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PAGE COUNT: 9

CLIENT: 7351

DIVISION: TRANS

ADJUSTER: SAM ZBLEWSKI

CLAIM: 61A24678511

TRANSACTION #: 2672905452

DATE: 2024-07-26 23:01:02.0

DATE OF LOSS: 07/08/2024 TIME OF LOSS: 11:00 PM

STREET:

CITY: MADERA

COUNTY: MADERA

STATE: CA

INVESTIGATING AGENCY: CA HP

REPORT NUMBER: 9450

REPORT TYPE: AUTOACCIDENT

PARTY1: XPRESS TRANSPORTATION INC

PARTY2: GURCHARAN SINGH

PARTY3:

CAR: UNKNOWN MAKE: FREIGHTLIN YEAR: 2015

TAG:

ADDITIONAL INFO:

NOTE:

THANK YOU FOR YOUR ORDER!

SPECIAL CONDITIONS		NUMBER INJURED 1	HIT & RUN FELONY <input type="checkbox"/>	CITY UNINCORPORATED	JUDICIAL DISTRICT MADERA SUPERIOR COURT MADERA		LOCAL REPORT NUMBER 9450-2024-00617							
		NUMBER KILLED 0	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY MADERA	REPORTING DISTRICT 010	BEAT 010	DAY OF WEEK S M T W T F S	TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
LOCATION	CRASH OCCURRED ON ROAD 16			CRASH DATE MO. 07 DAY 08 YEAR 2024	CRASH TIME (2400) 1115	NOTIFICATION DATE MO. 07 DAY 08 YEAR 2024	NOTIF. TIME (2400) 1115	NCIC # 9450	OFFICER ID 019070					
	<input checked="" type="checkbox"/> AT INTERSECTION WITH OR: AVENUE 18 1/2					STATE HWY REL <input type="checkbox"/> YES <input checked="" 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) <input checked="" type="checkbox"/> SAME AS LOCATION					<input type="checkbox"/> REFER TO NARRATIVE								
	LOC.	LAT.	LONG.	AOI 1	LAT.	LONG.	AOI 2	LAT.	LONG.					
	37.018257	-120.256917	1	37.018257	-120.256917	2	37.018916	-120.256877						
AOI 3	LAT.	LONG.	AOI 4	LAT.	LONG.	AOI 5	LAT.	LONG.						
								ADDTL AOI(s) <input type="checkbox"/>						
PARTY 1	DRIVER'S LICENSE NUMBER B4358132			STATE CA	CLASS A	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 2015	MAKE/MODEL/COLOR FRHT TRUCK TRACTOR, DIESEL WHI/BLU	LICENSE NUMBER XP34640	STATE CA			
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> GURCHARAN SINGH							2018		UTIL BOX TRAILER WHI		TR4624	ID	
PEDESTRIAN	STREET ADDRESS 4668 N BARCUS AVE							OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER XPRESS TRANSPORTATION INC						
PARKED VEHICLE	CITY/STATE/ZIP FRESNO CA 93722							OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER 5343 S ORANGE AVE FRESNO CA 93725						
BICYCLIST	SEX M	HAIR BLK	EYES BRN	HEIGHT 5' 10"	WEIGHT 175	BIRTHDATE Mo. 09 Day 14 Year 1961	RACE A	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER						
OTHER	HOME PHONE (559) 917-0400			BUSINESS PHONE (559) 385-5232			VEHICLE IDENTIFICATION NUMBER: 3AKJGLDV5FSGA6095							
