



**Survival Factors Attachment-
CHP Traffic Collision Report
and Supplements**

Pala Mesa, California

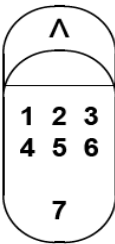
HWY20FH003

(14 pages)

SPECIAL CONDITIONS FATAL		NUMBER INJURED 18	HIT & RUN FELONY <input type="checkbox"/>	CITY UNINCORPORATED		JUDICIAL DISTRICT NO COUNTY SUPERIOR		LOCAL REPORT NUMBER 9650-2020-00651		
NUMBER KILLED 3		HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY SAN DIEGO		REPORTING DISTRICT		BEAT 021	DAY OF WEEK SATURDAY	TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
LOCATION	COLLISION OCCURRED ON: I-15 SOUTHBOUND				MO 02	DAY 22	YEAR 2020	TIME (2400) 1023	NCIC # 9650	OFFICER I.D. 015446
	MILEPOST INFORMATION:		GPS COORDINATES LATITUDE 33.32445°			LONGITUDE - 117.15871°			PHOTOGRAPHS BY: <input type="checkbox"/> NONE	
	<input checked="" type="checkbox"/> AT INTERSECTION WITH: OR: FEET SOUTH OF SAN LUIS REY RIVER				STATE HWY REL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
PARTY 1	DRIVER'S LICENSE NUMBER	STATE CA	CLASS B	AIR BAG	SAFETY EQUIP. G	VEH. YEAR 2014	MAKE / MODEL / COLOR GNRC BUS WHT	LICENSE NUMBER	STATE CA	
DRIVER <input checked="" type="checkbox"/>	NAME(FIRST, MIDDLE, LAST) BEN LY					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER EXECUTIVE LINES INC, LINEAS EJECUTIVAS				
PEDES- TRIAN <input type="checkbox"/>	STREET ADDRESS					OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER 13523 FRANCISQUITO AVE # F BALDWIN PARK CA 91706				
PARKED VEHICLE <input type="checkbox"/>	CITY / STATE / ZIP WHITTIER CA 90603					DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER				
BICY- CLIST <input type="checkbox"/>	SEX M	HAIR BLK	EYES BRN	HEIGHT 5-07	WEIGHT 158	BIRTHDATE MO DAY YEAR	RACE A	S & R TOWING - (760)722-6686		
OTHER <input type="checkbox"/>	HOME PHONE		BUSINESS PHONE (626)337-7308			PRIOR MECH. DEFECTS <input checked="" type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE				
INSURANCE CARRIER MANUFACTURERS ALLIANCE		POLICY NUMBER			VEHICLE IDENTIFICATION NUMBER: 4UZACRDT4					
DIR OF TRAVEL S		ON STREET OR HIGHWAY I-15		SPEED LIMIT 70		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		SHADE IN DAMAGED AREA BUS - TOP
CA		DOT 1215546		CAL-T		TCP/PSC 20609		MC/MX 476980		
PARTY 2	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE	
DRIVER <input type="checkbox"/>	NAME(FIRST, MIDDLE, LAST)					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER				
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	MO BIRTHDATE 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		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	
DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		CA		DOT		
CAL-T		TCP/PSC		MC/MX						
PARTY 3	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE	
DRIVER <input type="checkbox"/>	NAME(FIRST, MIDDLE, LAST)					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER				
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	MO BIRTHDATE 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		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	
DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		CA		DOT		
CAL-T		TCP/PSC		MC/MX						
PREPARER'S NAME D. OXLEY 015446			DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			REVIEWER'S NAME			DATE REVIEWED	


