



OREGON TRAFFIC ACCIDENT AND INSURANCE REPORT

COMPLETE BOTH SIDES

Complete this form ONLY if your accident happened on a highway or premises open to the public, and resulted in any of the following: 1) More than \$2500 in damage to your vehicle; 2) More than \$2500 in damage to any one person's property other than a vehicle; 3) Any vehicle has more than \$2500 and any vehicle is towed from the scene as a result of damages; 4) Injury to any person (no matter how minor the injury); or, 5) the death of any person.

SECTION 1	ACCIDENT DATE 10/11/24	DAY OF WEEK M T W T F S S S SN	TIME OF DAY 12:30 AM PM	COUNTY SHEEMAN	DO NOT WRITE IN THIS SPACE Accident Number	
	ROAD ON WHICH ACCIDENT OCCURRED (Name of street, road or route) Hwy 97 - Sheeman Hwy					TYPE OF ACCIDENT - The accident involved one or more of the following: (Mark all that apply) <input checked="" type="checkbox"/> Two vehicles <input type="checkbox"/> More than two vehicles <input type="checkbox"/> Fatality <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian
	MILE POST 10					
WITHIN FEET ON/OFF ROAD NAME OF NEAREST INTERSECTING ROAD NEAR MILES ON/OFF ROAD CLARK					<input type="checkbox"/> ATV / Snowmobile <input type="checkbox"/> Motorcycle <input type="checkbox"/> Motorized Scooter <input type="checkbox"/> Personal (assisted) mobility device <input type="checkbox"/> Train	
WITHIN FEET ON/OFF ROAD NAME OF NEAREST CITY / TOWN NEAR MILES ON/OFF ROAD WASCO						<input type="checkbox"/> Parked vehicle <input type="checkbox"/> Overturned vehicle <input type="checkbox"/> Animal <input type="checkbox"/> Fixed object / property <input type="checkbox"/> Other

Complete ALL of this section. If you fail to do so, your driving privileges may be suspended. You MUST list the insurance company (not agent) and policy number that provided liability coverage for the vehicle you were driving.

SECTION 2 (YOUR VEHICLE #1)	DRIVER'S NAME (LAST, FIRST, MIDDLE) Hope, Christopher Terrence		DRIVER'S LICENSE NUMBER N4595314		STATE CA	DATE OF BIRTH 8/16/56	SEX (CIRCLE) <input checked="" type="radio"/> M <input type="radio"/> F <input type="radio"/> X
	DRIVER'S RESIDENCE ADDRESS 2201 Deake Ave		CITY Merced	STATE CA	ZIP CODE 95348	<input type="checkbox"/> CHECK BOX IF ADDRESS CHANGE	
	MAILING ADDRESS (IF DIFFERENT THAN RESIDENCE) Same		CITY	STATE	ZIP CODE		
	VEHICLE OWNER'S NAME AND ADDRESS LTA Bros. 1145 Clausen Turlock		CITY	STATE	ZIP CODE		
	INSURANCE COMPANY NAME (NOT AGENT) AND ADDRESS Malwa Financial Insurance Agency Fremont		CITY	STATE	ZIP CODE		
SECTION 3	POLICY NUMBER TMA 22102160	VEHICLE IDENTIFICATION NUMBER 1XRPDP9X4PJ249913	VEHICLE PLATE NUMBER ZP10231	STATE CA	YEAR 23	MAKE & MODEL KW T680	

Check all statements that apply:

- ☒ Damage to your vehicle was more than \$2500.
 - ☐ Damage to any one person's property (other than vehicle) was more than \$2500.
 - ☐ Your vehicle was towed from the scene as a result of damages.
 - ☐ You or passengers in your vehicle were injured.
 - ☒ The accident occurred while you were driving your employer's vehicle.
 - ☒ You were driving on your job and being paid for the principal purpose of driving.
 - ☒ You were being paid to drive and/or deliver persons or property.
 - ☐ You were operating a government owned vehicle marked for transporting mail in accordance with government rules.
 - ☐ You were operating an authorized emergency vehicle.
 - ☒ You were operating a commercial motor vehicle requiring you to have a commercial driver license.
 - ☐ You were transporting hazardous material.
 - ☐ The accident occurred in a work or maintenance zone. ORS 811.230
 - ☒ A police officer came to the scene.
Name of police department: Sheeman Cnty Sheriff
 - ☐ A citation was issued to you. The citation was:
- ☐ City ☒ County ☐ State Police

