



**Human Performance Attachment – 2018 Traffic Collision Report**

**Highland, IL**

**HWY23MH015**

**(19 pages)**

SPECIAL CONDITIONS		NUMBER INJURED <b>1</b>	MT & NLP FELY <input type="checkbox"/>	CITY <b>UNINCORPORATED</b>	JUDICIAL DISTRICT <b>BARSTOW SUPERIOR</b>	LOCAL REPORT NUMBER <b>9835-2018-00507</b>	
		NUMBER KILLED <b>0</b>	DOT & DON MISC/CAHON <input type="checkbox"/>	COUNTY <b>SAN BERNARDINO</b>	REPORTING DISTRICT <b>075</b>	DAY OF WEEK <b>SATURDAY</b>	TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
LOCATION	COLLISION OCCURRED ON: <b>I-15 N/B</b>			NO <b>05/19/2018</b>	DAY <b>2330</b>	YEAR <b>2018</b>	TIME (2400)
	MILEPOST INFORMATION: <b>100 FEET SOUTH OF 15 SBD 149.605</b>			GPS COORDINATES LATITUDE <b>35.37423°</b>		LONGITUDE - <b>115.89139°</b>	
	AT INTERSECTION WITH: <input checked="" type="checkbox"/> OR: <b>100 FEET SOUTH OF HALLORAN SPRINGS RD</b>			STATE HWY REL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PHOTOGRAPHS BY: <input checked="" type="checkbox"/> NONE	
PARTY <b>1</b>	DRIVER'S LICENSE NUMBER <b>VALID</b>	STATE <b>NV</b>	CLASS <b>F</b>	AIR BAG <b>P</b>	SAFETY EQUIP. <b>G</b>	VEH. YEAR <b>2014</b>	MAKE / MODEL / COLOR <b>PREVOST X3-45 BLU</b>
DRIVER	NAME (FIRST, MIDDLE, LAST) <b>RAYMOND CLARENCE PARADISE</b>			OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER <b>GREYHOUND LINES INC</b>		LICENSE NUMBER <b>K028436</b>	STATE <b>TX</b>
PEDES-TRIAN	STREET ADDRESS <b>[REDACTED]</b>			OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER <b>350 N ST PAUL ST DALLAS TX 75201</b>		DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER	
PARKED VEHICLE	CITY / STATE / ZIP <b>N. LAS VEGAS NV 89081</b>			DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		KEN'S TOWING - (760)733-4569	
BICY-CLIST	SEX <b>M</b>	HAIR <b>BRN</b>	EYES <b>BRN</b>	HEIGHT <b>5-09</b>	WEIGHT <b>260</b>	BIRTHDATE MO <b>[REDACTED]</b> DAY <b>[REDACTED]</b> YEAR <b>[REDACTED]</b>	RACE <b>B</b>
OTHER	HOME PHONE <b>[REDACTED]</b>		BUSINESS PHONE <b>(800)487-6996</b>		VEHICLE IDENTIFICATION NUMBER: <b>2PCG33490EC735688</b>		
INSURANCE CARRIER <b>NATIONAL UNION</b>		POLICY NUMBER <b>[REDACTED]</b>		VEHICLE TYPE <b>10</b>		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER	
DIR OF TRAVEL ON STREET OR HIGHWAY <b>N I-15</b>		SPEED LIMIT <b>70</b>		CA <b>44110</b>		SHADE IN DAMAGED AREA DOT-TOP	
PARTY <b>2</b>	DRIVER'S LICENSE NUMBER <b>VALID</b>	STATE <b>TX</b>	CLASS <b>F</b>	AIR BAG <b>P</b>	SAFETY EQUIP. <b>G</b>	VEH. YEAR <b>2008</b>	MAKE / MODEL / COLOR <b>VOLVO TRACTOR GRV</b>
DRIVER	NAME (FIRST, MIDDLE, LAST) <b>JUAN ROCHA</b>			OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER <b>KNIGHTS TRANSPORTAION INC</b>		LICENSE NUMBER <b>P261234</b>	STATE <b>IN</b>
PEDES-TRIAN	STREET ADDRESS <b>[REDACTED]</b>			OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER <b>15232 STONEY CREEK RD NOBLEVILLE IN 46060</b>		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER	
PARKED VEHICLE	CITY / STATE / ZIP <b>EL PASO TX 79932</b>			DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		PARKED AT SCENE	
BICY-CLIST	SEX <b>M</b>	HAIR <b>BRN</b>	EYES <b>BRN</b>	HEIGHT <b>5-04</b>	WEIGHT <b>210</b>	BIRTHDATE MO <b>[REDACTED]</b> DAY <b>[REDACTED]</b> YEAR <b>[REDACTED]</b>	RACE <b>II</b>
OTHER	HOME PHONE <b>[REDACTED]</b>		BUSINESS PHONE <b>(602)239-4611</b>		VEHICLE IDENTIFICATION NUMBER: <b>4V4NC9TG08N484961</b>		
INSURANCE CARRIER <b>TRANS STAR</b>		POLICY NUMBER <b>[REDACTED]</b>		VEHICLE TYPE <b>25 32</b>		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER	
DIR OF TRAVEL ON STREET OR HIGHWAY <b>N I-15</b>		SPEED LIMIT <b>55</b>		CA <b>428823</b>		SHADE IN DAMAGED AREA DOT-TOP	
PARTY <b>3</b>	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR
DRIVER	NAME (FIRST, MIDDLE, LAST)			OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		LICENSE NUMBER	STATE
PEDES-TRIAN	STREET ADDRESS			OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER	
PARKED VEHICLE	CITY / STATE / ZIP			DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		PARKED AT SCENE	
BICY-CLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE MO DAY YEAR	RACE
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:		
INSURANCE CARRIER		POLICY NUMBER		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE	
DIR OF TRAVEL ON STREET OR HIGHWAY		SPEED LIMIT		CA		SHADE IN DAMAGED AREA DOT-TOP	
PREPARER'S NAME <b>J GRIGGS 021765</b>		DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA		REVIEWER'S NAME <b>CRAIG STEVENS 013489</b>		DATE REVIEWED <b>06/04/2018</b>	