OPERATOR	INSURANCE CARRIER SENTRY SELECT INS CO.			POLICY NUMBER A0154130001			VEHICLE TYPE 25 32							
	DIR OF TRAVEL S			ON STREET OR HIGHWAY ROAD 16			LANE S/B			THRU LANES 1			TOTAL LANES 1	SPEED LIMIT 55
PARTY 2	DRIVER'S LICENSE NUMBER A0225470			STATE CA	CLASS C	AIR BAG L	SAFETY EQUIP. G	VEH. YEAR 2023	MAKE/MODEL/COLOR FORD F150 WHI	LICENSE NUMBER 59251W3	STATE CA			
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> DANIEL BRADFORD							OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER DONLEN TRUST LSR, RECOVERY SRVS INTL INC LSE						
PEDESTRIAN	STREET ADDRESS 2813 ANTONIO AVE							OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER 2813 ANTONIO AVE CLOVIS CA 93611						
PARKED VEHICLE	CITY/STATE/ZIP CLOVIS CA 93611							DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER						
BICYCLIST	SEX M	HAIR BRN	EYES BRN	HEIGHT 5' 10"	WEIGHT 170	BIRTHDATE Mo. 08 Day 17 Year 1952	RACE W	TURNER'S TOWING - (559)665-1344						
OTHER	HOME PHONE (559) 906-6973			BUSINESS PHONE NONE			PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE							
OPERATOR	INSURANCE CARRIER ACE AMERICAN INS CO			POLICY NUMBER ISAH10819921			VEHICLE IDENTIFICATION NUMBER: 1FTFW1ED8PFC32699							
	DIR OF TRAVEL E			ON STREET OR HIGHWAY AVENUE 18 1/2			LANE E/B			THRU LANES 1			TOTAL LANES 1	SPEED LIMIT 55
PARTY 3	DRIVER'S LICENSE NUMBER Y4241892			STATE CA	CLASS A	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 2017	MAKE/MODEL/COLOR PTRB TRUCK TRACTOR, DIESEL BLU	LICENSE NUMBER 9G37406	STATE CA			
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> RICHELIE NICHOLAS IEST							2003						
PEDESTRIAN	STREET ADDRESS 14676 AVE 14							OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER MEI CATTLE TRAILER GRY						
PARKED VEHICLE	CITY/STATE/ZIP MADERA CA 93637							OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER 13507 ROAD 17 MADERA CA 93637						
BICYCLIST	SEX M	HAIR BLN	EYES BRN	HEIGHT 5' 11"	WEIGHT 177	BIRTHDATE Mo. 11 Day 21 Year 2000	RACE W	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER						
OTHER	HOME PHONE (559) 706-1309			BUSINESS PHONE NONE			DRIVEN AWAY							
OPERATOR	INSURANCE CARRIER PHILADELPHIA			POLICY NUMBER PHPV2654803			PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE							
	DIR OF TRAVEL N			ON STREET OR HIGHWAY ROAD 16			LANE N/B			THRU LANES 1			TOTAL LANES 1	SPEED LIMIT 55
PREPARER'S NAME JAMES KALASHIAN, 019070				DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				REVIEWER'S NAME OLIVER GARCIA				DATE REVIEWED 07/09/2024		