DATE OF COLLISION (MO. DAY YEAR) 02/22/2020	TIME(2400) 1023	NCIC # 9650	OFFICER I.D. 015446	NUMBER 9650-2020-00651
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PROPERTY DAMAGE	OWNER'S NAME	OWNER ADDRESS	NOT FIED <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 N 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 RESTRA NT USED K - PASSIVE RESTRA NT NOT USED P - NOT REQUIRED CHILD RESTRAINT Q - IN VEHICLE USED R - N VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE N VEHICLE M / C BICYCLE HELMET DRIVER PASSENGER V - NO X - NO W - YES Y - YES	AIR BAG B - UNKNOWN L - A R BAG DEPLOYED M - A R BAG NOT DEPLOYED N - OTHER P - NOT REQU RED 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 A 22350 <input type="checkbox"/> NO	A CONTROLS FUNCTIONING				A HAZARDOUS MATERIAL				A STOPPED
B OTHER IMPROPER DRIVING*	B CONTROLS NOT FUNCTION NG*				B CELL PHONE HANDHELD IN USE	x			B PROCEED NG 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 SW PE				G 32 FT TRAILER COMBO				G BACKING
	C REAR END				H				H SLOW NG / STOPPING
WEATHER (MARK 1 TO 2 ITEMS)	D BROADSIDE				I				I PASSING OTHER VEHICLE
A CLEAR	E HIT OBJECT				J				J CHANGING LANES
x B CLOUDY	F OVERTURNED				K				K PARKING MANEUVER
x C RA N NG	G VEHICLE / PEDESTRIAN				L				L ENTERING TRAFFIC
D SNOWING	H OTHER*:				M				M OTHER UNSAFE TURNING
E FOG / VISIB LITY FT.					N				N X NG INTO OPPOS NG LANE
F OTHER*:	MOTOR VEHICLE INVOLVED WITH				O				O PARKED
G WIND	A NON - COLLISION								P MERG NG
LIGHTING	B PEDESTRIAN								Q TRAVELING WRONG WAY
x A DAYLIGHT	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	A VC SECTION VIOLATED CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
C DARK - STREET LIGHTS	E PARKED MOTOR VEHICLE				B VC SECTION VIOLATED CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
D DARK - NO STREET LIGHTS	F TRAIN				C VC SECTION VIOLATED CITED <input type="checkbox"/> YES <input type="checkbox"/> NO	1	2	3	SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)
E DARK - STREET LIGHTS NOT FUNCTIONING*	G BICYCLE				D				A HAD NOT BEEN DRINKING
ROADWAY SURFACE	H ANIMAL:				E VISION OBSCUREMENT:				B HBD - UNDER NFLUENCE
A DRY	x I FIXED OBJECT: METAL MPM MARKER POLE				F INATTENTION*:				C HBD - NOT UNDER INFLUENCE*
x B WET	J OTHER OBJECT:				G STOP & GO TRAFFIC				D HBD - MPA RMENT UNKNOWN*
C SNOWY - ICY					H ENTERING / LEAV NG RAMP				E UNDER DRUG INFLUENCE*
D SLIPPERY (MUDDY, OILY, ETC.)	PEDESTRIAN'S ACTIONS				I PREVIOUS COLLISION				F IMPA RMENT - PHYSICAL*
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)	A NO PEDESTRIANS INVOLVED				J UNFAMILIAR WITH ROAD				G IMPA RMENT NOT KNOWN
A HOLES, DEEP RUT*	B CROSSING N CROSSWALK - AT INTERSECTION				K DEFECTIVE VEH. EQUIP.: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				H NOT APPLICABLE
B LOOSE MATERIAL ON ROADWAY*	C CROSSING N CROSSWALK - NOT AT INTERSECTION				L UNINVOLVED VEHICLE				I SLEEPY / FATIGUED*
C OBSTRUCTION ON ROADWAY*	D CROSSING - NOT N CROSSWALK				M OTHER*:				
D CONSTRUCTION - REPAIR ZONE	E IN ROAD - INCLUDES SHOULDER				N NONE APPARENT				
E REDUCED ROADWAY WIDTH	F NOT IN ROAD				O RUNAWAY VEHICLE				
F FLOODED*	G APPROACH NG / LEAVING SCHOOL BUS	x							
G OTHER*:									
x H NO UNUSUAL CONDITIONS									

SKETCH <div style="text-align: center;">  INDICATE NORTH </div>	MISCELLANEOUS
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DATE OF COLLISION (MO. DAY YEAR) 02/22/2020				TIME(2400) 1023		NCIC # 9650		OFFICER I.D. 015446				NUMBER 9650-2020-00651					
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 type="checkbox"/>	67	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	0	P	B	0
NAME / D.O.B. / ADDRESS MA DE LA LUZ M DIAZ [REDACTED] RIVERSIDE CA 92507 [REDACTED] ONE																	
(INJURED ONLY) TRANSPORTED BY SAN DIEGO COUNTY MED EXAMIER'S OFFICE								EMS RUN NUMBER				TAKEN TO SAN DIEGO COUNTY MED EXAMINER'S OFFICE					
DESCRIBE INJURIES FATAL BLUNT FORCE TRAUMA.																	
CORONER'S CASE # 20-00512 <input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	73	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	0	P		
NAME / D.O.B. / ADDRESS JULIA CORNEJO PEREZ [REDACTED] PASADENA CA 91103 [REDACTED] ONE																	
(INJURED ONLY) TRANSPORTED BY SAN DIEGO COUNTY MED EXAMINER'S OFFICE								EMS RUN NUMBER				TAKEN TO SAN DIEGO COUNTY MED EXAMINER'S OFFICE					
DESCRIBE INJURIES FATAL BLUNT FORCE TRAUMA.																	
CORONER'S CASE # 20-00511 <input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	23	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	0	P		
NAME / D.O.B. / ADDRESS CINTHYA KARELY RODRIGUEZ-BANDA [REDACTED] MX [REDACTED] TELEPHONE [REDACTED]																	
(INJURED ONLY) TRANSPORTED BY SAN DIEGO COUNTY MED EXAMINER'S OFFICE								EMS RUN NUMBER				TAKEN TO SAN DIEGO COUNTY MED EXAMINER'S OFFICE					
DESCRIBE INJURIES FATAL BLUNT FORCE TRAUMA.																	
CORONER'S CASE # 20-00513 <input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	52	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	M	G	0
NAME / D.O.B. / ADDRESS BEN LY [REDACTED] WHITTIER CA 90603 [REDACTED] TELEPHONE [REDACTED]																	
(INJURED ONLY) TRANSPORTED BY NOT TRANSPORTED, WILL SEEK OWN AID								EMS RUN NUMBER				TAKEN TO					
DESCRIBE INJURIES ABRASION TO UPPER LEFT ARM, COMPLAINT OF PAIN TO CHEST AND BACK.																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	34	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	0	P	H	1
NAME / D.O.B. / ADDRESS ELVIA MARTINEZ SANTOS [REDACTED] FRACINAMENTO LOS PINO ENSENADA, BAJA CALIF MX 92790 [REDACTED] TELEPHONE [REDACTED]																	
(INJURED ONLY) TRANSPORTED BY NORTH COUNTY FIRE DEPT								EMS RUN NUMBER				TAKEN TO INLAND VALLEY HOSPITAL, CITY OF WILDOMAR					
DESCRIBE INJURIES LEFT SIDE RIB FRACTURES, CERVICAL SPINE FRACTURE, ABRASIONS TO FACE AND BOTH LEGS.																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	5	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	0	P	H	1
NAME / D.O.B. / ADDRESS [REDACTED] FRACINAMENTO LOS PINO ENSENADA, BAJA CALIF MX 92790 [REDACTED] ONE																	
(INJURED ONLY) TRANSPORTED BY AIR MEDIVAC HELICOPTER								EMS RUN NUMBER				TAKEN TO RIVERSIDE UNIVERSITY HEALTH CENTER,					
DESCRIBE INJURIES DEPRESSED SKULL FRACTURE.																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
PREPARER'S NAME D. OXLEY				I.D. NUMBER 015446		MO. DAY YEAR 02/22/2020		REVIEWER'S NAME				MO. DAY YEAR					

DATE OF COLLISION (MO. DAY YEAR) 02/22/2020				TIME(2400) 1023		NCIC # 9650		OFFICER I.D. 015446				NUMBER 9650-2020-00651					
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 type="checkbox"/>	39	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	0	P	H	0
NAME / D.O.B. / ADDRESS NARCISO DIAZ PATISHTAN [REDACTED] [REDACTED] TEMECULA CA 92591 [REDACTED] ONE																	
(INJURED ONLY) TRANSPORTED BY NORTH COUNTY FIRE DEPT				EMS RUN NUMBER				TAKEN TO INLAND VALLEY HOSPITAL, CITY OF WILDOMAR									
DESCRIBE INJURIES LACERATION TO CHEST, TWO STAPLES, ABRASIONS TO HEAD, LACERATION TO FOREHEAD AND COMPLAINT OF PAIN TO BACK.																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	39	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	0	P	H	0
NAME / D.O.B. / ADDRESS FRANCISCO ALEJANDRO PEREZ-GONZALEZ [REDACTED] [REDACTED] COLONIA VISTA DEL VALLE TIJUANA MX 22330 [REDACTED] ONE																	
(INJURED ONLY) TRANSPORTED BY NORTH COUNTY FIRE DEPT				EMS RUN NUMBER				TAKEN TO INLAND VALLEY HOSPITAL, CITY OF WILDOMAR									
DESCRIBE INJURIES FRACTURED LOWER SPINE, COMPLAINT OF PAIN TO BACK, RIGHT HIP, LEFT ARM AND REAR OF HEAD. ABRASIONS TO LOWER LEFT ARM.																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	61	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	0	P	H	0
NAME / D.O.B. / ADDRESS BENJAMIN CALDERON BAZAN [REDACTED] [REDACTED] DUARTE CA 91010 [REDACTED] TELEPHONE																	
(INJURED ONLY) TRANSPORTED BY NORTH COUNTY FIRE DEPT				EMS RUN NUMBER				TAKEN TO INLAND VALLEY HOSPITAL, CITY OF WILDOMAR									
DESCRIBE INJURIES LACERATIONS TO HEAD, COMPLAINT OF PAIN TO NECK AND BACK.																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	61	M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	0	P	G	0
NAME / D.O.B. / ADDRESS CARLOS CASTANEDA NAJARA [REDACTED] [REDACTED] MONTEREY PARK CA 91755 [REDACTED] TELEPHONE																	
(INJURED ONLY) TRANSPORTED BY NORTH COUNTY FIRE DEPT				EMS RUN NUMBER				TAKEN TO TEMECULA VALLEY HOSPITAL, CITY TEMECULA									
DESCRIBE INJURIES FRACTURED LOWER RIGHT LEG, COMPLAINT OF PAIN TO HEAD, LEFT HAND, LEFT SHOULDER AREA.																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	45	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	0	P	G	0
NAME / D.O.B. / ADDRESS FRANCISCO JAVIER RAMIREZ-SANCHEZ [REDACTED] [REDACTED] TIJUANA, BAJA CALIFORNIA MX 22204 [REDACTED] TELEPHONE																	
(INJURED ONLY) TRANSPORTED BY NORTH COUNTY FIRE DEPT				EMS RUN NUMBER				TAKEN TO TEMECULA VALLEY HOSPITAL, CITY TEMECULA									
DESCRIBE INJURIES LACERATION TO NOSE, COMPLAINT OF PAIN TO HEAD AND CHEST.																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	53	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	0	P	G	0
NAME / D.O.B. / ADDRESS SANDRA LUZ INOCENTE [REDACTED] [REDACTED] LA PUENTE CA 91744 [REDACTED] ONE																	
(INJURED ONLY) TRANSPORTED BY NORTH COUNTY FIRE DEPT				EMS RUN NUMBER				TAKEN TO TEMECULA VALLEY HOSITAL, CITY TEMECULA									
DESCRIBE INJURIES COMPLAINT OF PAIN TO BACK, NECK, LEFT FOREARM AND CHEST																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
PREPARER'S NAME D. OXLEY				I.D. NUMBER 015446		MO. DAY YEAR 02/22/2020		REVIEWER'S NAME				MO. DAY YEAR					

DATE OF COLLISION (MO. DAY YEAR) 02/22/2020				TIME(2400) 1023		NCIC # 9650		OFFICER I.D. 015446				NUMBER 9650-2020-00651					
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 type="checkbox"/>	50	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	0	P	H	0
NAME / D.O.B. / ADDRESS PEDRO ALFONSO ZAMUDIO [REDACTED] [REDACTED] BALDWIN PARK CA 91706 [REDACTED] ONE																	
(INJURED ONLY) TRANSPORTED BY NORTH COUNTY FIRE DEPT						EMS RUN NUMBER				TAKEN TO TEMECULA VALLEY HOSPITAL, CITY TEMECULA							
DESCRIBE INJURIES FRACTURE TO NECK, COMPLAINT OF PAIN TO LEFT RIBS, NECK, FACE AND BACK.																	
<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	0	P	H	0
NAME / D.O.B. / ADDRESS HAYDEE ANTONIETA ZUMAETA [REDACTED] [REDACTED] WEST COVINA CA 91792 [REDACTED] ONE																	
(INJURED ONLY) TRANSPORTED BY NORTH COUNTY FIRE DEPT						EMS RUN NUMBER				TAKEN TO TEMECULA VALLEY HOSPITAL, CITY TEMECULA							
DESCRIBE INJURIES COMPLAINT OF PAIN TO LEFT CLAVICLE, NECK, BACK AND LACERATION TO LEFT SIDE OF FACE.																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	69	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	0	P	H	0
NAME / D.O.B. / ADDRESS RAFAEL HERNANDEZ BUSTAMANTE [REDACTED] [REDACTED] TIJUANA, BAJA CALIFORNIA MX 22680 TELEPHONE UNKNOWN																	
(INJURED ONLY) TRANSPORTED BY NORTH COUNTY FIRE DEPT						EMS RUN NUMBER				TAKEN TO TEMECULA VALLEY HOSPITAL, CITY TEMECULA							
DESCRIBE INJURIES FRACTURED NECK.																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	75	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	0	P	H	0
NAME / D.O.B. / ADDRESS ROSA MARIA ANDRADE-ALBA [REDACTED] [REDACTED] LAS JULIAS SAN LUIS, POTOSI, MX 78139 TELEPHONE [REDACTED]																	
(INJURED ONLY) TRANSPORTED BY NORTH COUNTY FIRE DEPT						EMS RUN NUMBER				TAKEN TO TEMECULA VALLEY HOSPITAL, CITY TEMECULA							
DESCRIBE INJURIES FRACTURE TO SPINE, LACERTATIONS TO HEAD, LEFT SIDE OF FACE, LEFT SHOULDER, RIGHT SIDE OF CHEST AND TO BOTH HANDS.																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	41	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	0	P	H	0
NAME / D.O.B. / ADDRESS JOSE DEJESUS ALCALA-OLIVARES [REDACTED] [REDACTED] SAN JULIAN, JALISCO MX TELEPHONE [REDACTED]																	
(INJURED ONLY) TRANSPORTED BY NORTH COUNTY FIRE DEPT						EMS RUN NUMBER				TAKEN TO PALOMAR MEDICAL CNTR ESCONDIDO, CA							
DESCRIBE INJURIES FRACTURES TO LEFT SIDE RIBS, PNEUMOTHORAX, ABRASIONS TO LEFT FINGERS, BRUISING TO LEFT FOREARM.																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	59	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	0	P	H	1
NAME / D.O.B. / ADDRESS MIGUEL GONZALEZ RODRIGUEZ [REDACTED] [REDACTED] COLTON CA 92324 [REDACTED] ONE																	
(INJURED ONLY) TRANSPORTED BY NORTH COUNTY FIRE DEPT						EMS RUN NUMBER				TAKEN TO PALOMAR MEDICAL CNTR ESCONDIDO, CA							
DESCRIBE INJURIES FRACTURE TO LEFT CLAVICLE, CUTS TO LEFT FINGERS, COMPLAINT OF PAIN TO NECK, BACK AND LEFT ARM.																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
PREPARER'S NAME D. OXLEY				I.D. NUMBER 015446		MO. DAY YEAR 02/22/2020		REVIEWER'S NAME				MO. DAY YEAR					

DATE OF COLLISION (MO. DAY YEAR) 02/22/2020				TIME(2400) 1023		NCIC # 9650		OFFICER I.D. 015446				NUMBER 9650-2020-00651					
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 type="checkbox"/>	62	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	0	P	H	1
NAME / D.O.B. / ADDRESS BENITA GARCIA [REDACTED] [REDACTED] LA PUENTE CA 91744 [REDACTED] ONE																	
(INJURED ONLY) TRANSPORTED BY NORTH COUNTY FIRE DEPT						EMS RUN NUMBER				TAKEN TO PALOMAR MEDICAL CNTR ESCONDIDO, CA							
DESCRIBE INJURIES COMPLAINT OF PAIN TO NECK, BACK, CHEST AND RIGHT ARM.																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	56	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	0	P	H	0
NAME / D.O.B. / ADDRESS ANA ISABEL PERAZA-GAMBOA [REDACTED] [REDACTED] ONE																	
(INJURED ONLY) TRANSPORTED BY NORTH COUNTY FIRE DEPT						EMS RUN NUMBER				TAKEN TO PALOMAR MEDICAL CNTR ESCONDIDO, CA							
DESCRIBE INJURIES FRACTURE TO NECK, LEFT WRIST AND ABRASIONS TO FOREHEAD.																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	25	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	0	P	H	0
NAME / D.O.B. / ADDRESS LUIS GERARDO CARLOS-LOPEZ [REDACTED] [REDACTED] WHITTIER CA 90601 [REDACTED] TELEPHONE																	
(INJURED ONLY) TRANSPORTED BY NORTH COUNTY FIRE DEPT						EMS RUN NUMBER				TAKEN TO PALOMAR MEDICAL CNTR ESCONDIDO, CA							
DESCRIBE INJURIES ABRASIONS TO BOTH SHINS AND COMPLAINT OF PAIN TO LEFT CLAVICLE REGION.																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input checked="" type="checkbox"/> # 1	<input type="checkbox"/>	52	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 FELICISIMO DIZON [REDACTED] [REDACTED] MURRIETA CA 92563 [REDACTED] 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"/>	49	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 THOMAS KIM [REDACTED] [REDACTED] SAN DIEGO CA 92127 [REDACTED] TELEPHONE																	
(INJURED ONLY) TRANSPORTED BY						EMS RUN NUMBER				TAKEN TO							
DESCRIBE INJURIES																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input checked="" type="checkbox"/> # 3	<input type="checkbox"/>	77	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 GARY DEAN MARTIN [REDACTED] [REDACTED] POSEY CA 93260 [REDACTED] ONE																	
(INJURED ONLY) TRANSPORTED BY						EMS RUN NUMBER				TAKEN TO							
DESCRIBE INJURIES																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
PREPARER'S NAME D. OXLEY						I.D. NUMBER 015446		MO. DAY YEAR 02/22/2020		REVIEWER'S NAME				MO. DAY YEAR			

DATE OF COLLISION (MO. DAY YEAR) 02/22/2020				TIME(2400) 1023		NCIC # 9650		OFFICER I.D. 015446				NUMBER 9650-2020-00651						
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"/> # 4	<input type="checkbox"/>	69	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 FRED ANDERSON [REDACTED] [REDACTED] YUCAIPA CA 92399 [REDACTED] ONE																		
(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"/>					
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"/>					
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"/>					
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"/>					
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 D. OXLEY				I.D. NUMBER 015446		MO. DAY YEAR 02/22/2020		REVIEWER'S NAME				MO. DAY YEAR						

TRUCK / BUS COLLISION SUPPLEMENTAL REPORT

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

PARTY NUMBER
1

DATE OF COLLISION 02/22/2020	TIME (2400) 1023	NCIC NUMBER 9650	OFFICER I.D. NUMBER 015446	NUMBER 9650-2020-00651
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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 bs. 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 bs. or less)

TOTAL INVOLVED VEHICLES IN THE CRASH 1	AT THE TIME OF THE CRASH, THIS VEHICLE WAS: <input checked="" type="checkbox"/> Operating on a Trafficway open to the public (In-Transport) <input type="checkbox"/> Parked on or off the Trafficway
NUMBER OF PERSONS SUSTAINING FATAL INJURIES 3	COMMERCIAL DRIVER LICENSE (CDL): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
NUMBER OF INJURED PERSONS TRANSPORTED FOR IMMEDIATE MEDICAL TREATMENT 17	CDL LICENSE CLASS (Check one): <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
NUMBER OF VEHICLES TOWED FROM SCENE DUE TO DISABLING DAMAGE 1	

VEHICLE INFORMATION

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

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: Executive Lines Inc

Carrier Street Address (P.O. Box Only if no street address): 13523 Francisquito Avenue # F

City / State / ZIP Code: Baldwin Park, CA 91706 Phone Number: (626)337-7308

Carrier ID Number(s): NONE USDOT# 1215546 MC / MX # 476980 State# CA

SEQUENCE OF EVENTS

NOTE: FOR THIS VEHICLE, LIST UP TO FOUR EVENTS

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

NON-COLLISIONS

- 1 Ran Off Road
- 2 Jackknife
- 3 Overturn (Rollover)
- 4 Downhill Runaway
- 5 Cargo Loss or Shift
- 6 Explosion or Fire
- 7 Separation of Units
- 8 Cross Median / Centerline

NON-COLLISIONS (Continued)

- 9 Equipment Failure (Tires, Brakes, Steering, etc.)
- 10 Other Non-Collision

COLLISION INVOLVING / WITH

- 12 Pedestrian
- 13 Motor Vehicle In-Transport
- 14 Parked Motor Vehicle

COLLISION INVOLVING / WITH (Continued)

- 15 Train
- 16 Pedalcycle
- 17 Animal
- 18 Fixed Object
- 19 Work Zone Maintenance Equipment
- 20 Other Moveable Object
- 98 Other (Describe):

PREPARED BY D. Oxley	REVIEWED BY 015446	DATE
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On 2/22/20 at approximately 1025 hours, I responded to a traffic collision with an ambulance responding on I-15 southbound south of SR-76. I responded from I-15 northbound north of El Norte Pkwy and arrived at the collision scene at approximately 1035 hours. While at the collision scene, I obtained three witnesses' statements and subsequently responded to Temecula Valley Hospital to interview seven injured passengers that were transported by North County Fire Department Paramedics.

At the collision scene I contacted witness Christopher Williams, DOB [REDACTED], Ca driver license [REDACTED], address: [REDACTED] San Marcos Ca. 92069, [REDACTED]. Witness (Williams) related in essence, he was traveling southbound in the #3 lane at 60-65 MPH in heavy rain and about 100 yards to the rear of the bus. I appeared the bus was in the #3 lane. Witness (Williams) saw the bus going out of control, running off the road towards the embankment. The bus flipped over, Witness (Williams) pulled over and ran towards the overturned bus and carried two people from the bus up the hill, the fire department and police arrived and got the rest of the passengers. Witness (Williams) did not know how fast the bus was going before the crash

Witness Theresa Aguilar Escalera, DOB [REDACTED], Ca driver license [REDACTED], address: [REDACTED]. Yucaipa Ca. 92399. [REDACTED] Witness (Escalera) was contacted at the collision scene and related in essence, she was traveling southbound in the #2 lane about 50 yards to the rear of the bus that was in the #4 lane and the road was wet from the rain. All of the sudden, the bus started fishtailing and going out of control towards the embankment. The bus started to roll as soon as it ran off the road in the embankment. Witness (Escalera) saw people getting ejected from the bus during the rollover. Witness (Escalera) pulled over, grabbed her first aid kit, some blankets ran towards the bus and starting helping and covering the injured passengers. Emergency personnel soon arrived and assisted the injured passengers. Witness (Escalera) did not know how fast the bus was traveling before the crash.

Witness Pamela Jean Leonard, DOB [REDACTED], Ca. driver license [REDACTED], address: [REDACTED]. Temecula Ca. 92592. [REDACTED]. Witness (Leonard) was contacted at the collision scene and related in essence, she was traveling southbound in the #2 at 60-65 MPH and about 100 feet to the rear of the bus. Witness (Leonard) was unsure if the bus was traveling in the #3 or #4 lane and could estimate the bus's speed. Prior to the crash, it was raining. Witness (Leonard) saw the bus veer off to the right out of control. The bus ran off the road towards the embankment. Witness (Leonard) saw the bus flip and saw people being ejected. Witness (Leonard) made her way to the right shoulder, came over to the crash, brought blankets and assisted some of the injured people and a child. Witness (Leonard) remained on scene until emergency personnel arrive. Witness (Leonard) saw the bus driver standing nearby and overheard him calling possibly his work and reporting the accident. Witness (Leonard) did not provide more details of the driver's call.

On 2/22/20 at approximately 1230 hours, I arrived at Temecula Valley Hospital to interview the seven injured passengers. I contacted passenger Carlos Castaneda Najera, DOB [REDACTED], address: [REDACTED]. Monterey Park Ca. 91755, [REDACTED] at 1235 hours, injuries sustained: fractured right calf, complaint of pain to head, left hand, left shoulder, seating position in the middle of the bus (unknown) on the right side of the bus and was buckled up. Passenger (Castaneda Najera) related in essence, the driver was going too fast in the rain. In his opinion, Asian drivers are the bad drivers, he has witnessed them driving poorly. Passenger (Castaneda Najera) could not estimate the bus driver's speed before the crash. The bus driver had the music loud and does not think he was focused and being safe and responsible for the passengers. Passenger (Castaneda Najera) believes the driver was distracted by the loud music and possibly not paying attention to his speed and was careless. Passenger (Castaneda Najera) related the bus driver suddenly lost control of the bus, the bus veered off the road and continued out of control. People were screaming, the bus flipped over, things were flying all over the bus and the bus landed on its roof. After the crash, passenger (Castaneda Najera) couldn't

move, he was hit on the head, he was scared, confused and was eventually was assisted to get out of the bus.

