

#### 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:						

#### 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.

#### 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.

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:						

#### 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.

#### 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.



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

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:							

#### 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.

#### Results:

No injuries reported from either party.

Date of Loss:	9/24/2014	Insurance Claim	# 2567522						
Unit # 206	nit # 206 Police Report # 2014-090465 Agency: California Highway Patrol (Riverside)								
ACCIDENT/INJURY SUMMARY RESULTS:									

#### 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.

#### Results:

No injuries reported.

Date of Loss: 8/8/2014	Insurance Claim # 011597045	
Unit #	Police Report # 2014-08-093	Agency: California Highway Patrol (San Ber)
AC	CIDENT/INJURY SUMMARY RESULTS:	

#### 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.

#### Results:

Premier Medical Transportation vehicle sustained minimal damages



#### 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:						
AC	ACCIDENT/INJURY SUMMARY RESULTS:						

#### 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.

#### Results:

Premier Medical Transportation vehicle sustained minimal damages, driver was sent for medical exam.

### PREMIER MEDICAL TRANSPORTATION INC.

CLAIM # 1340056170

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

**POLICE REPORT # 1503M4807** 

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NARRATIVE/SUPPLEMENTAL

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

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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 was located at her home 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 was located on scene. Party 2 was identified by a valid CA driver's license. 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 stated she was driving home from being out all night. On her trip she was in Riverside with her friend, 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 LD. NUMBER
 DATE
 REVIEWER'S NAME
 DATE

 Dishon, Jennifer 665
 03/23/2015
 Froboss, Jay 209
 03/24/2015

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STATE OF CALIFORNIA NARRATIVE/SUPPLEMENTAL

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CHP 556 (Rev 7-90) OPI 042				
Date of Incident/Occurrence 3/21/2015	Time(2400)	NCIC NUMBER	OFFICER ID #	NUMBER
	0432	3342	665	1503M-4807

Keith and was travelling westbound but having a hard time staying awake. She stated she remembered 46 47 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 48 49 car because she was stuck inside. When she freed she stated told her they needed to get 50 to her house because she was a runaway juvenile. She stated didn't know how to get to her house 51 so she led her there. She stated when she got home; she was too injured to return to the scene. 52 53 54 stated he was traveling east on Clinton Keith Rd. He said they had just 55 picked up a dialysis patient and were taking him to get treatment. They were not running code-3. 56 said he had just moved into the #2 lane after passing Nutmeg St. He said he saw a vehicle 57 approaching that was swerving and going into the center median of the roadway. 58 tried to move over to the right as far as he could but the ambulance was struck by the vehicle just 59 behind the driver's door. said the ambulance spun around once or twice before striking the 60 curb and coming to a stop. 61 62 seated in right front passenger seat in vehicle 1 stated she and were on their way home from Perris after attending a party. She did not know the person, it was 63 64 friend. They left between 0200-0300 hours, but got lost coming home. fell asleep and 65 drove home. The next thing she remembered was 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 66 tried kicking the windshield open. Once stipped through an opening in the windshield, 67 68 managed to release her seatbelt and was pulled out by They both panicked also because 69 they thought the car was going to blow up. told her to get help by running to her home. told her she did not know where to go so they both ran home together. Once they got home, 70 parents met 71 in the front yard. She saw her mom, but did not think her 72 mother saw her. immediately went into brother's closet to hide because she was a 73 runaway and did not want to go home. 74 75 Passenger seated in bus passenger seat in vehicle 2 stated he was in the back of the 76 ambulance with the patient, said he did not know what happened because he did not 77 have a view of the roadway. He said he took the impact because the vehicle collided with the 78 ambulance directly where he was scated. 80 Passenger 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. 82 Witness 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. said she heard the female yell "I hit the ambulance" and they both took off running toward Nutmeg St. said the females were young and appeared to be similar in size. both were wearing shorts.

PREPARER'S NAME AND LD. NUMBER	DATE	REVIEWER'S NAME	DATE
Dishon, Jennifer 665	03/23/2015	Frohoese, Jay 209	03/24/2015

8/008 Fax Server

519860272

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 7

CHP 350 (Rev 7-90) OP 042				
Date of Incident/Occurrence	Time(2400)	NCIC NUMBER	OFFICER ID #	NUMBER
3/21/2015	0432	3342	665	1503M-4807
L				

3/26/2015 8:08:31 PM PAGE

91 92

#### **OPINIONS AND CONCLUSIONS**

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

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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.

100 101 102

<u>CAUSE:</u> 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.

103 104

#### RECOMMENDATIONS

105 106 107

None.

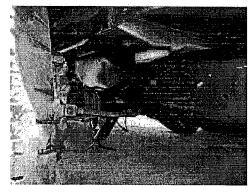
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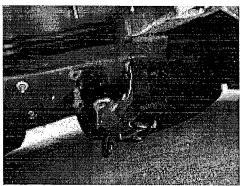
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**P1280197.JPG** 159K



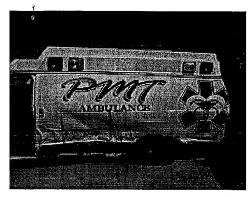
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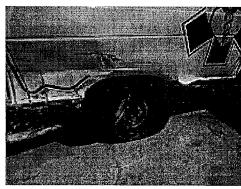
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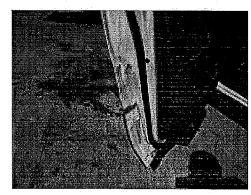
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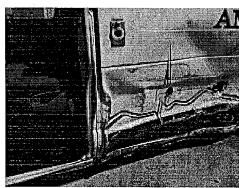
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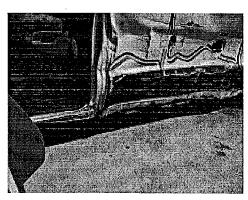
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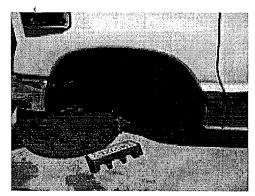
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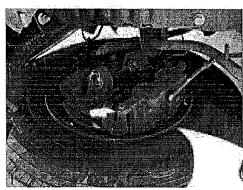
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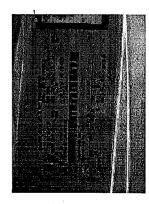
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To:

Tue, Mar 31, 2015 at 11:07 AM

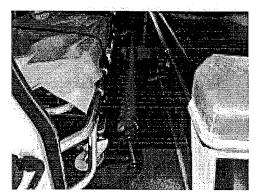
I will be contacting the Insurance company to follow up on submission for repair and restitution from other party. [Quoted text hidden]



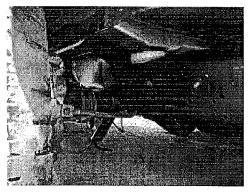
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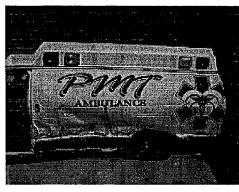
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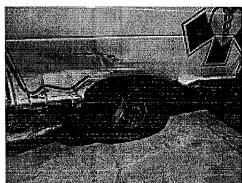
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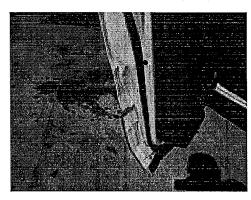
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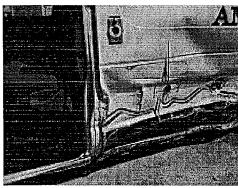
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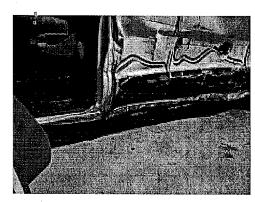
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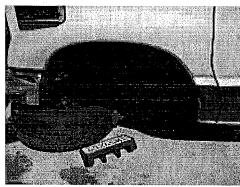
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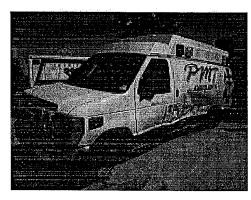
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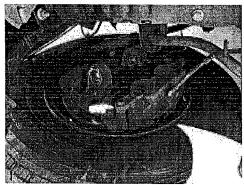
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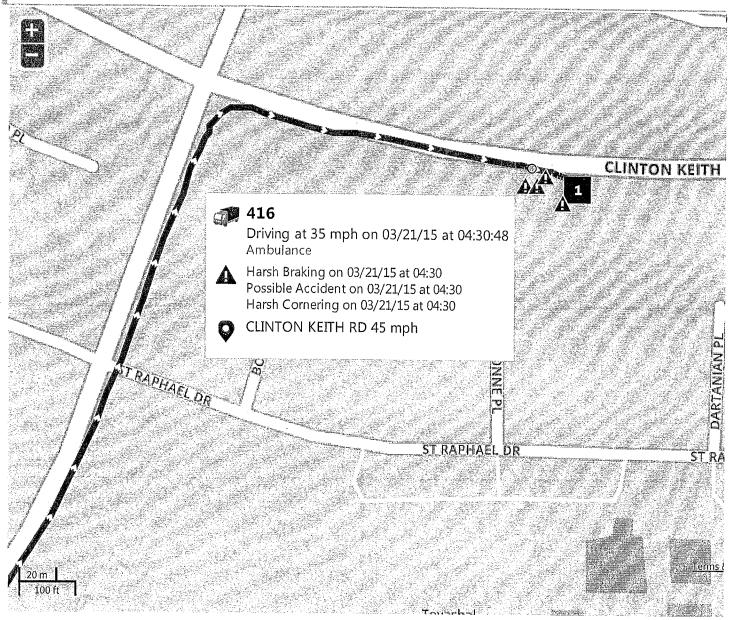
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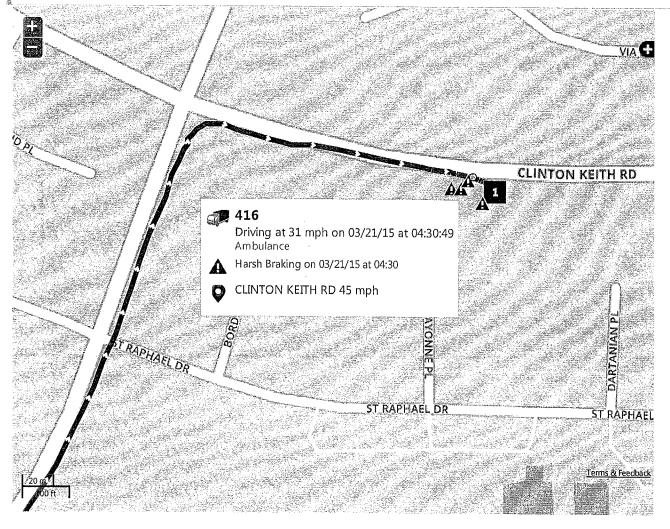


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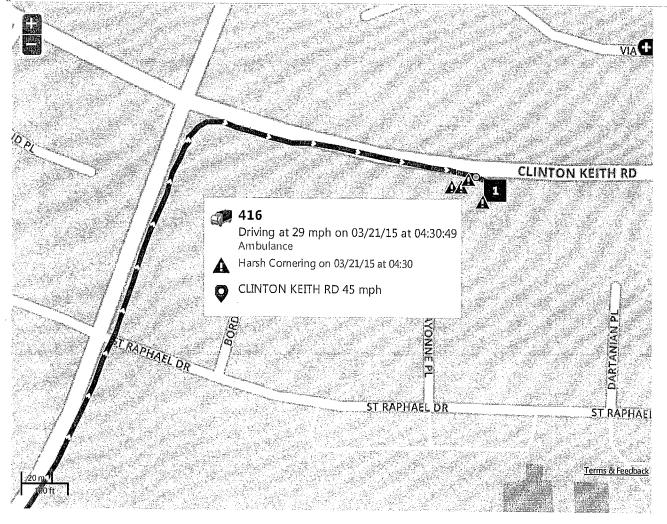
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24100 Monroe Avenue, Murrieta, CA	from 04:04 to 04:26
Clinton Keith Road	from 04:30 to 06:11
26190 Adams Avenue	from 06:22 to 17:26



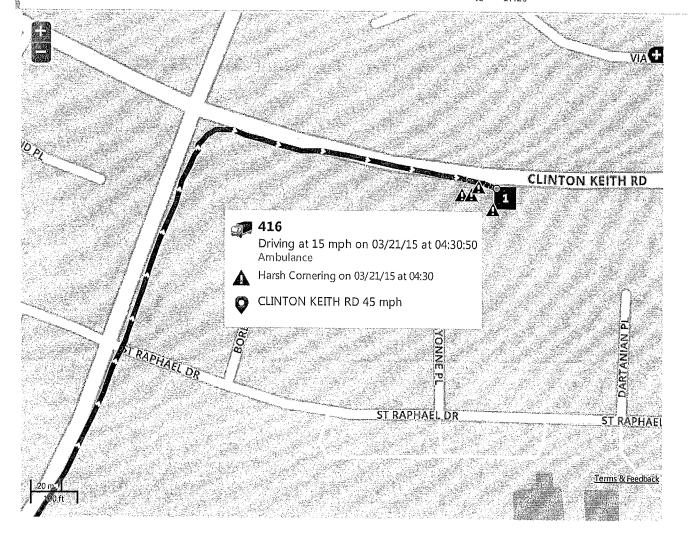
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26190 Adams Avenue	from 06:22 to 17:26



## PREMIER MEDICAL TRANSPORTATION INC.

CLAIM # 1340059339

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

**POLICE REPORT # 2015-04-0371** 

# ATE OF CALIFORNIA PARTMENT OF CALIFORNIA HIGHWAY PATROL 1 RAFFIC COLLISION REPORT CHP 555 PAGE 1 (REV. 04-11) OPI 060

## ORIGINAL

PAGE 1 OF 6

SPECIA	L CONDITIO	ons		NUMBER INJURED	HIT & RUN FELONY	CITY		.,	JUDICIAL DISTRICT LOCAL REPORT NUMBER						
}	1 RIALTO								VALLEY 2015-04-0371						
		•		NUMBER KILLEI	MISDEMEANOR	SAN BER	NARDINO	, REP	EEPORTING DISTRICT  BEAT  DAY OF WEEK  TOW AWAY  THURSDAY  X YES						
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PEDES- TRIAN													•		
PARKED VEHICLE															
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PEDES- TRIAN									PREMIER MEDICAL TRANS INC						
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3			,				<u>·</u> ].		L.	<u>.</u> .					
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PEDES- TRIAN	STREET	4DDKE55				•			014/1	100000					
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	ROPERTY		·											YES NO	
ַ	DAMAGE	DESCRIPTION OF DAMAGE													
		4													
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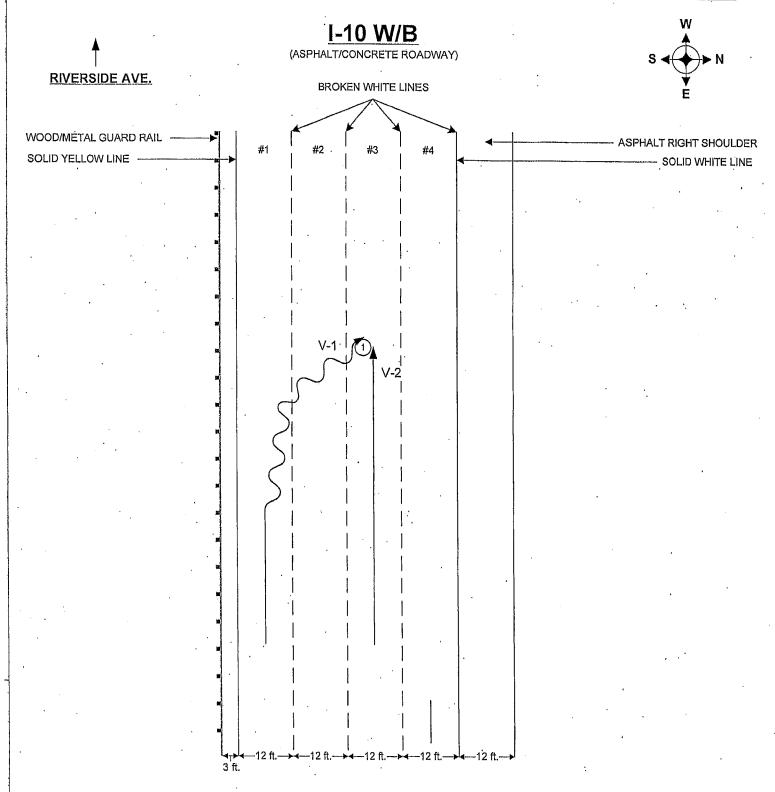
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## SKETCH DIAGRAM VIS-1T-20-IPAGE

PAGE 04 OF 06

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
04/30/2015	0745	9860	19429	2015-04-0371



J. GARBER 19429	05/01/2015	,

STATE OF CALIFORNIA

NARRATIVE/SUPPLE	MENTAL		PAGE	5 OF 6
DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
04/30/2015	0745	9860	019429	2015-04-0371

#### NOTIFICATION:

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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.

7 All times, speeds, and measurements are approximations. All measurements were obtained 8 using foot pace and visual estimation.

#### 10 OTHER FACTUAL INFORMATION:

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

14 P-1 was unable to provide proof of insurance.15

#### 16 **STATEMENTS**:

Party # 1 (P-1) 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) 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.

#### 31 **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.

41 The summary was determined by the statements of the parties involved and the damage to V-1 42 and V-2.

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

STATE OF CALIFORNIA

NARRATIVE/SUPPLE	MENTAL ·		PAGE	6 OF 6
DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
04/30/2015	0745	9860	019429	2015-04-0371

#### 1 AREA OF IMPACT:

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.

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

#### 9 CAUSE:

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11 P-1 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.

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

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## PREMIER MEDCIAL TRANSPORATION INC.

CLAIM # 2014-0047-009863-66

**POLICE REPORT # 14-21058** 



## INCIDENT

Supervisor forwarded to:

REPORT FORM Page \_\_\_\_\_\_ of \_\_\_\_\_\_ Circle One Type: Department: Level of Service (ransport Customer Service Policy Violation Wehicle/Mechanical Billing Equipment Contact: Phone: Unit:\_ 20Cp Date of Incident: 121/7/14 Time of Incident: 1330 Personnel: Phone Client: Narrative: Hit us from the back. We pulled to the If the Driver was okay and she was. Right away I notified prspatch and they told us to call 911 to get a police report. in was Fontana on Valley Blu ominutes later Roughly the poli Everyone was fine no one got case number to provide to premier. After unit ups able to open the doors and it was next call. Date: 12 // 7/14 Reporting Employee: \_

\_\_\_\_\_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-mall: amanning@fontana.org Hotline: (909) 356-TiPS





#### REPORT FORM

REPORT FORM		Page	of
Circle One			
Department: Transport Customer Service Billing Equipment	Type: Level of Service Policy Violation Vehicle/Mechanical		
Contact:	^		`
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Unit: 206	-		
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## PREMIER MEDCIAL TRANSPORATION INC.

CLAIM # 2567522

POLICE REPORT # 14-21058

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL 『RAFEIC COLLISION REPORT CHP 555 Page 1 (Rev. 4-11) OPI 060 SPECIAL CONDITIONS HIT & RUN FELONY JUDICIAL DISTRICT LOCAL REPORT NUMBER 1SC 201409 NUMBER KILLED REPORTING DISTRICT BEAT 0 KIVERSIDE 22 SMTWOFS YES COLLISION OCCURRED ON DAY YEAR /4 TIME (2400) S/B 210 OCATION 1050 MILEPOST INFORMATION PHOTOGRAPHS BY: LATITUDE 34.00260 LONGITUDE -117. 35141 FEET/MILE'S AT INTERSECTION WITH COLUMBIA AVE. DOR: FERT/MILES YES SAFETY EQUIP. PART VEH. YEAR STATE m 98 BUICK, 1 11 DRIVER OFFICER DRIVER OTHER DRIVEN TERN BRN 5-4 140 PRIOR MECHANICAL DEFECTS: NONE APPARENT REFER TO NARRATIVE BUSINESS PHONE VEHICLE IDENTIFICATION NUMBER: NONE VEHICLE TYPE DESCRIBE VEHICLE DAMAGE SHADE IN DAMAGED AREA INSURANCE CARRIER POLICY NUMBER UNK. NONE MINOR BROTHERHOOD MUT. 134940274812 01 MOD. MAJOR ROLL-OVER ON STREET OR HIGHWAY I: 215 CAL-T TCP/PSC MC/MX STATE CLASS AIR BAG SAFETY EQUIP. VEH. YEAR MAKE/MODEL/COLOR PARTY m 1 6 2 CA PRIVER  $\square$ OWNER'S NAME SAME AS DRIVER PREMIER PEDES TRIAN MEDICAL OWNER'S ADDRESS SAME AS DRIVER PARKEI VEHICLI MAPLE DISPOSITION OF VEHICLE ON ORDERS OF: OFFICER BICY-CLIST DRIVEN RACE 195 HPRIOR MECHANICAL DEFECTS: NONE APPARENT REFER TO NARRATIVE BUSINESS PHO VEHICLE IDENTIFICATION NUMBER: NONE DESCRIBE VEHICLE DAMAGE SHADE IN DAMAGED AREA POLICY NUMBER 9742642 UNK. NONE WINOR GOLDEN EAGLE MOD. MAJOR ROLL-OVER ON STREET OR HIGHWAY 215 CAL-T TCP/PSO DRIVER'S LICENSE NUMBER STATE CLASS AIR.BAG SAFETY EQUIP, VEH, YEAR MAKE/MODEL/COLOR PARTY LICENSE NUMBER STATE 3 DRIVER NAME (FIRST, MIDDLE, LAST) OWNER'S NAME SAME AS DRIVER STREET ADDRESS PEDES TRIAN OWNER'S ADDRESS SAME AS DRIVER CITY/STATE/ZIP PARKED VEHICLE DISPOSITION OF VEHICLE ON ORDERS OF: . OFFICER DRIVER OTHER BIOY-CLIST SEX HAIR ÉYES WEIGHT BIRTHDATE Day Year PRIOR MECHANICAL DEFECTS: NONE APPARENT REFER TO NARRATIVE HOME PHONE OTHER BUSINESS PHONE VEHICLE IDENTIFICATION NUMBER: VEHICLE TYPE DESCRIBE VEHICLE DAMAGE SHADE IN DAMAGED AREA INSURANCE GARRIER POLICY NUMBER UNK. NONE MINOR MOD: MAJOR ROLL-OVER ON STREET OR HIGHWAY SPEED LIMIT CA CAL-T PREPARER'S NAME Z DISPATCH NOTIFIED 14916 YES NO