[illegible]

CRASH DATE (MO. DAY YEAR) 07/08/2024				CRASH TIME (2400) 1115		NCIC # 9450		OFFICER ID 019070				NUMBER 9450-2024-00617							
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)						PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED	
				FATAL INJURY	SUSPECTED SERIOUS INJURY	SUSPECTED MINOR INJURY	POSSIBLE INJURY	DRIVER	PASS.	PED.	BICYCLIST	OTHER	OPER.						
<input type="checkbox"/> #	<input type="checkbox"/>	71	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	1	L	G	0
NAME / D. O. B. / ADDRESS DANIEL BRADFORD (08/17/1952) 2813 ANTONIO AVE CLOVIS CA 93611																TELEPHONE (559) 906-6973/NONE			
(INJURED ONLY) TRANSPORTED BY: PISTORESI AMBULANCE - (559)673-8004						EMS RUN NUMBER: 332				TAKEN TO: CLOVIS COMMUNITY HOSPITAL									
DESCRIBE INJURIES																			
LACERATION TO NOSE, ON BLOOD THINNERS																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input checked="" type="checkbox"/> #	<input type="checkbox"/>	64	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME / D. O. B. / ADDRESS LARRY BRANCO (06/01/1960) 15143 AVENUE 23 1/2 CHOWCHILLA CA 93610																TELEPHONE (559) 223-1052/NONE			
(INJURED ONLY) TRANSPORTED BY:						EMS RUN NUMBER:				TAKEN TO:									
DESCRIBE INJURIES																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME / D. O. B. / ADDRESS																TELEPHONE			
(INJURED ONLY) TRANSPORTED BY:						EMS RUN NUMBER:				TAKEN TO:									
DESCRIBE INJURIES																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME / D. O. B. / ADDRESS																TELEPHONE			
(INJURED ONLY) TRANSPORTED BY:						EMS RUN NUMBER:				TAKEN TO:									
DESCRIBE INJURIES																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME / D. O. B. / ADDRESS																TELEPHONE			
(INJURED ONLY) TRANSPORTED BY:						EMS RUN NUMBER:				TAKEN TO:									
DESCRIBE INJURIES																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME / D. O. B. / ADDRESS																TELEPHONE			
(INJURED ONLY) TRANSPORTED BY:						EMS RUN NUMBER:				TAKEN TO:									
DESCRIBE INJURIES																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
PREPARER'S NAME JAMES KALASHIAN				ID NUMBER 019070				MO. DAY YEAR 07/08/2024				REVIEWER'S NAME OLIVER GARCIA				MO. DAY YEAR 07/09/2024			

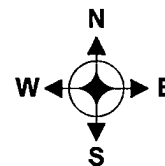
SKETCH DIAGRAM

CHP 555 Page 4 (Rev. 2-20) OPI 060

Page 4 of 8

CRASH DATE (MO. DAY YEAR)	CRASH TIME (2400)	NCIC #	OFFICER ID	NUMBER
07/08/2024	1115	9450	019070	9450-2024-00617

DATE PREPARER CAPTURED IMAGE: 7/8/2024
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
JAMES KALASHIAN	019070	07/08/2024	OLIVER GARCIA	07/09/2024

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
07/08/2024	1115	9450	019070	9450-2024-00617

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

4
5 **OTHER FACTUAL INFORMATION:**

6 Road 16 intersects with Avenue 18 ½. Road 16 in the southbound and northbound directions is controlled
7 by stop signs and painted white limit lines. On the pole below the stop sign is a yellow and black sign
8 stating, "CROSS TRAFFIC DOES NOT STOP."

9
10 **STATEMENTS**

11 Party #1 (P-1, Singh) was driving Vehicle #1 (V-1, Freightliner) southbound on Road 16, at 35 MPM. P-1
12 saw the stop sign too late and V-1 went straight through the intersection. P-1 saw the pickup to his right hit
13 the right side of V-1. After the crash, P-1 remained at the scene for CHP arrival.

14
15 Party #2 (P-2, Bradford) was driving Vehicle #2 (V-2, Ford) eastbound on Avenue 18 ½ at 40 MPH. As V-2
16 went through the intersection at Road 16, he felt a hit to the front of V-2. V-2's airbags went off. P-2 did not
17 lose consciousness because of the crash. After the crash P-2 remained at the scene for CHP arrival.

18
19 Party #3 (P-3, Iest) was driving Vehicle #3 (V-3, Peterbilt) northbound on Road 16 and was stopped at the
20 intersection with Avenue 18 ½. P-3 noticed V-1 coming southbound on Road 16 and was not slowing for
21 the stop sign. P-3 saw V-2 coming eastbound and watched both vehicles crash in the intersection. The
22 crash pushed V-1 into the left side of V-3. After the crash, P-3 remained at the scene for CHP arrival.

23
24 Witness #1 (W-1, Branco) was driving westbound on Avenue 18 ½ approaching Road 16. W-1 saw V-3
25 stopped at the Stop sign, northbound on Road 16. V-1 coming southbound on Road 16 and W-1 could tell
26 V-1 was not going to stop at the stop sign. V-1 drove past the stop sign and crashed in the intersection.
27 After the crash, W-1 remained at the scene for CHP arrival.

