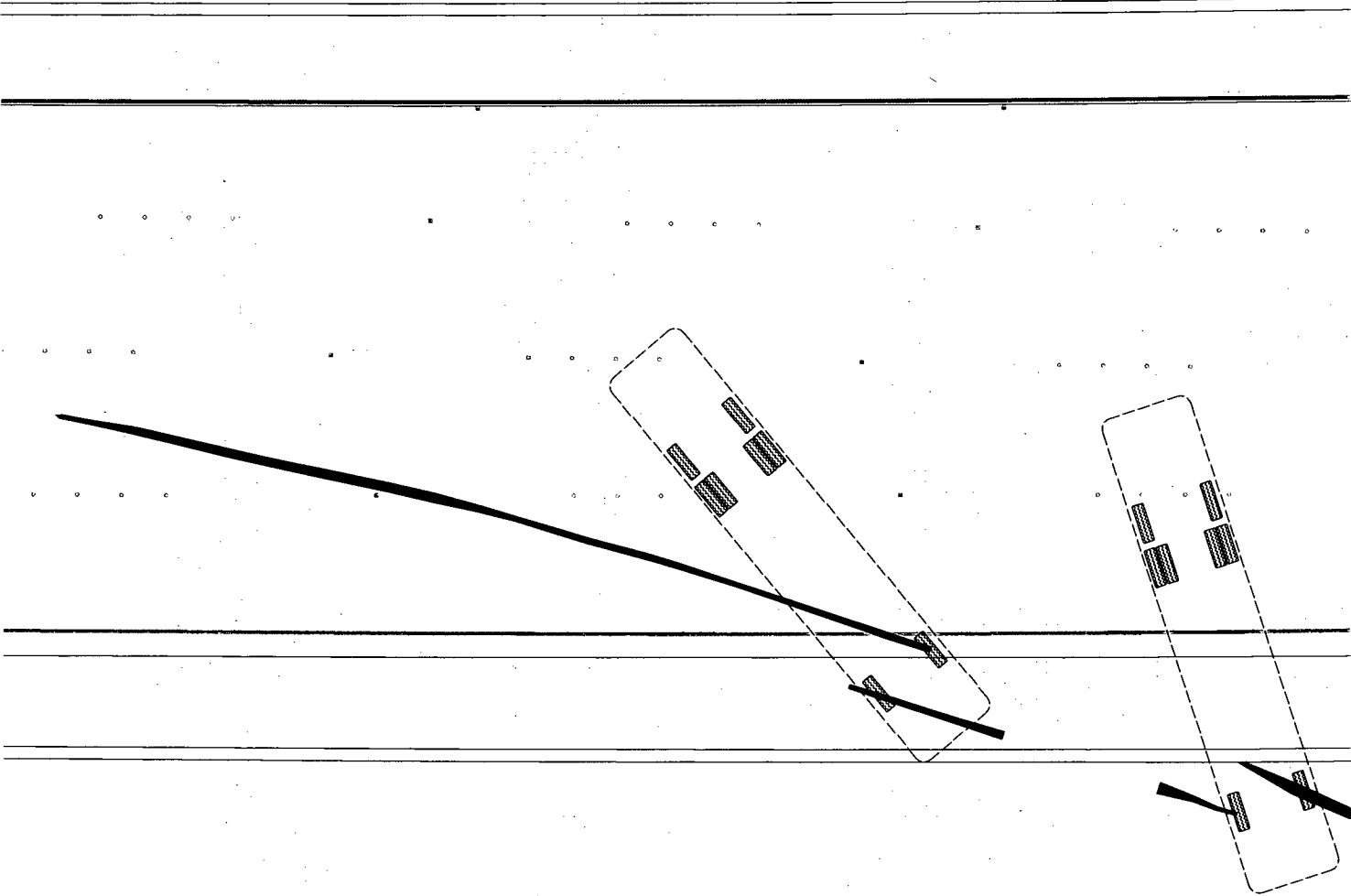
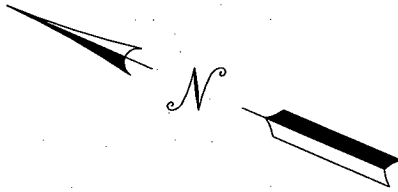
DATE OF COLLISION (MO. DAY YEAR) 12/19/2013		TIME(2400) 1430	NCIC # 9650	OFFICER I.D. 016516		NUMBER 13120208											
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY('X' ONE)				INJURED WAS ('X' ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER					
<input type="checkbox"/> #	<input type="checkbox"/>	59	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"/>	1	9	P	A	0
NAME / D.O.B. / ADDRESS REMO NOGRALES GUACENA ()) VENTURA CA 93004															TELEPHONE		
(INJURED ONLY) TRANSPORTED BY: NORTH COUNTY FIRE PARAMEDICS										TAKEN TO: PALOMAR MEDICAL CENTER ESCONDIDO							
DESCRIBE INJURIES: COMPLAINT OF PAIN TO NECK AND LEFT ARM TREATED BY MEDICAL STAFF																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	71	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"/>	1	9	P	A	0
NAME / D.O.B. / ADDRESS SERAFIN LACHICA ANDRADA ()) SAN FERNANDO CA 91345															TELEPHONE		
(INJURED ONLY) TRANSPORTED BY: NORTH COUNTY FIRE PARAMEDICS										TAKEN TO: PALOMAR MEDICAL CENTER ESCONDIDO							
DESCRIBE INJURIES: COMPLAINT OF PAIN TO RIGHT HIP TREATED BY MEDICAL STAFF																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	84	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"/>	1	9	P	A	0
NAME / D.O.B. / ADDRESS FELICITAS CUISON MAGNO ()) VAN NUYS CA 91401															TELEPHONE		
(INJURED ONLY) TRANSPORTED BY: NORTH COUNTY FIRE PARAMEDICS										TAKEN TO: PALOMAR MEDICAL CENTER ESCONDIDO							
DESCRIBE INJURIES: COMPLAINT OF PAIN TO LEFT HIP TREATED BY MEDICAL STAFF																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	56	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"/>	1	9	P	A	0
NAME / D.O.B. / ADDRESS YOLANDA MORENO ()) NORTH HOLLYWOOD CA 91605															TELEPHONE		
(INJURED ONLY) TRANSPORTED BY: NORTH COUNTY FIRE PARAMEDICS										TAKEN TO: PALOMAR MEDICAL CENTER ESCONDIDO							
DESCRIBE INJURIES: COMPLAINT OF PAIN TO CHEST AND BACK TREATED BY MEDICAL STAFF																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	70	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"/>	1	9	P	A	0
NAME / D.O.B. / ADDRESS BEATRICE YOUNG ()) LOS ANGELES CA 90026															TELEPHONE		
(INJURED ONLY) TRANSPORTED BY: NORTH COUNTY FIRE PARAMEDICS										TAKEN TO: PALOMAR MEDICAL CENTER ESCONDIDO							
DESCRIBE INJURIES: COMPLAINT OF PAIN TO CHEST AND BACK TREATED BY MEDICAL STAFF																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	58	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"/>	1	9	P	A	0
NAME / D.O.B. / ADDRESS MARIA HERLINDA ALLAN ()) NORTH HOLLYWOOD CA 91605															TELEPHONE		
(INJURED ONLY) TRANSPORTED BY: OCEANSIDE FIRE PARAMEDICS										TAKEN TO: PALOMAR MEDICAL CENTER ESCONDIDO							
DESCRIBE INJURIES: COMPLAINT OF PAIN TO LEFT ARM TREATED BY MEDICAL STAFF																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
PREPARER'S NAME L. LANIUS			I.D. NUMBER 016516			MO. DAY YEAR 12/19/2013			REVIEWER'S NAME			MO. DAY YEAR					

AN INTERNATIONALLY ACCREDITED AGENCY

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
INJURED / WITNESSES / PASSENGERS
CHP 555 CARS PAGE 3 (REV 04-11) OPI 065

DATE OF COLLISION (MO. DAY YEAR) 12/19/2013		TIME(2400) 1430	NCIC # 9650	OFFICER I.D. 016516	NUMBER 13120208												
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"/>	54	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"/>	1	9	P	A	0
NAME / D.O.B. / ADDRESS ELDA RODRIGUEZ () NORTH HOLLYWOOD CA 91606															TELEPHONE		
(INJURED ONLY) TRANSPORTED BY: OCEANSIDE FIRE PARAMEDICS										TAKEN TO: PALOMAR MEDICAL CENTER ESCONDIDO							
DESCRIBE INJURIES: COMPLAINT OF PAIN TO HEAD TREATED BY MEDICAL STAFF																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	65	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"/>	1	9	P	A	0
NAME / D.O.B. / ADDRESS KANCHANA RUBIN () SUN VALLEY CA 91353															TELEPHONE		
(INJURED ONLY) TRANSPORTED BY: OCEANSIDE FIRE PARAMEDICS										TAKEN TO: PALOMAR MEDICAL CENTER ESCONDIDO							
DESCRIBE INJURIES: COMPLAINT OF PAIN TO CHEST AND RIGHT KNEE TREATED BY MEDICAL STAFF																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
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NAME / D.O.B. / ADDRESS ALBERT RUBIN () NORTH HILLS CA 91353															TELEPHONE		
(INJURED ONLY) TRANSPORTED BY: PALA FIRE AMBULANCE										TAKEN TO: FALLBROOK HOSPITAL FALLBROOK							
DESCRIBE INJURIES: COMPLAINT OF PAIN TO NECK TREATED BY MEDICAL STAFF																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input checked="" type="checkbox"/> # 1	<input type="checkbox"/>	63	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"/>					
NAME / D.O.B. / ADDRESS STEVE JOSEPH FARENBAUGH () ESCONDIDO CA 92026															TELEPHONE		
DESCRIBE INJURIES:																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input checked="" type="checkbox"/> # 2	<input type="checkbox"/>	35	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"/>					
NAME / D.O.B. / ADDRESS ANTHONY JAMES WATTERS () TEMECULA CA 92591															TELEPHONE		
DESCRIBE INJURIES:																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input checked="" type="checkbox"/> # 3	<input type="checkbox"/>	42	F	<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 STEPHANIE WILLIAMS () TEMECULA CA 92592															TELEPHONE		
DESCRIBE INJURIES:																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
PREPARER'S NAME L. LANIUS			I.D. NUMBER 016516		MO. DAY YEAR 12/19/2013		REVIEWER'S NAME					MO. DAY YEAR					