An Internationally Accredited Agency

Chp555 0411.pdf

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
TRAFFIC COLLISION CODING
CHP 555 Page 2 (Rev. 4-11) OPI 060

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I.D. NUMBER 14916

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and who be differed

PREPARER'S NAME

DAZ

# NARRATIVE / TRAFFIC COLLISION PAGE 4 DATE OF INCIDENT TIME NCIC NUMBER OFFICER I.D. NUMBER 09-25-14 1050 9840 14916

#### 1 Notification:

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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 l-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.

#### 30 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.

### PREMIER MEDCIAL TRANSPORATION INC.

CLAIM # 011597045

POLICE REPORT # 2014-08-093

# STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL TRAFFIC COLLISION REPORT CHP 555 PAGE 1 (REV. 04-11) OPI 060

## ORIGINAL

PAGE I OF 11

SPECIAL	CONDITIO	NS		NUMBER INJURED 1	HIT & RUN FELONY	CITY SAN BE	RNA	RDINO '	•	VALLEY	JUDICIA	L DISTRICT		L REPORT N		
				NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY			··	RTING DISTR	ICT	BEAT		F WEEK	TOW AW	/AY
				0	MISDEMEANOR	ľ	RNA.	RDINO .				202		DAY	X YE	<del></del> 1
	SR-210	OCCURRED ON:								MO DA 08/08/20		TIME (2400) 1435	NCIC I		OFFICER I.D. 012530	)
OCATION		INFORMATION:	···	· .		·	3PS CO	ORDINATES			•	1		OGRAPHS B		ONE
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Š		TERSECTION WI			,						<del>~</del>	STATE HWY REL				
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CLA	ARENCI	E R. JOHNS	ON III (	012530	•	X YE	s [	] NO @[		Wic	SECUE	DA 567	lla	co/	8/20/	114

CHP 555 CARS PAGE2 (REV. 04-11) OPI	060	Tuoio #				OFFICER I.D.	· · · · · · · · · · · · · · · · · · ·		1	IUMI	BER
DATE OF COLLISION (MO. DAY YEAR)	11ME(2400)	NCIC #				012530			2	01	4-08-093
08/08/2014	. 1435	9860			.00						NOTIFIED
OWNER'S NAME		٥	WNER AD	DRE	:88						TYES NO
PROPERTY N/A											
DAMAGE DESCRIPTION OF DAMAGE											
Designation Discounting										T	INATTENTION CODES
	SA	FETY EQUIPMENT	Γ			ļ	AIR BAG				INATIENTION CODES
SEATING POSITION	OCCUPANTS		CHILD R	EST	RAII	TV	B - UNKNOWN			-	A - CELL PHONE HANDHELD .
	A - NONE IN VEHICLE	Ē	Q - IN VI	EHIC	LE L	JSED	L- AIR BAG DEPLO	YED	VED	1	B - CELL PHONE HANDSFREE
$\bigwedge$	B - UNKNOWN		R - IN VE	HIC	LE N	OT USED	M - AIR BAG NOT D N - OTHER	i-o	,		C - ELECTRONIC EQUIPMENT D - RADIO / CD
	C - LAP BELT USED		S - IN VE	:HIC	LEU	JSE UNKNOWN MPROPER USE	P - NOT REQUIRED			1	E - SMOKING
1-DRIVER	D - LAP BELT NOT U	GED	U - NON	E IN	VE	HICLE				7	F - EATING
1 2 3 2 TO 6 - PASSENGERS	F - SHOULDER HARI	NESS NOT USED					EJECTED FROM	/EHI	ULE	-	G - CHILDREN
1 4 5 6 7 - STATION WAGON REAR	G - LAP/SHOULDER	HARNESS USED				HELMET	0 - NOT EJECTED	,		ļ	H - ANIMALS I - PERSONAL HYGIENE
8 - REAR, OCC TRK, OR VAN 9 - POSITION UNKNOWN	H - LAP/SHOULDER J - PASSIVE RESTR	HARNESS NOT USED	DRIVEI V - NO			ASSENGER - NO	1 - FULLY EJECTED 2 - PARTIALLY EJE		)	1	J - READING
7 O-OTHER	K - PASSIVE RESTR	AINT NOT USED	W - YE			- YES	3 - UNKNOWN	•			K - OTHER
							N AMERINAL THE AL	ADD	Λ T1	VE	
ITEM	S MARKED BELOV	V FOLLOWED BY AN A	STERIS	SK (	(*) S	HOULD BE EXI	PLAINED IN THE N	ANN	A 11	V L.	THE PRECEDING
						SPECIAL INF		$ _1 $	2	3	MOVEMENT PRECEDING COLLISION
PRIMARY COLLISION FACTOR	TRAFFIC C	ONTROL DEVICES	1 2	2 3	- 1				- 1	٠,	
LIST NUMBER (#) OF PARTY AT FAULT	X A CONTROLS FL	JNCTIONING	$\neg \vdash$	Т	A	HAZARDOUS MA	TERIAL	1-1	X	X !	A STOPPED B PROCEEDING STRAIGHT
11	B CONTROLS N	OT FUNCTIONING*			В	CELL PHONE HA	NDHELD IN USE	1	-+		C RAN OFF ROAD
A 22350 XNO	C CONTROLS O	BSCURED			С	CELL PHONE HA	NDSFREE IN USE	1-1	4		D MAKING RIGHT TURN
B OTHER IMPROPER DRIVING*	D NO CONTROL	S PRESENT / FACTOR*	T <sub>X</sub>	хŪ		CELL PHONE NO		1-1	-+		E MAKING LEFT TURN
		OF COLLISION		$\int$	E	SCHOOL BUS R	ELATED	+	-+		F MAKING U TURN
C OTHER THAN DRIVER*	A HEAD - ON				F	75 FT MOTORTE	RUCK COMBO	╂╾┼	$\dashv$		G BACKING
D NNKNOMN*	B SIDE SWIPE			$\prod$		32 FT TRAILER	COMBO		4		H SLOWING / STOPPING
	X C REAR END				- 1	<u> </u>		+		$\dashv$	I PASSING OTHER VEHICLE
WEATHER (MARK 1 TO 2 ITEMS)	D BROADSIDE				_ !		<u> </u>	+-		$\dashv$	J CHANGING LANES
	E HIT OBJECT			_				- X			K PARKING MANEUVER
X A CLEAR B CLOUDY	F OVERTURNE	D		_	_ []	<u>&lt;</u>		+-	-		L ENTERING TRAFFIC
C RAINING	G VEHICLE / PE	DESTRIAN				_		╁	-	-	M OTHER UNSAFE TURNING
D SNOWING	H OTHER*:			_		<u>M</u>		+	├	-	N XING INTO OPPOSING LANE
E FOG / VISIBILITY FT.						N O		十	1	-	O PARKED
F OTHER:*		ICLE INVOLVED WITH			$\dashv$			_	1	<b>†</b>	P MERGING
GWIND	A NON - COLL	SION			$\vdash$				╁	1	Q TRAVELING WRONG WAY
LIGHTING	B PEDESTRIAN	N .		_	$\vdash$	OTUED ARE	OCIATED FACTOR	s	+	十	R OTHER*:
X A DAYLIGHT	X C OTHER MOT	OR VEHICLE	<del></del> 1	2	3	(MARK 1 TC	2 ITEMS)	" ├-	+	$\top$	
B DUSK - DAWN	D MOTOR VEH	IICLE ON OTHER ROADWA	\Y	100	983a	VO PECTION VIOLAT		ŝ	1		
C DARK - STREET LIGHTS	E PARKED MC	TOR VEHICLE				A VOABOTION NOO!			1	T	
D DARK - NO STREET LIGHTS	F TRAIN		a/8	Dec.	79E	VC SECTION VIOLAT	ED: CITED: Y	:8		$\top$	
E DARK - STREET LIGHTS NOT	G BICYCLE	<u></u>		4			` <u></u>	<u> </u>	1.		SOBRIETY - DRUG
FUNCTIONING*	H ANIMAL:		100	33.5	1 1000	C VC SECTION VIOLA	TED: CITED:		1 2	3	PHYSICAL (MARK 1 TO 2 ITEMS)
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X A DRY	- I FINED OBUG	/-		T	1	D F. St.	Branch Walte	4	X X	Ψ	A HAD NOT BEEN DRINKING B HBD - UNDER INFLUENCE
B WET	OTHER OB	JECT:	<del> </del>	T		E VISION OBSC	UREMENT: .	-	+	+	C HBD - NOT UNDER INFLUENCE
C SNOWY - ICY	3 31,100,000	**		I		F INATTENTION	J*:			+	D HBD - IMPAIRMENT UNKNOWN*
D SLIPPERY (MUDDY, OILY, ETC.)			)	<b>(</b> )	(X	G STOP & GO T	HAFFIC	-	+	+	E UNDER DRUG INFLUENCE*
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)	PEDEST	RIAN'S ACTIONS		1	_	H ENTERING / L	EAVING KAWP	$\dashv$	+	+	F IMPAIRMENT - PHYSICAL*
A HOLES, DEEP RUT*	X A NO PEDES	TRIANS INVOLVED		1	_	J UNFAMILIAR	MITH ROAD		+	+	G IMPAIRMENT NOT KNOWN
B LOOSE MATERIAL ON ROADWAY*		IN CROSSWALK -	L	_	- -	K DEFECTIVE	VEH FOUR: CITED	$\dashv$	+	+	H NOT APPLICABLE
C OBSTRUCTION ON ROADWAY*	AT INTERS	SECTION			1	K DEFECTIVE	YEN, EQUIP	ł	$^+$	$\dashv$	SLEEPY / FATIGUED*
D CONSTRUCTION - REPAIR ZONE	C CROSSING	3 IN CROSSWALK - NOT	1				□ No		+	+	
E REDUCED ROADWAY WIDTH	AT INTERS	SECTION		4	-	L UNINVOLVE			$\dashv$	十	
F FLOODED*	D CROSSING	G - NOT IN CROSSWALK		-		M OTHER*:	2 1011000		$\vdash$	-	
G OTHER*:	E IN ROAD	INCLUDES SHOULDER		+		N NONE APPA	RENT		$\sqcap$	7	
X H NO UNUSUAL CONDITIONS	F NOT IN RO	OAD COMPANY OF THE CO	DITE	$\dashv$	+	O RUNAWAY	/EHICLE		П		
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## STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL INJURED / WITNESSES / PASSENGERS

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

DATE OF COI 08/08/20	LLISION (MO. DA)	YEAR)		TIME(2400		NGIC# 9860	<del>. w</del>	01253			<del> </del>		NUMBER 2014-0		-		
	·····	I					ONE)	<u> </u>		- · ·			2014-0	0-093			
WITNESS	PASSENGER ONLY	AGE	SEX .	FATAL INJURY	SEVERE INJURY	OTHER VISIBLE	COMPLAINT OF PAIN	DRIVER	Т	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
#		35	M	INJURY	X	INJUNT	OF PAIN	x					1	1	P	w	1
ř					1	1				J		1			<u> </u>	NE	
(INJURED	ONLY) TRANS	PORTE	D BY:				TAKEN		A I INI	DA YINI		MED	CENTRE	,			
	injuries:	TR	EATI	ED AT T	HE SCE	NE BY FIRE	221. FRAC									<del></del>	
	ELBOW, RI				T ARM,	BACK, LEFT	г гоот.					—	VICTIM (	of VIOL	FNT CE	RIME NOT	elen :
<b> </b>   #	x	22	M					ΤП		T			2	3	M	G	0
NAME / D.	O.B. / ADDRES	<u> </u>			<u> </u>		1 1			<u>                                     </u>	<u> </u>		<u></u>	L	Ļ	PHONE	
(INJURED	ONLY) TRANS	PORTE	DBY:			. 0	TAKEN	то:		1							
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												$\Box$	VICTIM C	of VIOL	ENT CR	IME NOTI	FIED
1	er's name ENCE R. JO	HNSO	N III			I.D. NUMBER 012530	МО	. DAY 08/08/20		REVIE	WER'S NAME	<u> </u>					Y YEAR

#### SKETCH DIAGRAM

 CHP 555 Page 4(Rev. 8-97) OPI 042
 PAGE 4 OF 11

 DATE OF INCIDENT
 TIME
 NCIC NUMBER
 OFFICER I.D.
 NUMBER

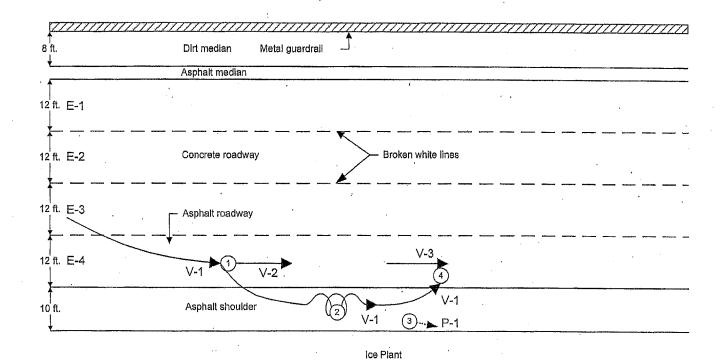
 08/08/2014
 1435
 9860
 012530
 2014-08-093

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

### SR-210 E/B Lanes Only



Mountain View Avenue



PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
C. JOHNSON	012530	08/23/2014		

#### **FACTUAL DIAGRAM**

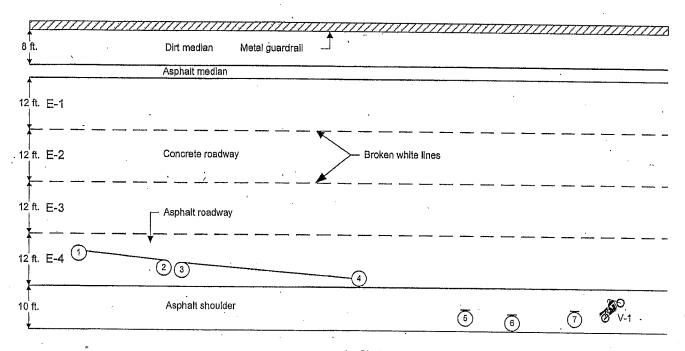
CHP 333 Page 4(Rev. 8-97) OPI 042			PAGE 5	5 OF 11
DATE OF INCIDENT.	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
08/08/2014	1435	9860	012530	2014-08-093

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

## SR-210 E/B Lanes Only



**Mountain View Avenue** 



PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
C. JOHNSON	012530	08/23/2014		-/

PAGE 6 OF 11 DATE OF INCIDENT 08/08/2014 TIME NCIC NUMBER OFFICER I.D. NUMBER 1435 9860 012530 2014-08-093

1	<u>Legend</u>
2	Reference Points
3 4	<ul><li>A) Was the east edge prolongation of Mountain View Avenue O/C.</li><li>B) Was the south roadway edge of SR-210 E/B.</li></ul>
5	
6	Vehicles Points of Rest
7	V-1's F/wheel was approximately 233' E/of (A) and 4' S/of (B).
8	V-1's R/wheel was approximately 231' E/of (A) and 8' S/of (B).
9	V-2 and V-3 were both moved prior to CHP arrival.
10.	
11	Physical Evidence
12	1)2)3)4) were tire friction marks from V-1
13	5)6)7) were one foot long gouge marks from V-1 (measured center mass)
14	
15	<u>Locations</u>
16 .	1) Began: was approximately 9' E/of (A) and 9' N/of (B).
17	2) End: was approximately 41' E/of (A) and 7' N/of (B).
18	3) Begin: was approximately 49' E/of (A) and 7' N/of (B).
19	4) End: was approximately 119' E/of (A) and 4' N/of (B).
20	5) was approximately 155' E/of (A) and 6' S/of (B).
21	6) was approximately 167' E/of (A) and 7' S/of (B)
22	7) was approximately 229' E/of (A) and 6' S/of (B).
23	
24	
25	
26	
27	
28	

PRI	EPARED BY
C.	<b>JOHNSON</b>

NARRATIVE/SUPPLE	MENTAL		PAGE	7 OF 11
DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
08/08/2014	1435	9860	012530	2014-08-093

#### 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.

6

7 All times, speeds and measurements are approximate. All measurements were obtained by

8 visual estimation confirmed by LIDAR.

9

#### 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.

20

#### 21 Parties/Vehicles:

- 22 Party#1 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 driver license. P-1 was determined to be V-1's driver by his own admission and by P-2
- 25 and P-3.

26

- 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,

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
C. JOHNSON	012530	08/23/2014		

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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 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 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

PRI	EPARED BY	_
C.	JOHNSOI	V

REVIEWER'S NAME

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DATE OF INCIDENT 08/08/2014	TIME 1435	NCIC NUMBER 9860	OFFICER I.D.	NUMBER
00/00/2014	1700	9000	012530	2014-08-093

#### 1 Other factual Information:

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

stated, that his riding experience was in dirt bike motorcycles since the age of 14. 5

6 Statements:

in essence, related, he was riding his motorcycle E/B on the SR-210 in the 7 Party#1

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

3

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

in essence, related, he was E/B on the SR-210 in the E-4 lane at approximately 1 22 Party#3

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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#### 1 Opinions and Conclusions:

2 Summary:

- 3 P-1 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
- 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 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:

14

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- 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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		00/20/2017		

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2 Party#1 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.

### PREMIER MEDICAL TRANSPORATION INC.

CLAIM # 1340041618

**DRIVER REPORT:** 



### **Driver's Report**

	American Guarantee and Liability Ins	surance Company
	4340051507	001
Dela de la companya della companya della companya della companya de la companya della companya d	4340051597 Claim number:	
Driver's name:		Age:
Home address:	01-1 710	,
Business address:	State: ZIP co	ode:
Citv:	State: 7ID or	odo:
City:	Business telephone number: ( )	Jue
Owner's name:	Paginos telephone namber.	
Home address:		- And
City:	State: 7IP or	ode:
Home telephone number: ()		
Are you the owner or driver of the vehicle involved in the	he accident: W	· · · · · · · · · · · · · · · · · · ·
If you are not the owner, was car being used with the Purpose of trip: (personal or business, etc.)	Dwner's consent?	
Year and make of car:	License plate number:	
Date of accident: 4/6/19	19 Time (5) (4)	Dam Jan
Place of accident: Boy han Road Grone	Terrace City: Grand Terrace	State: <u>CA</u>
Name of owner of other car or property:		
Address:	City:	State:
Address: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 apvone in your vehicle with you? Yes No	o If "Yes," name below:	
Name	A)	
Address:	City:	State:
Name:Address:		Otato
Were there any personal injuries sustained? ☐ Yes	City:	State:
Name:	12 110 II 103, Hamo those injured.	
Address:	City:	State:
Name:		
Address:	· City:	State:
Were there any eye witnesses to the accident? Ye	s 🗌 No If "Yes," name below:	
Name:	A STATE OF THE STA	
Address;	City;	State:
Name:		······································
Address: Are you connected with anyone involved in this accide	City:	State:
		<u> </u>
		umber:
On what street and in what direction was your vehicle	going: East on Boilton Re	
	Rate	of speed:
On what street and in what direction was other vehicle	• •	of.speed:
Did you reduce your speed:\(\subseteq \subseteq \C\)	Did other vehicle reduce its speed: \( \frac{\cappa_{\cappa}}{\cappa_{\cappa}} \)	orsbeed:
If you were passing a street car or a vehicle traveling in	the street car tracks, on which side did you pass	s: Right Dieft v
What distance away was the other vehicle when you fi		o. winght well!
	0	
How far from the intersection was the other vehicle;		
How far from the right curb were you driving:	WM	
	Vidth of street:	
How far from the right curb was the other vehicle trave	alling: YV A	
Any vehicles parked at the curb?   Yes   No		

What signal, if any, did you give: What signal, if any, did other driver give:
What damages did you sustain: $\sqrt{\Lambda}$ Estimated cost of repairs: $\sqrt{\Lambda}$
Where taken for repairs: Estimated cost of repairs: // /k  Did you make any statement as to the cause of accident?   Estimated cost of repairs:/ /k  No  f"Yes," what did you say:
Did the other driver make any statement?   Yes   No If "Yes," what did he say:
What damage was sustained by other car:  Was it daylight?
PD MOPPO D
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
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:
Cambi
Chata
State:
Name:
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; Phone:			
Unit: 314  Date of Incident: 4-6-14			
Time of Incident: 1840	•	· .	_
Personnel			
Client:	Phone		
Narrative Lugs driv.  and stopped at a car tyraed in proceeded 5ud torned left in swerved bort unll be charle car claimed	ins last on ) the light a front and dealing a car collided, in ell out by no mjurits.	Barton ; be fore ! I was el in the ! I sect doctor,	Road he overpuss. leght lang atted and is sore and
Reporting Employee:		Date:	1-6-14
Supervisor forwarded to:	t · · · ·		

## **LX LIME** LX DVLE

23-Oct-15 **SERVICE DATE EXCHANGE** 

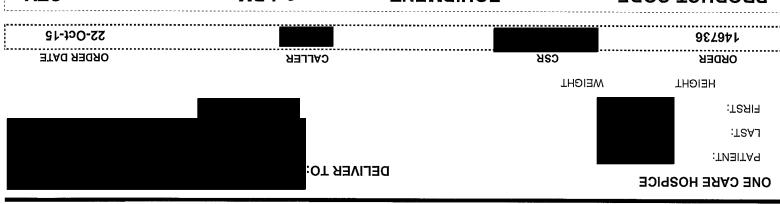
DRIVER

675 MAPLE CT., SUITE A (909) 433-3939 EĞÜLEMENT AND SUPPLY

PREMIEK MEDICAL

CO

CO



CONCENTRATOR

CONCENTRATOR

DELIVERY COMMENTS

CO STOPPED WORKING

 TIME			ЗЯПТАИЭІВ
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