SECTION 4 (OTHER VEHICLE #2)	DRIVER'S NAME (LAST, FIRST, MIDDLE) Lindale, Charles Gerald		DRIVER'S LICENSE NUMBER G0361245		STATE CA	DATE OF BIRTH 11/16/40	SEX (CIRCLE) <input checked="" type="radio"/> M <input type="radio"/> F <input type="radio"/> X
	DRIVER'S ADDRESS 831 Terra California, Apt 3		CITY Walnut Creek	STATE CA	ZIP CODE 94595		
	VEHICLE OWNER'S NAME AND ADDRESS SAME		CITY	STATE	ZIP CODE		
	INSURANCE COMPANY NAME (NOT AGENT) AND ADDRESS State Farm, Box 2358 Bloomington IL 61702						
	POLICY NUMBER 4576040B2405B	VEHICLE IDENTIFICATION NUMBER 3C6LRVBG4NE132498	VEHICLE PLATE NUMBER FASOLT	STATE CA	YEAR 22	MAKE & MODEL Wwwelago MH	
IF ADDITIONAL VEHICLES WERE INVOLVED IN THE ACCIDENT, USE ATTACHED SUPPLEMENTAL REPORT (Form 735-32B).							

DESCRIBE WHAT HAPPENED: (IF MORE SPACE IS NEEDED, SUBMIT ADDITIONAL PAGE)

Veh #2 pulled out of Clark St. Crossing on N bound lane running into Veh #1 trailer 1/2 way down side of Trailer

I certify all information given on this report is true and accurate to the best of my knowledge.

SECTION 5	SIGNATURE OF PERSON MAKING REPORT X Christopher T. Hope	PRINTED NAME OF PERSON MAKING REPORT Christopher T. Hope	DAYTIME PHONE # (951) 522 2383	DATE SIGNED 10/13/24
	IF NOT DRIVER'S SIGNATURE, STATE RELATIONSHIP		REASON DRIVER IS UNABLE TO SIGN REPORT	

CRASH REPORTING UNIT
OREGON DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE. NE
SALEM OR 97314
FAX: (503) 945-5267

MOTOR CARRIER CRASH REPORT

INSTRUCTIONS: IF YOU CHECKED A BOX UNDER THE QUALIFYING VEHICLE COLUMN AND A BOX UNDER THE CRITERIA COLUMN, COMPLETE THE MOTOR CARRIER CRASH REPORT AND SUBMIT TO THE ADDRESS SHOWN ABOVE. IF YOU HAVE ANY QUESTIONS REGARDING FILLING OUT THE MOTOR CARRIER CRASH REPORT, PLEASE CALL (503) 986-3507.

QUALIFYING VEHICLE

- ☒ COMMERCIAL TRUCK (GVWR OVER 10,000 LBS OR ACTUAL WT AT TIME OF CRASH EVEN IF GVWR IS SET UNDER 10,000 LBS.)
☐ HAZARDOUS MATERIAL PLACARD
☐ COMMERCIAL BUS (DESIGNED FOR 8 OR MORE PASSENGERS)
☐ FARM TRUCK INTERSTATE (OVER 10,000 LBS.)
☐ FARM TRUCK FOR-HIRE (4 OR MORE AXLES)
☐ FARM TRUCK TOWING TRIPLE TRAILERS
☐ FARM TRUCK (OVER 80,000 LBS.)

CRITERIA

- ☐ ANY PERSON SUSTAINING A FATALITY (WITHIN 30 DAYS OF THE ACCIDENT)
☐ ANY PERSON SUSTAINING INJURIES REQUIRING TREATMENT AWAY FROM THE SCENE
☒ ANY VEHICLE INCURRING DISABLING DAMAGE REQUIRING REMOVAL FROM THE SCENE BY A TOW TRUCK OR ANOTHER MOTOR VEHICLE

MOTOR CARRIER NAME

LTA Bros

US DOT NUMBER

1349469

AUTHORITY/FILE NUMBER

24523

ADDRESS

11145 Clausen Rd, Tualock, CA

CITY

Tualock

STATE

CA

ZIP CODE

95380

DRIVER INFORMATION

DRIVER NAME (LAST, FIRST, MIDDLE)

Hope, Christopher Terrence

DATE OF BIRTH

8/16/56

LENGTH OF EMPLOYMENT

1 YEARS 1 MONTHS

CDL / DL NUMBER

N4595314

STATE

CA

LICENSE CLASS

☒ A ☐ B ☐ C ☐ D ☐ M

EXPIRATION DATE OF MEDICAL CERTIFICATE

2/21/25

COMPLETE THE FOLLOWING TWO QUESTIONS AS IF DOING A RECAP OF HOURS IN TIME DOCUMENTS AT TIME OF THE ACCIDENT.

AT TIME OF THE ACCIDENT, TOTAL HOURS DRIVING SINCE LAST OFF-DUTY PERIOD.

TOTAL HOURS ON DUTY DURING THE PREVIOUS (FILL OUT ONE ONLY, BASED ON TIME DOCUMENTS)

7 CONSECUTIVE DAYS

8 CONSECUTIVE DAYS

DOES YOUR DRIVER HAVE A MEDICAL WAIVER

☐ YES ☒ NO

TYPE OF WAIVER (SIGHT, DIABETES, AMPUTEE, ETC.)

DRIVER INJURY INFORMATION

YOUR DRIVER KILLED

☐ YES ☒ NO

YOUR DRIVER INJURED

☐ YES ☒ NO

RELIEF DRIVER KILLED

☐ YES ☐ NO

RELIEF DRIVER INJURED

☐ YES ☐ NO

TOTAL NUMBER OF PASSENGERS

____ KILLED ____ INJURED

OTHER DRIVER INJURY INFORMATION

TOTAL NUMBER OF OTHER DRIVERS

☒ KILLED ☒ INJURED

TOTAL NUMBER OF OTHER PASSENGERS

☒ KILLED ☒ INJURED

TOTAL NUMBER OF PEDESTRIANS

☒ KILLED ☒ INJURED

TOTAL NUMBER OF BICYCLISTS

☒ KILLED ☒ INJURED





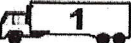






OTHER MOTOR CARRIER INFORMATION (IF 2 OR MORE MOTOR CARRIERS WERE INVOLVED)

MOTOR CARRIER NAME	VEHICLE LICENSE # AND STATE	DRIVER'S NAME	DRIVER'S LICENSE # AND STATE

MOTOR CARRIER VEHICLE INFORMATION

YEAR	MAKE	UNIT NUMBER	TRUCK/TRACTOR/BUS LICENSE PLATE NO. & STATE	TOTAL NO. OF AXLES INCLUDING TRAILERS	
2022	Kenworth	T680	124	ZP10231 CA	36

VEHICLE TYPE (SELECT APPROPRIATE TYPE)

<input type="checkbox"/> 1  Triples (tractor with 3 trailers)	<input checked="" type="checkbox"/> 5  Standard Tractor/Semi Trailer	<input type="checkbox"/> 9  Heavy Haul
<input type="checkbox"/> 2  Triples (truck with 2 trailers)	<input type="checkbox"/> 6  Straight Truck	<input type="checkbox"/> 10  Bus/Van (8 or more passenger capacity)
<input type="checkbox"/> 3  Straight truck-full trailer	<input type="checkbox"/> 7  Saddlemount	<input type="checkbox"/> 11  Auto/Pickup
<input type="checkbox"/> 4  Doubles (any)	<input type="checkbox"/> 8  Saddlemount	

CARGO BODY TYPE (CIRCLE ONE)

VAN FLATBED TANKER CONTAINER POLE DUMP BELLY-DUMP CAR CARRIER LIVESTOCK
 MOBILE HOME TOWER PASSENGER DROP-BOX GARBAGE BULK-HOPPER MIXER SADDLEMOUNT
 WRECKER FIXED LOAD HEAVY HAUL UTILITY

TOTAL LENGTH OF VEHICLE/COMB

65'

TOTAL WIDTH OF VEHICLE OR CARGO

102"

CARGO WEIGHT

43,500

GROSS VEHICLE WEIGHT

78,300

COMMODITY INFORMATION

COMMODITY BEING TRANSPORTED AT TIME OF CRASH

Bulk Potatoes

WAS A HAZARDOUS COMMODITY BEING HAULED

☐ YES ☒ NO

WAS HAZARDOUS MATERIAL RELEASED FROM THE VEHICLE CARGO (NOT A FUEL RELEASE)

☐ YES ☒ NO

HAZARD CLASS

N/A

CRASH INFORMATION

LOCATION OF CRASH (NEAREST CITY OR TOWN)

BIOES OR

HIGHWAY AND MILEPOINT/STREET/COUNTY ROAD

Hwy 97, mile point 10

DIRECTION OF YOUR VEHICLE (CIRCLE ONE)

N (S) E W

DATE OF CRASH

10/11/24

TIME

12:26

☐ AM☒ PM

DAY OF THE WEEK (CIRCLE ONE)

MON TUES WED THU (FRI) SAT SUN

CONDITIONS AT TIME OF ACCIDENT

WEATHER (CIRCLE ONE)

1. CLEAR

2. RAIN

3. SNOW

4. CLOUDY

5. SLEET

6. FOG

7. OTHER

ROAD SURFACE (CIRCLE ONE)

1. DRY

2. WET

3. SNOWY

4. ICY

5. OTHER

LIGHT CONDITION (CIRCLE ONE)

1. DAY

2. DAWN

3. DUSK

4. ARTIFICIAL LIGHTS

5. DARK

6. OTHER

DESCRIBE WHAT HAPPENED BY CHECKING ALL BOXES THAT APPLY. YOUR VEHICLE IS ALWAYS NO. 1. IF OTHER VEHICLES WERE INVOLVED, COMPLETE COLUMNS 2 & 3 TO CORRESPOND TO THE ACTIONS OF THE SAME NUMBERED VEHICLES LISTED ABOVE UNDER "OTHER DRIVER INFORMATION".

VEHICLES 1 2 3	ACTION	VEHICLES 1 2 3	ACTION	VEHICLES 1 2 3	ACTION
	SLOWING - STOPPING		PASSING		JACKKNIFE
	STOPPED		CHANGING LANES		OVERTURN
	REAR-END	X	SIDESWIPE		SEPARATION OF UNITS
	BACKING		HEAD-ON		FIRE
	MAKING RIGHT TURN		SKIDDING		EXPLOSION
X	MAKING LEFT TURN		VEHICLE OUT OF CONTROL		CARGO SHIFT
	MAKING U TURN		ROLL-AWAY		CARGO SPILL (HAZARDOUS)
X	PROCEEDING STRAIGHT		CONTROLLED RR CROSSING		CARGO SPILL (NON-HAZARDOUS)
	INTERSECTION		UNCONTROLLED RR CROSSING		OTHER (DEER, GUARDRAIL, ETC)
X	ENTERING TRAFFIC (FROM SHOULDER, MEDIAN, PARKING STRIP OR PRIVATE DRIVE)		RAN OFF ROAD		

DID YOUR VEHICLE STRIKE A PARKED VEHICLE

☐ YES ☒ NO

WAS YOUR PARKED VEHICLE STRUCK BY ANOTHER VEHICLE

☐ YES ☒ NO

DESCRIPTION OF ACCIDENT BY CARRIER OFFICIAL

Our truck 124 was south bound on Sherman Hwy / Hwy 97 when Veh #2 pulled out from Clark St stop sign and collided with the trailer being pulled (L78) by 124, approx 1/2 down the length of the trailer. The right front corner of Veh #2 contacted trailer L78, impacting the side wall & removing trailer side box & clearance light on the left side as well as pushing in exterior sheeting. 124 pulled over to check occupants of Veh #2 & await first responders from Sherman County Sheriff's Dept.

NAME AND TITLE OF PERSON SIGNING REPORT

RAJINDER DHAMI CEO

TELEPHONE NUMBER(S)

209-678-2507

SIGNATURE I CERTIFY THE INFORMATION PROVIDED IS TRUE AND ACCURATE

X Rajinder

DATE

10-14-24

YOU INTENDED TO...	YOUR VEHICLE	WEATHER CONDITIONS	YOUR RESIDENCE
<input checked="" type="checkbox"/> Go straight ahead <input type="checkbox"/> Make right turn <input type="checkbox"/> Make left turn <input type="checkbox"/> Make "U" turn <input type="checkbox"/> Back-Up <input type="checkbox"/> Enter driveway (also mark left or right turn) <input type="checkbox"/> Remain stopped in traffic <input type="checkbox"/> Enter parked position <input type="checkbox"/> Slow or Stop <input type="checkbox"/> Leave driveway (also mark left or right turn) <input type="checkbox"/> Start in traffic lane <input type="checkbox"/> Leave parked position <input type="checkbox"/> Remain parked <input type="checkbox"/> Overtake and pass	<input type="checkbox"/> Passenger car, pickup, van <input type="checkbox"/> Military vehicle <input type="checkbox"/> Taxicab <input type="checkbox"/> Emergency vehicle <input type="checkbox"/> Any of the above and trailer <input type="checkbox"/> Private or public agency transit vehicle <input type="checkbox"/> Bus <input type="checkbox"/> School bus <input type="checkbox"/> Other publicly-owned veh. <input type="checkbox"/> Motorcycle <input type="checkbox"/> Motor-scooter/bike <input type="checkbox"/> Personal (assisted) mobility device <input checked="" type="checkbox"/> Truck tractor & semi trailer <input type="checkbox"/> Truck/truck tractor <input type="checkbox"/> Other truck combination <input type="checkbox"/> Farm tractor/farm equip.	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Fog <input type="checkbox"/> Other <hr/> ROAD SURFACE <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snowy <input type="checkbox"/> Icy <input type="checkbox"/> Other <hr/> LIGHT CONDITIONS <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dawn or dusk <input type="checkbox"/> Darkness (lighted) <input type="checkbox"/> Darkness (unlighted) <input type="checkbox"/> Other	<input type="checkbox"/> Local resident (within 25 miles of accident site) <input type="checkbox"/> Residing elsewhere in state <input checked="" type="checkbox"/> Non-resident of this state: <input type="checkbox"/> College student <input type="checkbox"/> Military <input type="checkbox"/> Temporary job <hr/> YOU WERE HEADED <input type="checkbox"/> North <input type="checkbox"/> East <input checked="" type="checkbox"/> South <input type="checkbox"/> West On: <u> Hwy 97 </u> (name of street, road or route) <hr/> OTHER DRIVER WAS HEADED <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West On: <u> W off Clark St. </u> (name of street, road or route)

WITNESS INFORMATION:

Mark Molott
541-480-7157
was behind Veh #2

DRIVER AND PASSENGER INJURY AND SAFETY EQUIPMENT INFORMATION

SAFETY EQUIPMENT CODES

WRITE one of the codes (0-10) in column C

- 0 No seat belt available
- 1 Seat belt available but NOT used
- 2 Seat belt available and in use
- 3 Child restraint device available
- 4 Child restraint device in use
- 5 Child restraint device not available
- 6 Helmet NOT in use
- 7 Helmet in use
- 8 Air bag deployed
- 9 Air bag available - NOT deployed
- 10 Air bag NOT available

INJURY CODE FOR OCCUPANTS

WRITE one of the codes (1-5) in column D

- 1 Fatal
- 2 Suspected Serious: severe laceration, broken or distorted limb, crush injury, significant burns, unconsciousness, paralysis
- 3 Suspected Minor: lump, abrasions, bruises, minor lacerations
- 4 Possible
- 5 No apparent

SEX CODE

WRITE M, F or X in column A

SEAT POSITION	PASSENGER'S NAMES (your vehicle)	A SEX	B AGE	C SFTY EQP	D AIR BAG	E INJURY
DRIVER	<u>Christopher Hope</u>	<u>M</u>	<u>68</u>	<u>2</u>	<u>10</u>	<u>5</u>
FRONT CENTER						
FRONT RIGHT						
MIDDLE* LEFT						
MIDDLE* CENTER						
MIDDLE* RIGHT						
REAR LEFT						
REAR CENTER						
REAR RIGHT						

* Use only for vehicles with middle row of seats (i.e., vans, SUVs, etc.)

If this accident involved a pedestrian or bicyclist, complete the following:

☐ PEDESTRIAN NAME ☐ BICYCLIST NAME

Pedestrian or bicyclist was going:

☐ N ☐ S ☐ E ☐ W

ALONG OR ACROSS: (name of street, road or route)

From:

To:

EXAMPLE: (From: NE corner To: SE corner (or) From: East side To: West side, etc.)

Sex and age of pedestrian / bicyclist:

☐ M ☐ F ☐ X Age: _____

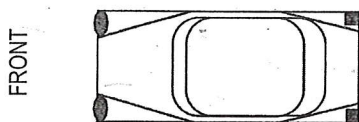
Extent of pedestrian / bicyclist injury:

- ☐ Deceased ☐ Momentary unconscious-
- ☐ Incapacitated ness / complaint of pain
- ☐ Visible injury ☐ No apparent injury

Pedestrian / bicyclist action: (mark one)