AN INTERNATIONALLY ACCREDITED AGENCY

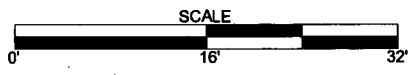




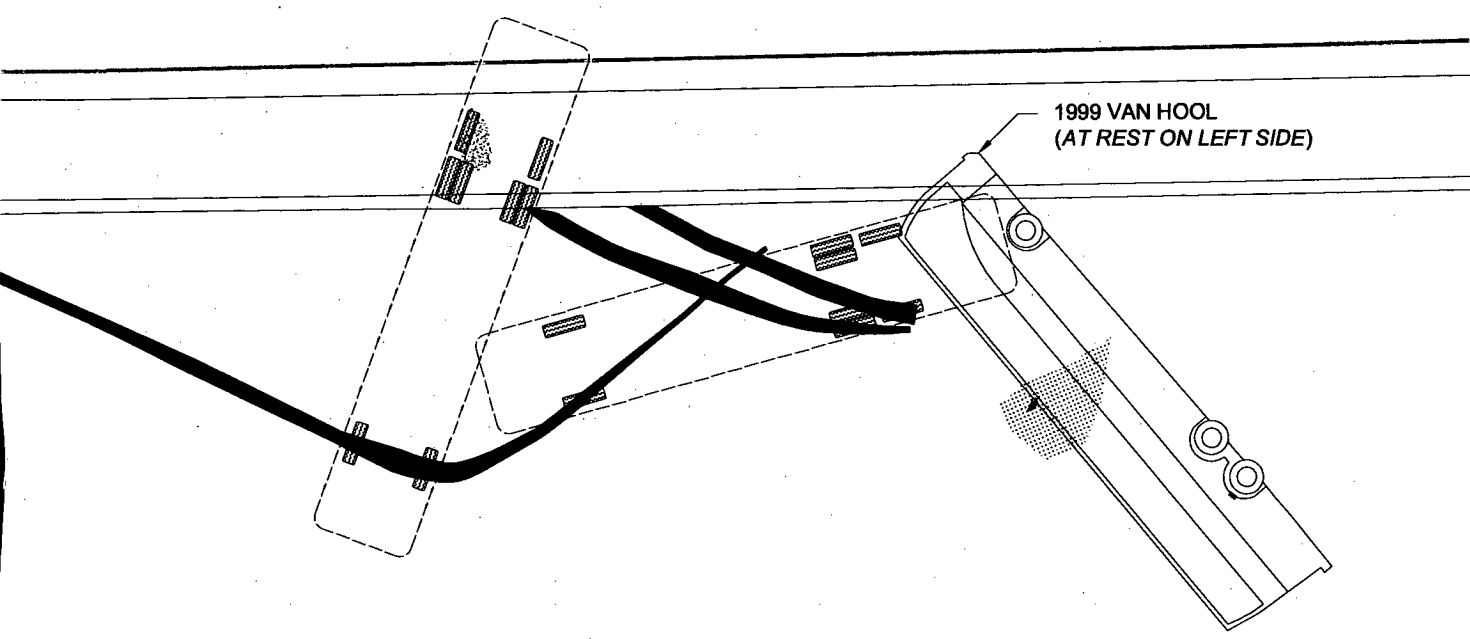
STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
MULTIDISCIPLINARY ACCIDENT INVESTIGATION TEAM NARRATIVE/DIAGRAM
CHP 558D (Rev. 9-08) OPI 065 (MAIT use only)

DATE OF COLLISION (MONTH-DAY-YEAR) 12/19/2013	TIME (2400) 1430	NCIC 9650	OFFICER I.D. 16516	NUMBER 13120208	MAIT CASE NUMBER BL-023-13	PAGE 13
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DYNAMICS DIAGRAM
PREPARED BY: J. SNIDER, ID 15406



NOTE: THIS DYNAMICS DIAGRAM IS DEPENDENT UPON ANALYSES OF VEHICLE DAMAGE AND PHYSICAL EVIDENCE. THE POSITIONS DEPICTED ON THE DIAGRAM ARE NOT RELATIVE TO TIME.



ASPHALT CONCRETE SHOULDER

SOUTHBOUND #1 TRAFFIC LANE

4-INCH PAINTED YELLOW

SOUTHBOUND #2 TRAFFIC LANE

WHITE NON-REFLECTIVE

SOUTHBOUND #3 TRAFFIC LANE

SOUTHBOUND #4 TRAFFIC LANE

4-INCH

ASPHALT CONCRETE SHOULDER

CALL BOX 15-459

VEGETATION-COVERED

VEGETATION-COVERED DIRT MEDIAN

ASPHALT CONCRETE DIKE

LOW EDGELINE

EDGE OF PORTLAND CEMENT CONCRETE

REFLECTIVE PAVEMENT MARKER (TYPICAL)

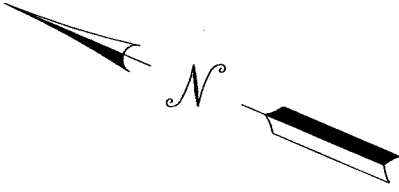
HIGH PAINTED WHITE EDGELINE

EDGE OF PORTLAND CEMENT CONCRETE

ASPHALT CONCRETE DIKE

VEGETATION-COVERED DIRT AREA



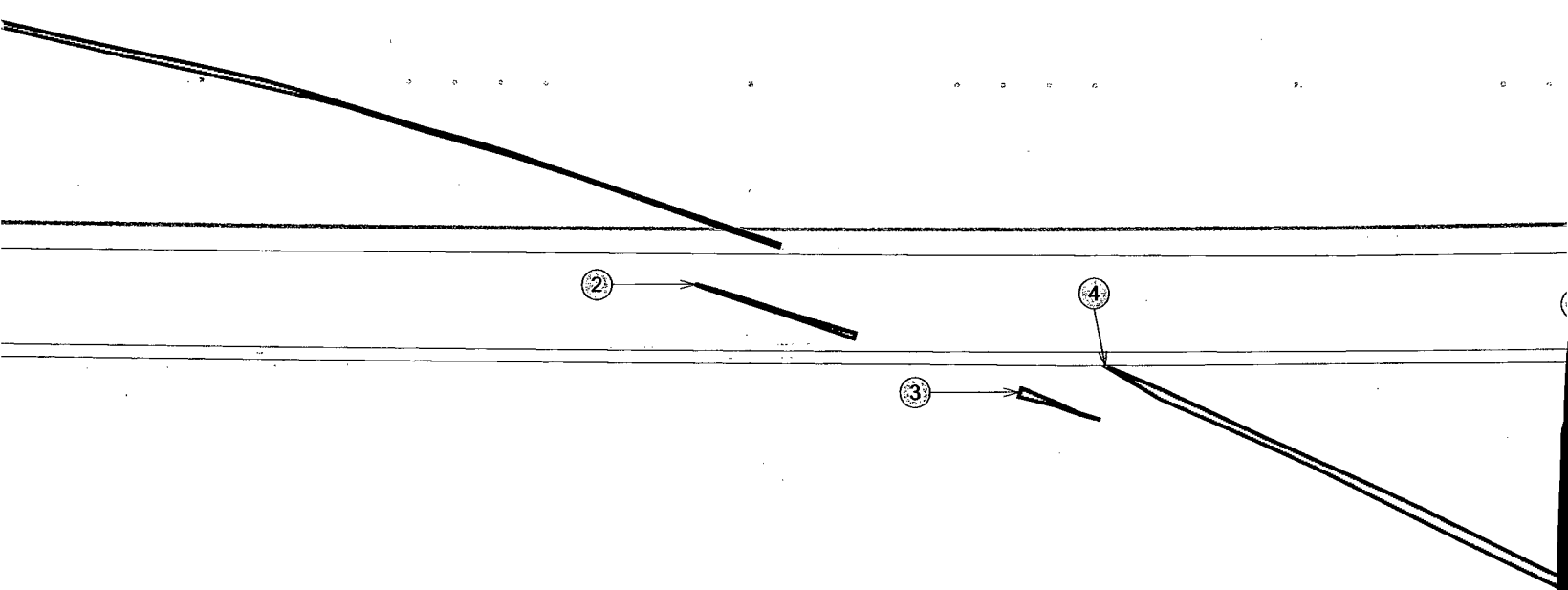


**NOTE: ALL LANES CONSTRUCTED OF PORTLAND CEMENT
UNLESS OTHERWISE NOTED**

DYNAMICS DIAGRAM

ONE-WAY CLEAR RETROREFLECTIVE PAVEMENT MARKER (TYPICAL)

ONE-WAY Y





STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

MULTIDISCIPLINARY ACCIDENT INVESTIGATION TEAM NARRATIVE/DIAGRAM

CHP 558D (Rev. 9-08) OPI 065 (MAIT use only)

DATE OF COLLISION (MONTH-DAY-YEAR)
12/19/2013

TIME (2400)
1430

NCIC
9650

OFFICER I.D.
16516

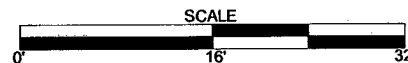
NUMBER
13120208

MAIT CASE NUMBER
BL-023-13

PAGE
5

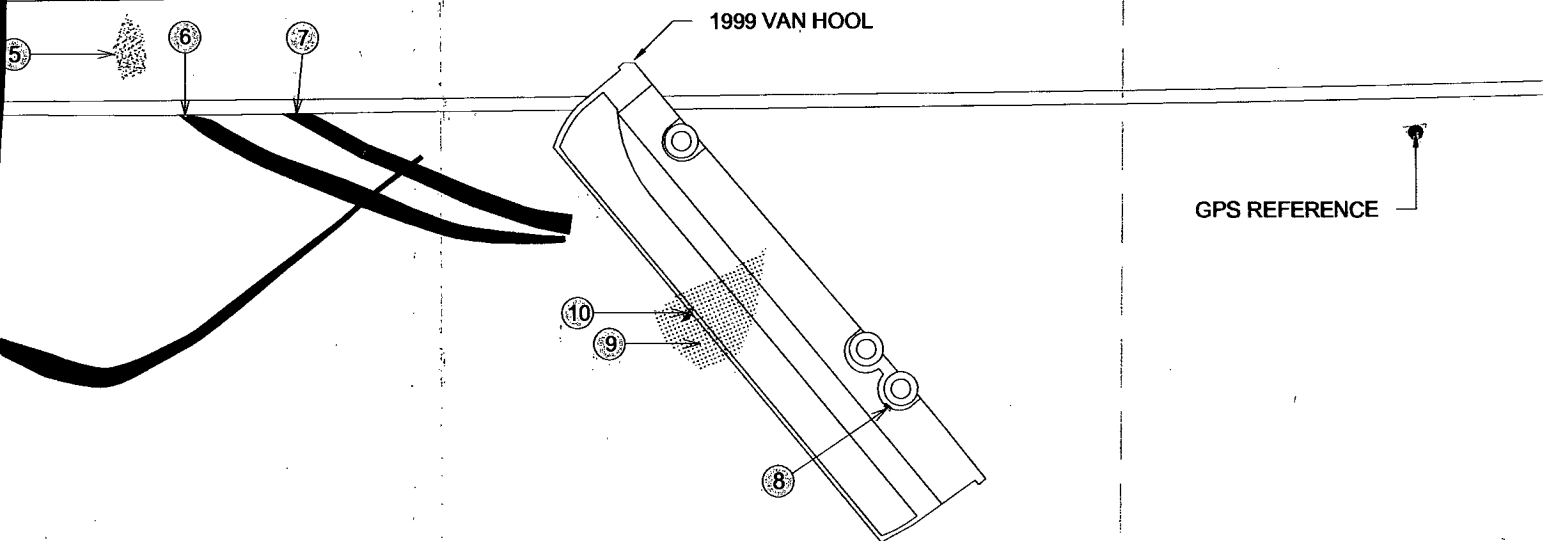
PHYSICAL EVIDENCE DIAGRAM

PREPARED BY: J. SNIDER, ID 15406



T CONCRETE

ELLOW RETROREFLECTIVE PAVEMENT MARKER (TYPICAL)



DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
12/19/2013	1430	9650	016516	13120208

1 **FACTS**

2

3 **NOTIFICATION:**

4

5 While on patrol on, December 19, 2013, at approximately 1432 hours, I responded to a traffic collision
6 with an ambulance responding involving a rolled over tour bus on Interstate-15 (I-15) southbound
7 south of State Route-76 (SR-76). It was later determined to be a single vehicle, single fatality traffic
8 collision. I responded from Pala Temecula Rd. north of Pala Mission Rd. and arrived on scene at
9 1533 hours. All speeds and measurements contained in this report are approximate. The collision
10 scene was documented by the Multidisciplinary Accident Investigation Team (MAIT) using a Leica
11 Global Positioning System 900 (GPS 900).

12

13 **SCENE DESCRIPTION:**

14

15 This collision occurred just south of State Route-76. Interstate-15 southbound south of State Route 76
16 (SR-76) at this location is a concrete paved, four lane Freeway located in an unincorporated portion of
17 north San Diego County. The roadway is relatively straight and ascends as it travels in a southbound
18 direction. The southbound lanes are separated by broken painted white lines and raise white ceramic
19 markers. The roadway is bordered on the east by a painted solid yellow line followed by an asphalt
20 shoulder, dirt median and a guardrail. The roadway is bordered on the west by a painted solid white
21 edge line, asphalt shoulder and raised asphalt curb followed by an open dirt area. Interstate-15 is
22 controlled by a wood post mounted 70 mph speed limit sign. This traffic collision occurred during
23 daylight hours. The weather conditions were cloudy with light rain and the roadway surface was wet.
24 There were no visual obstructions in or about the roadway and the roadway surface was free of any
25 contaminants at the time of the collision investigation. (Refer to factual diagram, sketch and digital
26 photos for pictorial displays.)

27

28

29

30

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
L. LANIUS	016516	12/19/2013		

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
12/19/2013	1430	9650	016516

1 PARTIES/VEHICLES:

2

3 Party #1 (P-1) (Clemente) was located at the collision scene, standing in the open dirt area west
 4 of the freeway upon CHP arrival. He was identified by his valid California Driver License and
 5 was established as the driver of V-1 by his statement and the statements of passengers.

6

7 Vehicle #1 (V-1) (Van Hool/White) was located on its left side, facing in a northeasterly direction,
 8 west of the freeway in the open dirt area at its points of rest upon CHP arrival. V-1 sustained major
 9 damage including but not limited to scrapes on the entire left side, the left side mirror was dislodged, a
 10 left side emergency exit window was dislodged and a left side under storage door was dislodged as a
 11 result of the collision. No prior damage was noted. No mechanical defects were noted or claimed.

12

13 PHYSICAL EVIDENCE:

14

15 Refer to MAIT supplemental investigation BL-23-13

16

17 Digital photos were taken by Officer Jio #14989. (The digital photos are retained at the Oceanside
 18 Area office.) (Evidence number: E2013-)

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PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
L. LANIUS	016516	12/19/2013		

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
12/19/2013	1430	9650	016516	13120208

1 OTHER FACTUAL INFORMATION:

2

3 At the scene I noted that the rear tire tread on V-1 was worn down to the wear bar which indicates the
4 tires are due to be replaced.

5

6 A Driver/Vehicle Examination Report was performed by Officer M. Ferrante #14880 on 12-23-14 and
7 revealed the following: The steering tire tread was less than 4/32 inch on axle -1 right side tire and
8 axle - 3 right side tire which is below the minimum requirement for tread depth. The Tire-ply or belt
9 material on axle-2 right inner tire has approximately a 2 ½" by ½" area of steel belt material exposed.
10 The left steering tire on axle -1 was over-inflated at 148 PSI. Maximum PSI for this tire is 130 PSI.

11

12 The following personnel from the agencies listed below have taken part in a portion or all of this
13 investigation:

14

15

California Highway Patrol

16

1888 Oceanside Boulevard

17

Oceanside, CA 92054

18

760-757-1675

19

20 Lt. P. Recatto ID #13842 – Scene Manager.

21 Sgt. J. Matheson ID #13791 – Scene Supervisor.

22 Officer L. Lanius ID #16516 - Investigating Officer.

23 Officer M. Latulippe ID #15373 - Scene diagram.

24 Officer S. Jio ID #14989 – Court Officer.

25 Officer J. Bettencourt ID #16149 – Area PIO.

26 Officer J. Gaffney ID #15727 – Assisting Officer.

27 Officer J. Hughes ID #17905 – Assisting Officer.

28 Officer A. Florez ID #15295 – Assisting Officer.

29 Officer D. Hollywood ID #17012 – Assisting Officer.

30

North County Fire

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
L. LANIUS	016516	12/19/2013		

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
12/19/2013	1430	9650	016516	13120208

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Station #4
4375 Pala Mesa Dr.
Fallbrook, CA. 92082
(760) 723-2024

Unit 1103:

Division Chief G. Lane

Unit 1105:

Battalion Chief B. Lacore

Medic 1111:

Captain B. Krumwiede

Engineer R. Moramarco

Firefighter/Paramedic T. Ruiz

Medic 1112:

Captain R. Rees

Engineer E. Jones

Firefighter M. Iglesias

Medic 1114:

Captain D. Delgado

Engineer C. Mattarollo

Firefighter C. Baker

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
L. LANIUS	016516	12/19/2013		

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
12/19/2013	1430	9650	016516	13120208

1 **Medic 1115:**

- 2 Captain G. Wilson
- 3 Engineer S. Mcderny
- 4 Firefighter/Medic J. Choi

5
6
7

**Pala Fire
Station #44
3433 Lilac Ext Rd.
Pala, Ca. 92061
(760) 756-1126**

14 **Medic 6691:**

- 15 Captain C. Hutchings
- 16 Engineer B. James
- 17 Firefighter/Medic R. Vazquez
- 18 Firefighter/Medic W. Kendig

19

**San Diego County Medical Examiner
5555 Overland Avenue, Bldg. 14
San Diego, CA 92123
858-694-2905**

20
21
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23
24

25 **Examiner's Office Personnel:**

- 26 Investigator S. Stolberg, ID #10 – Investigator at scene.
- 27 Medical Examiner Case number: 13-2866

28
29
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PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
L. LANIUS	016516	12/19/2013		

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
12/19/2013	1430	9650	016516	13120208

24 HOUR HISTORY

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PRE- COLLISION PROFILE:**Murguia**

The following information was obtained from an interview with Murguia's son Salvador Romero, at Palomar Medical Center on 12-19-13.

Officer Gaffney #15727 contacted Salvador Romero at Palomar Medical Center and explained the reason why he was questioning him. Romero stated that on 12-18-13 Murguia arrived home from work at 4:00 PM and was home the rest of the day. She ate dinner with her husband at 5:30 PM and watched television from 6:00 PM until 11:00 PM and then went to bed. On 12-19-13 at 7:30 AM they woke up. At 8:00 AM they ate breakfast and cleaned house. After that they got ready and went to meet the bus. At 11:30 AM they drove from their home to Chase and Van Nuys Blvd at a parking lot to board the bus. At 2:30 PM they got on the bus from Panorama City at 12:00 PM headed to Valley View Casino.

MEDICAL HISTORY:

None noted.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
L. LANIUS	016516	12/19/2013		

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
12/19/2013	1430	9650	016516 13120208

1 STATEMENTS:

2

3 Party #1 (Clemente) (P-1) was contacted at the collision scene and related the following information to
 4 Officer Hughes #17905. P-1 was traveling southbound on Interstate-15 at State Route-76 in the #4
 5 lane a 55 miles per hour. The bus suddenly moved left. He tried to steer right but lost control. The
 6 bus spun to the right shoulder and overturned.

7

8 Passenger (Hernandez) was contacted on 02-08-14 at approximately 3:05 PM and there was no
 9 answer. I left a message and as of 02-12-14 there has been no response.

10

11 Passenger (Markosyan) was contacted on 02-08-14 at approximately 3:08 PM and she related the
 12 following. It was raining and they were traveling at a normal speed. The bus suddenly slid to the right
 13 into the dirt and overturned.

14

15 Passenger (Mirimanyan) was contacted on 02-08-14 at approximately 3:13 PM and she refused to
 16 provide a statement.

17

18 Passenger (Alanya) was contacted on 02-08-14 at approximately 3:16 PM and he related the
 19 following. He was asleep and the traffic collision woke him up.

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PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
L. LANIUS	016516	12/19/2013		

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
12/19/2013	1430	9650	016516	13120208

1 STATEMENTS CONTINUED:

2

3 Passenger (Limcay) was contacted at Scripps Lajolla Hospital and related the following information to
 4 Sgt. Kelley #12338 on 12-10-14. The bus was in the #4 lane at 80 miles per hour. They were late to
 5 get to their destination. The bus started to hydroplane and overturned. I attempted to contact
 6 (Limcay) by phone ON 03-07-14 at 3:00 PM to verify her statement but the phone number was no
 7 longer in service. On 03-07-14 I requested a unit from the Altadina area CHP office respond to
 8 (Limcays) address in order to verify her statement. Officer Sanchez #20291 responded to (Limcays)
 9 address on 03-07-14 at approximately 7:30 PM and obtained the following statement: As to her
 10 seating position on the bus, she related she was sitting on the driver side of the bus, two rows back
 11 from the driver adjacent to the isle. As to her statement regarding the speed of the bus she stated the
 12 following: she stated that the bus was ascending, she felt the bus was going 80 miles per hour. She
 13 was not able to see the bus's speedometer from her seat. She added that she noticed it was 2:30 PM
 14 and that usually by that time the bus is either at the casino or very close to the casino. She also stated
 15 that "It was 2:30 PM and we were not even at the exit, usually by 2:30 PM we are very close to the
 16 casino". "I felt like he was trying to make up time, because we were running behind maybe because of
 17 the rain". "I am familiar with the route. I looked at my watch and we were running late. This is my
 18 opinion, my estimation could be wrong".

19

20 Passenger (Magno) was contacted on 02-08-14 at approximately 3:18 PM and there was no answer. I
 21 left a message and as of 02-12-14 there has been no response.

22

23 Passenger (Aviles) was contacted on 02-08-14 at approximately 3:20 PM and he related the following.
 24 He was asleep on the bus and the traffic collision woke him.

25

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PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
L. LANIUS	016516	12/19/2013		

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
12/19/2013	1430	9650	016516 13120208

1 STATEMENTS CONTINUED:

2

3 Passenger (Guacena) was contacted by phone on 02-08-14 at approximately 3:23 PM and there was
4 no answer. I left a message and as of 02-12-14 there has been no response.

5

6 Passenger (Chahinian) was contacted on 02-08-14 at approximately 3:26 PM and she related the
7 following. She had ridden on a bus driven by D-1 a couple times before with no problems. It was
8 raining and the bus just slid and turned over.

9

10 Passenger (Andrada) was contacted by phone on 02-08-14 at approximately 3:38 PM and he related
11 the following. They were at a normal speed when the bus fishtailed towards the cliff and turned over.

12

13 Passenger (Moreno) was contacted by phone on 02-08-14 at approximately 3:41 PM and there was
14 no answer. I left a message and as of 02-12-14 there has been no response.

15

16 Passenger (Young) was contacted by phone on 02-08-14 at approximately 3:43 PM and there was no
17 answer. I left a message and as of 02-12-14 there has been no response.

18

19 Passenger (Allan) was contacted by phone on 02-08-14 at approximately 3:44 PM and there was no
20 answer. I left a message and as of 02-12-14 there has been no response.

21

22 Passenger (Rodriguez) was contacted by phone on 02-08-14 at approximately 3:46 PM and there was
23 no answer. I left a message and as of 02-12-14 there has been no response.

24

25 Passenger (K. Rubin) was contacted by phone on 02-08-14 at approximately 3:47 PM and she related
26 the following. It was raining when the bus started to slide out of control. The driver to control the bus
27 but the bus rolled over.

28

29

30

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
L. LANIUS	016516	12/19/2013		

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
12/19/2013	1430	9650	016516	13120208

1 STATEMENTS CONTUNUED:

2

3 Witness #1 (Farenbaugh) was contacted at the scene and related the following to Officer Fenton
 4 #15027. He was southbound on Interstate-15 in the #2 lane slowing for traffic. He saw two cars
 5 crashed on the right shoulder. He stopped and assessed the drivers and they were not hurt. He went
 6 to the overturned bus, started to assist in extricating the passengers and started triage for injuries.
 7 While extricating the passengers he observed passenger Murguia pinned under the bus at the side
 8 window and saw that she had suffered fatal injuries. Witness #1 is a reservist with Imperial County
 9 Fire and he did not observe the traffic collision.

10

11 Witness #2 (Watters) was contacted at the scene and related the following to Officer Fenton #15027.
 12 He was northbound on Interstate-15 when he saw the bus had crashed. He turned around on State
 13 Route-76, arrived on scene and started to triage the injured passengers. Witness #2 is a paramedic
 14 with Deer Springs Fire and he did not witness the traffic collision.

15

16 Witness #3 (Williams) later related the following by phone. She was northbound on Interstate-15 in
 17 the #2 lane at 75 miles per hour. It was misting when she saw the bus traveling southbound in the
 18 slow lane at normal speed. It looked like the bus made a right turn and started to spin around. The
 19 bus spun around on the right shoulder and tipped over onto its side.

20

21 OPINIONS AND CONCLUSIONS

22

23 *The Summary, Areas of Impact, and Cause of this collision were based on the statements of the*
 24 *driver, statements of the passengers, statements of the witnesses, damage to and location of the*
 25 *involved vehicle and the physical evidence found at the scene.*

26

27

28

29

30

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
L. LANIUS	016516	12/19/2013		

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
12/19/2013	1430	9650	016516	13120208

1 **SUMMARY:**

2

3 **Pre-Collision**

4 Party #1 (Clemente) was driving Vehicle #1 (Van Hool) southbound on Interstate-15 just south of State
5 Route-76 in the # 4 lane at an estimated speed of 55 miles per hour in light rain. Party #1 made an
6 unsafe turning movement to the right.

7

8 **At-Collision**

9 Due to P-1's unsafe turning movement on a wet roadway, he lost control of V-1. V-1 skidded to the
10 right and spun out of control onto the right shoulder. V-1 rolled over onto its left side. As V-1 rolled
11 over passenger Murguia was partially ejected through the left side emergency exit window and struck
12 by V-1. The left side of V-1 struck the dirt area west of the roadway.

13

14 **Post-Collision**

15 V-1 came to rest on its left side in the dirt area and partially on the west shoulder. Passenger Murguia
16 came to rest under V-1 in the dirt area west of the roadway. Passenger Murguia sustained blunt force
17 traumatic injuries as a result of the collision. At 1450 hours, Passenger Murguia was pronounced
18 deceased at the scene.

19

20 **AREA OF IMPACT (AOI):**

21

22 Refer to MAIT supplemental investigation BL-23-13

23

24 **CAUSE:**

25

26 Party #1 (Clemente) (P-1) caused this traffic collision by violating California Vehicle Code section
27 22107 CVC (Unsafe turning movement), which states: "No person shall turn a vehicle from a direct
28 course or move right or left upon a roadway until such movement can be made with reasonable
29 safety."

30

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
L. LANIUS	016516	12/19/2013		

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
12/19/2013	1430	9650	016516	13120208

1 **RECOMMENDATIONS:**

2

3 Request that the investigation be forwarded to the San Diego County District Attorney's Office – North
4 County Branch for review and recommend charges to be filed against Party #1 (Clemente) for violation
5 of California Penal Code section: 191(c)(2) PC (Vehicular manslaughter – without gross negligence)
6 based on the following:

7

- 8 • Clemente was driving a motor vehicle on a freeway,
- 9 • Failed to turn safely on a wet roadway,
- 10 • This action caused a collision of his vehicle,
- 11 • Subsequently causing injuries to passengers and injury and death to another passenger of the
12 vehicle.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
L. LANIUS	016516	12/19/2013		

21 OF 21

TRUCK / BUS COLLISION SUPPLEMENTAL REPORT

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

PARTY NUMBER	1
--------------	---

DATE OF COLLISION	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
12/19/2013	1430	9650	016516	13120208

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

VEHICLE INFORMATION

<p>VEHICLE CONFIGURATION (Enter one code from below)</p> <p style="text-align: center;"><input type="text" value="4"/></p> <p>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 saddlemount) 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)</p>	<p>CARGO BODY TYPE (Enter one code from below)</p> <p style="text-align: center;"><input type="text" value="2"/></p> <p>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)</p>
<p>GVWR / GCWR (Enter one code from below. Use GCWR for truck combinations)</p> <p style="text-align: center;"><input type="text" value="3"/></p> <p>1 - 10,000 lbs. or Less 2 - 10,001 - 26,000 lbs. 3 - Greater than 26,000 lbs.</p>	<p>HAZARDOUS MATERIALS INVOLVEMENT</p> <p>DID THE VEHICLE HAVE A HAZ-MAT PLACARD?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>IF YES, INCLUDE THE FOLLOWING INFORMATION FROM THE PLACARD:</p> <p>HM 4-Digit # or name from diamond or box: _____</p> <p>HM Class # from bottom of diamond: _____</p> <p>Was Haz-Mat released from THIS vehicle's cargo? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>Bus Use (Enter one code from below)</p> <p style="text-align: center;"><input type="text" value="4"/></p> <p>0 - Not a Bus 1 - School (Public or Private) 2 - Transit 3 - Intecity 4 - Charter 5 - Other</p>	

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: FIVE STAR BUS CHARTER INC

Carrier Street Address (P.O. Box Only if no street address): 2926 FLOWER ST.

City / State / ZIP Code: Huntington, CA 90255 Phone Number: _____

Carrier ID Number(s): NONE USDOT# 1908782 MC / MX # _____ State# CA 388586

SEQUENCE OF EVENTS

NOTE: FOR THIS VEHICLE, LIST UP TO FOUR EVENTS

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

- | | | |
|--|--|---|
| <p>NON-COLLISIONS</p> <p>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</p> | <p>NON-COLLISIONS (Continued)</p> <p>9 Equipment Failure (Tires, Brakes, Steering, etc.)
10 Other Non-Collision</p> <p>COLLISION INVOLVING / WITH</p> <p>12 Pedestrian
13 Motor Vehicle In-Transport
14 Parked Motor Vehicle</p> | <p>COLLISION INVOLVING / WITH (Continued)</p> <p>15 Train
16 Pedalcycle
17 Animal
18 Fixed Object
19 Work Zone Maintenance Equipment
20 Other Moveable Object
98 Other (Describe):</p> |
|--|--|---|

PREPARED BY	REVIEWED BY	DATE
L. LANIUS	016516	

MULTIDISCIPLINARY ACCIDENT INVESTIGATION TEAM NARRATIVE/DIAGRAM

CHP 558D (Rev. 9-08) OPI 065 (MAIT use only)

DATE OF COLLISION (MONTH-DAY-YEAR)	TIME (2400)	NCIC	OFFICER I.D.	NUMBER	MAIT CASE NUMBER	PAGE
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BL-023-13

California Highway Patrol Oceanside Area

MAIT SUPPLEMENTAL

This investigation was conducted by the California Highway Patrol (CHP) Border Division Multidisciplinary Accident Investigation Team (MAIT).



MAIT PERSONNEL

Sergeant C. Larkin, ID 14517, Border Division MAIT Team Leader
Officer J. Isbister, ID 14748, Border Division MAIT Investigator
Officer J. Snider, ID 15406, Border Division MAIT Investigator*
Caltrans Senior Transportation Engineer D. Tran, Border Division MAIT
Motor Carrier Specialist-I T. Carlson, ID A10178, Border Division MAIT

*Primary investigator

SUBPOENAS FOR MAIT PERSONNEL SHOULD BE DIRECTED TO:

California Highway Patrol
Border Division Special Services Command
9330 Farnham Street
San Diego, California 92123-1216
Attention: Sergeant C. Larkin

MULTIDISCIPLINARY ACCIDENT INVESTIGATION TEAM NARRATIVE/DIAGRAM

CHP 558D (Rev. 9-08) OPI 065 (MAIT use only)

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MULTIDISCIPLINARY ACCIDENT INVESTIGATION TEAM NARRATIVE/DIAGRAM

CHP 558D (Rev. 9-08) OPI 065 (MAIT use only)

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FACTS – INTRODUCTION

MAIT Notification

On Thursday, December 19, 2013, at approximately 1550 hours CHP Border Division Special Services Commander Captain D. Schroder, ID 12383, notified Sergeant Larkin of a request for assistance from the CHP Oceanside Area. The request was for MAIT to assist with the investigation of a fatal-injury collision that occurred at approximately 1430 hours on the same day on Interstate 15 southbound, south of State Route 76, in an unincorporated area of San Diego County.

