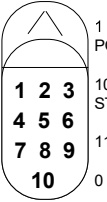



SPECIAL CONDITIONS		NUMBER INJURED 0	HIT & RUN FELONY <input type="checkbox"/>	CITY SELMA		JUDICIAL DISTRICT FRESNO SUPERIOR COURT "M" STREET COURTHOUSE		LOCAL REPORT NUMBER 9435-2024-04822					
		NUMBER KILLED 0	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY FRESNO		REPORTING DISTRICT 107		DAY OF WEEK S M T W T F S	TOW AWAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
LOCATION	CRASH OCCURRED ON STATE ROUTE 99 NORTHBOUND TO FLORAL AVENUE			CRASH DATE MO. DAY YEAR 12/03/2024		CRASH TIME (2400) 1640		NOTIFICATION DATE MO. DAY YEAR 12/03/2024		NOTIF. TIME (2400) 1644	NCIC # 9435	OFFICER ID 020193	
	<input type="checkbox"/> AT INTERSECTION WITH <input checked="" type="checkbox"/> OR: 30 FEET SOUTH of FLORAL AVENUE							STATE HWY REL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DIGITAL MEDIA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	GPS COORDINATES FOR LOCATION (LOC.) AND AREA(S) OF IMPACT (AOI) LAT. LONG. AOI LAT. LONG. AOI LAT. LONG. AOI LAT. LONG. AOI LAT. LONG. ADDTL. AOI(s) <input type="checkbox"/>												
	LAT. LONG. AOI LAT. LONG. AOI LAT. LONG. AOI LAT. LONG. AOI LAT. LONG. ADDTL. AOI(s) <input type="checkbox"/>												
	LAT. LONG. AOI LAT. LONG. AOI LAT. LONG. AOI LAT. LONG. AOI LAT. LONG. ADDTL. AOI(s) <input type="checkbox"/>												
PARTY 1	DRIVER'S LICENSE NUMBER B5134531			STATE CA	CLASS A	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 2016		MAKE/MODEL/COLOR VOLV VNL WHI		LICENSE NUMBER 9G35562	STATE CA
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> PARAMJIT SINGH BARRING							2016		UTIL TRAILER WHI		4PG1209	CA
PEDES-TRIAN	STREET ADDRESS <input type="checkbox"/> 5888 S CHERRY AVE							OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER					
PARKED VEHICLE	CITY/STATE/ZIP <input type="checkbox"/> FRESNO CA 93706							OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER					
BICY-CLIST	SEX <input type="checkbox"/> M	HAIR <input type="checkbox"/> BLK	EYES <input type="checkbox"/> BLK	HEIGHT <input type="checkbox"/> 6' 0"	WEIGHT <input type="checkbox"/> 242	BIRTHDATE Mo. Day Year <input type="checkbox"/> 04/01/1954	RACE <input type="checkbox"/> O	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
OTHER	HOME PHONE <input type="checkbox"/> (559) 451-6668			BUSINESS PHONE <input type="checkbox"/> NONE				DRIVEN FROM SCENE PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE					
OPER-ATOR	INSURANCE CARRIER <input type="checkbox"/> ACCORD			POLICY NUMBER COM00205750-02				VEHICLE IDENTIFICATION NUMBER: 4V4NC9EH7GN965987					
	DIR OF TRAVEL N	ON STREET OR HIGHWAY STATE ROUTE 99 TO FLORAL AVE			LANE EXIT	THRU LANES 1	TOTAL LANES 1	SPEED LIMIT 65	VEHICLE TYPE 25 31		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		TOP VIEW
PARTY 2	DRIVER'S LICENSE NUMBER B9487316			STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 2018		MAKE/MODEL/COLOR AUDI Q7 BLK		LICENSE NUMBER 8EBS183	STATE CA
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> HARPREET RANDHAWA							OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER					
PEDES-TRIAN	STREET ADDRESS <input type="checkbox"/> PO BX 954							OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER					
PARKED VEHICLE	CITY/STATE/ZIP <input type="checkbox"/> SELMA CA 93662							1248 GOLDRIDGE ST SELMA CA 93662					
BICY-CLIST	SEX <input type="checkbox"/> F	HAIR <input type="checkbox"/> BLK	EYES <input type="checkbox"/> BRN	HEIGHT <input type="checkbox"/> 5' 4"	WEIGHT <input type="checkbox"/> 130	BIRTHDATE Mo. Day Year <input type="checkbox"/> 10/14/1980	RACE <input type="checkbox"/> O	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
OTHER	HOME PHONE <input type="checkbox"/> (559) 907-5643			BUSINESS PHONE <input type="checkbox"/> NONE				DRIVEN FROM SCENE PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE					
OPER-ATOR	INSURANCE CARRIER <input type="checkbox"/> AAA			POLICY NUMBER CAAS201710375				VEHICLE IDENTIFICATION NUMBER: WAILHAF71JD041063					
	DIR OF TRAVEL N	ON STREET OR HIGHWAY STATE ROUTE 99 TO FLORAL AVE			LANE EXIT	THRU LANES 1	TOTAL LANES 1	SPEED LIMIT 65	VEHICLE TYPE 07		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		TOP VIEW
PARTY 3	DRIVER'S LICENSE NUMBER			STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR		MAKE/MODEL/COLOR		LICENSE NUMBER	STATE
DRIVER	NAME (FIRST, MIDDLE, LAST)							OWNER'S NAME					
PEDES-TRIAN	STREET ADDRESS							OWNER'S ADDRESS					
PARKED VEHICLE	CITY/STATE/ZIP							DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
BICY-CLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE					
OTHER	HOME PHONE			BUSINESS PHONE				VEHICLE IDENTIFICATION NUMBER:					
OPER-ATOR	INSURANCE CARRIER			POLICY NUMBER				VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE			
	DIR OF TRAVEL	ON STREET OR HIGHWAY			LANE	THRU LANES	TOTAL LANES	SPEED LIMIT	CA		DOT		
PREPARER'S NAME TYLER LUPER, 020193				DISPATCH NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A				REVIEWER'S NAME BRETT T OTTO				DATE REVIEWED 12/04/2024	

