



FACTUAL REPORT OF INVESTIGATION ATTACHMENT

California Highway Patrol Traffic Collision Report

Culver City, CA

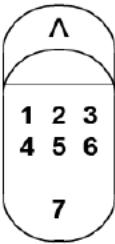
HWY18FH004

(12 pages)

SPECIAL CONDITIONS ON-DUTY EMERGENCY VEHICLE		NUMBER INJURED 0	HIT & RUN FELONY <input type="checkbox"/>	CITY CULVER CITY	JUDICIAL DISTRICT SANTA MONICA		LOCAL REPORT NUMBER 9565-2018-00400		
		NUMBER KILLED 0	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY LOS ANGELES	REPORTING DISTRICT		BEAT 061	DAY OF WEEK MONDAY	
						TOW AWAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
LOCATION	COLLISION OCCURRED ON: I-405 S/B (SAN DIEGO FWY)				MO 01/22/2018	DAY 22	YEAR 2018	TIME (2400) 0840	
	MILEPOST INFORMATION:			GPS COORDINATES LATITUDE 33.02586°		LONGITUDE - 118.42752°		PHOTOGRAPHS BY: <input checked="" type="checkbox"/> NONE	
	<input type="checkbox"/> AT INTERSECTION WITH: <input checked="" type="checkbox"/> OR: 977 FEET SOUTH OF WASHINGTON BOULEVARD				STATE HWY REL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
PARTY 1	DRIVER'S LICENSE NUMBER [REDACTED]	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G		VEH. YEAR 2014	MAKE / MODEL / COLOR TESLA MODEL S BLK	
DRIVER	NAME(FIRST, MIDDLE, LAST) ROBIN GEOOLA						OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER	LICENSE NUMBER [REDACTED]	
PEDES- TRIAN <input type="checkbox"/>	STREET ADDRESS [REDACTED]						OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER		
PARKED VEHICLE <input type="checkbox"/>	CITY / STATE / ZIP [REDACTED] CA [REDACTED]						DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
BICY- CLIST <input type="checkbox"/>	SEX M	HAIR BLK	EYES BLK	HEIGHT 5-08	WEIGHT 170	BIRTHDATE MO DAY YEAR [REDACTED]	RACE O	TIP TOP TOW - (310)314-4040	
OTHER <input type="checkbox"/>	HOME PHONE [REDACTED] 0		BUSINESS PHONE NONE		PRIOR MECH. DEFECTS <input checked="" type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE				
INSURANCE CARRIER STATE FARM		POLICY NUMBER [REDACTED]						VEHICLE IDENTIFICATION NUMBER:	
DIR OF TRAVEL S		ON STREET OR HIGHWAY I-405			SPEED LIMIT 65				VEHICLE TYPE 01
								DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER	
								SHADE IN DAMAGED AREA TOP VIEW 	
PARTY 2	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.		VEH. YEAR	MAKE / MODEL / COLOR	
DRIVER	NAME(FIRST, MIDDLE, LAST) ON DUTY EMERGENCY VEHICLE						OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER	LICENSE NUMBER	
PEDES- TRIAN <input type="checkbox"/>	STREET ADDRESS						CITY OF CULVER CITY		
PARKED VEHICLE <input type="checkbox"/>	CITY / STATE / ZIP						9770 CULVER CITY BL CULVER CITY CA 90232		
BICY- CLIST <input type="checkbox"/>	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE MO DAY YEAR	RACE	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER	
OTHER <input checked="" type="checkbox"/>	HOME PHONE		BUSINESS PHONE		DAVID GARDNER [REDACTED]				
INSURANCE CARRIER CULVER CITY		POLICY NUMBER						VEHICLE IDENTIFICATION NUMBER:	
DIR OF TRAVEL S		ON STREET OR HIGHWAY I-405			SPEED LIMIT 65				VEHICLE TYPE 98
								DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER	
								SHADE IN DAMAGED AREA TOP VIEW 	
PARTY 3	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	
PEDES- TRIAN <input type="checkbox"/>	STREET ADDRESS						OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		
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		
BICY- CLIST <input type="checkbox"/>	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE MO DAY YEAR	RACE	PRIOR MECHANICAL DEFECTS <input type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE	
OTHER <input type="checkbox"/>	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:				
INSURANCE CARRIER		POLICY NUMBER						VEHICLE TYPE	
DIR OF TRAVEL		ON STREET OR HIGHWAY			SPEED LIMIT				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
								SHADE IN DAMAGED AREA TOP VIEW 	
PREPARER'S NAME JUNO S ARMSTRONG 016545		DISPATCH NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		REVIEWER'S NAME MIGUEL RADILLO 017923			DATE REVIEWED 02/23/2018		