28
29
30
31

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
JAMES KALASHIAN	019070	07/08/2024	OLIVER GARCIA	07/09/2024

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
07/08/2024	1115	9450	019070	9450-2024-00617

1 SUMMARY/CAUSE

2 Party #1 (P-1, Singh) was driving Vehicle #1 (V-1, Freightliner) southbound on Road 16, at 35 MPH, north
3 of Avenue 18 ½. Party #2 (P-2, Bradford) was driving Vehicle #2 (V-2, Ford) eastbound on Avenue 18 ½
4 24, west of Road 16, at 40 MPH. P-3 (Iest) was driving Vehicle #3 (V-3, Peterbilt) northbound on Road 16
5 and was stopped at the stop sign at Avenue 18 ½. P-1 failed to stop at the stop sign and drove straight
6 through the intersection. Due to P-1 not stopping at the stop sign (22450(a) VC) P-1 drove V-1, directly in
7 the path of travel of V-2 and the front of V-2 crashed into the right rear of V-1 (AOI #1). This impact caused
8 V-1 to be pushed toward the V-3 and the left rear of V-1 crashed into the left front of V-3 (AOI #2). After
9 the crash, all parties remained at the scene for CHP arrival.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
JAMES KALASHIAN	019070	07/08/2024	OLIVER GARCIA	07/09/2024

TRUCK / BUS CRASH SUPPLEMENTAL REPORT

CHP 555D (Rev. 2-22) OPI 062

PARTY NUMBER

1

CRASH DATE	CRASH TIME (2400)	NCIC #	OFFICER ID	LOCAL REPORT NUMBER
07/08/2024	1115	9450	019070	9450-2024-00617

GENERAL INSTRUCTIONS - COMPLETE THIS FORM FOR EACH QUALIFYING VEHICLE IF THE CRASH MEETS CRITERIA ON BACK OF THIS FORM.

QUALIFYING INFORMATION

THIS FORM IS BEING COMPLETED BECAUSE THIS VEHICLE IS:

- ☒ A truck or truck combination with a gross vehicle weight rating (GVWR) or gross combination weight rating (GCWR) greater than 10,000 pounds
- ☐ A bus with seats for 9 or more persons, including driver
- ☐ A vehicle of any type displaying hazardous materials (HM) placards (includes auto, light truck, van, 10,000 lbs. or less)

TOTAL INVOLVED VEHICLES IN THE CRASH

3

NUMBER OF PERSONS SUSTAINING FATAL INJURIES

0

NUMBER OF INJURED PERSONS TRANSPORTED FOR IMMEDIATE MEDICAL TREATMENT

1

NUMBER OF VEHICLES TOWED FROM SCENE DUE TO DISABLING DAMAGE

1

AT THE TIME OF THE CRASH, THIS VEHICLE WAS:

☒ Operating on a trafficway open to the public (in-transport)☐ Parked on or off the trafficway

COMMERCIAL DRIVER LICENSE (CDL):

☒ YES ☐ NO

CDL CLASS (Check only one):

☒ Class A ☐ Class B ☐ Class C ☐ Class D ☐ Class M

VEHICLE INFORMATION

VEHICLE CONFIGURATION (Enter one code from below)

9

- 1 - Passenger Car (only if vehicle has Hazardous Materials Placard)
2 - Light Truck (only if vehicle has Hazardous Materials Placard)
3 - Bus (seats for 9-15 people, including driver)
4 - Bus (seats for 16 people or more, including driver)
5 - Single-Unit Truck (2 axles, 6 tires)
6 - Single-Unit Truck (3 or more axles)
7 - Truck / Trailer(s) (Single-Unit Truck with Trailer(s))
8 - Truck / Tractor (without trailer, bobtail, or saddle mount)
9 - Tractor / