



575 Maple Court, Ste. A. Colton, CA 92324 909-433-3939 Fax: 909-433-3934

Riverside City October – 2015 Accident Report

Date of Loss: 3/21/2015	Insurance Claim # 1340056170
Unit # 416	Police Report # 1503M4807 Agency: Murrieta Police Dept.
ACCIDENT/INJURY SUMMARY RESULTS:	
<p>Summary: Passenger vehicle traveling in an east bound direction, crossed center divider into oncoming west bound traffic lane, causing PMT Ambulance # 416 (traveling in west bound direction) to make adjustment to avoid collision with passenger vehicle. Passenger vehicle continued traveling into direction of PMT Ambulance, ultimately, colliding with the PMT Ambulance. Area on impact was located on driver side near center of passenger area.</p> <p>Results: PMT Ambulance was in process of transporting a patient. Both, attendant and patient were transported to hospital for examination of potential injuries. PMT Ambulance damages sustained to vehicle was deemed "Totaled " by insurance company.</p>	

Date of Loss: 4/30/ 2015	Insurance Claim # 1340059339
Unit #111	Police Report #2015-04-0371 Agency: California Highway Patrol (San Ber)
ACCIDENT/INJURY SUMMARY RESULTS:	
<p>Summary: Premier Medical Transportation vehicle # 111 – (Non – BLS) while traveling west bound on I-10 in the # 3 lane, began slowing, due to traffic slowing ahead. Passenger vehicle traveling west bound on I- 10 in the # 1 lane, failed to properly slow speed and veered out of control into #s 2 and 3 lane.</p> <p>Results: Passenger Vehicle driving at an unsafe speed, began an unsafe lane change colliding with Premier Medical Transportation vehicle. Area of impact was located in on driver side front corner section of vehicle. Premier driver sustained personal injuries requiring treatment.</p>	



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Date of Loss: 12/17/2014	Insurance Claim # 2014-0047-009863-66
Unit # 204	Police Report # 14-21058 Agency: Fontana Police
ACCIDENT/INJURY SUMMARY RESULTS:	
<p>Summary: Premier Medical Transportation vehicle # 206 traveling in east bound direction in city of Fontana Ca., pulled to a "Red Light". A passenger vehicle failed stop before colliding with the rear of the Premier Medical Transportation vehicle. Damaged sustained to Premier Medical Transportation vehicle # 206 considered minimal.</p> <p>Results: No injuries reported from either party.</p>	

Date of Loss: 9/24/2014	Insurance Claim # 2567522
Unit # 206	Police Report # 2014-090465 Agency: California Highway Patrol (Riverside)
ACCIDENT/INJURY SUMMARY RESULTS:	
<p>Summary: Passenger vehicle traveling at undetermined speed made an unsafe lane change and collided with the left side of Premier Medical Transportation vehicle. Damaged sustained minimal.</p> <p>Results: No injuries reported.</p>	

Date of Loss: 8/8/2014	Insurance Claim # 011597045
Unit #	Police Report # 2014-08-093 Agency: California Highway Patrol (San Ber)
ACCIDENT/INJURY SUMMARY RESULTS:	
<p>Summary: Premier Medical Transportation vehicle approaching the off ramp of freeway 210, came to a full stop, due to traffic. A motorcyclist initiates a lane change and failed to allow distance between himself and other vehicles, causing him to loose control and collided with several vehicle before being ejected. Patient was transported for medical examination.</p> <p>Results: Premier Medical Transportation vehicle sustained minimal damages</p>	



575 Maple Court, Ste. A. Colton, CA 92324 909-433-3939 Fax: 909-433-3934

Date of Loss: 4/24/2014	Insurance Claim # 1340041618
Unit # 314	Police Report # (Drivers Report) Agency:
<i>ACCIDENT/INJURY SUMMARY RESULTS:</i>	
<p>Summary: Premier Medical Transportation vehicle traveling in east bound direction. Passenger vehicle traveling in west bound direction failed to yield to oncoming traffic before proceeding into a left turn crossing into oncoming traffic and colliding with the Premier Medical Transportation vehicle.</p> <p>Results: Premier Medical Transportation vehicle sustained minimal damages, driver was sent for medical exam.</p>	

PREMIER MEDICAL TRANSPORTATION INC.

CLAIM # 1340056170

DATE OF LOSS: 3/21/2015 - UNIT # 416

POLICE REPORT # 1503M4807

519860272

\$10,000

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STATE OF CALIFORNIA

TRAFFIC COLLISION REPORT

SPECIAL CONDITIONS		NUMBER INJURED 5	HIT & RUN FELONY <input type="checkbox"/>	CITY Murrieta	JUDICIAL DISTRICT Southwest	LOCAL REPORT NUMBER 1503M-4807	
		NUMBER KILLED 0	HIT & RUN MISD. <input type="checkbox"/>	COUNTY Riverside	REPORTING DISTRICT 211	BEAT B	DAY OF WEEK Saturday
					TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
LOCATION	COLLISION OCCURRED ON CLINTON KEITH RD				MO. DAY YEAR 3/21/2015	TIME (2400) 0432	NCIC # 3342
	MILEPOST INFORMATION				GPS COORDINATES		OFFICER I.D. 665
	FEET OF				LATITUDE		PHOTOGRAPHS BY: C. Zellner #872
	AT INTERSECTION WITH <input checked="" type="checkbox"/> OR 489 FEET E OF NUTMEG ST				STATE HWY REL. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
PARTY 1	DRIVER'S LICENSE NUMBER		STATE CA	CLASS C	AIR BAG L	SAFETY EQUIP. G	VEH. YR. 1997
							MAKE / MODEL / COLOR HONDA BLACK
DRIVER	NAME (FIRST, MIDDLE, LAST)				OWNER'S NAME		SAME AS DRIVER
<input checked="" type="checkbox"/>							
PEDES- TRIAN							
<input type="checkbox"/>							
PARKED VEHICLE							
<input type="checkbox"/>							
BICY- CLIST	SEX F	HAIR BRO	EYES BRO	HEIGHT 4'09"	WEIGHT 90	BIRTHDATE	RACE H
<input type="checkbox"/>							
OTHER	HOME PHONE				BUSINESS PHONE		
<input type="checkbox"/>							
	INSURANCE CARRIER				POLICY NUMBER		
	DIR. OF TRAVEL W				ON STREET OR HIGHWAY CLINTON KEITH RD		SPEED LIMIT 45
PARTY 2	DRIVER'S LICENSE NUMBER		STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. H	VEH. YR. 2014
							MAKE / MODEL / COLOR FORD AMBULANCE WHITE
DRIVER	NAME (FIRST, MIDDLE, LAST)				OWNER'S NAME		SAME AS DRIVER
<input checked="" type="checkbox"/>							
PEDES- TRIAN							
<input type="checkbox"/>							
PARKED VEHICLE							
<input type="checkbox"/>							
BICY- CLIST	SEX M	HAIR Blnd	EYES BLU	HEIGHT 6'01"	WEIGHT 230	BIRTHDATE	RACE W
<input type="checkbox"/>							
OTHER	HOME PHONE				BUSINESS PHONE		
<input type="checkbox"/>							
	INSURANCE CARRIER				POLICY NUMBER		
	DIR. OF TRAVEL E				ON STREET OR HIGHWAY CLINTON KEITH RD		SPEED LIMIT 45
PARTY 3	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YR.
							MAKE / MODEL / COLOR
DRIVER	NAME (FIRST, MIDDLE, LAST)				OWNER'S NAME		SAME AS DRIVER
<input type="checkbox"/>							
PEDES- TRIAN							
<input type="checkbox"/>							
PARKED VEHICLE							
<input type="checkbox"/>							
BICY- CLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE
<input type="checkbox"/>							
OTHER	HOME PHONE				BUSINESS PHONE		
<input type="checkbox"/>							
	INSURANCE CARRIER				POLICY NUMBER		
	DIR. OF TRAVEL				ON STREET OR HIGHWAY		SPEED LIMIT
PREPARER'S NAME Dishon, Jennifer 665				DISPATCH NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		REVIEWER'S NAME Frboese, Jay 209	
						DATE REVIEWED 3/24/2015	

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STATE OF CALIFORNIA

TRAFFIC COLLISION CODING

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DATE OF COLLISION (MO. DAY YEAR)		TIME		NCIC #		OFFICER I.D.		NUMBER	
3/21/2015		0432		3342		665		1503M-4807	
OWNER'S NAME		OWNER'S ADDRESS		NOTIFIED					
PROPERTY DAMAGE		DESCRIPTION OF DAMAGE		YES		NO			
SEATING POSITION		OCCUPANTS		SAFETY EQUIPMENT		M/G BICYCLE - HELMET		INATTENTION CODES	
		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		L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER 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		DRIVER PASSENGER V - NO X - NO W - YES Y - YES EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN		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	
ITEMS MARKED BELOW WHICH ARE 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	
1 A VC SECTION VIOLATED Cited No		A CONTROLS FUNCTIONING				A HAZARDOUS MATERIAL			
21650		B CONTROLS NOT FUNCTIONING				B CELL PHONE HANDHELD IN USE		A STOPPED	
B OTHER IMPROPER DRIVING:		C CONTROLS OBSCURED				C CELL PHONE HANDSFREE IN USE		B PROCEEDING STRAIGHT	
C OTHER THAN DRIVER		D NO CONTROLS PRESENT/FACTOR		♦ ♦		D CELL PHONE NOT IN USE		C RAN OFF ROAD	
D UNKNOWN		TYPE OF COLLISION				E SCHOOL BUS RELATED		D MAKING RIGHT TURN	
		A HEAD-ON				F 75 FT MOTORTRUCK COMBO		E MAKING LEFT TURN	
		B SIDESWIPE				G 32 FT TRAILER COMBO		F MAKING U TURN	
		C REAR END				H		G BACKING	
WEATHER (MARK 1 TO 2 ITEMS)		D BROADSIDE				I		H SLOWING / STOPPING	
♦ A CLEAR		E HIT OBJECT				J		I PASSING OTHER VEHICLE	
B CLOUDY		F OVERTURNED				K		J CHANGING LANES	
C RAINING		G VEHICLE PEDESTRIAN				L		K PARKING MANEUVER	
D SNOWING		H OTHER:				M		L ENTERING TRAFFIC	
E FOG / VISIBILITY FT.		MOTOR VEHICLE INVOLVED WITH				N		M OTHER UNSAFE TURNING	
F OTHER:		A NON-COLLISION				O		N XING INTO OPPOSING LANE	
G WIND		B PEDESTRIAN		1 2 3		OTHER ASSOCIATED FACTOR (MARK 1 TO 2 ITEMS)		O PARKED	
LIGHTING		♦ C OTHER MOTOR VEHICLE				A VC SECTION VIOLATION: Cited		P MERGING	
A DAYLIGHT		D MOTOR VEH ON OTHER ROADWAY				B VC SECTION VIOLATION: Cited		Q TRAVELING WRONG WAY	
B DUSK - DAWN		E PARKED MOTOR VEHICLE				C VC SECTION VIOLATION: Cited		R OTHER:	
♦ C DARK - STREET LIGHTS		F TRAIN				D			
D DARK - NO STREET LIGHTS		G BICYCLE				E VISION OBSCUREMENT			
E DARK - STREET LIGHTS NOT FUNCTIONING		H ANIMAL:				F INATTENTION:			
ROADWAY SURFACE		I FIXED OBJECT:				G STOP & GO TRAFFIC			
♦ A DRY		J OTHER OBJECT:				H ENTERING / LEAVING RAMP			
B WET						I PREVIOUS COLLISION			
C SNOWY - ICY						J UNFAMILIAR WITH ROAD			
D SLIPPERY (MUDDY, OILY, ETC.)						K DEFECTIVE VEH. EQUIP.: Cited			
ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS)		PEDESTRIAN'S ACTION				L UNINVOLVED VEHICLE			
A HOLES, DEEP RUTS		♦ A NO PEDESTRIAN INVOLVED				M OTHER:			
B LOOSE MATERIAL ON RDWY		B CROSSING IN CROSSWALK AT INTERSECTION				N NONE APPARENT			
C OBSTRUCTION ON ROADWAY		C CROSSING IN CROSSWALK NOT AT INTERSECTION				O RUNAWAY VEHICLE			
D CONSTRUCTION-REPAIR ZONE		D CROSSING - NOT IN CROSSWALK							
E REDUCED ROADWAY WIDTH		E IN ROAD - INCLUDES SHOULDER							
F FLOODED		F NOT IN ROAD		♦ ♦					
G OTHER:		G APPROACH/LEAVING SCHOOL BUS							
♦ H NO UNUSUAL CONDITIONS									

MISCELLANEOUS

See Attached Sketch

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STATE OF CALIFORNIA

INJURED / WITNESSES / PASSENGERS

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DATE OF COLLISION 3/21/2015		TIME 0432		NCIC NUMBER 3342		OFFICER ID 665		NUMBER 1503M-4807									
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)				PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED	
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJ.	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER					
<input type="checkbox"/> #	<input type="checkbox"/>	18	F	<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	L	G	0
NAME / O.C.B. / ADDRESS												TELEPHONE					
(INJURED ONLY) TRANSPORTED BY: AMR												TAKEN TO: Inland Valley Hospital					
DESCRIBE INJURIES facial injuries and bloody nose																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	31	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"/>	2	1	M	H	0
NAME / O.C.B. / ADDRESS												TELEPHONE					
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:					
DESCRIBE INJURIES neck and back pain																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	22	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	1	M		0
NAME / O.C.B. / ADDRESS												TELEPHONE					
(INJURED ONLY) TRANSPORTED BY: AMR												TAKEN TO: Inland Valley Hospital					
DESCRIBE INJURIES BACK PAIN																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	54	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	J	M	J	0
NAME / O.C.B. / ADDRESS												TELEPHONE					
(INJURED ONLY) TRANSPORTED BY: AMR												TAKEN TO: Inland Valley Hospital					
DESCRIBE INJURIES BACK PAIN																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	16	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	3	L	G	0
NAME / O.C.B. / ADDRESS												TELEPHONE					
(INJURED ONLY) TRANSPORTED BY: AMR												TAKEN TO: Inland Valley Hospital					
DESCRIBE INJURIES HEAD CONTUSION, SCRATCHES, ABRASIONS AND BRUISES TO KNEES, THIGHS AND SHINS																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input checked="" type="checkbox"/> #	1	<input type="checkbox"/>	21	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"/>					
NAME / O.C.B. / ADDRESS												TELEPHONE					
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:					
DESCRIBE INJURIES																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
PREPARER'S NAME Dishan, Jennifer		I.D. NUMBER 665		MO. DAY YEAR 3/21/2015		REVIEWER'S NAME Froboese, Jay 209				MO. DAY YEAR 3/24/2015							

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State of California
Sketch Diagram

CHP 555

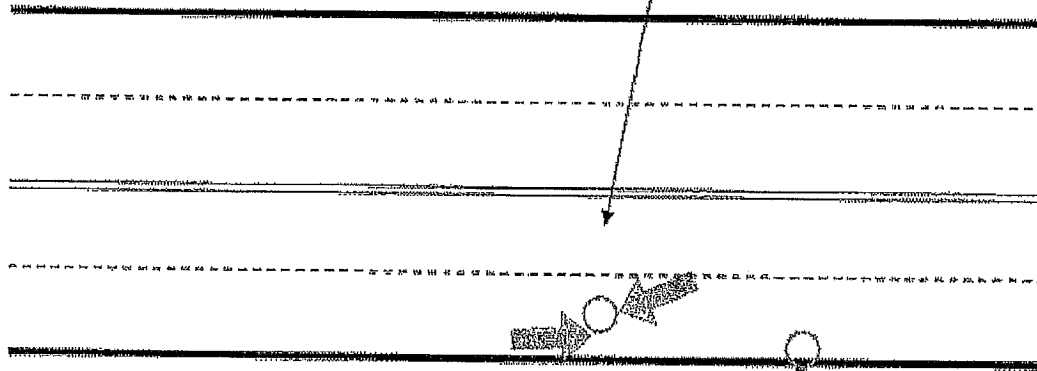
DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
3/21/2015	0432	3342	665	1503M-4807

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE =)



Clinton Keith Rd

POI 1



Nutmeg St

POI 2

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
Dishon, Jennifer	665	3/23/2015	*****	*****

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STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL
CHP 556 (Rev 7-90) OP1 042

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Date of Incident/Occurrence 3/21/2015	Time(2400) 0432	NCIC NUMBER 3342	OFFICER ID # 665	NUMBER 1503M-4807
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FACTS:

NOTIFICATION: I was dispatched to a call of no details at 0432 hours. I responded from Scott Rd and Antelope Rd and arrived on scene at 0437 hours. All times, speeds and measurements in this investigation are approximate. Measurements were taken by roll meter, except where otherwise indicated.

SCENE: At the scene of this collision, Clinton Keith Rd is an eastbound/westbound city street consisting of 4 lanes. The roadway is straight and level. The surface is composed primarily of asphalt. Clinton Keith Rd is intersected by Nutmeg St. Nutmeg St is a northbound/southbound city street consisting of 4 lanes. The roadway is curved and has a negative grade southbound. The surface is composed primarily of asphalt. The intersection is signal controlled.

PARTIES:

Party #1 [REDACTED] was located at her home [REDACTED] Party 1 was identified by a valid CA driver's license. [REDACTED] was placed as a party by the following items:

Personal admission and passenger admission

Honda, Driver #1's vehicle, was located on its driver's side.

Party #2 [REDACTED] was located on scene. Party 2 was identified by a valid CA driver's license. [REDACTED] was placed as a party by the following items:

Personal admission

Ford Ambulance, Driver #2's vehicle, was located on its wheels.

PHYSICAL EVIDENCE:

Debris and fluid was scattered throughout the streets in the east bound lanes only. Both vehicles were on the south side of Clinton Keith Rd.

OTHER FACTUAL INFORMATION:

Vehicle #2 was an on duty ambulance transporting a patient.

STATEMENTS:

Party-1 [REDACTED] stated she was driving home from being out all night. On her trip she was in Riverside with her friend, [REDACTED] They stayed in Riverside until after midnight then went to Perris. After seeing a friend in Perris, they tried to get home but were lost for more than an hour. She found her way back on the Interstate 215 south to get home but was extremely tired. She exited Clinton

PREPARER'S NAME AND I.D. NUMBER Dishon, Jennifer 665	DATE 03/23/2015	REVIEWER'S NAME Frahese, Jay 209	DATE 03/24/2015
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STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL
CHP 556 (Rev 7-90) OPI 042

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Date of Incident/Occurrence 3/21/2015	Time(2400) 0432	NCIC NUMBER 3342	OFFICER ID # 665	NUMBER 1503M-4807
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Keith and was travelling westbound but having a hard time staying awake. She stated she remembered passing two traffic lights and she felt herself fall asleep. She stated she awoke to being involved in a collision. She stated when she was able to get out of the car; she helped her friend [REDACTED] get out of the car because she was stuck inside. When she freed [REDACTED] she stated [REDACTED] told her they needed to get to her house because she was a runaway juvenile. She stated [REDACTED] didn't know how to get to her house so she led her there. She stated when she got home; she was too injured to return to the scene.

Party-2 [REDACTED] stated he was traveling east on Clinton Keith Rd. He said they had just picked up a dialysis patient and were taking him to get treatment. They were not running code-3. [REDACTED] said he had just moved into the #2 lane after passing Nutmeg St. He said he saw a vehicle approaching that was swerving and going into the center median of the roadway. [REDACTED] said he tried to move over to the right as far as he could but the ambulance was struck by the vehicle just behind the driver's door. [REDACTED] said the ambulance spun around once or twice before striking the curb and coming to a stop.

Passenger [REDACTED] seated in right front passenger seat in vehicle 1 stated she and [REDACTED] were on their way home from Perris after attending a party. She did not know the person, it was [REDACTED] friend. They left between 0200-0300 hours, but got lost coming home. [REDACTED] fell asleep and [REDACTED] drove home. The next thing she remembered was [REDACTED] trying to wake her up and the car being on it's side. She was still in her seat because her seatbelt was stuck. She kept pushing the seatbelt release while [REDACTED] tried kicking the windshield open. Once [REDACTED] slipped through an opening in the windshield, [REDACTED] managed to release her seatbelt and was pulled out by [REDACTED]. They both panicked also because they thought the car was going to blow up. [REDACTED] told her to get help by running to her home. [REDACTED] told her she did not know where to go so they both ran home together. Once they got home, [REDACTED] mother and [REDACTED] parents met [REDACTED] in the front yard. She saw her mom, but did not think her mother saw her. [REDACTED] immediately went into [REDACTED] brother's closet to hide because she was a runaway and did not want to go home.

Passenger [REDACTED] seated in bus passenger seat in vehicle 2 stated he was in the back of the ambulance with the patient. [REDACTED] said he did not know what happened because he did not have a view of the roadway. He said he took the impact because the vehicle collided with the ambulance directly where he was seated.

Passenger [REDACTED] seated in bus passenger seat in vehicle 2 stated he was facing the rear of the ambulance on the gurney and did not see what happened.

Witness [REDACTED] stated she was traveling east on Clinton Keith Rd and coming up on Nutmeg St. She said she saw headlights of an oncoming vehicle and then saw a vehicle roll over. She said she did not see the collision with the ambulance, but saw vehicle #1 roll. She said she stopped to help and saw a female pulling another female out of vehicle #1 through the windshield. [REDACTED] said she heard the female yell "I hit the ambulance" and they both took off running toward Nutmeg St. [REDACTED] said the females were young and appeared to be similar in size, both were wearing shorts.

PREPARER'S NAME AND I.D. NUMBER Dishon, Jennifer 665	DATE 03/23/2015	REVIEWER'S NAME Frohnese, Jay 209	DATE 03/24/2015
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519860272

STATE OF CALIFORNIA

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NARRATIVE/SUPPLEMENTAL

CHP 556 (Rev 7-90) OP1042

Date of Incident/Occurrence 3/21/2015	Time(2400) 0432	NCIC NUMBER 3342	OFFICER ID # 665	NUMBER 1503M-4807
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OPINIONS AND CONCLUSIONS

SUMMARY: The vehicle in question (Vehicle #1) broadsided another vehicle. The primary collision factor was noted as Wrong Side of Road.

AREA OF IMPACT: The approximate area of impact # 1 was 24' N/SCL of Clinton Keith Rd and 489' E/ECL of Nutmeg St. The approximate area of impact #2 was 0' N/SCL of Clinton Keith Rd and 536' E/ECL of Nutmeg St.

CAUSE: Based on the evidence observed, it is my opinion that Party-1 caused the collision by being in violation of VC 21650 – WRONG SIDE ROADWAY.

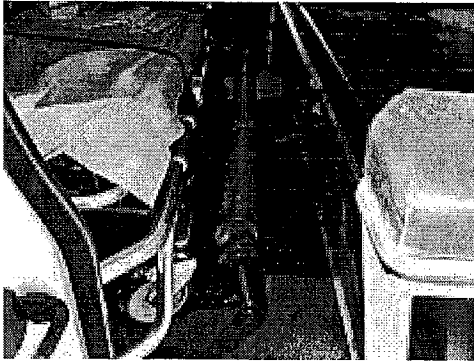
RECOMMENDATIONS

None.

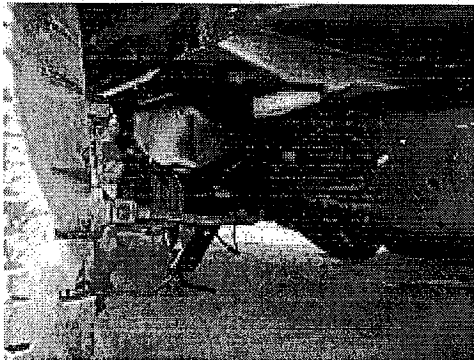
PREPARER'S NAME AND (I). NUMBER Dishon, Jennifer 665	DATE 03/23/2015	REVIEWER'S NAME Frohouse, Jay 209	DATE 03/24/2015
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P1280196.JPG
172K



P1280197.JPG
159K



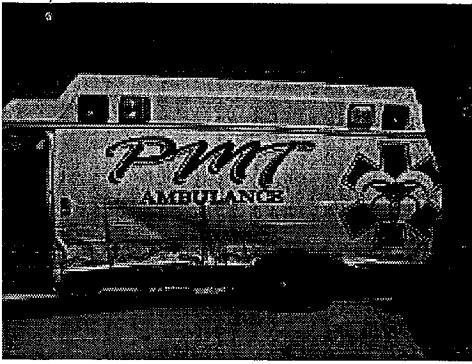
P1280198.JPG
155K



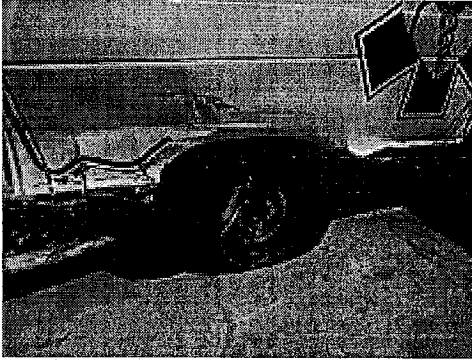
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P1280200.JPG
178K



P1280201.JPG
161K



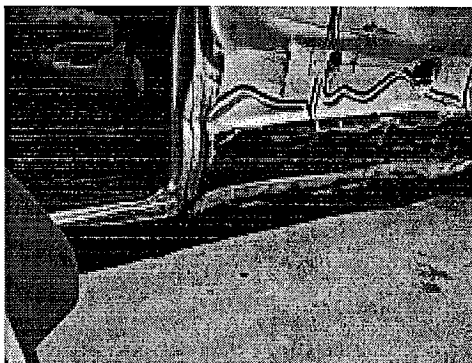
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159K



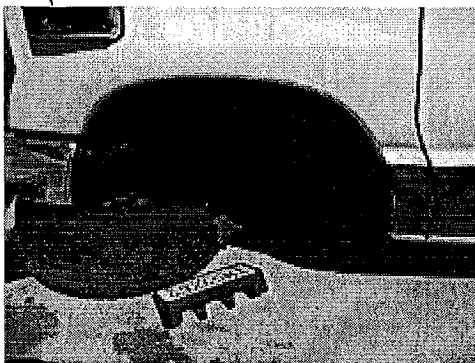
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173K



P1280204.JPG
175K



P1280205.JPG
159K



P1280206.JPG
165K



P1280207.JPG
161K



P1280208.JPG
159K



P1280209.JPG
174K

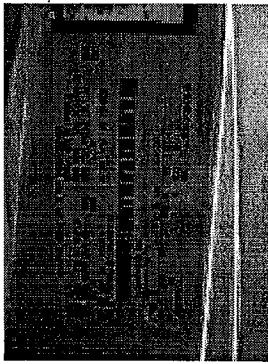
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65K

To:

Tue, Mar 31, 2015 at 11:07 AM

I will be contacting the Insurance company to follow up on submission for repair and restitution from other party.
[Quoted text hidden]

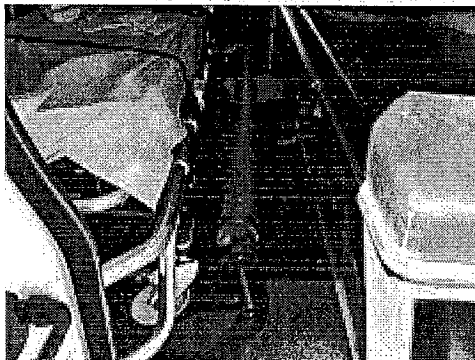
16 attachments



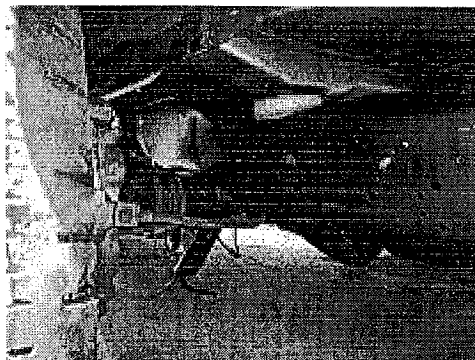
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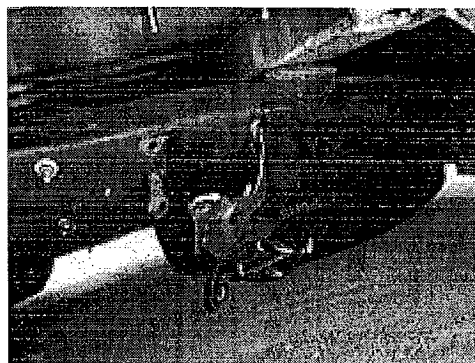
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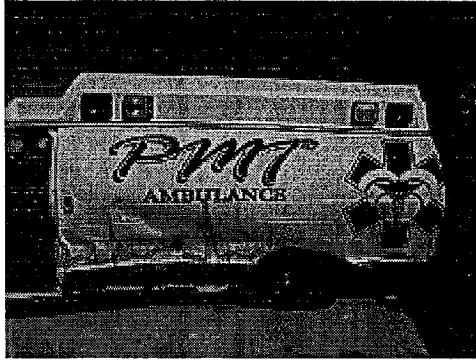
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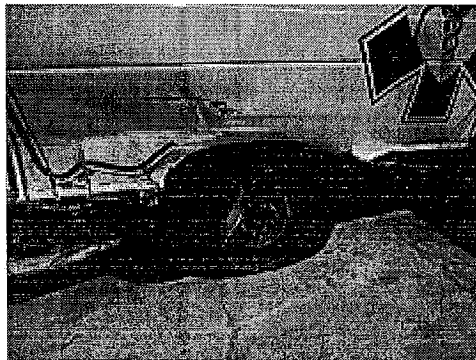
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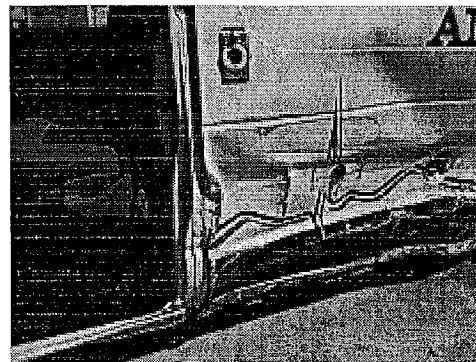
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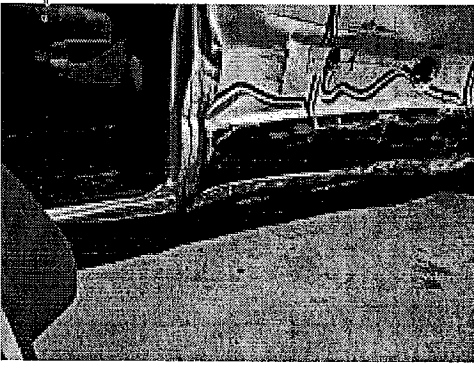
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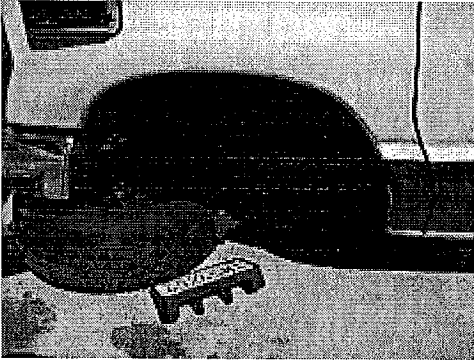
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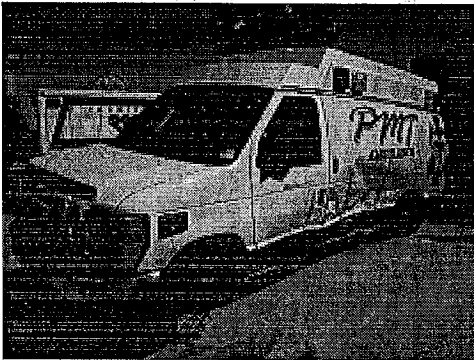
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159K



P1280209.JPG
174K

Mar 21, 2015

416 Ambulance

600 South Rancho Avenue, Colton, CA

from 19:06 03/20/15
to 03:07 03/21/15

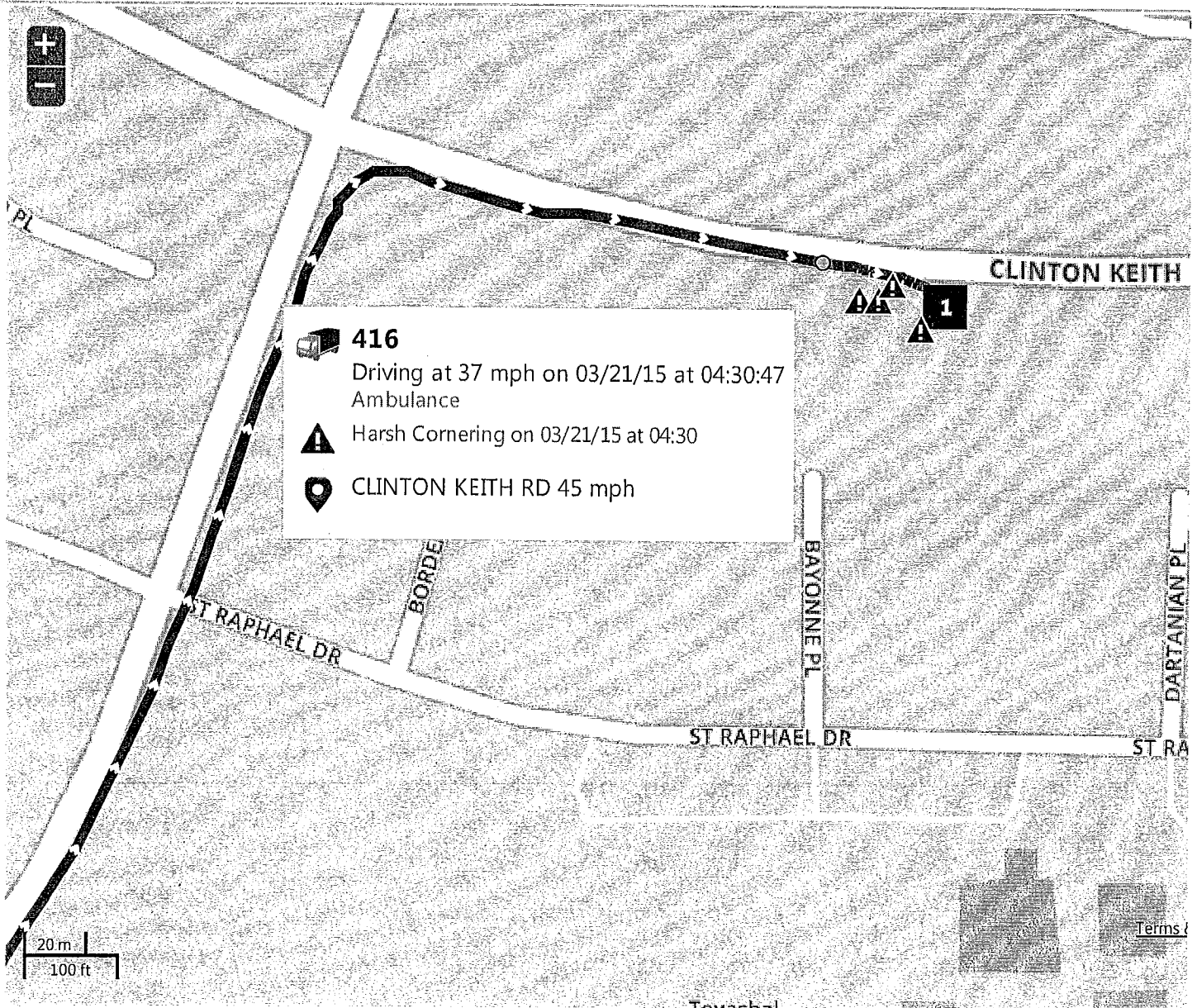
2301-2309 South Riverside Avenue, Bloomington, CA

from 03:15
to 03:23

24100 Monroe Avenue, Murrieta, CA

from 04:04
to 04:26**1** Clinton Keith Roadfrom 04:30
to 06:11

26190 Adams Avenue

from 06:22
to 17:26

Mar 21, 2015

416 Ambulance

600 South Rancho Avenue, Colton, CA

from 19:06 03/20/15
to 03:07 03/21/15

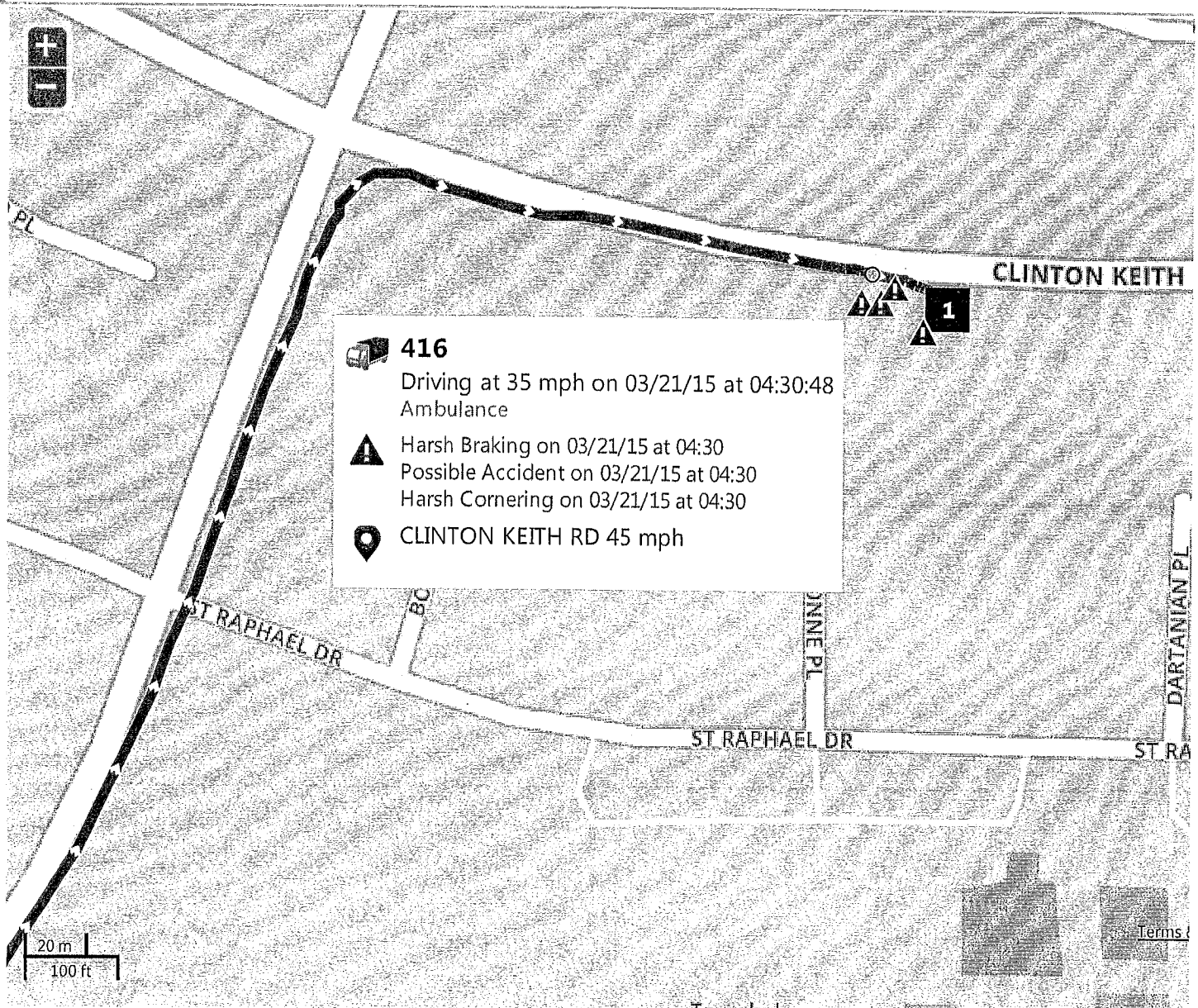
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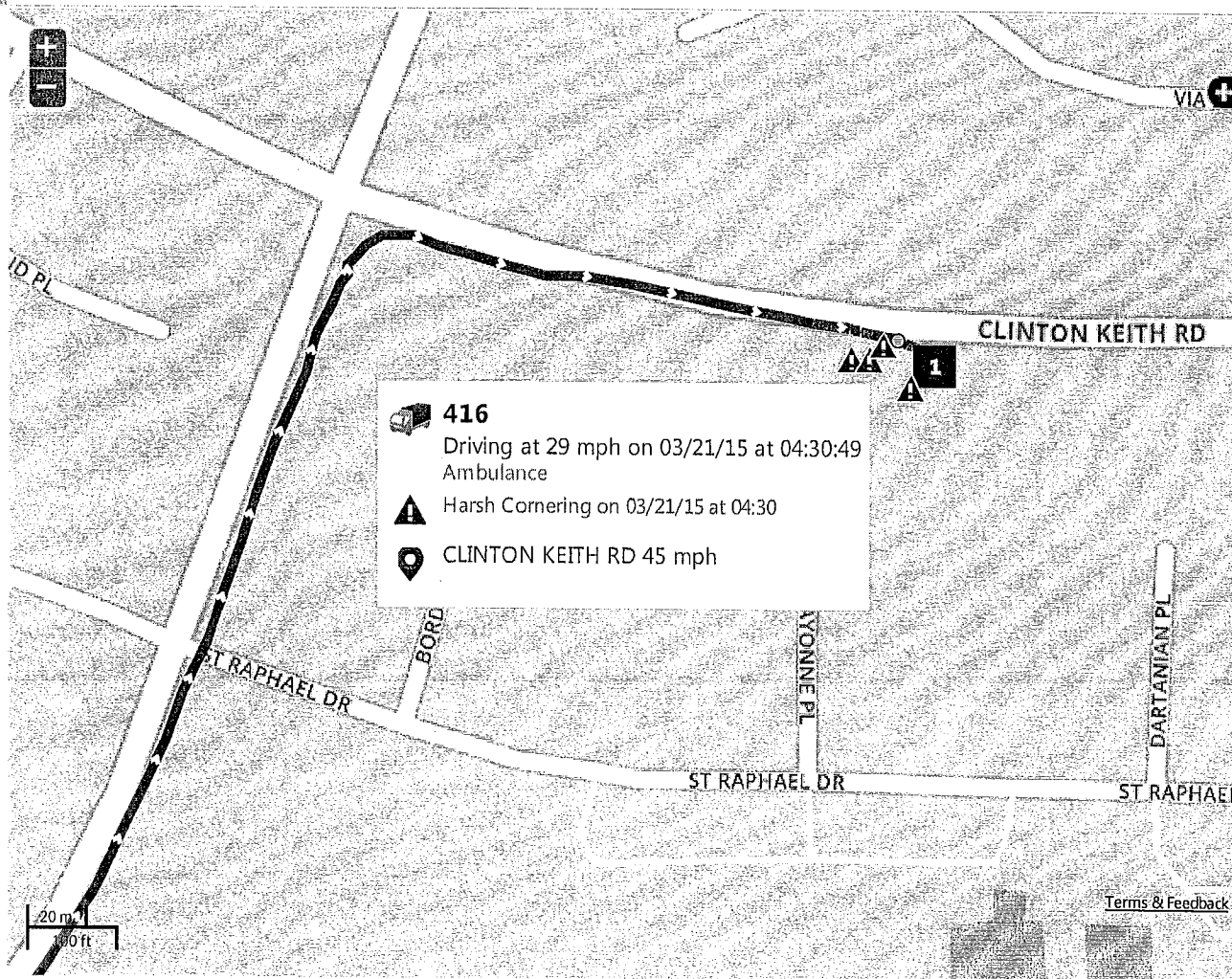
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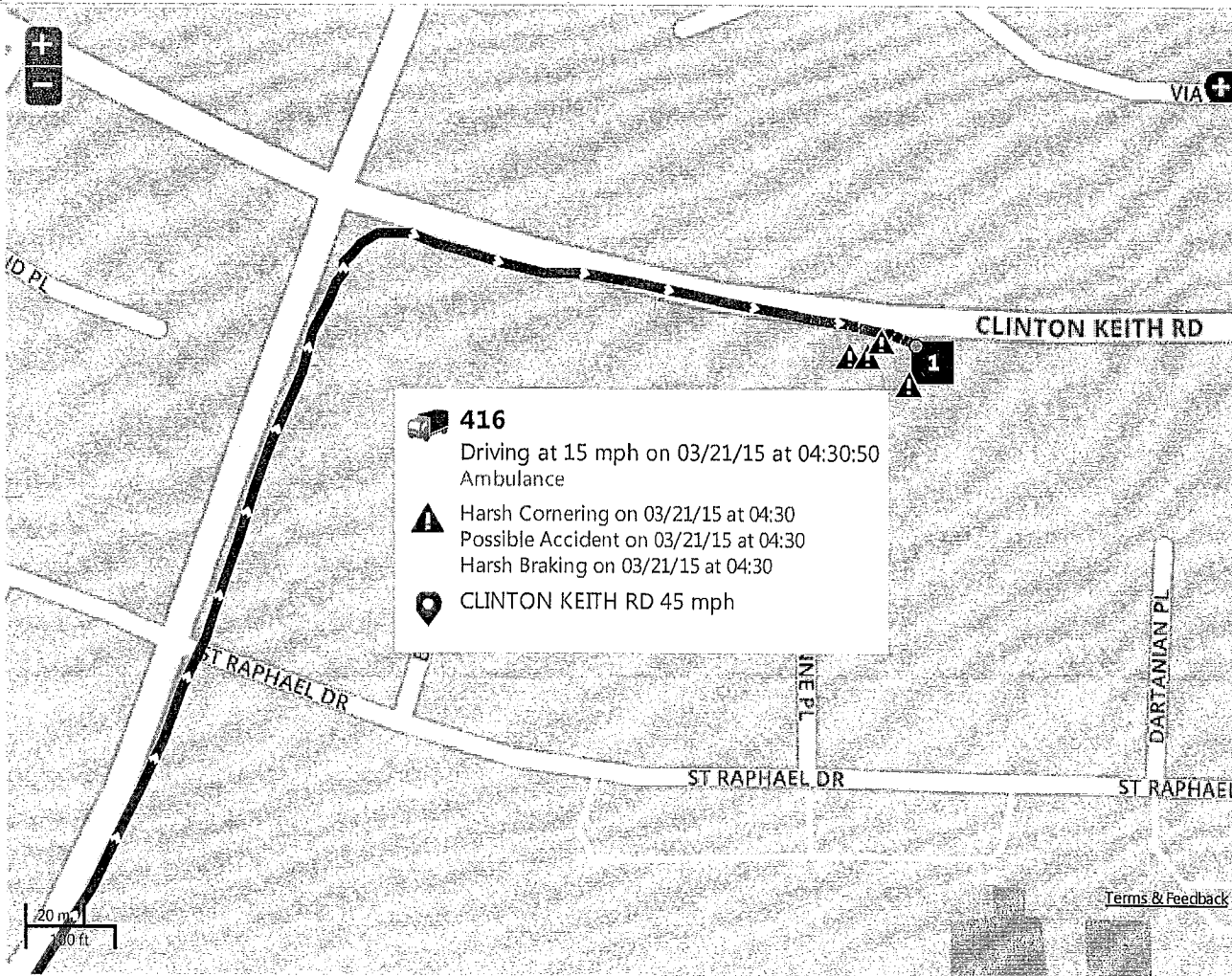
2301-2309 South Riverside Avenue, Bloomington, CA

from 03:15
to 03:23

24100 Monroe Avenue, Murrieta, CA

from 04:04
to 04:26**1** Clinton Keith Roadfrom 04:30
to 06:11

26190 Adams Avenue

from 06:22
to 17:26

PREMIER MEDICAL TRANSPORTATION INC.

CLAIM # 1340059339

DATE OF LOSS: 4/30/2015 - UNIT # 111

POLICE REPORT # 2015-04-0371

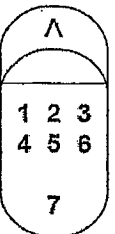
ORIGINAL

SPECIAL CONDITIONS		NUMBER INJURED 1	HIT & RUN FELONY <input type="checkbox"/>	CITY RIALTO VALLEY		JUDICIAL DISTRICT		LOCAL REPORT NUMBER 2015-04-0371	
		NUMBER KILLED 0	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY SAN BERNARDINO		REPORTING DISTRICT 102		BEAT 102	DAY OF WEEK THURSDAY
LOCATION	COLLISION OCCURRED ON: I-10 W/B				MO 04/30/2015	DAY 0745	YEAR 0745	NCIG # 9860	OFFICER I.D. 019429
	MILEPOST INFORMATION:				GPS COORDINATES LATITUDE 34.06903° LONGITUDE -117.36874°				PHOTOGRAPHS BY: <input checked="" type="checkbox"/> NONE
	AT INTERSECTION WITH: <input checked="" type="checkbox"/> OR: 250 FEET EAST OF RIVERSIDE AVE				STATE HWY REL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
PARTY 1	DRIVER'S LICENSE NUMBER [REDACTED]		STATE NV	CLASS F	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 96	MAKE / MODEL / COLOR NISS SENTRA BLK	
DRIVER <input checked="" type="checkbox"/>	NAME (FIRST, MIDDLE, LAST) [REDACTED]						OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER [REDACTED]		
PEDESTRIAN <input type="checkbox"/>	[REDACTED]						[REDACTED]		
PARKED VEHICLE <input type="checkbox"/>	[REDACTED]						[REDACTED]		
BICYCLIST <input type="checkbox"/>	SEX F	HAIR BRN	EYES BRN	HEIGHT 5-02	WEIGHT 147	BIRTHDATE [REDACTED] YEAR B	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
OTHER <input type="checkbox"/>	HOME PHONE [REDACTED]		BUSINESS PHONE NONE		CALIFORNIA TOWING - (909)884-1903				
INSURANCE CARRIER NONE		POLICY NUMBER NONE		PRIOR MECH. DEFECTS <input checked="" type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE					
DIR OF TRAVEL ON STREET OR HIGHWAY W		SPEED LIMIT 65		VEHICLE IDENTIFICATION NUMBER: [REDACTED]					
VEH. TYPE 01		DESCRIBE VEHICLE DAMAGE <input checked="" 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 [REDACTED]					
CA _____ DOT _____		CAL-T _____ TCP/PSC _____ MC/MX _____							
PARTY 2	DRIVER'S LICENSE NUMBER [REDACTED]		STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 12	MAKE / MODEL / COLOR FORD E150 VAN WHI	
DRIVER <input checked="" type="checkbox"/>	NAME (FIRST, MIDDLE, LAST) [REDACTED]						OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER PREMIER MEDICAL TRANS INC		
PEDESTRIAN <input type="checkbox"/>	[REDACTED]						OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER 575 MAPLE CT #A COLTON CA 92324		
PARKED VEHICLE <input type="checkbox"/>	[REDACTED]						DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
BICYCLIST <input type="checkbox"/>	SEX M	HAIR BRN	EYES BRN	HEIGHT 5-09	WEIGHT 200	BIRTHDATE [REDACTED] YEAR H	DRIVEN FROM COLLISION SCENE		
OTHER <input type="checkbox"/>	HOME PHONE [REDACTED]		BUSINESS PHONE NONE		VEHICLE IDENTIFICATION NUMBER: 1FTNE1EL1CDA31383				
INSURANCE CARRIER ZURICH		POLICY NUMBER 094367477		VEH. TYPE 41					
DIR OF TRAVEL ON STREET OR HIGHWAY W		SPEED LIMIT 65		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		SHADE IN DAMAGED AREA [REDACTED]			
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	
DRIVER <input type="checkbox"/>	NAME (FIRST, MIDDLE, LAST)						OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		
PEDESTRIAN <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		
BICYCLIST <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		VEH. 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 J GARBER 019429			DISPATCH NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			REVIEWER'S NAME I.L. JACKSON			DATE REVIEWED MAY 08 2015

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
TRAFFIC COLLISION CODING
CHP 555 CARS PAGE2 (REV. 04-11) OPI 060

PAGE 2 OF 6

DATE OF COLLISION (MO, DAY YEAR) 04/30/2015		TIME(2400) 0745	NCIG # 9860	OFFICER I.D. 019429	NUMBER 2015-04-0371
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 21668(A)	A CONTROLS FUNCTIONING						A HAZARDOUS MATERIAL					A STOPPED			
	B OTHER IMPROPER DRIVING*	B CONTROLS NOT FUNCTIONING*						B CELL PHONE HANDHELD IN USE					B PROCEEDING STRAIGHT			
	C OTHER THAN DRIVER*	C CONTROLS OBSCURED						C CELL PHONE HANDSFREE IN USE					C RAN OFF ROAD			
	D UNKNOWN*	D NO CONTROLS PRESENT / FACTOR*			X	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			
		X B SIDE SWIPE						G 32 FT TRAILER COMBO					G BACKING			
		C REAR END						H			X		H SLOWING / STOPPING			
	WEATHER (MARK 1 TO 2 ITEMS)	D BROADSIDE						I					I PASSING OTHER VEHICLE			
X	A CLEAR	E HIT OBJECT						J		X			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														
	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:														
X	A DRY	I FIXED OBJECT:														
	B WET	J OTHER OBJECT:						D			X	X	A HAD NOT BEEN DRINKING			
	C SNOWY - ICY							E VISION OBSCUREMENT:					B HBD - UNDER INFLUENCE			
	D SLIPPERY (MUDDY, OILY, ETC.)							F INATTENTION*					C HBD - NOT UNDER INFLUENCE*			
	ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)							G STOP & GO TRAFFIC					D HBD - IMPAIRMENT UNKNOWN*			
	A HOLES, DEEP RUT*	PEDESTRIAN'S ACTIONS						H ENTERING / LEAVING RAMP					E UNDER DRUG INFLUENCE*			
	B LOOSE MATERIAL ON ROADWAY*	X A NO PEDESTRIANS INVOLVED						I PREVIOUS COLLISION					F IMPAIRMENT - PHYSICAL*			
	C OBSTRUCTION ON ROADWAY*	B CROSSING IN CROSSWALK - AT INTERSECTION						J UNFAMILIAR WITH ROAD					G IMPAIRMENT NOT KNOWN			
	D CONSTRUCTION - REPAIR ZONE	C CROSSING IN CROSSWALK - NOT AT INTERSECTION						K DEFECTIVE VEH. EQUIP.: CITED: <input type="checkbox"/> YES <input type="checkbox"/> NO					H NOT APPLICABLE			
	E REDUCED ROADWAY WIDTH	D CROSSING - NOT IN CROSSWALK						L UNINVOLVED VEHICLE					I SLEEPY / FATIGUED*			
	F FLOODED*	E IN ROAD - INCLUDES SHOULDER						M OTHER*								
	G OTHER*	F NOT IN ROAD						N NONE APPARENT								
X	H NO UNUSUAL CONDITIONS	G APPROACHING / LEAVING SCHOOL BUS			X	X		O RUNAWAY VEHICLE								

SKETCH FOR SKETCH DIAGRAM, SEE PAGE 4

INDICATE NORTH

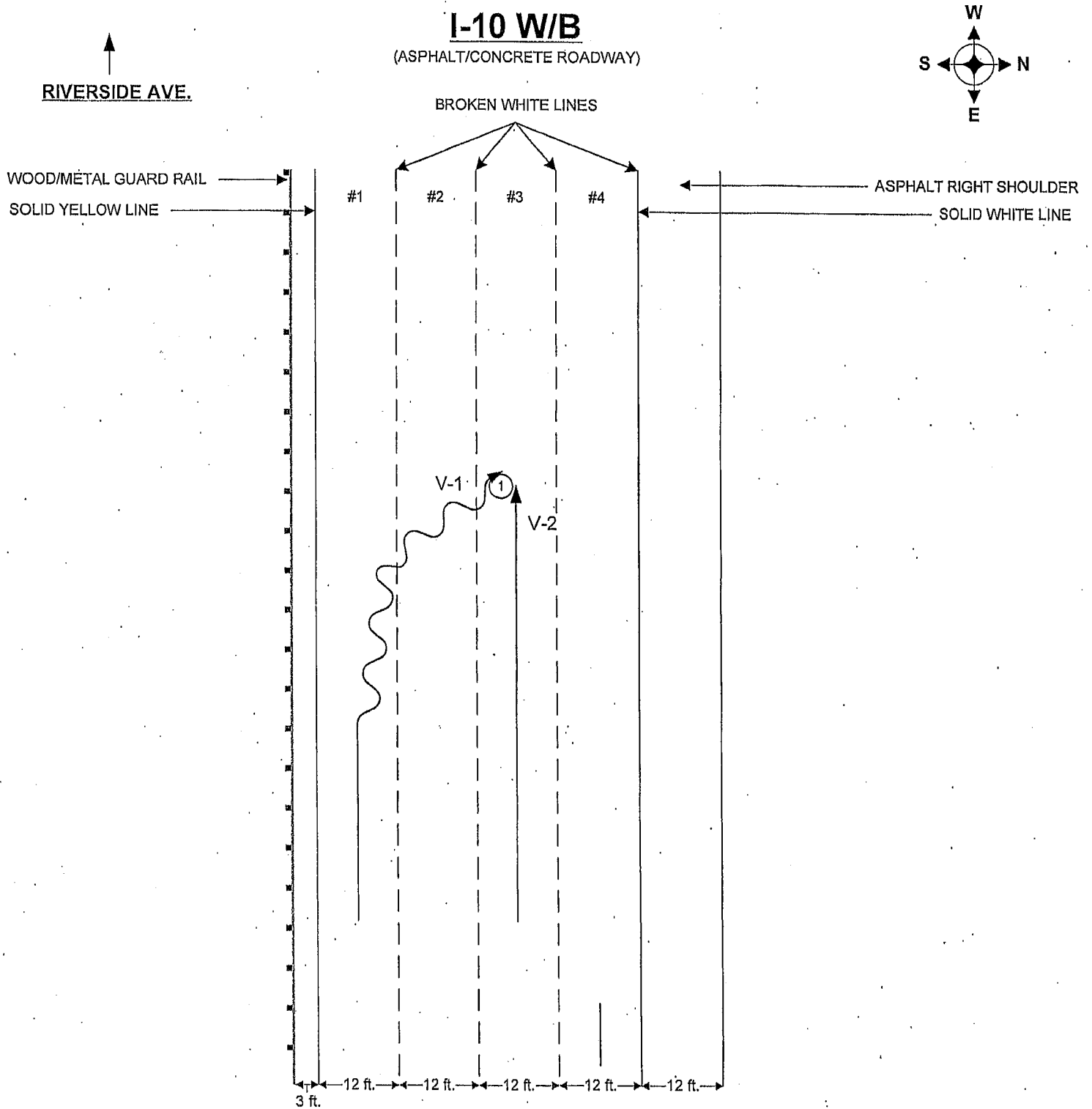
MISCELLANEOUS

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

PAGE 3 OF 6

DATE OF COLLISION (MO. DAY YEAR) 04/30/2015				TIME(2400) 0745		NCIC # 9860		OFFICER I.D. 019429				NUMBER 2015-04-0371									
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY('X' ONE)				INJURED WAS ('X' ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED				
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER									
<input type="checkbox"/> #	<input type="checkbox"/>	54	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"/>	1	1	M	G	0				
NAME / D.O.B. / ADDRESS												TELEPHONE									
(INJURED ONLY) TRANSPORTED BY: NOT TRANSPORTED												TAKEN TO: WILL SEEK OWN MEDICAL ATTENTION									
DESCRIBE INJURIES: PAIN TO LEFT HAND, RIGHT SHOULDER, AND NECK.																					
												<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"/>									
NAME / D.O.B. / ADDRESS												TELEPHONE									
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:									
DESCRIBE INJURIES:																					
												<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED									
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
NAME / D.O.B. / ADDRESS												TELEPHONE									
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:									
DESCRIBE INJURIES:																					
												<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED									
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
NAME / D.O.B. / ADDRESS												TELEPHONE									
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:									
DESCRIBE INJURIES:																					
												<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED									
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
NAME / D.O.B. / ADDRESS												TELEPHONE									
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:									
DESCRIBE INJURIES:																					
												<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED									
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
NAME / D.O.B. / ADDRESS												TELEPHONE									
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:									
DESCRIBE INJURIES:																					
												<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED									
PREPARER'S NAME J GARBER												I.D. NUMBER 019429		MO. DAY YEAR 04/30/2015		REVIEWER'S NAME				MO. DAY YEAR	

DATE OF INCIDENT 04/30/2015	TIME 0745	NCIC NUMBER 9860	OFFICER I.D. 19429	NUMBER 2015-04-0371
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PREPARED BY J. GARBER	I.D. NUMBER 19429	DATE 05/01/2015	REVIEWER'S NAME	DATE
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NARRATIVE/SUPPLEMENTAL

PAGE 5 OF 6

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
04/30/2015	0745	9860	019429	2015-04-0371

NOTIFICATION:

On 04-30-2015, at approximately 0800 hours, I received a call of a traffic collision with no details. I responded from the San Bernardino Area CHP office and arrived on scene at approximately 0820 hours. Upon my arrival, I determined this to be a traffic collision with minor injuries.

All times, speeds, and measurements are approximations. All measurements were obtained using foot pace and visual estimation.

OTHER FACTUAL INFORMATION:

Officer D. Witham, # 15207, also responded to the scene to assist.

P-1 was unable to provide proof of insurance.

STATEMENTS:

Party # 1 (P-1) [REDACTED] was contacted on scene by Officer Witham and related she was driving Vehicle # 1 (V-1) Nissan on I-10 w/b, in the # 1 lane, at approximately 75 mph. As P-1 proceeded w/b, P-1 observed traffic ahead slow. P-1 applied V-1's brakes and lost control of V-1. P-1 attempted to move V-1 to the left, but V-1 traveled out of control to the right. V-1 traveled across the # 2 lane, into the # 3 lane, and collided with the left side of Vehicle # 2 (V-2) Ford. After the collision, P-1 drove V-1 to the right shoulder and waited for CHP assistance to arrive.

Party # 2 (P-2) [REDACTED] was contacted on scene and related he was driving V-2 on I-10 w/b, in the # 3 lane, at approximately 65 mph, to the right of V-1. As P-2 proceeded e/b, P-2 observed traffic ahead slow. P-2 applied V-2's brakes and slowed to 40 mph. P-2 observed V-1 traveling out of control to the right directly towards V-2. The right side of V-1 then collided with the left side of V-2. After the collision, P-2 drove V-2 to right shoulder and waited for CHP assistance to arrive.

SUMMARY:

This collision occurred on I-10 w/b, east of Riverside Ave. P-1 was driving V-1 in the # 1 lane, at a stated speed of 75 mph. P-2 was driving V-2 in the # 3 lane, at a stated speed of 40 mph, to the right of V-1. As P-1 proceeded w/b, P-1 observed traffic ahead slow. P-1 applied V-1's brakes and lost control of V-1. V-1 traveled out of control in a northwesterly direction, across the # 2 lane, and into the # 3 lane. Due to P-1's unsafe lane change to the right, the right side of V-1 collided with the left side of V-2. After the collision, P-1 and P-2 drove V-1 and V-2 to the right shoulder and waited for CHP assistance to arrive.

The summary was determined by the statements of the parties involved and the damage to V-1 and V-2.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
J GARBER	019429	05/01/2015		

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
04/30/2015	0745	9860	019429	2015-04-0371

1 **AREA OF IMPACT:**

2
3 AOI (V-1 vs. V-2) was located 250 feet east of the east road edge of Riverside Ave. and 26 feet
4 north of the south roadway edge of I-10 w/b.

5
6 The AOI was determined by the statements of the parties involved and the damage to V-1 and
7 V-2.

8
9 **CAUSE:**

10
11 P-1 [REDACTED] caused this collision by driving V-1 in violation of California Vehicle Code section
12 21658(a) - Unsafe lane change. P-1's unsafe lane change caused V-1 to collide with V-2.

13
14 The cause was determined by the statements of the parties involved and the damage to V-1 and
15 V-2.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
J GARBER	019429	05/01/2015		

Mail

COMPOSE

FW: E-150

Inbox x

Inbox (31)

Starred

Important

Sent Mail

Drafts (82)

Circles

Follow up

Misc

Priority

More

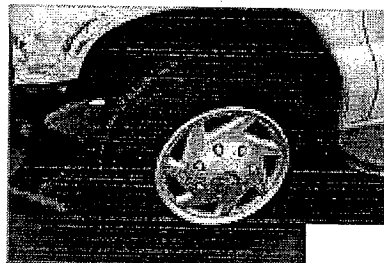
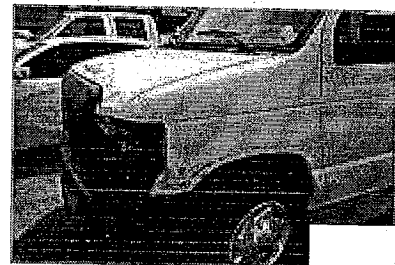
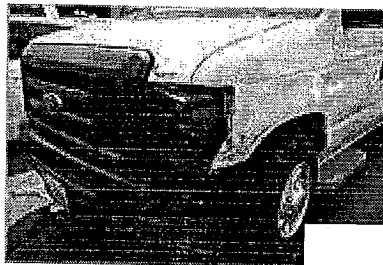
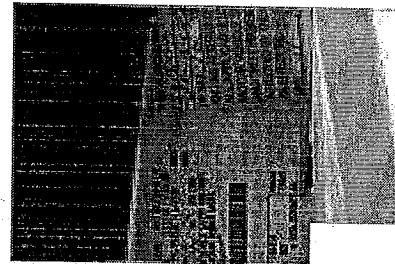
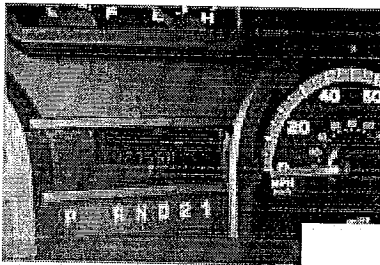


--- On Tue, 5/5/15,

wrote: > From



17 Attachments



ATT00001.htm

Original Document No. 100-0
Classification: Public

Page: 1000000
Status: PUBLIC RELEASE

Original Date: 10/10/2000
Date Recd: 10/10/2000
File: 100-000000
Page: 1000000
Date: 10/10/2000

PDF P

PREMIER MEDICAL TRANSPORTATION INC.

CLAIM # 2014-0047-009863-66

POLICE REPORT # 14-21058



INCIDENT REPORT FORM

Page 1 of 1

Circle One

Department:

Transport

Customer Service

Billing

Equipment

Type:

Level of Service

Policy Violation

Vehicle/Mechanical

Contact: _____

Phone: _____

Unit: 206Date of Incident: 12/17/14Time of Incident: 1330

Personnel: _____

Client: _____ Phone _____

Narrative:

We were at a red light stopped and all of sudden we feel a big boom from the back. A lady in a Nissan Altima hit us from the back. We pulled to the side to make sure if the driver was okay and she was. Right away I notified dispatch and they told us to call 911 to get a police report. The area we were in was Fontana on Valley Blvd and Sierra Ave. About 30 minutes later roughly the police officer arrived to take a report. Everyone was fine, no one got hurt, but the unit 206 has a dent on the back. The police officer gave us a case number to provide to premier. After that we checked if the unit was able to open the doors and it was, so we went on to our next call.

Reporting Employee: _____ Date: 12/17/14

Supervisor forwarded to: _____ Date forwarded: _____



City of Fontana
POLICE DEPARTMENT
17005 Upland Avenue • Fontana, CA 92335
(909) 350-7740

A. Manning
Community Service Officer

14-21058

(909) 356-7100 Mailbox - 4458
E-mail: amanning@fontana.org
Hotline: (909) 356-TIPS

NE NE NW N NE NE



REPORT FORM

Page _____ of _____

Circle One

Department:

Transport

Customer Service

Billing

Equipment

Type:

Level of Service

Policy Violation

Vehicle/Mechanical

Contact: [REDACTED]

Phone: [REDACTED]

Unit: 206

Date of Incident: 12-17-14

Time of Incident: 1:30 pm

Personnel: [REDACTED]

Client: N/A

Phone: [REDACTED]

Narrative:

Driving eastbound on Valley^{Sierra} in Fontana.
Stopped at red light. Rear ended by white
Nissan Altima. ~~Both~~ Both parties pulled over into
shopping center. Wait approx. 30 min for police
to arrive. Gave traffic report. Continued
onto next run. No patient on board at
the time. Damage to rear bumper of #206.
No injury to any party. Case/Claim #14-2058
with Fontana P.D., A. Manning, Community
Service officer.

Reporting Employee: [REDACTED]

Date: 12-17-14

Supervisor forwarded to: _____

Date forwarded: _____

PREMIER MEDICAL TRANSPORTATION INC.

CLAIM # 2567522

POLICE REPORT # 14-21058

FILE

Page 1 of 4

SPECIAL CONDITIONS		NUMBER INJURED 0	HIT & RUN FELONY <input type="checkbox"/>	CITY RIVERSIDE	JUDICIAL DISTRICT RSC	LOCAL REPORT NUMBER 2014090465	
		NUMBER KILLED 0	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY RIVERSIDE	REPORTING DISTRICT BEAT 22	DAY OF WEEK S M T W O F S	TOW AWAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
LOCATION	COLLISION OCCURRED ON I 215 S/B TO Columbia Ave				MO. DAY YEAR 9 25 14	TIME (2400) 1050	NCIO # 9846
	MILEPOST INFORMATION FEET/MILES OF				GPS COORDINATES LATITUDE 34.00260 LONGITUDE -117.35141		OFFICER ID 14916
	<input type="checkbox"/> AT INTERSECTION WITH OR: I. 1. FEET/MILES N OF COLUMBIA AVE.				STATE HWY REL. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PHOTOGRAPHS BY: <input checked="" type="checkbox"/> NONE
PARTY 1	DRIVER'S LICENSE NUMBER		CLASS F	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 98	MAKE/MODEL/COLOR BUICK/40/WHIT
DRIVER	NAME (FIRST, MIDDLE, LAST)				VEH. YEAR		LICENSE NUMBER
<input checked="" type="checkbox"/>	STREET ADDRESS				VEH. YEAR		STATE IN.
PEDESTRIAN	CITY/STATE/ZIP				VEH. YEAR		
<input type="checkbox"/>	CITY/STATE/ZIP				VEH. YEAR		
PARKED VEHICLE	CITY/STATE/ZIP				VEH. YEAR		
<input type="checkbox"/>	CITY/STATE/ZIP				VEH. YEAR		
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE
<input type="checkbox"/>	M	BRN	BRN	5-4	140		A
OTHER	HOME PHONE		BUSINESS PHONE		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
<input type="checkbox"/>	HOME PHONE		BUSINESS PHONE		PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
INSURANCE CARRIER		POLICY NUMBER		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE	
BROTHERHOOD MUT.		13A9A0274312		01		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	
DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		SHADE IN DAMAGED AREA	
J		I 215		55			
PARTY 2	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR
DRIVER	NAME (FIRST, MIDDLE, LAST)		CA	C	M	G	11
<input checked="" type="checkbox"/>	STREET ADDRESS				VEH. YEAR		MAKE/MODEL/COLOR
PEDESTRIAN	CITY/STATE/ZIP				VEH. YEAR		LICENSE NUMBER
<input type="checkbox"/>	CITY/STATE/ZIP				VEH. YEAR		STATE
PARKED VEHICLE	CITY/STATE/ZIP				VEH. YEAR		
<input type="checkbox"/>	CITY/STATE/ZIP				VEH. YEAR		
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE
<input type="checkbox"/>	M	BLK	BRN	5-10	295		H
OTHER	HOME PHONE		BUSINESS PHONE		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
<input type="checkbox"/>	HOME PHONE		BUSINESS PHONE		PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
INSURANCE CARRIER		POLICY NUMBER		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE	
GOLDEN EAGLE		9742642		22		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		SPEED LIMIT		SHADE IN DAMAGED AREA	
J		I 215		55			
PARTY 3	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR
DRIVER	NAME (FIRST, MIDDLE, LAST)						
<input type="checkbox"/>	STREET ADDRESS				VEH. YEAR		MAKE/MODEL/COLOR
PEDESTRIAN	CITY/STATE/ZIP				VEH. YEAR		LICENSE NUMBER
<input type="checkbox"/>	CITY/STATE/ZIP				VEH. YEAR		STATE
PARKED VEHICLE	CITY/STATE/ZIP				VEH. YEAR		
<input type="checkbox"/>	CITY/STATE/ZIP				VEH. YEAR		
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE
<input type="checkbox"/>							
OTHER	HOME PHONE		BUSINESS PHONE		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
<input type="checkbox"/>	HOME PHONE		BUSINESS PHONE		PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
INSURANCE CARRIER		POLICY NUMBER		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE	
						DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER	
DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		SHADE IN DAMAGED AREA	
PREPARED BY		DISPATCH NOTIFIED		REVIEWER'S NAME		DATE REVIEWED	
DIAZ 14916		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		[Signature]		092014	

DATE OF COLLISION (MO. DAY YEAR) 9 25 14	TIME (2400) 1050	NCIC# 9840	OFFICER I.D. 14916	NUMBER
---	---------------------	---------------	-----------------------	--------

PROPERTY DAMAGE	OWNER'S NAME NONE	OWNER'S ADDRESS	NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
	DESCRIPTION OF DAMAGE		

SEATING POSITION 1- DRIVER 2 TO 6 - PASSENGERS 7 - STATION WAGON REAR 8 - REAR OCC. TRIC. OR VAN 9 - POSITION UNKNOWN 0 - OTHER	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 - CELLPHONE HANDHELD B - CELLPHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONAL HYGIENE J - READING K - OTHER
--	--	---	---

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
A VC SECTION VIOLATED 21055 (A) VC CITED YES NO	A CONTROLS FUNCTIONING				A HAZARDOUS MATERIAL				A STOPPED
B OTHER IMPROPER DRIVING*	B CONTROLS NOT FUNCTIONING*				B CELL PHONE HANDHELD IN USE				B PROCEEDING STRAIGHT
C OTHER THAN DRIVER*	C CONTROLS OBSCURED				C CELL PHONE HANDSFREE IN USE				C RAN OFF ROAD
D UNKNOWN*	D NO CONTROLS PRESENT / FACTOR*				D CELL PHONE NOT IN USE				D MAKING RIGHT TURN
	TYPE OF COLLISION				E SCHOOL BUS RELATED				E MAKING LEFT TURN
	A HEAD - ON				F 75 FT MOTORTRUCK COMBO				F MAKING U TURN
	B SIDE SWIPE				G 32 FT TRAILER COMBO				G BACKING
	C REAR END				H				H SLOWING / STOPPING
WEATHER (MARK 1 TO 2 ITEMS)	D BROADSIDE				I				I PASSING OTHER VEHICLE
A CLEAR	E HIT OBJECT				J				J CHANGING LANES
B CLOUDY	F OVERTURNED				K				K PARKING MANUEVER
C RAINING	G VEHICLE / PEDESTRIAN				L				L ENTERING TRAFFIC
D SNOWING	H OTHER*				M				M OTHER UNSAFE TURNING
E FOG / VISIBILITY FT.	MOTOR VEHICLE INVOLVED WITH				N				N XING INTO OPPOSING LANE
F OTHER*	A NON - COLLISION				O				O PARKED
G WIND	B PEDESTRIAN				OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)				P MERGING
LIGHTING	C OTHER MOTOR VEHICLE				A VC SECTION VIOLATION: CITED YES NO				Q TRAVELING WRONG WAY
A DAYLIGHT	D MOTOR-VEHICLE ON OTHER ROADWAY	1	2	3	B VC SECTION VIOLATION: CITED YES NO				R OTHER*
B DUSK - DAWN	E PARKED MOTOR VEHICLE				C VC SECTION VIOLATION: CITED YES NO				
C DARK - STREET LIGHTS	F TRAIN				D				
D DARK - NO STREET LIGHTS	G BICYCLE				E VISION OBSCUREMENT:				
E DARK - STREET LIGHTS NOT FUNCTIONING*	H ANIMAL:				F INATTENTION*				
ROADWAY SURFACE	I FIXED OBJECT:				G STOP & GO TRAFFIC				
A DRY	J OTHER OBJECT:				H ENTERING / LEAVING RAMP				
B WET	PEDESTRIAN'S ACTIONS				I PREVIOUS COLLISION				
C SNOWY - ICY	A NO PEDESTRIANS INVOLVED				J UNFAMILIAR WITH ROAD				
D SLIPPERY (MUDDY, OILY, ETC.)	B CROSSING IN CROSSWALK - AT INTERSECTION				K DEFECTIVE VEH. EQUIP.: CITED YES NO				
ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS)	C CROSSING IN CROSSWALK - NOT AT INTERSECTION				L UNINVOLVED VEHICLE				
A HOLES, DEEP RUT*	D CROSSING - NOT IN CROSSWALK				M OTHER*				
B LOOSE MATERIAL ON ROADWAY*	E IN ROAD - INCLUDES SHOULDER				N NONE APPARENT				
C OBSTRUCTION ON ROADWAY*	F NOT IN ROAD				O RUNAWAY VEHICLE				
D CONSTRUCTION - REPAIR ZONE	G APPROACHING / LEAVING SCHOOL BUS								
E REDUCED ROADWAY WIDTH									
F FLOODED*									
G OTHER*									
H NO UNUSUAL CONDITIONS									

SKETCH 	MISCELLANEOUS
------------	---------------

DATE OF COLLISION (MO. DAY YEAR) 9 25 14				TIME (2400) 1000		NOC# 9846		OFFICER I.D. 14916					NUMBER														
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED										
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY		COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST						OTHER									
<input type="checkbox"/> #	<input checked="" type="checkbox"/>	38	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	3	m	6	0										
NAME / D. O. B. / ADDRESS														TELEPHONE													
(INJURED ONLY) TRANSPORTED BY:														TAKEN TO:													
DESCRIBE INJURIES																											
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																											
<input type="checkbox"/> #	<input checked="" type="checkbox"/>	5	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	4	P	0										
NAME / D. O. B. / ADDRESS														TELEPHONE													
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<input type="checkbox"/> #	<input checked="" type="checkbox"/>	1	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"/>	1	6	P	0										
NAME / D. O. B. / ADDRESS														TELEPHONE													
(INJURED ONLY) TRANSPORTED BY:														TAKEN TO:													
DESCRIBE INJURIES																											
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																											
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
NAME / D. O. B. / ADDRESS														TELEPHONE													
(INJURED ONLY) TRANSPORTED BY:														TAKEN TO:													
DESCRIBE INJURIES																											
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																											
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
NAME / D. O. B. / ADDRESS														TELEPHONE													
(INJURED ONLY) TRANSPORTED BY:														TAKEN TO:													
DESCRIBE INJURIES																											
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																											
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
NAME / D. O. B. / ADDRESS														TELEPHONE													
(INJURED ONLY) TRANSPORTED BY:														TAKEN TO:													
DESCRIBE INJURIES																											
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																											
PREPARER'S NAME																											
DIAZ				I.D. NUMBER				14916				MO. DAY YEAR				9 25 14				REVIEWER'S NAME				MO. DAY YEAR			

NARRATIVE / TRAFFIC COLLISION

PAGE 4

DATE OF INCIDENT

TIME

NCIC NUMBER

OFFICER I.D.

NUMBER

09-25-14

1050

9840

14916

Notification:

I was dispatched to this collision at 1055 hours. I responded from Trautwein Rd. and Alessandro Blvd. and arrived on scene at 1115 hours.

All times, speeds, and measurements are approximate. Measurements were made by visual estimation.

Statements:

P1 related that he was on the I-215 s/b to Columbia Ave, on the off ramp, at an undetermined speed. His GPS said he was going the wrong way to San Diego. He needed to get back on the freeway so he steered to the left and drove over the gore point. A truck hit him on his left side. "It was my fault."

P2 related that he was on the I-215 s/b n/of Columbia Ave, in the #3 lane, at 50 mph. A white car crossed over into his lane and hit him on the right side of his truck.

Summary:

P1 was on the I-215 s/b n/of Columbia Ave, in the #4 lane, at an undetermined speed.

P2 was to the left of P1, in the #3 lane, at 50 mph. P1 made an unsafe lane change and hit P2. V1's left side hit V2's right side.

Area of Impact (AOI):

Reference Points- (a) = n/road edge of Columbia Ave.

(b) = w/roadway edge of the I-215.

AOI #1 (V1 vs. V2) was .1 miles n/of (a) and 19 ft. e/of (b).

The AOI was determined by statements.

Cause:

P1 caused this collision in violation of 21658 (a) V.C unsafe lane change.

The Summary, AOI, and Cause are based on statements and vehicle damage.

PREPARER'S NAME

I.D. NUMBER

DATE

REVIEWER'S NAME

DATE

Diaz

14916

09-25-14

PREMIER MEDICAL TRANSPORTATION INC.

CLAIM # 011597045

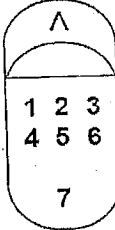
POLICE REPORT # 2014-08-093

ORIGINAL

SPECIAL CONDITIONS		NUMBER INJURED 1	HIT & RUN FELONY <input type="checkbox"/>	CITY SAN BERNARDINO	JUDICIAL DISTRICT VALLEY	LOCAL REPORT NUMBER 2014-08-093	
		NUMBER KILLED 0	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY SAN BERNARDINO	REPORTING DISTRICT BEAT 202	DAY OF WEEK FRIDAY	TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
LOCATION	COLLISION OCCURRED ON: SR-210 E/B				MO 08/08/2014	DAY 1435	TIME (2400)
	MILEPOST INFORMATION:				GPS COORDINATES LATITUDE 34.14523°		LONGITUDE - 117.28683°
	<input type="checkbox"/> AT INTERSECTION WITH:				STATE HWY REL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PHOTOGRAPHS BY: <input checked="" type="checkbox"/> NONE
	<input checked="" type="checkbox"/> OR: 119 FEET EAST OF MOUNTAIN VIEW AVENUE O/C.						
PARTY 1	DRIVER'S LICENSE NUMBER		STATE	CLASS F	AIR BAG P	SAFETY EQUIP. W	VEH. YEAR 2005
	NAME(FIRST, MIDDLE, LAST)						MAKE / MODEL / COLOR HD ROADGLIDE BLK
	OWNER'S NAME		<input type="checkbox"/> SAME AS DRIVER				
PEDES- TRIAN <input type="checkbox"/>	DISPOSITION OF VEHICLE ON ORDERS OF:		<input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> OTHER				
PARKED VEHICLE <input type="checkbox"/>	SEX M		HAIR BRN	EYES HZL	HEIGHT 5-07	WEIGHT 200	BIRTHDATE YEAR W
BICY- CLIST <input type="checkbox"/>	HOME PHONE		BUSINESS PHONE NONE				
OTHER <input type="checkbox"/>	INSURANCE CARRIER		POLICY NUMBER				
	DIR OF TRAVEL E		ON STREET OR HIGHWAY SR-210		SPEED LIMIT 65		
PARTY 2	DRIVER'S LICENSE NUMBER		STATE	CLASS C	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 2009
	NAME(FIRST, MIDDLE, LAST)						MAKE / MODEL / COLOR FORD E250 WHT/BLU
	OWNER'S NAME		<input type="checkbox"/> SAME AS DRIVER				
PEDES- TRIAN <input type="checkbox"/>	PREMIER MEDICAL TRANS INC.		OWNER'S ADDRESS				
PARKED VEHICLE <input type="checkbox"/>	575 MAPLE COURT COLTON CA 92324		DISPOSITION OF VEHICLE ON ORDERS OF:				
BICY- CLIST <input type="checkbox"/>	SEX M		HAIR BRN	EYES BRN	HEIGHT 5-07	WEIGHT 150	BIRTHDATE YEAR H
OTHER <input type="checkbox"/>	HOME PHONE		BUSINESS PHONE				
	INSURANCE CARRIER ZURICH		POLICY NUMBER CPO 959033002				
	DIR OF TRAVEL E		ON STREET OR HIGHWAY SR-210		SPEED LIMIT 65		
PARTY 3	DRIVER'S LICENSE NUMBER		STATE	CLASS C	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 2011
	NAME(FIRST, MIDDLE, LAST)						MAKE / MODEL / COLOR JEEP GRAND CHEROKEE GLD
	OWNER'S NAME		<input checked="" type="checkbox"/> SAME AS DRIVER				
PEDES- TRIAN <input type="checkbox"/>	OWNER'S ADDRESS		<input checked="" type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE <input type="checkbox"/>	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 BLN	EYES BRN	HEIGHT 6-01	WEIGHT 190	BIRTHDATE YEAR W
OTHER <input type="checkbox"/>	HOME PHONE		BUSINESS PHONE				
	INSURANCE CARRIER AAA		POLICY NUMBER				
	DIR OF TRAVEL E		ON STREET OR HIGHWAY SR-210		SPEED LIMIT 65		
PREPARER'S NAME CLARENCE R. JOHNSON III 012530		DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		REVIEWER'S NAME W. OS GUEDA SGT		DATE REVIEWED 8/20/14	

DATE OF COLLISION (MO. DAY YEAR)	TIME(2400)	NCIC #	OFFICER I.D.	NUMBER
08/08/2014	1435	9860	012530	2014-08-093

PROPERTY DAMAGE	OWNER'S NAME N/A	OWNER ADDRESS	NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIPTION OF DAMAGE			

SEATING POSITION 	SAFETY EQUIPMENT	AIR BAG	INATTENTION CODES
	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	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

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

SKETCH FOR SKETCH DIAGRAM, SEE PAGE 4

INDICATE NORTH

MISCELLANEOUS

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

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DATE OF COLLISION (MO. DAY YEAR) 08/08/2014				TIME(2400) 1435		NCIC # 9860		OFFICER I.D. 012530				NUMBER 2014-08-093					
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY('X' ONE)				INJURED WAS ('X' ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER					
<input type="checkbox"/> #	<input type="checkbox"/>	35	M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	P	W	1
[REDACTED]																	
(INJURED ONLY) TRANSPORTED BY: AMR 357				TAKEN TO: LOMA LINDA UNIVERSITY MED CENTER													
DESCRIBE INJURIES: TREATED AT THE SCENE BY FIRE 221. FRACTURED RIGHT ANKLE, ABRASIONS TO RIGHT ELBOW, RIGHT HAND, RIGHT ARM, BACK, LEFT FOOT. TREATED BY DR. MCARTHUR.																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input checked="" type="checkbox"/>	22	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"/>	2	3	M	G	0
NAME / D.O.B. / ADDRESS														TELEPHONE			
[REDACTED]																	
(INJURED ONLY) TRANSPORTED BY:				TAKEN TO:													
DESCRIBE INJURIES:																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<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"/>	3	3	M	G	0
NAME / D.O.B. / ADDRESS														TELEPHONE			
[REDACTED]																	
(INJURED ONLY) TRANSPORTED BY:				TAKEN TO:													
DESCRIBE INJURIES:																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS														TELEPHONE			
[REDACTED]																	
(INJURED ONLY) TRANSPORTED BY:				TAKEN TO:													
DESCRIBE INJURIES:																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS														TELEPHONE			
[REDACTED]																	
(INJURED ONLY) TRANSPORTED BY:				TAKEN TO:													
DESCRIBE INJURIES:																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS														TELEPHONE			
[REDACTED]																	
(INJURED ONLY) TRANSPORTED BY:				TAKEN TO:													
DESCRIBE INJURIES:																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	

PREPARER'S NAME
CLARENCE R. JOHNSON III

I.D. NUMBER
012530

MO. DAY YEAR
08/08/2014

REVIEWER'S NAME

MO. DAY YEAR

AN INTERNATIONALLY ACCREDITED AGENCY

STATE OF CALIFORNIA
SKETCH DIAGRAM

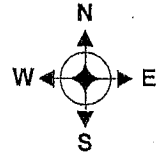
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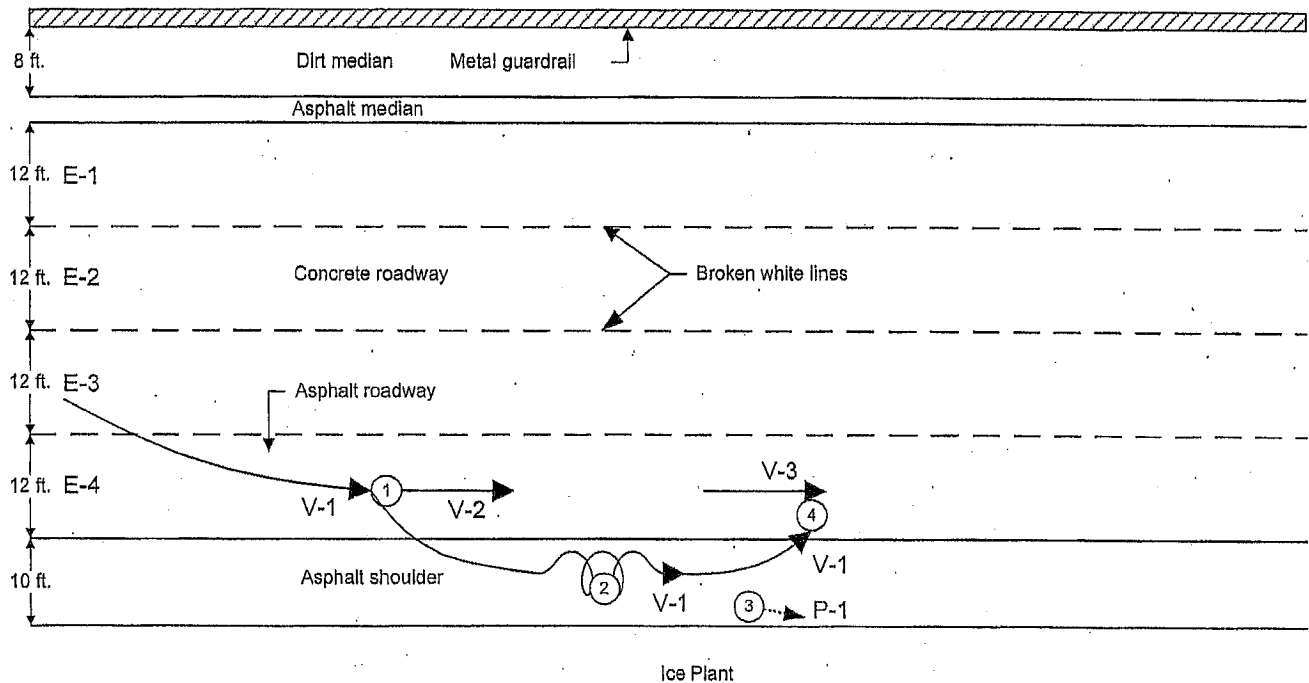
DATE OF INCIDENT 08/08/2014	TIME 1435	NCIC NUMBER 9860	OFFICER I.D. 012530	NUMBER 2014-08-093
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE=)

SR-210 E/B Lanes Only



← Mountain View Avenue



PREPARED BY C. JOHNSON	I.D. NUMBER 012530	DATE 08/23/2014	REVIEWER'S NAME	DATE
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STATE OF CALIFORNIA
FACTUAL DIAGRAM

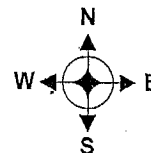
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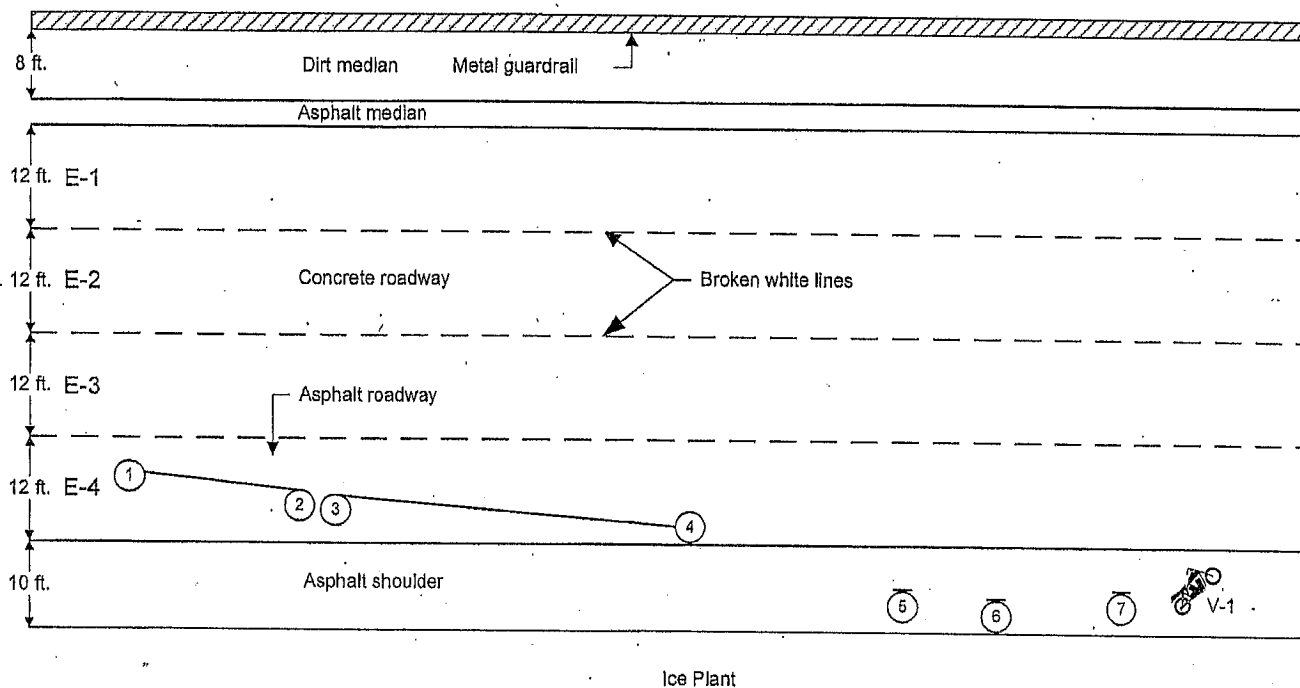
DATE OF INCIDENT 08/08/2014	TIME 1435	NCIC NUMBER 9860	OFFICER I.D. 012530	NUMBER 2014-08-093
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE=)

SR-210 E/B Lanes Only



← Mountain View Avenue



PREPARED BY C. JOHNSON	I.D. NUMBER 012530	DATE 08/23/2014	REVIEWER'S NAME	DATE
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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
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1 Facts:**2 Notifications:**

3 I was dispatched to a call of a traffic collision, with an ambulance responding at approximately
4 1454 hours. I responded from Del Rosa Avenue at the SR-210 and arrived at approximately 1455
5 hours.

7 All times, speeds and measurements are approximate. All measurements were obtained by
8 visual estimation confirmed by LIDAR.

10 Scene:

11 The SR-210 is a full control of access freeway located in the County of San Bernardino and within
12 the city limits of San Bernardino. The eastbound and westbound traffic lanes are separated by
13 metal guardrail bordered by dirt and asphalt medians. The traffic lanes are delineated by broken
14 painted white lines. There are four flat level traffic lanes at this location. The roadway surface of
15 the E-1, E-2 and E-3 lanes consists of concrete composition. The E-4 lane roadway consists of
16 asphalt composition which is bordered by asphalt shoulders. To the south of the right shoulder is
17 an ascending embankment with ice plant. No roadway defects were observed. The posted speed
18 limit is 65 M.P.H. The weather conditions were clear and hot. For further information refer to
19 factual diagram.

21 Parties/Vehicles:

22 **Party#1** [REDACTED] was contacted at the scene in the rear of AMR ambulance and later re-
23 contacted in the emergency room at Loma Linda University Medical Center. P-1 was identified by
24 his [REDACTED] driver license. P-1 was determined to be V-1's driver by his own admission and by P-2
25 and P-3.

27 **Vehicle#1** was located lying on its left side on the right shoulder of SR-210 E/B E/of Mountain
28 View Avenue facing northeast. V-1 sustained moderate collision damage to the front wheel well,

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NARRATIVE/SUPPLEMENTAL

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1 head lamp, right and left front fairing, fuel tank, right and left mirrors, left and right crash bars, right
2 and left rear bags and rear tail lamp. No prior damage or mechanical defects were observed or
3 stated. P-1 was wearing a helmet at the time of the collision. The helmet was a half helmet black
4 in color with a DOT sticker affixed to the back.

5
6 **Party#2** [REDACTED] was contacted at the scene, standing on the right shoulder of the SR-210 E/B
7 E/of Mountain View Avenue. P-2 was identified by his valid CDL. P-2 was determined to be V-2's
8 driver by his own admission and by P-1.

9
10 **Vehicle#2** was located on its wheels, moved and parked on the right shoulder of SR-210 E/B E/of
11 Mountain View Avenue prior to CHP arrival. V-2 sustained minor collision damage to the right
12 rear bumper, right rear panel, right-rear hatch door. No prior damage or mechanical defects were
13 observed or stated.

14
15 **Party#3** [REDACTED] was contacted at the scene, seated in the driver seat of V-2. P-3 was identified
16 by his valid CDL. P-3 was determined to be V-3's driver by his own admission and by P-2.

17
18 **Vehicle#3** was located on its wheels, moved and parked on the right shoulder of SR-210 E/B E/of
19 Mountain View Avenue prior to CHP arrival. V-3 sustained minor collision damage to the right
20 rear door and right front fender. No prior damage or mechanical defects were observed or stated.

21
22 **Physical Evidence:**

23 Correlating damage sustained to all involved vehicles.

24 Tire friction mark from V-1.

25 Several gouge marks to right shoulder from V-1.

26

27

28

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1 **Other factual Information:**

2 V-1 was released at the scene to the registered owner [REDACTED]

3
4 P-1 [REDACTED] stated, that his riding experience was in dirt bike motorcycles since the age of 14.

5

6 **Statements:**

7 **Party#1** [REDACTED] in essence, related, he was riding his motorcycle E/B on the SR-210 in the
8 E-3 lane in the left position of the lane at approximately 30-40 mph. He signaled to change lanes
9 into the E-4 lane. He changed lanes into the E-4 lane as he saw brake lights ahead. He braked
10 and skidded to the right and hit a white van. He was then ejected off of his motorcycle as it
11 flipped.

12

13 **Party#2** [REDACTED] in essence, related, he was E/B on the SR-210 in the E-4 lane at
14 approximately 1-5 mph in stop and go traffic. He came to a stop due to traffic. He felt an impact
15 to the right rear of the van after approximately 5 seconds of being stopped. He saw a motorcycle
16 flipping and rolling by his vehicle on the right shoulder. He saw the rider being ejected from the
17 motorcycle. He saw a gold colored sports utility vehicle approximately one car length ahead in the
18 E-4 lane. He did not see any collision between the motorcycle and the gold sports utility vehicle.
19 He saw the motorcycle come to rest on the right shoulder lying on its left side. He saw the rider
20 come to rest approximately ten feet past the motorcycle.

21

22 **Party#3** [REDACTED] in essence, related, he was E/B on the SR-210 in the E-4 lane at approximately 1
23 mph in stop and go traffic. Traffic came to a stop, causing him to stop. He heard the sounds of a
24 collision to the right side of his vehicle as he saw a motorcycle going by on the right shoulder. He
25 saw the rider was completely separated from the motorcycle. He pulled over and stopped on the
26 right shoulder and went to render aid to the rider. He saw the rider getting up from the ground and
27 then sitting down on the ice plant.

28

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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
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1 Opinions and Conclusions:**2 Summary:**

3 P-1 [REDACTED] was riding his motorcycle E/B on the SR-210 E/of Mountain View Avenue in the left
4 position of the E-3 lane at approximately 30-40 mph in heavy commute traffic conditions. P-2
5 [REDACTED] was E/B on the SR-210 E/of Mountain View Avenue in the E-4 lane at approximately 1-5
6 mph in stop and go traffic. P-3 [REDACTED] was E/B on the SR-210 E/of Mountain View Avenue in the
7 E-4 lane at approximately 1 mph in stop and go traffic. Traffic came to a stop, causing P-2 and
8 P-3 to stop. P-1 signaled and changed lanes into the E-4 lane and failed to observe stopped
9 traffic. P-1 braked and veered right as he struck the right rear of V-2 due to his unsafe speed for
10 conditions (stopped traffic). V-1 began flipping out of control on the right shoulder, fully ejecting
11 P-1. V-1 continued east on the right shoulder where it struck the right side of V-3. After the
12 collision, V-1 came to rest on the right shoulder lying on its left side. P-1 came to rest on the right
13 shoulder. V-2 and V-3 were moved prior to CHP arrival.

15 Area of Impact (A.O.I.):**16 Reference Points:**

- 17 A) is the east edge prolongation of Mountain View Avenue O/C.
18 B) is the south roadway edge of SR-210 E/B.

20 AOI#1 (V-1 vs V-2) was approximately 119' E/of (A) and 4' N/of (B).

22 AOI#2 (V-1 vs ground) was approximately 155' E/of (A) and 6' S/of (B).

24 AOI#3 (P-1 vs ground) was approximately 162' E/of (A) and 8' S/of (B).

26 AOI#4 (V-1 vs V-3) was approximately 185' E/of (A) and 4' N/of (B).

28 **Based on statements and physical evidence.**

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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
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1 **Cause:**

2 **Party#1** [REDACTED] caused the collision by riding at an unsafe speed for conditions. This is a
3 violation of section 22350 VC.

4

5 **All opinions and conclusions were based on statements and by physical evidence.**

6

7 **Recommendations:**

8 None.

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C. JOHNSON	012530	08/23/2014		

PREMIER MEDICAL TRANSPORTATION INC.

CLAIM # 1340041618

DRIVER REPORT:



ZURICH-AMERICAN INSURANCE GROUP

Driver's Report

☐ Zurich Insurance Company
☐ American Guarantee and Liability Insurance Company

4340051597 001
Claim number: _____ Age: _____

Driver's name: _____
Home address: _____
City: _____ State: _____ ZIP code: _____
Business address: _____
City: _____ State: _____ ZIP code: _____
Home telephone number: (____) _____ Business telephone number: (____) _____
Owner's name: _____
Home address: _____
City: _____ State: _____ ZIP code: _____
Home telephone number: (____) _____

Are you the owner or driver of the vehicle involved in the accident? ☒ Yes ☐ No
If you are not the owner, was car being used with the Owner's consent? ☒ Yes ☐ No
Purpose of trip: (personal or business, etc.) transport patient
Year and make of car: _____ License plate number: _____

Date of accident: 4/6/14 19____ Time: 6:40 ☐ a.m. ☒ p.m.
Place of accident: Barton Road Grand Terrace City: Grand Terrace State: CA
Name of owner of other car or property: _____
Address: _____ City: _____ State: _____
Home telephone number: (____) _____ Business telephone number: (____) _____
Name of other driver, if not owner listed above: _____
Address: _____ City: _____ State: _____
Home telephone number: (____) _____ Business telephone number: (____) _____
Was anyone in your vehicle with you? ☒ Yes ☐ No If "Yes," name below:
Name: _____
Address: _____ City: _____ State: _____
Name: _____
Address: _____ City: _____ State: _____
Were there any personal injuries sustained? ☐ Yes ☒ No If "Yes," name those injured:
Name: _____
Address: _____ City: _____ State: _____
Name: _____
Address: _____ City: _____ State: _____
Were there any eye witnesses to the accident? ☒ Yes ☐ No If "Yes," name below:
Name: _____
Address: _____ City: _____ State: _____
Name: _____
Address: _____ City: _____ State: _____

Are you connected with anyone involved in this accident: no
Was a police officer present? ☒ Yes ☐ No Name: _____ Shield number: _____
On what street and in what direction was your vehicle going: East on Barton Rd Rate of speed: _____
On what street and in what direction was other vehicle going: West on Barton Rd Rate of speed: _____

Did you reduce your speed: n/a Did other vehicle reduce its speed: n/a
If you were passing a street car or a vehicle traveling in the street car tracks, on which side did you pass: ☐ Right ☒ Left n/a
What distance away was the other vehicle when you first observed it: n/a
How far from the intersection were you: n/a
How far from the intersection was the other vehicle: n/a
How far from the right curb were you driving: n/a
Any vehicles parked at the curb? ☐ Yes ☐ No Width of street: _____
How far from the right curb was the other vehicle traveling: n/a
Any vehicles parked at the curb? ☐ Yes ☐ No

What signal, if any, did you give: N/A What signal, if any, did other driver give: N/A
What damages did you sustain: N/A
Where taken for repairs: N/A Estimated cost of repairs: N/A
Did you make any statement as to the cause of accident? ☐ Yes ☒ No If "Yes," what did you say: _____
Did the other driver make any statement? ☐ Yes ☐ No If "Yes," what did he say: N/A

What damage was sustained by other car: front bumper messed up
Was it daylight? ☒ Yes ☐ No Was the place of accident well lighted? ☒ Yes ☐ No
Were the lights on your vehicle lit? ☒ Yes ☐ No Bright or dim: _____
Were the lights on the other vehicle lit? ☒ Yes ☐ No Bright or dim: Bright
What was the condition of the street: Not busy Of the weather: Clear
State briefly, in your own words, just how the accident happened: Coming from La Cadenah Street towards Barton Road to get on the free way towards San B hospital we stopped at the first light because the lights weren't working. Guy from turning lane turns into the free way so it's our turn to go but the other car that was not in turning lane decide to get on free way and merges into the van.

DIAGRAM

No. 1. Indicate with block [1] position of your vehicle when you first observed the other vehicle, and with block [A] position of other vehicle.

No. 2. Indicate with block [2] position of your vehicle at time of Collision; and with block [B] position of other vehicle.

No. 3. Indicate with block [3] position of your vehicle after Collision, and with block [C] position of other vehicle.

Omit No. 3 if vehicles did not move after Collision.
Use Arrows to denote direction of vehicles.

Witnesses:

Name: _____

Address: _____

City: _____

State: _____

Name: _____

Address: _____

City: _____

State: _____

Signature: _____ Date: _____

Please NOTE Description is reversed.



INCIDENT REPORT FORM

Page _____ of _____

Circle One

Department:
Transport
Customer Service
Billing
Equipment

Type:
Level of Service
Policy Violation
Vehicle/Mechanical

Contact: [REDACTED]

Phone: [REDACTED]

Unit: 314

Date of Incident: 4-6-14

Time of Incident: 1840

Personnel: [REDACTED]

Client: _____ Phone _____

Narrative:

I was driving east on Barton Road and stopped at the light before the overpass. a car turned in front and I was clear and proceeded. Suddenly a car in the right lane turned left in front of me. I braked and swerved but collided. my neck is sore and will be checked out by doctor. the other car claimed no injuries.

Reporting Employee: [REDACTED]

Date:

4-6-14

Supervisor forwarded to: _____

Date forwarded: _____

DRIVER COPY

PRINT NAME _____ SIGNATURE _____
DRIVER _____ DATE _____ TIME _____

DELIVERY COMMENTS
CO STOPPED WORKING

PRODUCT CODE		EQUIPMENT		CONTINUOUS		QTY
CO		CONCENTRATOR		3 LPM		1
CO		CONCENTRATOR				-1

ORDER	CSR	CALLER	ORDER DATE
146736			22-Oct-15

PATIENT: FIRST: LAST: HEIGHT: WEIGHT: DELIVER TO: ONE CARE HOSPICE

PREMIER MEDICAL
EQUIPMENT AND SUPPLY
575 MAPLE CT, SUITE A
COLTON, CA 92324
(909) 433-3939

EXCHANGE
SERVICE DATE 23-Oct-15

DRIVER

TX DATE TX TIME

29722