CRASH DATE (MO. DAY YEAR) 12/03/2024		CRASH TIME (2400) 1640		NCIC # 9435		OFFICER ID 020193		NUMBER 9435-2024-04822						
PROPERTY DAMAGE		OWNER'S NAME			OWNER'S ADDRESS									
PERSON NOTIFIED		<input type="checkbox"/> SAME AS OWNER		TELEPHONE NUMBER		METHOD OF NOTIFICATION <input type="checkbox"/> IN PERSON <input type="checkbox"/> PHONE <input type="checkbox"/> DISPATCH <input type="checkbox"/> CHP 422		LOG / INCIDENT NUMBER						
DESCRIPTION OF DAMAGE														
<div>SEATING POSITION</div> <div></div> <div>1 TO 9--STANDARD SEATING POSITION 10 - REAR OCC. TRK., VAN, STATION WAGON, ETC.* 11 - POSITION UNKNOWN* 0 - OTHER*</div>		<div>OCCUPANTS</div> <div>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</div>		<div>SAFETY EQUIPMENT</div> <div>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</div>		<div>AIR BAG</div> <div>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</div>		<div>INATTENTION CODES</div> <div>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</div>						
ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.														
PRIMARY CRASH FACTOR LIST NUMBER (#) OF PARTY AT FAULT		TRAFFIC CONTROL DEVICES		1	2	3	VEHICLE AUTOMATION LEVEL		1	2	3	MOVEMENT PRECEDING CRASH		
A CVC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO		X A CONTROLS FUNCTIONING		X	X		A SAE LEVEL - 0		X	X		A STOPPED		
		B CONTROLS NOT FUNCTIONING*					B SAE LEVEL - 1					B PROCEEDING STRAIGHT		
B OTHER IMPROPER DRIVING*:		C CONTROLS OBSCURED					C SAE LEVEL - 2					C RAN OFF ROAD		
		D NO CONTROLS PRESENT / FACTOR*					D SAE LEVEL - 3					D MAKING RIGHT TURN		
C OTHER THAN DRIVER*		TYPE OF CRASH					E SAE LEVEL - 4					E MAKING LEFT TURN		
X D UNKNOWN*		A HEAD - ON					F SAE LEVEL - 5					F MAKING U TURN		
		B SIDE SWIPE					G UNKNOWN*					G BACKING		
		X C REAR END		1	2	3	VEHICLE AUTOMATION ENGAGED					H SLOWING / STOPPING		
WEATHER (MARK 1 TO 2 ITEMS)		D BROADSIDE					A NO AUTOMATION					I PASSING OTHER VEHICLE		
X A CLEAR		E HIT OBJECT		X	X		B DRIVER ASSISTANCE					J CHANGING LANES		
B CLOUDY		F OVERTURNED					C PARTIAL AUTOMATION					K PARKING MANEUVER		
C RAINING		G VEHICLE / PEDESTRIAN					D CONDITIONAL AUTOMATION					L ENTERING TRAFFIC		
D SNOWING		H OTHER*:					E HIGH AUTOMATION					M OTHER UNSAFE TURNING		
E FOG / VISIBILITY FT.		MOTOR VEHICLE INVOLVED WITH (MARK 1 TO 2 ITEMS)					F FULL AUTOMATION					N XING INTO OPPOSING LANE		
F OTHER*:		A NONCOLLISION					G UNKNOWN*					O PARKED		
G WIND		B PEDESTRIAN					OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)					P MERGING		
LIGHTING		X C OTHER MOTOR VEHICLE		1	2	3	A CVC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO		1	2	3	Q TRAVELING WRONG WAY		