STATE OF CALIFORNIA  
**NARRATIVE/SUPPLEMENTAL**

PAGE 15 OF 17

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
05/19/2018	2330	9835	021765	9835-2018-00507

1 **SUMMARY (CONTINUED):**

2

3 P-2 was driving V-2 at a constant speed and V-1 rapidly approached the rear of V-2. Due to P-1's fatigued  
4 state, P-1 was driving V-1 at unsafe speed for the present traffic conditions, P-1 failed to immediately notice  
5 he was rapidly overtaking V-2. P-1 suddenly noticed he was close to V-1 and attempted to take evasive  
6 action or safely stop V-1, however, the front of V-1 collided with the rear of V-2.

7

8 After the collision, V-2 was driven by P-2 from the #3 lane and parked on the right shoulder of Interstate 15  
9 northbound, north of Halloran Springs Road. V-1 became disabled, within the #3 lane and partially the #2  
10 lane of Interstate 15 northbound, south of Halloran Springs Road.

11

12 **AREA OF IMPACT:**

13

14 The Area of Impact (Vehicle #1 vs. Vehicle #2) was located approximately 100 feet south of the south  
15 roadway edge of Halloran Springs Road, and approximately 6 feet west of the east roadway edge of  
16 Interstate 15 northbound.

17

18 **CAUSE:**

19

20 *Party #1 (Paradise, P-1) caused this collision by driving Vehicle #1 (Prevost, V-1) in violation of 22350 of*  
21 *the California Vehicle Code, which states: "no person shall drive a vehicle upon a highway at a speed*  
22 *greater than is reasonable or prudent having due regard for weather, visibility, the traffic on, and the surface*  
23 *and width of, the highway, and in no event at a speed which endangers the safety of persons or property".*

24

25 *The summary, area(s) of impact and cause were based on physical evidence, vehicle damage and*  
26 *statements.*

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
J GRIGGS	021765	05/19/2018	CRAIG STEVENS 013489	06/04/2018



DATE OF COLLISION (MO DAY YEAR) 05/19/2018				TIME(2400) 2330		NCIC # 9835		OFFICER I.D. 021765			NUMBER 9835-2018-00507						
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY('X' ONE)				INJURED WAS ('X' ONE)					PARTY NUMBER	SEAT POS	AIR BAG	SAFETY EQUIP.	CHECKED
<input type="checkbox"/>	<input checked="" type="checkbox"/>	60	M	FATAL INJURY	SUSPECTED SERIOUS INJURY	SUSPECTED MINOR INJURY	POSSIBLE INJURY	DRIVER	PASS	PED	BICYCLIST	OTHER	1	9	P	G	0
NAME / D.O.B. / ADDRESS KENNETH CHARLES ESCOE [REDACTED] ALTADENA CA 91001												TELEPHONE [REDACTED]					
(INJURED ONLY) TRANSPORTED BY:				EMS RUN NUMBER				TAKEN TO:									
DESCRIBE INJURIES:																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	66	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"/>	1	9	P	G	0
NAME / D.O.B. / ADDRESS SUSANA PILLA MONDIA [REDACTED] CARSON CA 90745												TELEPHONE [REDACTED]					
(INJURED ONLY) TRANSPORTED BY:				EMS RUN NUMBER				TAKEN TO:									
DESCRIBE INJURIES:																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	24	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"/>	1	9	P	H	0
NAME / D.O.B. / ADDRESS EDGAR VIVEROS [REDACTED] HESPERIA CA 92345												TELEPHONE [REDACTED]					
(INJURED ONLY) TRANSPORTED BY:				EMS RUN NUMBER				TAKEN TO:									
DESCRIBE INJURIES:																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	36	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"/>	1	9	P	G	0
NAME / D.O.B. / ADDRESS PABLO CUENCA [REDACTED] LOS ANGELES CA 90037												TELEPHONE [REDACTED]					
(INJURED ONLY) TRANSPORTED BY:				EMS RUN NUMBER				TAKEN TO:									
DESCRIBE INJURIES:																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	19	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"/>	1	9	P	G	0
NAME / D.O.B. / ADDRESS JORDON DVONEARL WALKER [REDACTED] DSRT HOT SPGS DESERT HOT SPRINGS CA 91240												TELEPHONE [REDACTED]					
(INJURED ONLY) TRANSPORTED BY:				EMS RUN NUMBER				TAKEN TO:									
DESCRIBE INJURIES:																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	56	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"/>	1	9	P	G	0
NAME / D.O.B. / ADDRESS DORA ALICIA RODRIGUEZ [REDACTED] LOS ANGELES CA 90062												TELEPHONE [REDACTED]					
(INJURED ONLY) TRANSPORTED BY:				EMS RUN NUMBER				TAKEN TO:									
DESCRIBE INJURIES:																	
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PREPARER'S NAME J GRIGGS				ID. NUMBER 021765		MO. DAY YEAR 05/19/2018		REVIEWER'S NAME CRAIG STEVENS 013489					MO. DAY YEAR 06/04/2018				

DATE OF COLLISION (M.O. DAY YEAR)		TIME (2400)	HCIC #	OFFICER I.D.	NUMBER												
05/19/2018		2330	9835	021765	9835-2018-00507												
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ('X' ONE)				INJURED WAS ('X' ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
				FATAL INJURY	SUSPECTED SERIOUS INJURY	SUSPECTED MINOR INJURY	POSSIBLE INJURY	DRIVER	PASS.	PED.	BIKICLIST	OTHER					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	67	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"/>	1	9	P	II	0
NAME / D.O.B. / ADDRESS STARR ANNETTE WILLIAMS [REDACTED] VICTORVILLE CA 92395												TELEPHONE UNKNOWN					
(INJURED ONLY) TRANSPORTED BY:				EMS RUN NUMBER				TAKEN TO:									
DESCRIBE INJURIES:																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	61	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"/>	1	9	P	G	0
NAME / D.O.B. / ADDRESS THERESA SELAFINA LATA [REDACTED] SAN BERNARDINO CA 92423												TELEPHONE [REDACTED]					
(INJURED ONLY) TRANSPORTED BY:				EMS RUN NUMBER				TAKEN TO:									
DESCRIBE INJURIES:																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	26	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"/>	1	9	P	II	0
NAME / D.O.B. / ADDRESS ELSY MELCHIOR [REDACTED] MONTCLAIR CA 91763												TELEPHONE [REDACTED]					
(INJURED ONLY) TRANSPORTED BY:				EMS RUN NUMBER				TAKEN TO:									
DESCRIBE INJURIES:																	
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	41	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"/>	1	9	P	II	0
NAME / D.O.B. / ADDRESS LILLIAN IRENE GARCIA [REDACTED] ONTARIO CA 91762												TELEPHONE [REDACTED]					
(INJURED ONLY) TRANSPORTED BY:				EMS RUN NUMBER				TAKEN TO:									
DESCRIBE INJURIES:																	
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	23	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"/>	1	9	P	G	0
NAME / D.O.B. / ADDRESS ERIC NOLAZCOROMERO [REDACTED] WEST COVINA CA 91791												TELEPHONE [REDACTED]					
(INJURED ONLY) TRANSPORTED BY:				EMS RUN NUMBER				TAKEN TO:									
DESCRIBE INJURIES:																	
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	24	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"/>	1	9	P	G	0
NAME / D.O.B. / ADDRESS ASHLEY ANNE PADUA DEVERA [REDACTED] LOMPOC CA 93436												TELEPHONE [REDACTED]					
(INJURED ONLY) TRANSPORTED BY:				EMS RUN NUMBER				TAKEN TO:									
DESCRIBE INJURIES:																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
PREPARER'S NAME J GRIGGS			I.D. NUMBER 021765			MO. DAY YEAR 05/19/2018			REVIEWER'S NAME CRAIG STEVENS 013489			MO. DAY YEAR 06/04/2018					

DATE OF COLLISION (MO. DAY YEAR) 05/19/2018				TIME (2400) 2330		NCIS # 9835		OFFICER I.D. 021765			NUMBER 9835-2018-00507							
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ('X' ONE)				INJURED WAS ('X' ONE)					PARTY NUMBER	SEAT POS	AIR BAG	SAFETY EQUIP.	EJECTED	
				FATAL INJURY	SUSPECTED SERIOUS INJURY	SUSPECTED MINOR INJURY	POSSIBLE INJURY	DRIVER	PASS.	PED.	BICYCLIST	OTHER						
<input type="checkbox"/> #	<input checked="" type="checkbox"/>	58	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"/>	<input type="checkbox"/>	1	9	P	H	0
NAME / D.O.B. / ADDRESS YOKPHIN YAP [REDACTED] LONG BEACH CA 90804 TELEPHONE [REDACTED]																		
(INJURED ONLY) TRANSPORTED BY:				EMS RUN NUMBER				TAKEN TO:										
DESCRIBE INJURIES:																		
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NAME / D.O.B. / ADDRESS AREVA ROCHELLE BOYD [REDACTED] LANCASTER CA 93535 TELEPHONE [REDACTED]																		
(INJURED ONLY) TRANSPORTED BY:				EMS RUN NUMBER				TAKEN TO:										
DESCRIBE INJURIES:																		
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<input type="checkbox"/> #	<input type="checkbox"/>	53	M	<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"/>	1	1	P	G	0
NAME / D.O.B. / ADDRESS RAYMOND CLARENCE PARADISE [REDACTED] N. LAS VEGAS NV 89081 TELEPHONE [REDACTED]																		
(INJURED ONLY) TRANSPORTED BY: DESERT AMBULANCE				EMS RUN NUMBER				TAKEN TO: BARSTOW COMMUNITY HOSPITAL										
DESCRIBE INJURIES: COMPLAINT OF PAIN TO LOWER BODY																		
<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																		
(INJURED ONLY) TRANSPORTED BY:				EMS RUN NUMBER				TAKEN TO:										
DESCRIBE INJURIES:																		
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NAME / D.O.B. / ADDRESS																		
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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																		
(INJURED ONLY) TRANSPORTED BY:				EMS RUN NUMBER				TAKEN TO:										
DESCRIBE INJURIES:																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
PREPARER'S NAME J GRIGGS				I.D. NUMBER 021765		MO. DAY YEAR 05/19/2018		REVIEWER'S NAME CRAIG STEVENS 013489					MO. DAY YEAR 06/04/2018					



STATE OF CALIFORNIA  
**SKETCH DIAGRAM**

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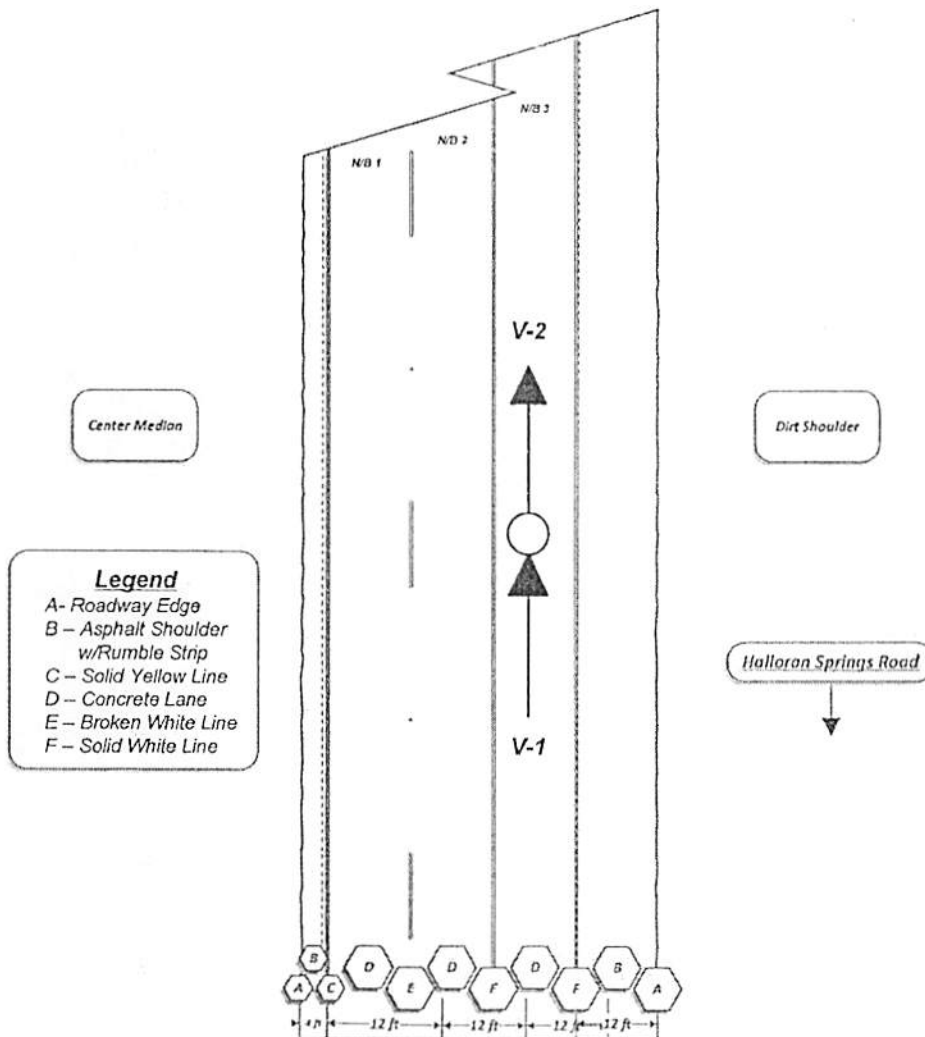
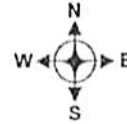
DATE OF INCIDENT 05/19/2018	TIME 2330	NCIC NUMBER 9835	OFFICER I.D. 021765	NUMBER 9835-2018-00507
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE= )

Interstate



Northbound



PREPARED BY J GRIGGS	I.D. NUMBER 021765	DATE 05/19/2018	REVIEWER'S NAME CRAIG STEVENS 013489	DATE 06/04/2018
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STATE OF CALIFORNIA  
**FACTUAL DIAGRAM**

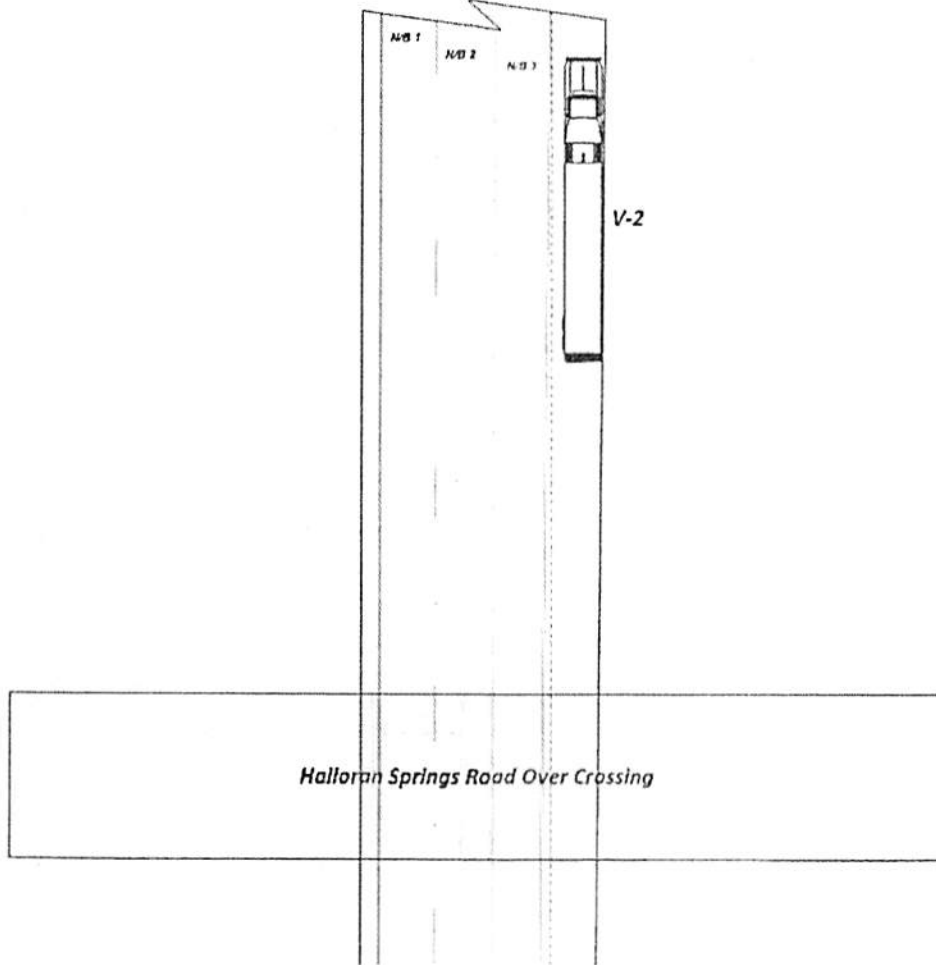
CHP 555 Page 4 (Rev. 04-11) OPI 060

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DATE OF INCIDENT 05/19/2018	TIME 2330	NCIC NUMBER 9835	OFFICER I.D. 021765	NUMBER 9835-2018-00507
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE=

*Interstate*  *Northbound*



PREPARED BY J GRIGGS	I.D. NUMBER 021765	DATE 05/19/2018	REVIEWER'S NAME CRAIG STEVENS 013489	DATE 06/04/2018
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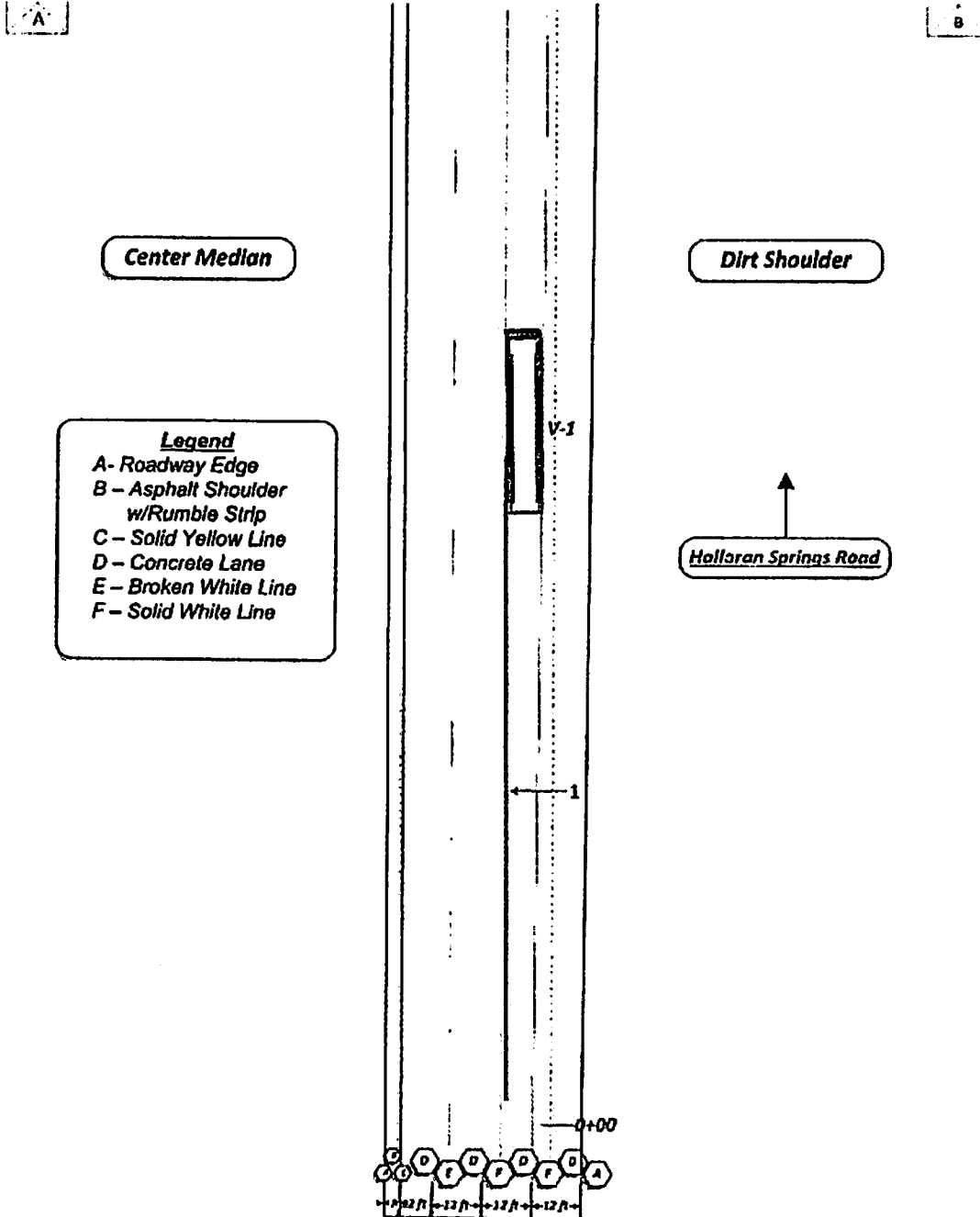
STATE OF CALIFORNIA  
**FACTUAL DIAGRAM**

CHIP 555 Page 4 (Rev. 04-11) OPI 060

PAGE 8 OF 17

DATE OF INCIDENT 05/19/2018	TIME 2330	NCIC NUMBER 9835	OFFICER I.D. 021765	NUMBER 9835-2018-00507
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE= )



DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
05/19/2018	2330	9835	021765	9835-2018-00507

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**FACTS:**

**STATION LINE:**

A station line was established along the east roadway edge line (painted solid white line) of Interstate 15 northbound, south of Halloran Springs Road. 0+00 was established 61 feet south of 15 SBD 149.50. All measurements were taken at right angles to the station line. This station line increases in value as you proceed north of 0+00. The physical evidence was measured from the center of each item, unless otherwise specified. The measurements are approximate and rounded to the nearest foot. The measurements were obtained with a departmental roll meter, vehicle odometer, and visual estimation.

**POINTS OF REST:**

Vehicle #1 (Prevost, V-1): V-1 was located blocking the #3 lane and partially blocking the #2 lane of Interstate 15 northbound, south of Halloran Springs Road. V-1 was located on its wheels facing a northerly direction.

Item	Distance (Feet)	Direction	Station
Left front wheel	12	Left	1+89
Left rear wheel	11	Left	1+62
Left rear most wheel	11	Left	1+57

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
05/19/2018	2330	9835	021765 9835-2018-00507

1 Vehicle #2 (Volvo, V-2) towing Vehicle #2A (Great Dane, V-2A) V-2 was located on the right shoulder of  
 2 Interstate 15 northbound, north of Halloran Springs Road. V-2 was located on its wheels facing a northerly  
 3 direction.

4

Item	Distance (Feet)	Direction	Station
Right Front Wheel V-1	11	Right	4+63
Mid Wheel V-1 #2 Axle	11	Right	4+48
Rear Wheel V-1 #3 Axle	11	Right	4+44
Front Wheel V-2A #4 Axle	11	Right	4+11
Rear Wheel V-2A #5 Axle	11	Right	4+07

5

6

7 PHYSICAL EVIDENCE DESCRIPTION:

8

Item	Description
1	Tire friction mark from a dual wheel, approximately 164 feet long

9

10 PHYSICAL EVIDENCE LOCATION:

11

Item	Distance (Feet)	Direction	Station	Description
1	11	Left	0+06	Tire friction mark (Begin)
1	11	Left	0+90	Tire friction mark (Continue)
1	12	Left	1+64	Tire friction mark (End)

12

13

14

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
J GRIGGS	021765	05/19/2018	CRAIG STEVENS 013489	06/04/2018

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
05/19/2018	2330	9835	021765

**1 NOTIFICATION:**

2

3 On May 19, 2018, at approximately 2335 hours, I was notified by the Barstow CHP dispatch center, of a  
4 traffic collision with an ambulance responding on Interstate 15 northbound, south of Halloran Springs Road.  
5 Myself and Officer A. Salazar, #21522, responded from Interstate 15 northbound, south of Nipton Road,  
6 and arrived on scene at approximately 0010 hours. Upon arrival, I determined this to be a two vehicle traffic  
7 collision with minor injury.

8

9 *All times, speeds, and measurements, in this investigation are approximate.*

10

**11 SCENE DISCRIPTION:**

12

13 This collision occurred on Interstate 15 northbound, south of Halloran Springs Road. The roadway is a State  
14 of California maintained highway, with full control access, and is located within the unincorporated section  
15 of San Bernardino County. The roadway is regulated by 70 mile per hour speed limit for passenger vehicles,  
16 and 55 mile per hour speed limit for vehicles towing trailers. There are a total of three 12 foot wide concrete  
17 lanes located at the collision scene, designated for northbound traffic. The #1 traffic lane is bordered to the  
18 west by a painted solid yellow line, a four foot wide asphalt shoulder with rumble strip, followed by a dirt  
19 center divider, descending toward Interstate 15 southbound. The #1 and #2 traffic lanes are separated by a  
20 painted broken white line, and the #2 and #3 traffic lanes are separated by a solid white line. At this  
21 location, the #3 lane is a designated slow vehicle lane, controlled with overhead regulatory signs with  
22 flashing yellow lights. The #3 traffic lane is bordered to the east by a solid white line, an 11 foot wide  
23 asphalt shoulder with rumble strip, a 12 foot lane exiting the highway, dirt shoulder, barbwire perimeter  
24 fence, followed by open desert terrain. This collision occurred during the hours of darkness, with streetlights  
25 present. The weather was warm and clear. There were no roadway defects, visual obstructions, or roadway  
26 hazards, noted or claimed. Refer to Factual Diagram and Legend for further information.

27

28

29

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
J GRIGGS	021765	05/19/2018	CRAIG STEVENS 013489	06/04/2018

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
05/19/2018	2330	9835	021765 9835-2018-00507

1 **PARTIES:**

2

3 **Party #1, (Paradise) P-1:** Upon my arrival, P-1 was seated in the driver seat of Vehicle #1 (Prevost, V-1)  
4 being evaluated by medical personnel. P-1 was identified by his valid Nevada driver license as, *Raymond*  
5 *C. Paradise, D.O.B.* [REDACTED] P-1 was identified as the driver of V-1 at the time of the collision, based on  
6 his own admission, my observation of P-1 seated in the driver seat of V-1, passenger statements, and he was  
7 employed by the registered owner of V-1.

8

9 **Vehicle #1 (Prev, V-1):** V-1 was a commercial bus transporting passengers from various cities in southern  
10 California to Las Vegas. V-1 was located blocking the #3 lane and partially blocking #2 lane of Interstate 15  
11 northbound, south of Halloran Springs Road. V-1 was located on its wheels facing a northerly direction. V-1  
12 sustained minor damage as a result of the collision including, but not limited to: a shattered windshield, a  
13 crushed front bumper and hood, a damaged windshield wiper assembly, and unknown undercarriage  
14 damage causing V-1 to leak fluids.  
15 Upon my arrival V-1's engine was still running. The cruise control insignia was observed illuminated on  
16 V-1's control panel display.

17

18 **Safety Equipment V-1:** The drivers lap/shoulder restraint was observed unbuckled in the retracted position.  
19 P-1 claimed he was restrained at the time of collision. Most passengers claimed to be restrained at the time  
20 of the collision. No defects were observed or noted by passengers of any of the lap/shoulder restraint  
21 systems.

22 Each seat isle displayed a common "buckle up" image on the interior wall between each window. The same  
23 icon was displayed on the rear of each seat.

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PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
J GRIGGS	021765	05/19/2018	CRAIG STEVENS 013489	06/04/2018

STATE OF CALIFORNIA  
**NARRATIVE/SUPPLEMENTAL**

PAGE 13 OF 17

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
05/19/2018	2330	9835	021765

1 **PARTIES (CONTINUED):**

2

3 **Party #2, (Rocha) P-2:** Upon my arrival, P-2 was walking southbound on the northbound shoulder from  
4 V-2, toward the collision scene. P-2 was identified by his valid Texas driver license as, *Juan Rocha, D.O.B.*

5 [REDACTED] P-2 was identified as the driver of V-2 at the time of the collision, based on his own admission,  
6 being the sole occupant of V-2, and he was employed by the registered owner of V-2.

7

8 **Vehicle #2 (Volvo, V-2):** V-2 was a commercial tractor towing a trailer, *Vehicle #2A (Great Dane, V-2A).*

9 V-2 was located on the right shoulder of Interstate 15 northbound, north of Halloran Springs Road. V-2 was  
10 located on its wheels facing a northerly direction. V-2A sustained minor damage as a result of the collision  
11 including, but not limited to: a dented D.O.T. bumper and minor scrapes and dents to the rear of V-2A.

12

13 **Safety Equipment V-2:** The drivers lap/shoulder restraint was observed unbuckled in the retracted position.

14 P-2 claimed he was restrained at the time of collision. No defects were observed or noted by P-2 of the  
15 lap/shoulder restraint system.

16

17 **OTHER FACTUAL INFORMATION:**

18

19 Refer to attachments for passenger information.

20

21 **STATEMENTS:**

22

23 **Party #1, (Paradise) P-1:** P-1 was contacted at the scene of the collision and related, in essence, the  
24 following: P-1 was driving V-1 on Interstate 15 northbound, south of Halloran Springs Road, in the #3 lane  
25 at an unknown rate of speed. P-1 related he thought the semi-truck ahead of his location was travelling  
26 faster than it was. P-2 related after getting closer to the semi-truck he realized it was moving very slow. P-1  
27 tried to turn to the left to avoid colliding with the semi-truck. P-2 related he braked, in an effort to slow  
28 down V-1 but was unable to avoid colliding with the semi-truck.

29

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
J GRIGGS	021765	05/19/2018	CRAIG STEVENS 013489	06/04/2018



DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
05/19/2018	2330	9835	021765	9835-2018-00507

1 **STATEMENTS (CONTINUED):**

2

3 **Party #2, (Rocha) P-2:** P-2 was contacted at the scene of the collision and related, in essence, the

4 following: P-2 was driving V-2 on Interstate 15 northbound, south of Halloran Springs Road, in the #3 lane

5 at a stated speed of 35 miles per hour. P-2 related from his driver side mirror, he observed V-1 approaching

6 the rear of his vehicle and thought V-1 "was going to go around him". P-2 related that V-1 continued

7 approaching the rear of his vehicle and the driver of V-1 made a last minute attempt to avoid colliding with

8 his vehicle by turning to the left. P-2 felt a hard impact to the rear of his vehicle. P-2 drove V-2 to the right

9 shoulder of the highway and parked.

10

11 **Passenger #1 (Escob, Pass-1):** Pass-1 was contacted at the scene of the collision and was contacted via

12 telephone, on June 1, 2018, at approximately 1600 hours for follow up information. Pass-1 related

13 somewhere between Barstow and Las Vegas the driver of V-1 "started weaving" and "slowing down" while

14 driving. Pass-1 related at times the bus would drive over the rumble strip and you could hear the "buzzing

15 sound" under the bus. Pass-1 related P-1 "must have been tired". Pass-1 related he "heard the brakes lock

16 up". Pass-1 looked up and "we slammed into the back of a truck".

17

18 **SUMMARY:**

19

20 **Party #1 (Paradise, P-1)** was driving **Vehicle #1 (Prevost, V-1)** in a tired/fatigued state, on Interstate 15

21 northbound, south of Halloran Springs Road, in the #3 lane at an unknown rate of speed approaching the

22 rear of V-2

23 **Party #2 (Rocha, P-2)** was driving **Vehicle #2 (Volvo, V-2)** towing **Vehicle #2A (Great Dane, V-2A)**, on

24 Interstate 15 northbound, south of Halloran Springs Road, in the #3 lane at a stated speed of 35 miles per

25 hour directly ahead of V-1

26

27

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29

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
J GRIGGS	021765	05/19/2018	CRAIG STEVENS 013489	06/04/2018

TRUCK / BUS COLLISION SUPPLEMENTAL REPORT

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

PARTY NUMBER	2
NUMBER	9835-2018-00507

DATE OF COLLISION	TIME (2400)	NCIG NUMBER	OFFICER I.D. NUMBER
05/19/2018	2330	9835	021765

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:
2	<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
0	
NUMBER OF INJURED PERSONS TRANSPORTED FOR IMMEDIATE MEDICAL TREATMENT	COMMERCIAL DRIVER LICENSE (CDL):
1	<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 checked="" type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input type="checkbox"/> Class M

VEHICLE INFORMATION

VEHICLE CONFIGURATION (Enter one code from below)	CARGO BODY TYPE (Enter one code from below)
9	3
1 - Passenger Car (only if vehicle has Hazardous Materials Placard) 2 - Light Truck (Only if vehicle has Hazardous Materials Placard) 3 - Bus (seats for 9-15 people, including driver) 4 - Bus (seats for 16 people or more, including driver) 5 - Single-Unit Truck (2 axles, 6 tires) 6 - Single-Unit Truck (3 or more axles) 7 - Truck / Trailer(s) (Single-Unit Truck with Trailer(s)) 8 - Truck / Tractor (without trailer, bobtail, or saddle mount) 9 - Tractor / Semi-Trailer (one trailer) 10 - Tractor / Doubles (two trailers) 11 - Tractor / Triples (three trailers) 99 - Other Truck > 10,000 lbs. (not listed above)	0 - Not Applicable / No Cargo Body 1 - Bus (seats for 9-15 people, including driver) 2 - Bus (seats for 16 people or more, including driver) 3 - Van / Enclosed Box 4 - Cargo Tank 5 - Flatbed 6 - Dump 7 - Concrete Mixer 8 - Auto Transporter 9 - Garbage / Refuse 10 - Grain, Chips, Gravel 11 - Pole 12 - Vehicle Towing Another Motor Vehicle 13 - Intermodal Chassis 14 - Logging 98 - Other Cargo Body (not listed above)
GVWR / GCWR (Enter one code from below. Use GCWR for truck combinations)	HAZARDOUS MATERIALS INVOLVEMENT
3	DID THE VEHICLE HAVE A HAZ-MAT PLACARD?
1 - 10,000 lbs. or Less 2 - 10,001 - 28,000 lbs. 3 - Greater than 28,000 lbs.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Bus Use (Enter one code from below)	IF YES, INCLUDE THE FOLLOWING INFORMATION FROM THE PLACARD:
0	HM 4-Digit # or name from diamond or box: _____
0 - Not a Bus 1 - School (Public or Private) 2 - Transit 3 - Intacty 4 - Charter 5 - Other	HM Class # from bottom of diamond: _____
	Was Haz-Mat released from THIS vehicle's cargo? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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: KNIGHTS TRANSPORTAION INC

Carrier Street Address (P.O. Box Only if no street address): 15232 STONEY CREEK RD

City / State / ZIP Code: NOBLEVILLE, IN 46060 Phone Number: (602)239-4611

Carrier ID Number(s): NONE USDOT# 428823 MC / MX # \_\_\_\_\_ State# CA 67082

SEQUENCE OF EVENTS

NOTE: FOR THIS VEHICLE, LIST UP TO FOUR EVENTS

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

- |   |  |  |
|---|--|--|
| <b>NON-COLLISIONS</b><br>1 Ran Off Road<br>2 Jackknife<br>3 Overturn (Rollover)<br>4 Downhill Runaway<br>5 Cargo Loss or Shift<br>6 Explosion or Fire<br>7 Separation of Units<br>8 Cross Median / Centerline | <b>NON-COLLISIONS (Continued)</b><br>9 Equipment Failure (Tires, Brakes, Steering, etc.)<br>10 Other Non-Collision | <b>COLLISION INVOLVING / WITH (Continued)</b><br>15 Train<br>16 Pedalcycle<br>17 Animal<br>18 Fixed Object<br>19 Work Zone Maintenance Equipment<br>20 Other Moveable Object<br>98 Other (Describe): |
|   | <b>COLLISION INVOLVING / WITH</b><br>12 Pedestrian<br>13 Motor Vehicle In-Transport<br>14 Parked Motor Vehicle     |  |

PREPARED BY	REVIEWED BY	DATE
J GRIGGS	Craig Stevens 013489	06/04/2018

**TRUCK / BUS COLLISION SUPPLEMENTAL REPORT**

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

PARTY NUMBER	1
NUMBER	9835-2018-00507

DATE OF COLLISION	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER
05/19/2018	2330	9835	021765

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:
2	<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
0	
NUMBER OF INJURED PERSONS TRANSPORTED FOR IMMEDIATE MEDICAL TREATMENT	COMMERCIAL DRIVER LICENSE (CDL)
1	<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 checked="" type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input type="checkbox"/> Class M

**VEHICLE INFORMATION**

<p>VEHICLE CONFIGURATION (Enter one code from below)</p> <p style="text-align: center;">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 saddle-mount)                  9 - Tractor / Semi-Trailer (one trailer)                  10 - Tractor / Doubles (two trailers)                  11 - Tractor / Triples (three trailers)                  99 - Other Truck &gt; 10,000 lbs. (not listed above)</p>	<p>CARGO BODY TYPE (Enter one code from below)</p> <p style="text-align: center;">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, Chps, 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;">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;">3</p> <p>0 - Not a Bus                  1 - School (Public or Private)                  2 - Transit                  3 - Intcity                  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: GREYHOUND LINES INC

Carrier Street Address (P.O. Box Only if no street address): 350 N ST PAUL ST

City / State / ZIP Code: DALLAS, TX 75201 Phone Number: (800)487-6996

Carrier ID Number(s): NONE USDOT# 44110 MC / MX # \_\_\_\_\_ State# CA

**SEQUENCE OF EVENTS**

NOTE: FOR THIS VEHICLE, LIST UP TO FOUR EVENTS

Event 1: 13 Event 2:      Event 3:      Event 4:     

- |  |   |  |
|--|---|--|
| <p>NON-COLLISIONS</p> <ul style="list-style-type: none"> <li>1 Ran Off Road</li> <li>2 Jackknife</li> <li>3 Overtake (Rollover)</li> <li>4 Downhill Runaway</li> <li>5 Cargo Loss or Shift</li> <li>6 Explosion or Fire</li> <li>7 Separation of Units</li> <li>8 Cross Median / Centerline</li> </ul> | <p>NON-COLLISIONS (Continued)</p> <ul style="list-style-type: none"> <li>9 Equipment Failure (Tires, Brakes, Steering, etc.)</li> <li>10 Other Non-Collision</li> </ul> <p>COLLISION INVOLVING / WITH</p> <ul style="list-style-type: none"> <li>12 Pedestrian</li> <li>13 Motor Vehicle In-Transport</li> <li>14 Parked Motor Vehicle</li> </ul> | <p>COLLISION INVOLVING / WITH (Continued)</p> <ul style="list-style-type: none"> <li>15 Train</li> <li>16 Pedalcycle</li> <li>17 Animal</li> <li>18 Fixed Object</li> <li>19 Work Zone Maintenance Equipment</li> <li>20 Other Moveable Object</li> <li>98 Other (Describe)</li> </ul> |
|--|---|--|

PREPARED BY	REVIEWED BY	DATE
J GRIGGS	Craig Stevens 013489	06/04/2018

STATE OF CALIFORNIA  
**NARRATIVE/ATTACHMENT**

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
05/19/2018	2330	9835	21765	

- 1 In addition to those listed as passengers on page three, the following is a list of passengers who submitted
- 2 tickets to P-1 upon boarding V-1:
- 3
- 4 Susana Mondia
- 5 Inphorn Phommarath
- 6 Yap Yorkphin
- 7 Pablo Cuenca
- 8 Ashley De Vera
- 9 Williams Starrs
- 10 Areva Boyd
- 11 Daniel Ibanez
- 12 Dora Rodriguez
- 13 J. Bernaltoscano
- 14 Edgar Viveros
- 15 Brenda Dizon
- 16 Panares Diaz
- 17 Arcelia Diaz
- 18 Patrick Wilbert

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
Griggs/Officer	21765	12/20/2017		