DATE OF COLLISION (MO. DAY YEAR) 01/22/2018	TIME(2400) 0840	NCIC # 9565	OFFICER I.D. 016545	NUMBER 9565-2018-00400
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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 22350	A CONTROLS FUNCTIONING				A HAZARDOUS MATERIAL		X		A STOPPED
B OTHER IMPROPER DRIVING*	B CONTROLS NOT FUNCTIONING*				B CELL PHONE HANDHELD IN USE	X			B PROCEEDING STRAIGHT
C OTHER THAN DRIVER*	C CONTROLS OBSCURED				C CELL PHONE HANDSFREE IN USE				C RAN OFF ROAD
D UNKNOWN*	D NO CONTROLS PRESENT / FACTOR*	X	X	X	D CELL PHONE NOT IN USE				D MAKING RIGHT TURN
	TYPE OF COLLISION				E SCHOOL BUS RELATED				E MAKING LEFT TURN
	A HEAD - ON				F 75 FT MOTORTRUCK COMBO				F MAKING U TURN
	B SIDE SWIPE				G 32 FT TRAILER COMBO				G BACKING
	X C REAR END				H				H SLOWING / STOPPING
WEATHER (MARK 1 TO 2 ITEMS)	D BROADSIDE				I				I PASSING OTHER VEHICLE
X A CLEAR	E HIT OBJECT				J				J CHANGING LANES
B CLOUDY	F OVERTURNED				K				K PARKING MANEUVER
C RAINING	G VEHICLE / PEDESTRIAN				L				L ENTERING TRAFFIC
D SNOWING	H OTHER*:				M				M OTHER UNSAFE TURNING
E FOG / VISIBILITY FT.					N				N XING INTO OPPOSING LANE
F OTHER*:	MOTOR VEHICLE INVOLVED WITH				O				O PARKED
G WIND	A NON - COLLISION								P MERGING
LIGHTING	B PEDESTRIAN								Q TRAVELING WRONG WAY
X A DAYLIGHT	X C OTHER MOTOR VEHICLE				OTHER ASSOCIATED FACTORS (MARK 1 TO 2 ITEMS)				R OTHER*:
B DUSK - DAWN	D MOTOR VEHICLE ON OTHER ROADWAY	1	2	3					
C DARK - STREET LIGHTS	E PARKED MOTOR VEHICLE				A VC SECTION VIOLATED: CITED: <input type="checkbox"/> YES <input type="checkbox"/> NO				
D DARK - NO STREET LIGHTS	F TRAIN				B VC SECTION VIOLATED: CITED: <input type="checkbox"/> YES <input type="checkbox"/> NO				
E DARK - STREET LIGHTS NOT FUNCTIONING*	G BICYCLE				C VC SECTION VIOLATED: CITED: <input type="checkbox"/> YES <input type="checkbox"/> NO				
ROADWAY SURFACE	H ANIMAL:								SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)
X A DRY	I FIXED OBJECT:				D		X		A HAD NOT BEEN DRINKING
B WET	J OTHER OBJECT:				E VISION OBSCUREMENT:				B HBD - UNDER INFLUENCE
C SNOWY - ICY					F INATTENTION*: C-ELECTRONIC EQ				C HBD - NOT UNDER INFLUENCE*
D SLIPPERY (MUDDY, OILY, ETC.)		X			G STOP & GO TRAFFIC				D HBD - IMPAIRMENT UNKNOWN*
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)	PEDESTRIAN'S ACTIONS				H ENTERING / LEAVING RAMP				E UNDER DRUG INFLUENCE*
A HOLES, DEEP RUT*	X A NO PEDESTRIANS INVOLVED				I PREVIOUS COLLISION				F IMPAIRMENT - PHYSICAL*
B LOOSE MATERIAL ON ROADWAY*	B CROSSING IN CROSSWALK - AT INTERSECTION				J UNFAMILIAR WITH ROAD				G IMPAIRMENT NOT KNOWN
C OBSTRUCTION ON ROADWAY*	C CROSSING IN CROSSWALK - NOT AT INTERSECTION				K DEFECTIVE VEH. EQUIP.: CITED: <input type="checkbox"/> YES <input type="checkbox"/> NO		X		H NOT APPLICABLE
D CONSTRUCTION - REPAIR ZONE	D CROSSING - NOT IN CROSSWALK				L UNINVOLVED VEHICLE				I SLEEPY / FATIGUED*
E REDUCED ROADWAY WIDTH	E IN ROAD - INCLUDES SHOULDER				M OTHER*:				
F FLOODED*	F NOT IN ROAD				N NONE APPARENT				
G OTHER*:	G APPROACHING / LEAVING SCHOOL BUS				O RUNAWAY VEHICLE				
X H NO UNUSUAL CONDITIONS				X					

SKETCH FOR SKETCH DIAGRAM, SEE PAGE 4 <div style="text-align: center;">  INDICATE NORTH </div>	MISCELLANEOUS
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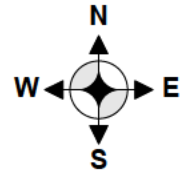
DATE OF COLLISION (MO. DAY YEAR) 01/22/2018				TIME(2400) 0840		NCIC # 9565				OFFICER I.D. 016545				NUMBER 9565-2018-00400						
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY('X' ONE)				INJURED WAS ('X' ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED			
				FATAL INJURY	SUSPECTED SERIOUS INJURY	SUSPECTED MINOR INJURY	POSSIBLE INJURY	DRIVER	PASS.	PED.	BICYCLIST	OTHER								
<input checked="" type="checkbox"/> # 1	<input type="checkbox"/>	50	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"/>	<input type="checkbox"/>							
NAME / D.O.B. / ADDRESS DAVID GARDNER													TELEPHONE							
(INJURED ONLY) TRANSPORTED BY						EMS RUN NUMBER						TAKEN TO								
DESCRIBE INJURIES																				
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																				
<input checked="" type="checkbox"/> # 2	<input type="checkbox"/>	45	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"/>	<input type="checkbox"/>	<input type="checkbox"/>						
NAME / D.O.B. / ADDRESS HADRIAN GREENWOOD													TELEPHONE							
(INJURED ONLY) TRANSPORTED BY						EMS RUN NUMBER						TAKEN TO								
DESCRIBE INJURIES																				
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																				
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
NAME / D.O.B. / ADDRESS													TELEPHONE							
(INJURED ONLY) TRANSPORTED BY						EMS RUN NUMBER						TAKEN TO								
DESCRIBE INJURIES																				
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																				
<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"/>	<input type="checkbox"/>						
NAME / D.O.B. / ADDRESS													TELEPHONE							
(INJURED ONLY) TRANSPORTED BY						EMS RUN NUMBER						TAKEN TO								
DESCRIBE INJURIES																				
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																				
<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"/>	<input type="checkbox"/>						
NAME / D.O.B. / ADDRESS													TELEPHONE							
(INJURED ONLY) TRANSPORTED BY						EMS RUN NUMBER						TAKEN TO								
DESCRIBE INJURIES																				
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																				
PREPARER'S NAME JUNO S ARMSTRONG						I.D. NUMBER 016545			MO. DAY YEAR 01/22/2018			REVIEWER'S NAME MIGUEL RADILLO 017923						MO. DAY YEAR 02/23/2018		

STATE OF CALIFORNIA
SKETCH DIAGRAM

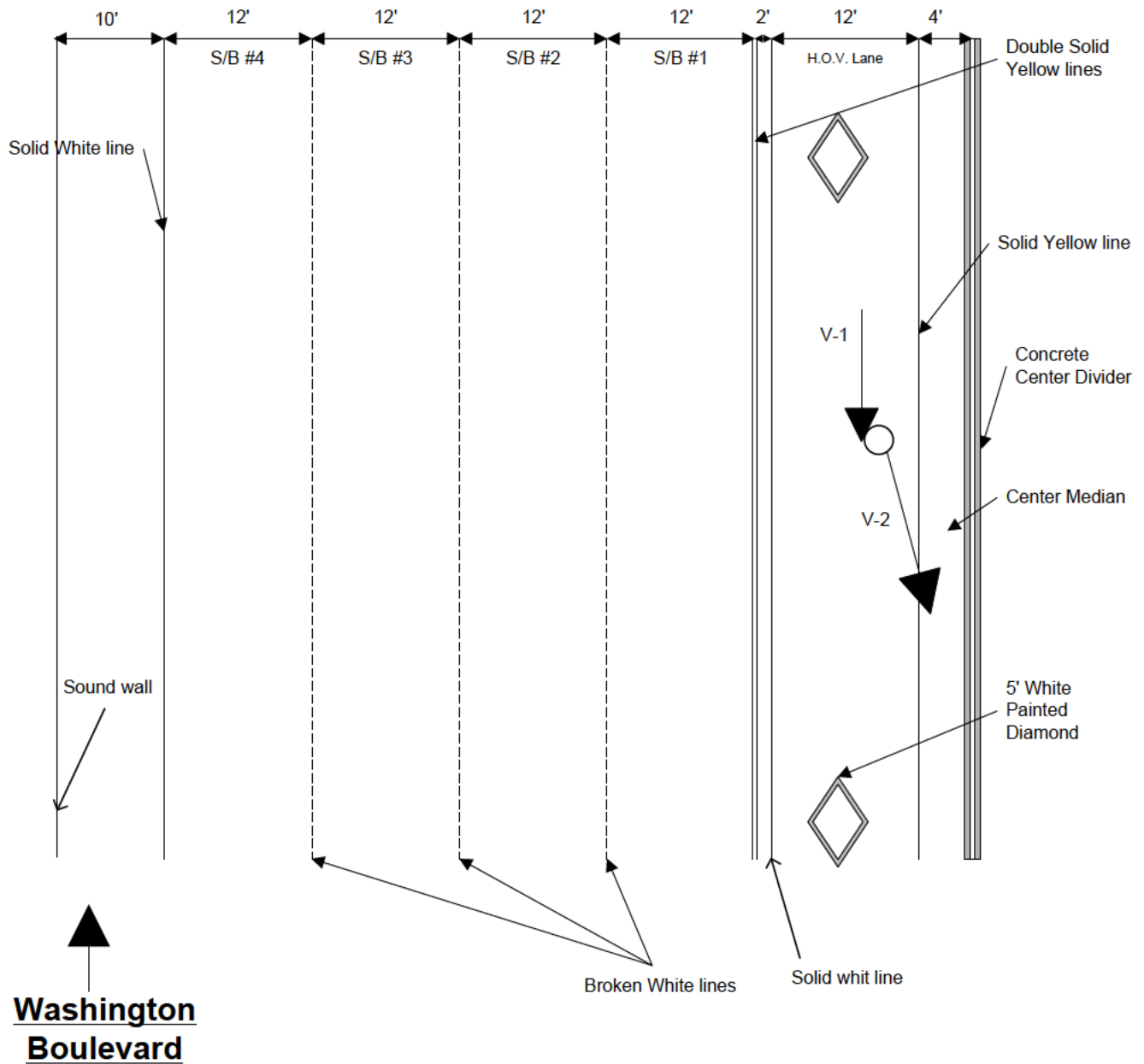
CHP 555 Page 4 (Rev. 04-11) OPI 060

DATE OF INCIDENT 01/22/2018	TIME 0840	NCIC NUMBER 9565	OFFICER I.D. 016545	NUMBER 9565-2018-00400
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE=)



I-405 Southbound lanes shown only



PREPARED BY JUNO S ARMSTRONG	I.D. NUMBER 016545	DATE 01/22/2018	REVIEWER'S NAME MIGUEL RADILLO 017923	DATE 02/23/2018
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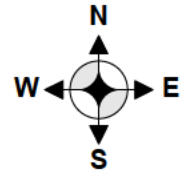
STATE OF CALIFORNIA
FACTUAL DIAGRAM

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

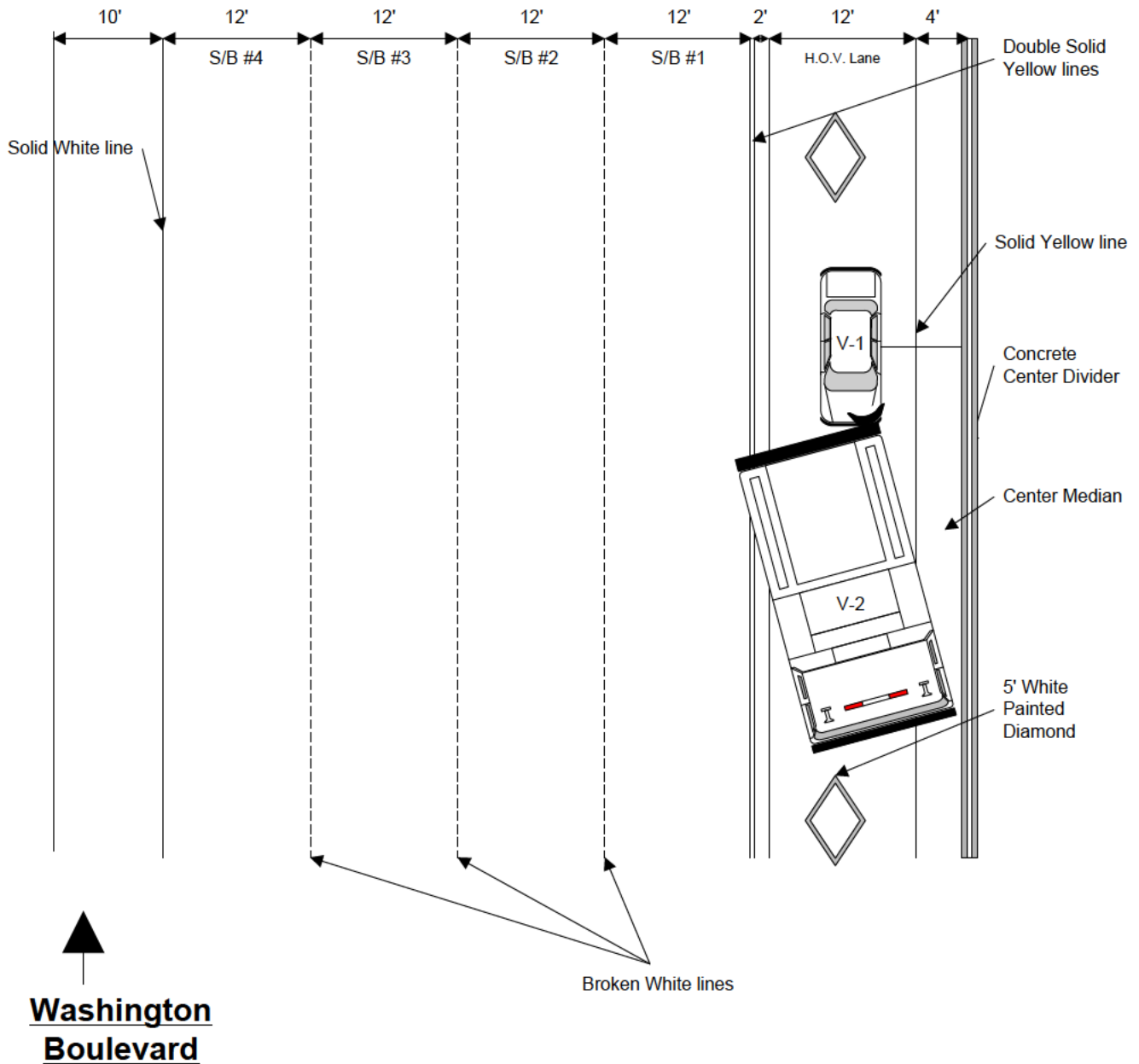
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DATE OF INCIDENT 01/22/2018	TIME 0840	NCIC NUMBER 9565	OFFICER I.D. 016545	NUMBER 9565-2018-00400
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE=)



I-405 Southbound lanes shown only



PREPARED BY JUNO S ARMSTRONG	I.D. NUMBER 016545	DATE 01/22/2018	REVIEWER'S NAME MIGUEL RADILLO 017923	DATE 02/23/2018
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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
01/22/2018	0840	9565	016545	9565-2018-00400

FACTUAL DIAGRAM LEGEND

1

2

3 **POINTS OF REST:**

4

5 Vehicle #1 (Tesla)

6

7 The right front tire of V-1 was located 13 feet west of the center divider wall of I-405
8 northbound and 975 feet south of the south road edge of Washington Boulevard.