On 2/22/20 at approximately 1300 hours, I contacted passenger Francisco Javier Ramirez Sanchez, DOB [REDACTED], address: [REDACTED], Colonia Altiplano, Tijuana Baja Mexico 22204, [REDACTED], seated in the last row on the right side of the bus, injuries sustained: laceration to nose, complaint to back of head and chest. Passenger (Ramirez Sanchez) related in essence it was raining when the crash happened. Passenger (Ramirez Sanchez) was listening to music on his earphones and suddenly the bus started fishtailing and the bus driver couldn't control the bus. He saw the bus going towards the downhill embankment and the bus overturned twice. People were screaming when the bus was going out of control before the crash. The bus was on its roof and passenger (Ramirez Sanchez) did not know where he ended up after the crash, there was broken glass all over. He was able to climb out of the bus and after he got out he was unable to bend down. He could not tell how fast the bus driver was going prior to the crash.

On 2/22/20 at approximately 1320 hours, I contacted passenger Sandra Luz Inocente, DOB [REDACTED], address: [REDACTED], La Puente Ca. 91744 [REDACTED], seated in the middle of bus on left side unknown row by the aisle, injuries sustained: COP to back, neck, left forearm and chest. She related in essence, the bus driver was going too fast in the rain, she could not estimate the driver's speed but he was going fast in the rain. The bus was traveling in one of the right lanes and suddenly, it went out of control, maybe the driver was braking and lost control of the bus. She only remembers the bus flipping more than two or three times, people were being tossed around inside the bus. After the bus, she saw people laying outside on the grass. She was hanging upside down by her seatbelt. Passenger (Inocente) indicated that the bus driver should be punished for the crash and for driving too fast in the rain and causing the crash.

On 2/22/20 at approximately 1340 hours, I contacted passenger Pedro Alfonso Zamudio, DOB [REDACTED] address: [REDACTED] W. Covina Ca. 91762, [REDACTED] injuries: neck fracture, COP to left ribs, neck, face and back, seated in the back of bus on driver's side. He related in essence, all he remembers is people screaming and the bus going out of control, the bus jumped over some sidewalk or curb and flipped over, he doesn't know how the crash happened or how fast the bus driver was going. It was raining during the crash and doesn't remember anything else.

On 2/22/20 at approximately 1355 hours, I contacted passenger Haydee Antonieta Zumaeta, DOB [REDACTED], address: [REDACTED]. W. Covina Ca. 91762, [REDACTED], injuries: COP to left clavicle, neck and back and laceration to left cheek. Seated in middle of bus on the right side unknown row, not buckled up. She related in essence, she did not know how the bus crashed, it happened so fast and all she remembered was the bus overturning, she said the bus does not have seatbelts and she got tossed around during the crash. She did not know how fast the bus driver was going but she mentioned it was raining.

On 2/22/20 at approximately 1405 hours, I contacted passenger Rafael Hernandez Bustamante, DOB [REDACTED], address [REDACTED] Tijuana Mexico 22680, unknown phone number, seated behind the bus driver by the aisle. Injuries: fractured neck, unseat belted, claimed the bus does not have seatbelts. He related in essence the bus driver was going too fast in the rain and lost control of the bus, he estimated the bus speed to be possibly around 80 MPH, the bus driver was passing cars before the crash. The bus driver was playing loud music. The bus was traveling in the right lane when all of sudden it slid and skidded out of control towards the embankment and overturned at least three times. Someone helped him to get out of the bus after the crash and does not remember anything else from the crash.

On 2/22/20 at approximately 1415 hours, I contacted passenger Rosa Maria Andrade Alba, DOB [REDACTED] address And Gorrion [REDACTED], Mexico 78139, [REDACTED], seated behind driver by the window, not seatbelted, claimed bus does not have seatbelts, sustained injuries: fractured back, lacerations to head, ribs, left shoulder, both hands. She related in essence, All she remembered was the bus overturning off the road and the bus being stuck on the hill. It was raining during the crash. She got hit on the head, she was scared and does not recall anything else about the crash. She thinks the bus driving was going fast in the rain but she could not calculate the bus driver's speed before the crash.