X B DUSK - DAWN		D MOTOR VEHICLE ON OTHER ROADWAY					B CVC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO		X	X		R OTHER * :		
C DARK - STREET LIGHTS		E PARKED MOTOR VEHICLE					C CVC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO					S LANE SPLITTING		
D DARK - NO STREET LIGHTS		F TRAIN										SOBRIETY - DRUG - PHYSICAL (MARK ALL THAT APPLY)		
E DARK - STREET LIGHTS NOT FUNCTIONING*		G BICYCLE										A HAD NOT BEEN DRINKING		
		H ANIMAL:										B HBD - UNDER INFLUENCE		
ROADWAY SURFACE		I FIXED OBJECT:										C HBD - NOT UNDER INFLUENCE*		
X A DRY		J OTHER OBJECT:					D					D HBD - IMPAIRMENT UNKNOWN*		
B WET							E VISION OBSCUREMENT:					E UNDER DRUG INFLUENCE* :		
C SNOWY - ICY		K ADDITIONAL OBJECT(S) STRUCK					F INATTENTION* :					DRE EXAM. CONDUCTED		
D SLIPPERY (MUDDY, OILY, ETC.)							G STOP & GO TRAFFIC					STIMULANT		
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)		X A NO PEDESTRIANS INVOLVED					H ENTERING / LEAVING RAMP					HALLUCINOGEN		
A HOLES, DEEP RUT*		B CROSSING IN CROSSWALK AT INTERSECTION					I PREVIOUS CRASH					DISSOCIATIVE ANESTHETICS		
B LOOSE MATERIAL ON ROADWAY*		C CROSSING IN CROSSWALK - NOT AT INTERSECTION					J UNFAMILIAR WITH ROAD					NARCOTIC ANALGESIC		
C OBSTRUCTION ON ROADWAY*		D CROSSING - NOT IN CROSSWALK					K DEFECTIVE VEH. EQUIP.: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO					INHALANT		
D CONSTRUCTION - REPAIR ZONE		E IN ROAD - INCLUDES SHOULDER					L UNINVOLVED VEHICLE					CANNABIS		
E REDUCED ROADWAY WIDTH		F NOT IN ROAD		X	X		M OTHER*:					DEPRESSANT		
F FLOODED*		G APPROACHING / LEAVING SCHOOL BUS					N NONE APPARENT					F IMPAIRMENT - PHYSICAL*		
G OTHER*:							O RUNAWAY VEHICLE					G IMPAIRMENT NOT KNOWN		
X H NO UNUSUAL CONDITIONS												H NOT APPLICABLE		
SKETCH												I SLEEPY / FATIGUED*		
REFER TO SKETCH PAGE(S)		<div></div>		MISCELLANEOUS VEHICLE #1 TRAILER INFO: R/O: GBTI INC., 3619 S FOWLER AVE, FRESNO, CA 93725. VIN: 1UYVS253XGU717704		1		2	3	SPECIAL INFORMATION				
											A HAZARDOUS MATERIAL			
											B CELL PHONE HANDHELD IN USE			
											C CELL PHONE HANDSFREE IN USE			
								X	X		D CELL PHONE NOT IN USE			
											E CELL PHONE USE UNKNOWN			
											F SCHOOL BUS RELATED			
								1	2	3	BIKEWAY FACILITY			
											A SHARED ROADWAY			
											B CLASS I - BIKE PATH*			
											C CLASS II - BIKE LANE*			
											D CLASS III - BIKE ROUTE*			
											E CLASS IV - SEPARATED BIKEWAY*			
								<input type="checkbox"/> REFER TO NARRATIVE FOR ADDITIONAL INFORMATION						