9

10 The right rear tire of V-1 was located 13 feet west of the center divider wall of I-405
11 northbound and 970 feet south of the south road edge of Washington Boulevard.

12

13 Vehicle #2 (Seagrave)

14

15 The left front tire of V-2 was located 3 feet west of the center divider wall of I-405
16 northbound and 995 feet south of the south road edge of Washington Boulevard.

17

18 The left rear tire of V-2 was located 9 feet west of the center divider wall of I-405
19 northbound and 982 feet south of the south road edge of Washington Boulevard.

20

21

22

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
JUNO S ARMSTRONG	016545	01/22/2018	MIGUEL RADILLO 017923	02/23/2018

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
01/22/2018	0840	9565	016545	9565-2018-00400

1 **FACTS:**

2

3 **NOTIFICATION:**

4 I was dispatched to a call of a traffic collision with unknown details at approximately 0850
5 hours. I responded from Mount Vernon Drive at Victoria Avenue and arrived at the collision
6 scene at approximately 0900 hours.

7

8 All times, speeds, and measurements in this investigation are approximate. Measurements
9 were taken by visual estimation.

10

11 **SCENE DESCRIPTION:**

12 This collision occurred on I-405 southbound, south of Washington Boulevard. This part of the
13 freeway is located in Culver City, within Los Angeles County. At this location, I-405 southbound
14 is a north/south aligned freeway, separated by a concrete center divider. The roadway is
15 straight and level and the roadway surface is composed primarily of asphalt. There are four
16 lanes for southbound traffic. There is a HOV lane, separated from the other four lanes by
17 double yellow lines. The lanes are approximately twelve feet wide and are delineated by
18 broken white lines. The roadway is bordered to the west by a solid white line, followed by a
19 right shoulder. The roadway is bordered to the east by solid yellow line, followed by a center
20 median. No roadway defects or vision obstructions were noted or reported at the time of this
21 collision.

22

23 **PARTIES:**

24 **Party #1 (P-1, Geoola)** was located at the scene, standing against the center divider of I-405.
25 P-1 was identified by his valid California Driver License. P-1 was placed as a party in this
26 collision by the following:

- 27 • P-1's statement.
- 28 • P-1's location.
- 29 • P-1 was in possession of V-1's ignition key.

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01/22/2018	0840	9565	016545	9565-2018-00400

1 **PARTIES (continued):**

2 **Vehicle #1 (V-1, Tesla)** was located on its wheels, at rest within the HOV lane, facing in a
3 southerly direction. V-1 sustained major damage as a result of this collision including damage
4 to the following:

- 5 • Crushed front bumper
- 6 • Buckled hood
- 7 • Broken headlights
- 8 • Buckled left and right fenders
- 9 • Shattered windshield

10
11 No prior vehicle damage was claimed or noted.

12
13 **Vehicle #2 (V-2, Seagrave)** was located on its wheels, at rest within the HOV lane and center
14 median, with its full emergency lights activated facing a southeasterly direction. V-2 sustained
15 moderate damage as a result of this collision including damage to the following:

- 16 • Scratches to the rear bumper
- 17 • Broken left tail light.

18
19 No prior vehicle damage was claimed or noted.

20
21 **PHYSICAL EVIDENCE:**

22 Damage sustained to the involved vehicles resulting from this collision.

23
24
25
26
27
28
29
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31

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
JUNO S ARMSTRONG	016545	01/22/2018	MIGUEL RADILLO 017923	02/23/2018

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
01/22/2018	0840	9565	016545

1 **OTHER FACTUAL INFORMATION:**

2 Vehicle #2 (V-2, Seagrave) is a Culver City Fire Department firetruck. V-2 was left stopped in
3 the roadway of I-405 southbound with full emergency lights on, as the fire personnel were
4 providing medical care to a separate traffic collision that occurred on I-405 northbound, south
5 of Washington Boulevard.

6
7 Party #1 indicated that he had activated "Auto Pilot" mode on his vehicle and set the cruising
8 speed to 65 miles per hour. He indicated at the time of the collision he had taken his hands off
9 of the steering wheel and was distracted by the vehicle's radio.

10
11 The National Traffic Safety Bureau (NTSB) was notified and later responded to the West Los
12 Angeles Area Office. NTSB is running a concurrent investigation into this collision regarding
13 the "Auto Pilot" mode feature on this vehicle. Any pertinent information provided by the NTSB
14 will be added to this investigation with a supplemental.

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PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
01/22/2018	0840	9565	016545	9565-2018-00400

1 **STATEMENTS:**

2 **STATEMENTS ARE NOT VERBATIM AND ARE WRITTEN IN SUMMARY FORM. THE STATEMENTS WERE READ**

3 **BACK TO THE INVOLVED PARTIES FOR VERIFICATION.**

4

5 **Party #1 (P-1, Geoola)** related to me in essence: he was driving Vehicle # 1 (V-1, Tesla) on the
6 southbound I-405 freeway, south of Washington Boulevard, in the carpool lane at
7 approximately 65 miles per hour. P-1 related he activated the auto pilot function in V-1 and set
8 the speed for 65 miles per hour and set the activation to stay approximately 3 car lengths
9 behind all vehicles. P-1 related he was looking down at his radio when all of a sudden he was
10 struck by his air bag as he struck V-2 (Seagrave).

11

12 **Witness #1 (W-1, Gardner)** related to me in essence that: he had just parked his emergency
13 vehicle on the southbound I-405 freeway, south of Washington Boulevard, straddling the
14 center median and the carpool lane while on a medical call with all of his emergency lights
15 activated. W-1 related he intentionally parked the emergency vehicle straddling the center
16 median and the carpool lane due to the safety of the fireman and the equipment on the
17 emergency vehicle. W-1 related he was providing medical care on the northbound I-405
18 freeway, south of Washington Boulevard, when all of a sudden he heard V-2 get struck by V-1.

19

20 **Witness #2 (W-2, Greenwood)** related to me in essence: he was the passenger in a vehicle
21 traveling ahead of V-1 in the carpool lane on the southbound I-405 freeway, south of
22 Washington Boulevard, at approximately 35 miles per hour. W-2 related the driver of the
23 vehicle he was traveling in changed lanes from the carpool lane to the #1 lane as they were
24 approaching the fire truck, which had its full emergency lights activated. All of a sudden, he
25 looked over his left shoulder and observed V-1 traveling at a high rate of speed. W-2 related
26 as V-1 passed him he observed P-1 looking down at his cell phone, which was in his left hand.
27 W-2 related all of a sudden V-1 rear-ended the fire truck.

28

29

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JUNO S ARMSTRONG	016545	01/22/2018	MIGUEL RADILLO 017923	02/23/2018

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
01/22/2018	0840	9565	016545	9565-2018-00400

1 **OPINIONS AND CONCLUSIONS:**

2

3 **SUMMARY:**

4 Party #1 (P-1, Geoola) was driving Vehicle #1 (V-1, Tesla) on I-405 southbound, south of
5 Washington Boulevard, in the carpool lane, at a stated speed of approximately 65 miles per
6 hour. Vehicle #2 (V-2, Seagrave) was stopped straddling the center median and the HOV lane
7 on I-405 southbound, south of Washington Boulevard, with its emergency lights activated,
8 ahead of V-1. P-1 failed to stop V-1 as he approached the rear of V-2. Due to P-1's unsafe
9 speed for conditions, the front of V-1 collided with the left rear of V-2. After the collision, P-1
10 and W-1 waited for CHP in the center median for a traffic collision report.

11

12 **AREA OF IMPACT:**

13 The A.O.I. (V-1 vs. V-2) was located approximately 977 feet south of the south road edge of
14 Washington Boulevard, and approximately 8 feet west of the I-405 center divider.

15

16 **CAUSE:**

17 Party #1 (P-1, Geoola) caused this collision by driving Vehicle # 1 (V-1, Tesla) in violation of
18 22350 CVC - unsafe speed for traffic conditions.

19

20 ***THE SUMMARY, AREA OF IMPACT AND CAUSE WERE BASED ON PHYSICAL EVIDENCE, VEHICLE DAMAGE***
21 ***AND STATEMENTS.***

22

23 **RECOMMENDATIONS:**

24 None.

25

26

27

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
JUNO S ARMSTRONG	016545	01/22/2018	MIGUEL RADILLO 017923	02/23/2018