- ☐ Crossing at intersection or crosswalk
- ☐ Crossing **not** at intersection or crosswalk
- ☐ Walking / riding in roadway with traffic
- ☐ Walking / riding in roadway **against** traffic
- ☐ Standing in roadway
- ☐ Pushing or working on vehicles in roadway
- ☐ Other working in road
- ☐ Playing in road
- ☐ Hitchhiking
- ☐ Not in roadway
- ☐ Other _____ (specify)

Vehicle Damage



USE ARROW TO SHOW
 FIRST IMPACT (SHADE
 IN DAMAGED AREA)

- ☐ Vehicle towed
- ☐ Rollover
- ☐ Under car
- ☐ Totaled
- ☐ Unknown

Veh #2 Impacted
tailor 1/2 way down
Driver side
 Your Vehicle (No. 1) damage: \$ 2500.00+

Diagram

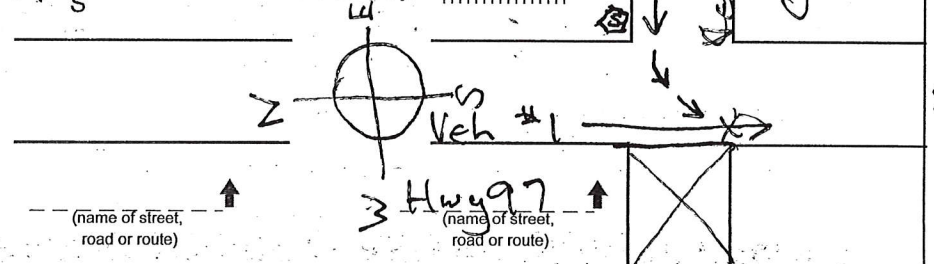


Number each vehicle:

Show path by:

Show pedestrian/bicyclist by:

Show railroad tracks by: |||||



MOBILE HOME TOWER PASSENGER DROP-BOX GARBAGE BULK-HOPPER MIXER SADDLEMOUNT
WRECKER FIXED LOAD HEAVY HAUL UTILITY

TOTAL LENGTH OF VEHICLE/COMB 65'	TOTAL WIDTH OF VEHICLE OR CARGO 102"	CARGO WEIGHT 43500	GROSS VEHICLE WEIGHT 78300
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COMMODITY INFORMATION

COMMODITY BEING TRANSPORTED AT TIME OF CRASH

Bulk Potatoes

WAS A HAZARDOUS COMMODITY BEING HAULED
☐ YES ☒ NO

WAS HAZARDOUS MATERIAL RELEASED FROM
THE VEHICLE CARGO (NOT A FUEL RELEASE)
☐ YES ☒ NO

HAZARD CLASS

N/A

CRASH INFORMATION

LOCATION OF CRASH (NEAREST CITY OR TOWN) BIGGS OR	HIGHWAY AND MILEPOINT/STREET/COUNTY ROAD Hwy 97, mile point 10	DIRECTION OF YOUR VEHICLE (CIRCLE) N (S) E W
DATE OF CRASH 10/11/24	TIME 12:26	DAY OF THE WEEK (CIRCLE ONE) MON TUES WED THU (FRI) SAT SUN

CONDITIONS AT TIME OF ACCIDENT

WEATHER (CIRCLE ONE) 1. CLEAR	2. RAIN	3. SNOW	4. CLOUDY	5. SLEET	6. FOG	7. OTHER
ROAD SURFACE (CIRCLE ONE) 1. DRY	2. WET	3. SNOWY	4. ICY	5. OTHER		
LIGHT CONDITION (CIRCLE ONE) 1. DAY	2. DAWN	3. DUSK	4. ARTIFICIAL LIGHTS	5. DARK	6. OTHER	

DESCRIBE WHAT HAPPENED BY CHECKING ALL BOXES THAT APPLY. YOUR VEHICLE IS ALWAYS NO.1. IF OTHER VEHICLES WERE INVOLVED, COMPLETE COLUMNS 2 & 3 TO CORRESPOND TO THE ACTIONS OF THE SAME NUMBERED VEHICLES LISTED ABOVE UNDER "OTHER DRIVER INFORMATION".

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☐ YES ☒ NO

WAS YOUR PARKED VEHICLE STRUCK BY ANOTHER VEHICLE
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NAME AND TITLE OF PERSON SIGNING REPORT RAJINDER DHAMI CEO	TELEPHONE NUMBER(S) 209-678-2507
SIGNATURE I CERTIFY THE INFORMATION PROVIDED IS TRUE AND ACCURATE X RSDhami	DATE 10-14-24