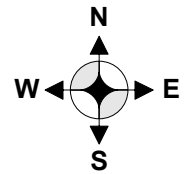
SKETCH DIAGRAM

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CRASH DATE (MO. DAY YEAR)	CRASH TIME (2400)	NCIC #	OFFICER ID	NUMBER
12/03/2024	1640	9435	020193	9435-2024-04822

DATE PREPARER CAPTURED IMAGE: 12/03/2024
PROPRIETOR OF IMAGE: GOOGLE
COPYRIGHT YEAR OF IMAGE: 2024



THIS OVERHEAD IMAGE IS PROVIDED TO DEPICT THE CRASH SCENE ENVIRONMENT ONLY. ANY VEHICLES, PEDESTRIANS, OR OTHER ROAD USERS CAPTURED IN THE OVERHEAD IMAGE NOT DEPICTED IN THE SUMMARY/CAUSE WERE NOT ASSOCIATED WITH THIS CRASH.

ALL VEHICLE DIMENSIONS AND MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED.

PREPARED BY	ID NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
TYLER LUPER	020193	12/03/2024	BRETT T OTTO	12/04/2024

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
12/03/2024	1640	9435	020193	9435-2024-04822

1 All times, speeds, and measurements throughout this report are approximate. Measurements
2 were obtained using visual estimation and GPS unless otherwise stated. All opinions and
3 conclusions were based on evidence and/or statements.

4

5 **Other Factual Information**

6 There were no independent witnesses listed in the incident log.

7

8 **Statements**

9 Party #1 (P-1, Barring) was contacted at 3200 S Highland Avenue and related in essence the
10 following: P-1 was driving Vehicle #1 (V-1, Volvo) to Sunnyside Packing Company. As P-1 arrived
11 at his destination he was contacted by Party #2 (P-2, Randhawa). P-2 advised P-1 that he
12 reversed V-1 into the front of V-2. P-1 advised me he never reversed V-1 and never felt an impact
13 to the rear of V-1.

14

15 P-2 was contacted at 3200 S. Highland Avenue and related in essence the following: P-2 was
16 driving Vehicle #2 (V-2, Audi) on SR-99 northbound to Floral Avenue behind V-1. V-1 stopped at
17 the bottom of the off ramp for the red light. P-2 stopped V-2 behind V-1. V-1 began to travel
18 backwards towards V-2. Before P-2 could reverse V-2, P-2 felt an impact to the front of V-2. After
19 the crash, P-2 followed V-1 to the Sunnyside Packing Company. P-2 then contacted CHP to file a
20 report.

21

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
TYLER LUPER	020193	12/03/2024	BRETT T OTTO	12/04/2024

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
12/03/2024	1640	9435	020193	9435-2024-04822

1 Summary/Cause

2 Both parties were driving their vehicles on SR-99 northbound to Floral Avenue. P-1 stopped V-1 at
3 the intersection with Floral Avenue. P-2 stopped V-2 behind V-1. Due to the conflicting
4 statements, lack of physical evidence, lack of an independent witness, and inconclusive vehicle
5 damage, I am unable to determine which of the above parties caused this collision. Both parties
6 state they were stopped, so it is unknown which statement is accurate. For an unknown reason
7 the rear of V-1 collided with the front of V-2. Due to the minor damage in combination with the size
8 and weight of V-1, P-1 was unaware that a collision had occurred. After the crash, P-1 continued
9 to his destination and P-2 followed. Once P-1 stopped V-1, P-2 advised P-1 that a collision had
10 occurred. Both parties remained at the address of 3200 S Highland Avenue until CHP arrival.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
TYLER LUPER	020193	12/03/2024	BRETT T OTTO	12/04/2024