A 1999 Van Hool bus, driven by Hector Clemente, left the roadway and overturned. As a result of the collision, one of the occupants of the vehicle was partially ejected and sustained fatal injuries. MAIT investigators responded to the scene, and began arriving at 1650 hours. MAIT departed the collision scene at approximately 2130 hours.

Scope of Investigation

This Border Division MAIT investigation was limited to answering the following question:

- What was the motion of the Van Hool bus during the collision sequence?

In order to answer these questions, Border Division MAIT performed the following tasks:

- Scene survey
- Physical evidence analysis
- Dynamics analysis

Throughout this report, unless otherwise indicated, all times and measurements are approximate. All direction references were oriented from the driver's seat of the vehicle looking forward.

Investigation Overview

Thursday, December 19, 2013

At 1650 hours, Sergeant Larkin, Investigators Isbister and Snider, Engineer Tran, and Motor Carrier Specialist-I (MCS-I) Carlson began to arrive at the collision scene. While at the scene, the condition and location of the physical evidence, characteristics of the environment, and damage to the Van Hool bus were documented in digital images and measurements.

MULTIDISCIPLINARY ACCIDENT INVESTIGATION TEAM NARRATIVE/DIAGRAM

CHP 558D (Rev. 9-08) OPI 065 (MAIT use only)

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FACTS – PHYSICAL EVIDENCE DESCRIPTION

On Thursday, December 19, 2013, MAIT investigators surveyed the physical evidence and characteristics of the environment. The scene was surveyed using a Leica Global Positioning System 900 (GPS 900). Engineer Tran operated the GPS 900 while Investigator Isbister completed the scene notes.

The scene was surveyed using the North American Datum of 1983 (California Zone 6) coordinate system. The unit of measurement for this coordinate system was the foot, and all measurements were based upon a reference point. The reference point was established upon the dirt area, west of the west pavement edge of Interstate 15 southbound. The reference point was 413.9 feet south of San Diego County call box 15-459 (measured along the white painted edgeline), and 15.2 feet west of, and perpendicular to, the same edgeline. This location had an easting of 6284465.4 feet, a northing of 2061785.3 feet, and an elevation of 324.2 feet. Refer to Annex A for the list of data points collected and their corresponding coordinates.

Table 1

Physical Evidence Identified and Documented by MAIT Investigators

Item	Point(s)	Item Description and Width at Specific Data Points
1	2 – 12	A tire friction mark, 82.6 feet in length
	2	Begin, tapered point
	3	0.40 foot in width
	4	0.70 foot in width
	5	0.80 foot in width
	6	0.90 foot in width
	7	0.50 foot in width
	8	0.60 foot in width
	9	0.60 foot in width
	10	0.45 foot in width
	11	0.60 foot in width
	12	End, 0.60 foot in width
2	13 – 16	A tire friction mark, 14.8 feet in length
	13	Begin, 0.40 foot in width
	14	0.55 foot in width
	15	0.55 foot in width
	16	End, 0.80 foot in width
3	17 – 20	A furrow, 7.5 feet in length
	17	Begin, 1.10 feet in width
	18	0.60 foot in width
	19	0.40 foot in width
	20	End, 0.35 foot in width

(continued)

MULTIDISCIPLINARY ACCIDENT INVESTIGATION TEAM NARRATIVE/DIAGRAM

CHP 558D (Rev. 9-08) OPI 065 (MAIT use only)

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FACTS – PHYSICAL EVIDENCE DESCRIPTION

Item	Point(s)	Item Description and Width at Specific Data Points
4	21 – 36	A furrow, 85.6 feet in length
	21	Begin, 0.80 foot in width
	22	1.10 feet in width
	23	0.90 foot in width
	24	0.90 foot in width
	25	1.30 feet in width
	26	1.20 feet in width
	27	1.10 feet in width
	28	2.00 feet in width
	29	1.50 feet in width
	30	1.10 feet in width
	31	0.90 foot in width
	32	0.90 foot in width
	33	0.60 foot in width
	34	0.45 foot in width
	35	0.40 foot in width
36	End, 0.40 foot in width	
5	37 – 41	An area of displaced dirt, 10.7 square feet in area
	37	Point on perimeter
	38	Point on perimeter
	39	Point on perimeter
	40	Point on perimeter
	41	Point on perimeter
6	42 – 50	A furrow, 33.6 feet in length
	42	Begin, 1.1 feet in width
	43	1.40 feet in width
	44	1.40 feet in width
	45	1.70 feet in width
	46	1.40 feet in width
	47	1.20 feet in width
	48	1.10 feet in width
	49	0.80 foot in width
	50	End, 0.50 foot in width
	7	51 – 56
51		Begin, 2.5 feet in width
52		1.30 feet in width
53		1.30 feet in width
54		1.50 feet in width
55		1.40 feet in width
56		End, 1.00 foot in width

(continued)

MULTIDISCIPLINARY ACCIDENT INVESTIGATION TEAM NARRATIVE/DIAGRAM

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FACTS – PHYSICAL EVIDENCE DESCRIPTION

Item	Point(s)	Item Description and Width at Specific Data Points
8	120 – 121	An amber lamp lens, 0.6 foot long by 0.3 foot wide
	120	Corner of lens
	121	Corner of lens
9	123 – 131	An area of broken glass, 50.2 square feet in area
	123	Point on perimeter
	124	Point on perimeter
	125	Point on perimeter
	126	Point on perimeter
	127	Point on perimeter
	128	Point on perimeter
	129	Point on perimeter
	130	Point on perimeter
	131	Point on perimeter
10	132 - 136	An area of red stained dirt, 0.38 square feet in area
	132	Point on perimeter
	133	Point on perimeter
	134	Point on perimeter
	135	Point on perimeter
	136	Point on perimeter
N/A	57, 59 – 61, 116 – 117, 122	Position of rest of Vehicle #1 (1999 Van Hool bus), on its left side
	57	Leading edge of the roof
	59	Bottom of the front bumper
	60	Bottom of the rear bumper
	61	Trailing edge of the roof
	116	Bottom of the left-side outboard tire on axle #3
	117	Bottom of the left-side outboard tire on axle #2
	122	Bottom of the left-side tire on axle #1

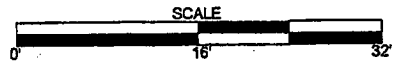
MULTIDISCIPLINARY ACCIDENT INVESTIGATION TEAM NARRATIVE/DIAGRAM

CHP 558D (Rev. 9-08) OPI 065 (MAIT use only)

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PHYSICAL EVIDENCE DIAGRAM

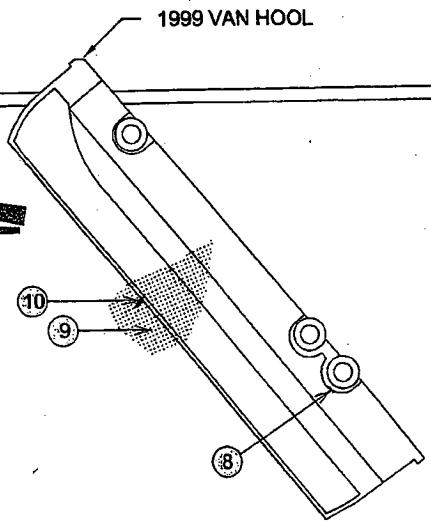
PREPARED BY: J. SNIDER, ID 15406



MARKER (TYPICAL)

1999 VAN HOOL

GPS REFERENCE



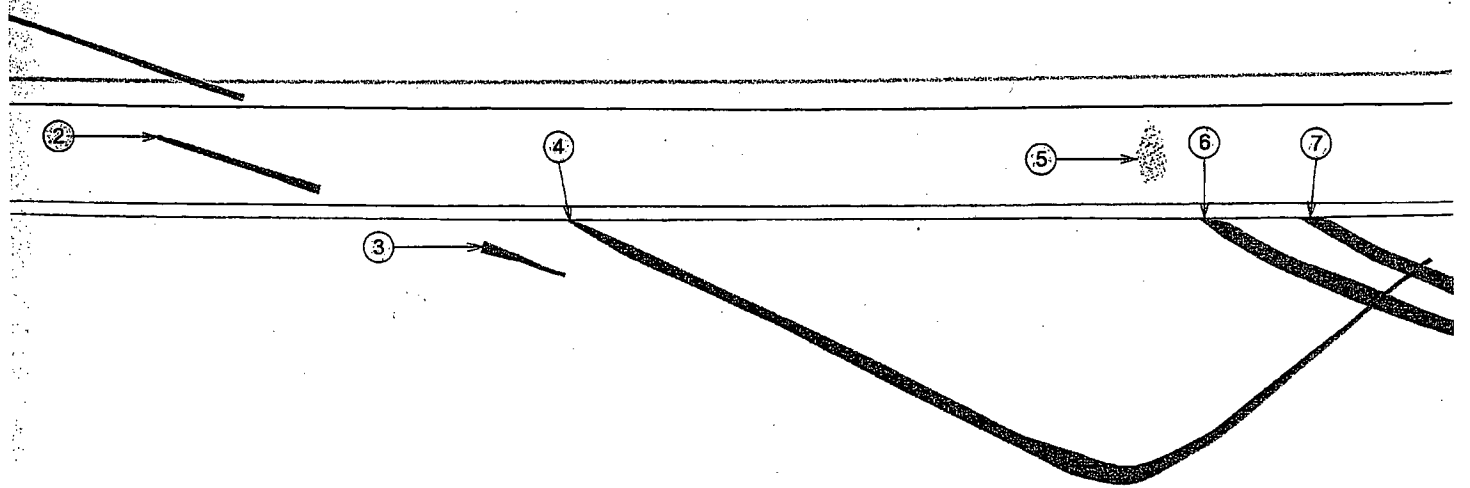
NOTE: ALL LANES CONSTRUCTED OF PORTLAND CEMENT CONCRETE
UNLESS OTHERWISE NOTED

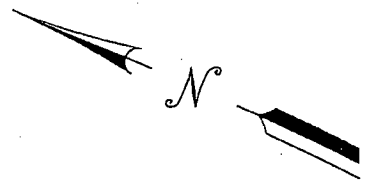


DYNAMICS DIAGRAM

REFLECTIVE PAVEMENT MARKER (TYPICAL)

ONE-WAY YELLOW RETROREFLECTIVE PAVEMENT MARKER





VEGETATION-COVERED DIRT MEDIAN

CONCRETE DIKE

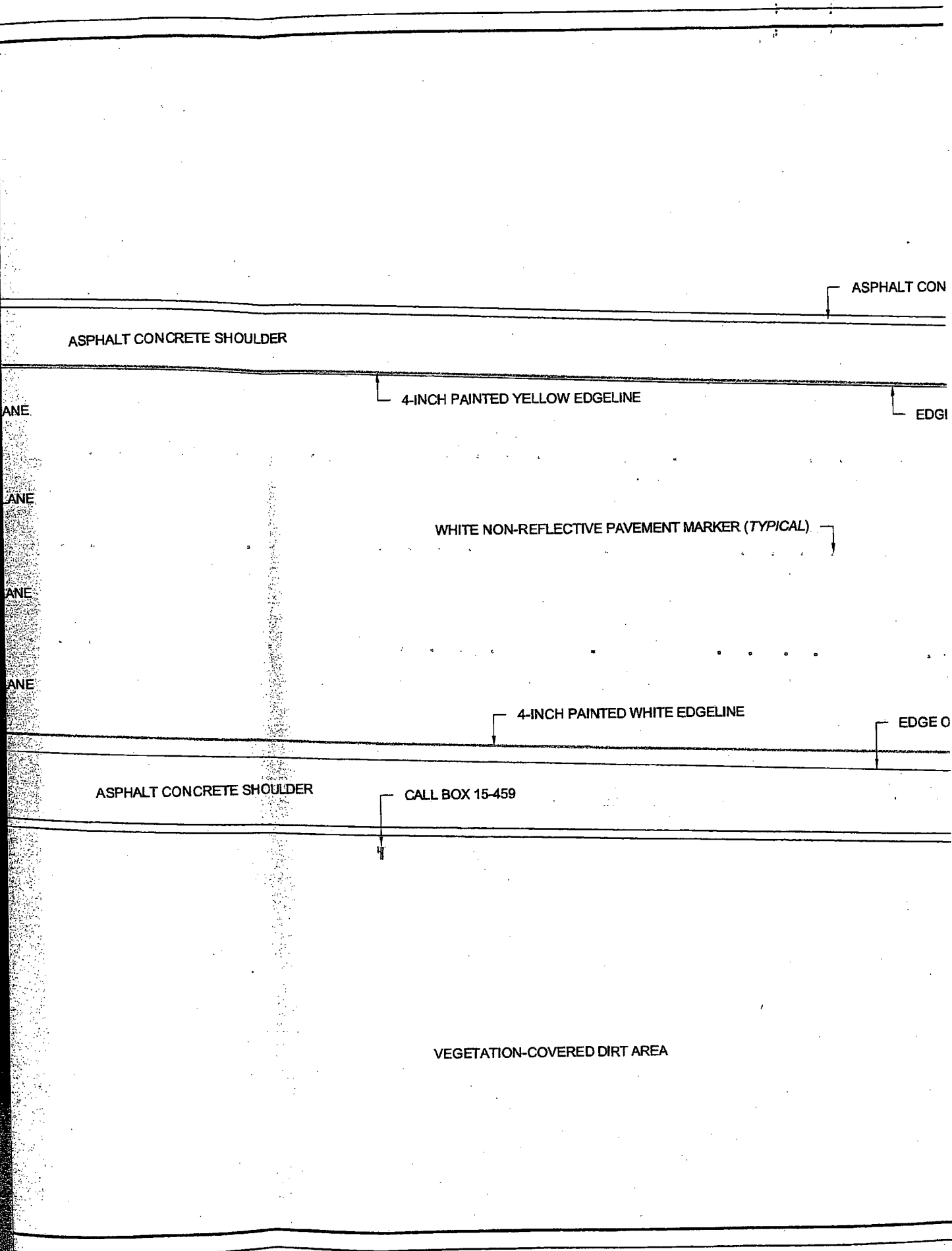
PORTLAND CEMENT CONCRETE

ONE-WAY CLEAR R



PORTLAND CEMENT CONCRETE

ASPHALT CONCRETE DIKE



ASPHALT CONCRETE SHOULDER

SOUTHBOUND #1 TRAFFIC LANE

4-INCH PAINTED

SOUTHBOUND #2 TRAFFIC LANE

WHITE NON-

SOUTHBOUND #3 TRAFFIC LANE

SOUTHBOUND #4 TRAFFIC LANE

ASPHALT CONCRETE SHOULDER

CALL BOX 15-459

VEGETATION

MULTIDISCIPLINARY ACCIDENT INVESTIGATION TEAM NARRATIVE/DIAGRAM

CHP 558D (Rev. 9-08) OPI 065 (MAIT use only)

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FACTS – PHYSICAL EVIDENCE LOG

As part of this investigation, one item of evidence was collected (Table 2). Item 1 was held as evidence at S&R Towing.

Requests regarding the physical evidence listed below should be made directly to:

California Highway Patrol Oceanside Area
 18888 Oceanside Boulevard
 Oceanside, California 92054
 (760) 757-1675

Table 2

Evidence Item Collected During the Course of the Investigation and Booked as Evidence

Item	Taken By	Date	Description
1	Gaffney, ID 15727	12/19/2013	White 1999 Van Hool, VIN: YE2TC63B7X2043355

MULTIDISCIPLINARY ACCIDENT INVESTIGATION TEAM NARRATIVE/DIAGRAM

CHP 558D (Rev. 9-08) OPI 065 (MAIT use only)

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FACTS – DIGITAL IMAGE LOG

During the course of this investigation, MAIT investigators took a total of 684 digital images (Table 3). All digital images were transferred from the memory card of the camera to recordable optical discs. The optical discs were booked as evidence at the CHP Oceanside Area.

Requests regarding the digital image files listed below should be made directly to:

California Highway Patrol Oceanside Area
18888 Oceanside Boulevard
Oceanside, California 92054
(760) 757-1675

Table 3

Digital Images Taken During the Course of this Investigation

Disc	Number of Images	Taken By	Date	Location
1	292 ^a	Snider	12/19/2013	Collision scene
2	392 ^b	Carlson	12/19/2013	Collision scene

Note. ^aIMG_0566 through IMG_0857. ^bIMG_011 through IMG_402

DATE OF COLLISION (MONTH-DAY-YEAR)	TIME (2400)	NCIC	OFFICER I.D.	NUMBER	MAIT CASE NUMBER	PAGE
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ANALYSIS AND OPINIONS – PHYSICAL EVIDENCE ANALYSIS

Physical Evidence Origin

MAIT investigators analyzed the physical evidence, including the location and characteristics of each item, damage sustained by the vehicle, and the motion of the vehicle during the collision sequence, to determine the origin of each physical evidence item (Table 4).

Table 4

Conclusions Made by MAIT Investigators Regarding the Physical Evidence Documented at the Scene of the Collision

Item	Physical Evidence Origin
1	A tire friction mark deposited by the left-front tire of the Van Hool bus



Figure 1. Physical evidence item #1.

2	A tire friction mark deposited by the right-front tire of the Van Hool bus
---	--

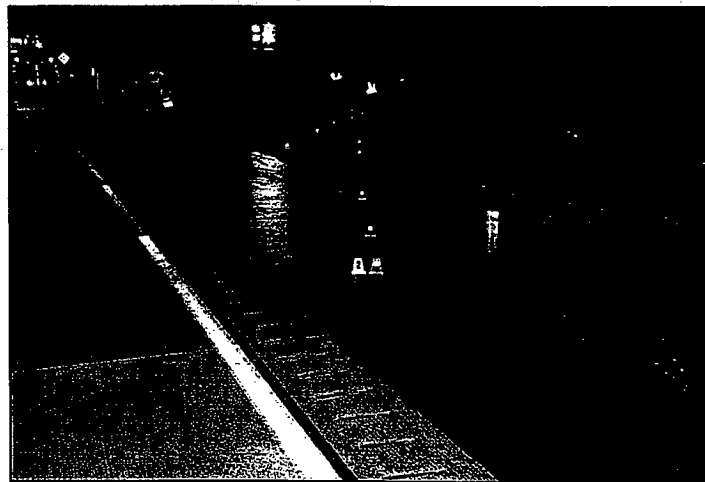


Figure 2. Physical evidence item #2.

(continued)

MULTIDISCIPLINARY ACCIDENT INVESTIGATION TEAM NARRATIVE/DIAGRAM

CHP 558D (Rev. 9-08) OPI 065 (MAIT use only)

DATE OF COLLISION (MONTH-DAY-YEAR)	TIME (2400)	NCIC	OFFICER I.D.	NUMBER	MAIT CASE NUMBER	PAGE
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ANALYSIS AND OPINIONS – PHYSICAL EVIDENCE ANALYSIS

Physical Evidence Origin

Item Physical Evidence Origin

3 A furrow created in the dirt by the right-front tire of the Van Hool bus

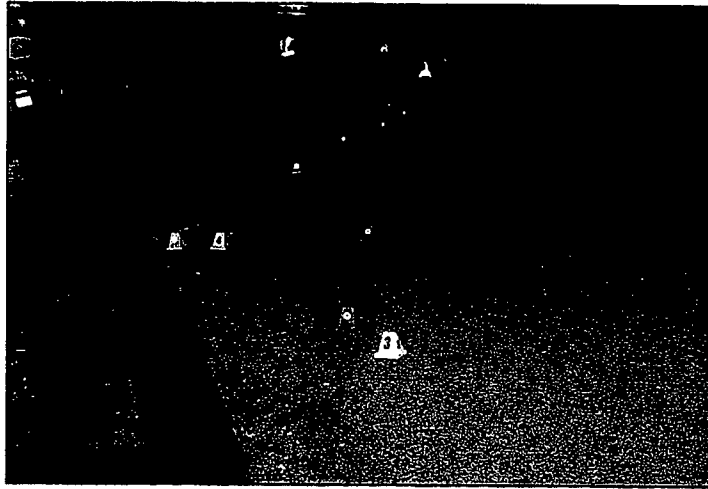


Figure 3. Physical evidence item #3.

4 A furrow created in the dirt by the left-front tire of the Van Hool bus

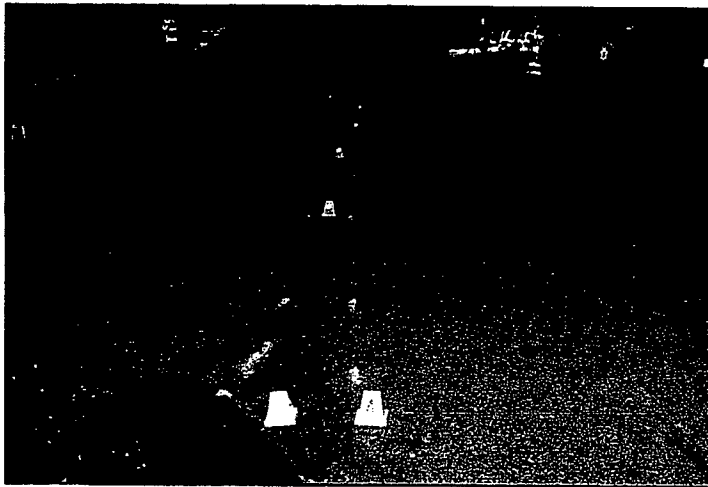


Figure 4. Physical evidence item #4.

(continued)

MULTIDISCIPLINARY ACCIDENT INVESTIGATION TEAM NARRATIVE/DIAGRAM

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ANALYSIS AND OPINIONS – PHYSICAL EVIDENCE ANALYSIS

Physical Evidence Origin

Item	Physical Evidence Origin
5	Dirt displaced from the vegetation-covered dirt area

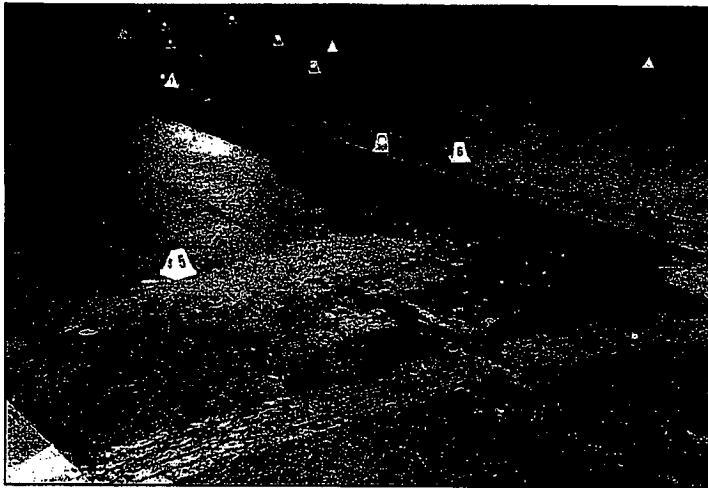


Figure 5. Physical evidence item #5.

6	A furrow created in the dirt by the left-side outboard tire on axle #2 of the Van Hool bus
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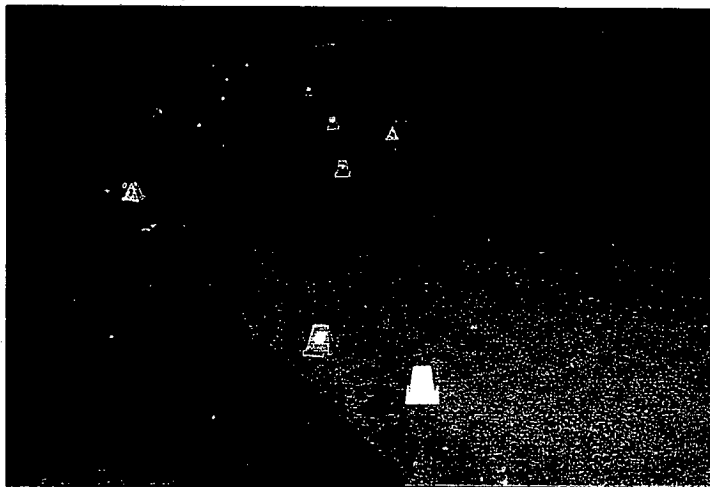


Figure 6. Physical evidence item #6.

(continued)

MULTIDISCIPLINARY ACCIDENT INVESTIGATION TEAM NARRATIVE/DIAGRAM

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ANALYSIS AND OPINIONS – PHYSICAL EVIDENCE ANALYSIS

Physical Evidence Origin

Item Physical Evidence Origin

7 A furrow created in the dirt by the left-side tire on axle #3 of the Van Hool bus

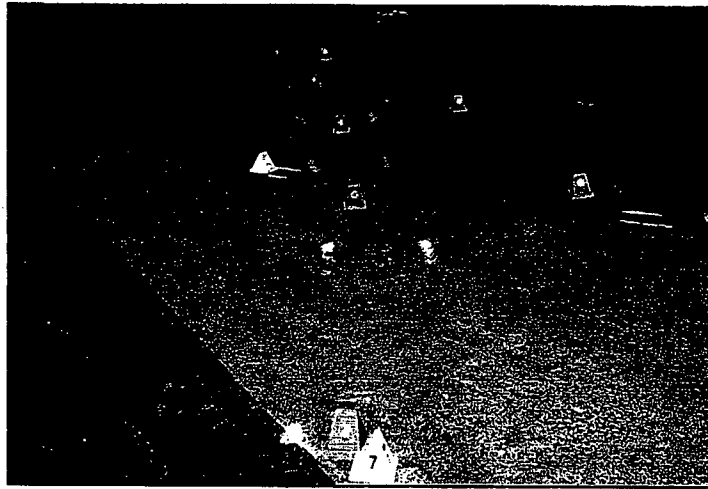


Figure 7. Physical evidence item #7.

8 The amber lens from the rear turn signal on the left side of the Van Hool bus



Figure 8. Physical evidence item #8.

(continued)

MULTIDISCIPLINARY ACCIDENT INVESTIGATION TEAM NARRATIVE/DIAGRAM

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ANALYSIS AND OPINIONS – PHYSICAL EVIDENCE ANALYSIS

Physical Evidence Origin

Item Physical Evidence Origin

9 Fragments of glass from the broken window on the left side of the Van Hool bus



Figure 9. Physical evidence item #9.

10 An area of dirt stained by blood from passenger Tayde Murgula

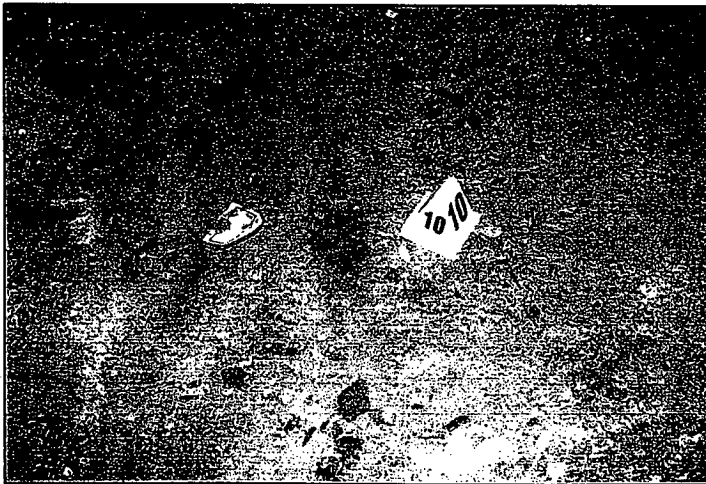


Figure 10. Physical evidence item #10.

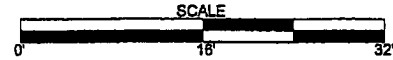


STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
MULTIDISCIPLINARY ACCIDENT INVESTIGATION TEAM NARRATIVE/DIAGRAM
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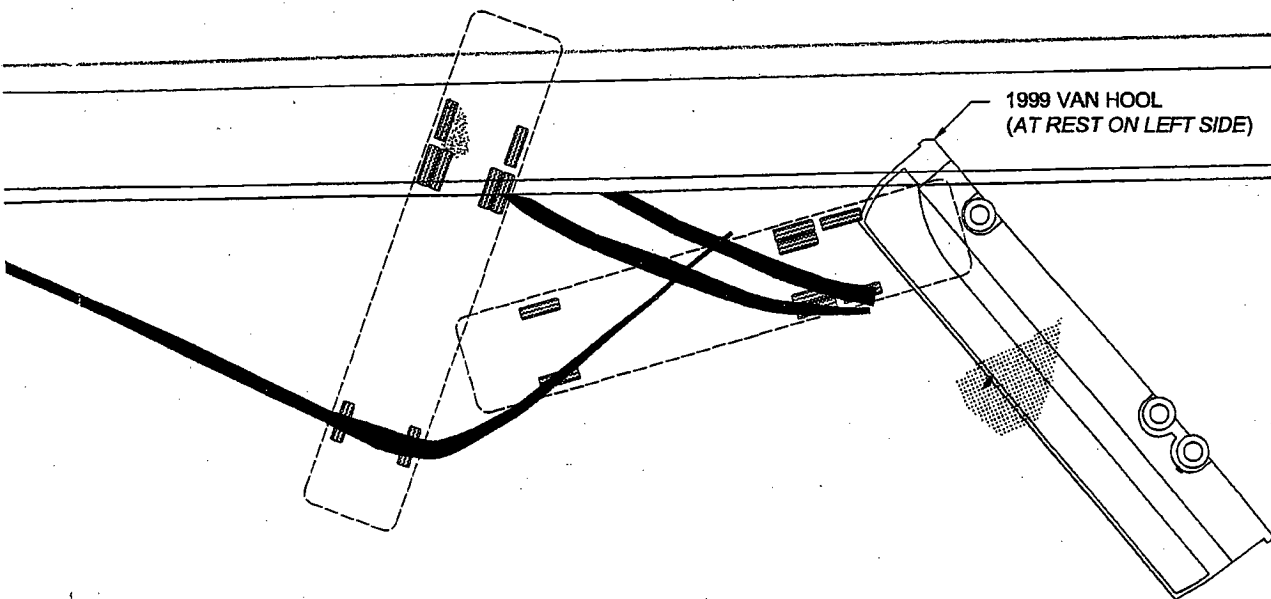
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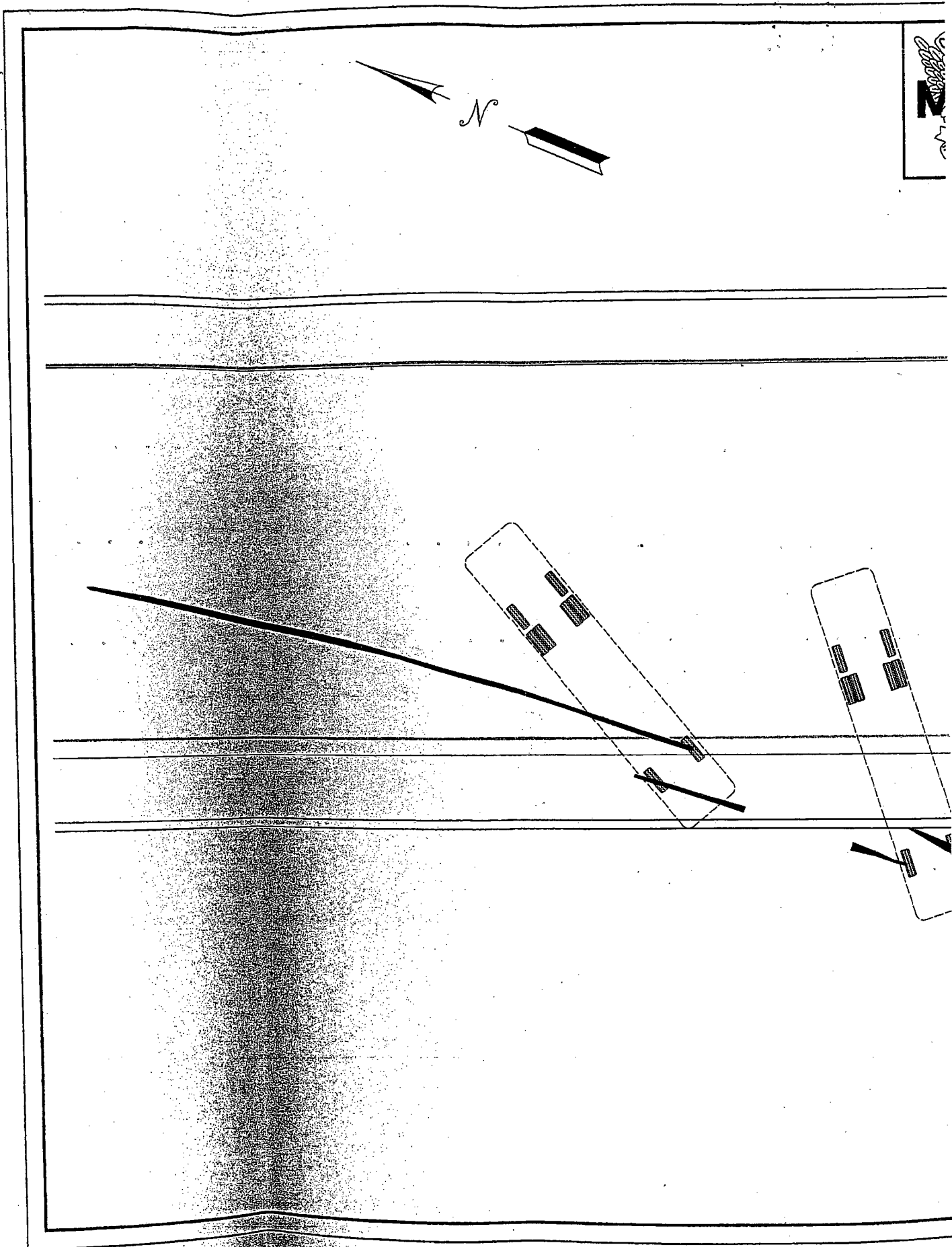
DYNAMICS DIAGRAM

PREPARED BY: J. SNIDER, ID 15406



NOTE: THIS DYNAMICS DIAGRAM IS DEPENDENT UPON ANALYSES OF VEHICLE DAMAGE AND PHYSICAL EVIDENCE. THE POSITIONS DEPICTED ON THE DIAGRAM ARE NOT RELATIVE TO TIME.





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RECOMMENDATIONS

It is recommended that this supplemental report and supporting evidence be forwarded to the CHP Oceanside Area for retention and distribution.

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ANNEX A

POINT	EASTING	NORTHING	HEIGHT	POINT	EASTING	NORTHING	HEIGHT
1	6284465.39	2061785.33	324.19	40	6284428.38	2061886.57	319.47
2	6284395.35	2062043.61	312.41	41	6284430.07	2061888.28	319.43
3	6284395.38	2062043.10	312.44	42	6284427.70	2061880.67	319.76
4	6284396.63	2062036.34	312.75	43	6284427.48	2061878.60	319.71
5	6284398.02	2062027.43	313.14	44	6284426.85	2061871.72	320.20
6	6284401.21	2062008.80	313.98	45	6284426.99	2061866.04	320.36
7	6284402.21	2062001.22	314.31	46	6284427.07	2061860.39	320.67
8	6284402.84	2061994.18	314.61	47	6284427.40	2061856.06	320.81
9	6284403.55	2061988.50	314.89	48	6284428.10	2061853.28	320.89
10	6284404.19	2061980.29	315.26	49	6284429.09	2061850.28	321.07
11	6284404.99	2061966.42	315.89	50	6284430.21	2061847.56	321.25
12	6284405.32	2061961.70	316.13	51	6284431.33	2061872.18	320.21
13	6284399.44	2061967.39	315.80	52	6284430.58	2061865.79	320.48
14	6284399.65	2061964.74	315.90	53	6284430.61	2061860.65	320.71
15	6284400.06	2061959.16	316.10	54	6284430.54	2061856.35	320.79
16	6284400.59	2061952.68	316.33	55	6284430.74	2061851.65	321.04
17	6284401.49	2061937.77	317.17	56	6284431.51	2061847.57	321.19
18	6284401.75	2061934.46	317.35	57	6284436.88	2061851.35	321.21
19	6284401.73	2061932.19	317.49	58	6284446.59	2061847.15	321.36
20	6284401.95	2061930.25	317.58	59	6284446.04	2061847.89	321.22
21	6284406.46	2061931.61	317.42	60	6284425.22	2061807.60	322.61
22	6284406.01	2061926.14	317.65	61	6284417.04	2061813.68	323.56
23	6284405.75	2061918.58	318.11	62	6284396.55	2061781.43	321.85
24	6284405.51	2061911.48	318.38	63	6284403.84	2061786.64	322.26
25	6284404.95	2061901.41	318.70	64	6284407.22	2061788.74	321.60
26	6284404.41	2061893.39	319.02	65	6284409.41	2061789.97	322.34
27	6284404.11	2061888.50	319.10	66	6284368.20	2061843.50	318.94
28	6284404.11	2061883.25	319.23	67	6284378.31	2061844.72	319.66
29	6284405.53	2061877.66	319.49	68	6284382.54	2061844.62	319.22
30	6284407.52	2061875.71	319.69	69	6284385.32	2061845.35	319.76
31	6284411.29	2061872.70	319.82	70	6284337.47	2061916.41	315.56
32	6284414.34	2061870.98	319.95	71	6284345.45	2061922.06	316.07
33	6284419.98	2061867.87	320.25	72	6284348.76	2061924.09	315.34
34	6284424.07	2061865.57	320.45	73	6284352.04	2061925.37	316.15
35	6284426.55	2061864.32	320.47	74	6284292.52	2062027.20	310.47
36	6284432.00	2061861.19	320.74	75	6284300.43	2062031.86	311.09
37	6284433.64	2061888.37	319.54	76	6284303.80	2062033.60	310.27
38	6284432.85	2061886.62	319.59	77	6284306.77	2062036.06	310.99
39	6284429.88	2061884.88	319.59	78	6284221.99	2062207.50	302.64

MULTIDISCIPLINARY ACCIDENT INVESTIGATION TEAM NARRATIVE/DIAGRAM

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ANNEX A

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79	6284231.36	2062211.43	303.53	118	6284429.41	2061814.37	323.39
80	6284236.70	2062213.30	302.72	119	6284426.70	2061816.01	322.15
81	6284241.52	2062214.59	303.87	120	6284427.80	2061817.66	322.14
82	6284231.31	2062222.73	302.95	121	6284427.33	2061817.13	322.14
83	6284234.43	2062224.54	302.93	122	6284442.67	2061841.05	322.65
84	6284250.53	2062277.88	302.95	123	6284424.42	2061832.81	321.59
85	6284252.39	2062277.06	302.89	124	6284425.45	2061836.35	321.48
86	6284251.37	2062279.83	302.95	125	6284427.18	2061838.39	321.51
87	6284260.72	2062318.49	301.60	126	6284429.97	2061836.91	321.59
88	6284270.01	2062321.55	301.30	127	6284431.91	2061834.65	321.66
89	6284272.17	2062315.94	301.55	128	6284435.84	2061831.79	322.05
90	6284281.40	2062290.32	302.53	129	6284430.41	2061830.51	321.72
91	6284282.68	2062255.81	303.92	130	6284426.72	2061830.54	321.78
92	6284281.88	2062254.87	304.23	131	6284424.69	2061832.93	321.63
93	6284306.35	2062189.77	306.51	132	6284427.58	2061835.96	321.46
94	6284314.86	2062192.16	306.43	133	6284428.44	2061835.88	321.56
95	6284316.84	2062193.21	306.37	134	6284428.89	2061835.58	321.51
96	6284313.37	2062171.06	307.40	135	6284428.49	2061835.37	321.45
97	6284345.10	2062086.19	310.87	136	6284427.92	2061835.60	321.45
98	6284346.10	2062086.67	310.60	137	6284454.82	2061816.93	322.82
99	6284354.00	2062088.70	310.55	138	6284455.75	2061817.56	322.59
100	6284356.31	2062089.63	310.49	139	6284463.88	2061819.88	322.73
101	6284345.05	2062153.59	307.95	140	6284466.53	2061820.84	322.67
102	6284351.12	2062138.02	308.55	141	6284472.62	2061837.23	321.87
103	6284352.54	2062134.11	308.69	142	6284511.02	2061749.62	325.96
104	6284354.23	2062129.72	308.90	143	6284500.14	2061744.33	326.19
105	6284355.64	2062126.05	309.06	144	6284497.53	2061742.91	326.25
106	6284361.05	2062111.88	309.60	145	6284489.63	2061740.66	326.11
107	6284399.47	2062013.82	313.76	146	6284488.44	2061740.38	326.25
108	6284387.98	2062003.00	314.23	147	6284502.47	2061798.46	323.73
109	6284390.12	2062003.42	314.24	148	6284517.39	2061794.13	323.90
110	6284380.94	2061998.24	314.44	149	6284527.76	2061797.84	323.71
111	6284414.19	2061916.07	318.06	150	6284527.58	2061799.13	323.56
112	6284422.10	2061918.50	318.08	151	6284529.25	2061796.27	323.72
113	6284424.47	2061919.01	318.03	152	6284536.09	2061800.10	323.44
114	6284435.27	2061925.38	317.71	153	6284537.02	2061800.70	323.62
115	6284435.86	2061864.47	320.42	154	6284562.60	2061811.01	322.92
116	6284430.67	2061816.35	323.02	155	6284564.90	2061812.16	323.06
117	6284432.49	2061820.09	322.91	156	6284509.86	2061944.70	316.74

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ANNEX A

POINT	EASTING	NORTHING	HEIGHT
157	6284507.78	2061950.50	316.46
158	6284475.37	2061941.96	316.74
159	6284464.27	2061948.52	316.57
160	6284463.28	2061949.98	316.50
161	6284463.59	2061948.22	316.65
162	6284450.61	2061980.19	315.18
163	6284442.34	2061971.79	315.61
164	6284427.12	2061977.16	315.40
165	6284417.28	2061969.44	315.78
166	6284425.80	2062193.03	306.71
167	6284378.17	2062188.29	306.09
168	6284366.72	2062197.41	305.97
169	6284364.46	2062202.47	305.76
170	6284337.94	2062242.08	304.23
171	6284322.63	2062248.67	304.15
172	6284311.42	2062244.49	304.25
173	6284307.16	2062291.48	302.47
174	6284321.54	2062287.47	302.58
175	6284327.72	2062301.72	301.93
1000	6284465.39	2061785.33	324.19

SUPPLEMENTAL

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

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1 SUPPLEMENTAL:

2

3 PURPOSE:

4

5 The purpose of this supplemental is to address the number of pages for report number 13120208. The
6 correct number of pages should be nineteen instead of twenty one. Pages 7-8 which are the sketch and
7 factual diagram will later be attached by M.A.I.T.

PREPARER'S NAME
L. LANIUS

I.D. NUMBER
16516

DATE
04/10/2014

REVIEWER'S NAME

 4-12



2014 JUN 20 AM 9:47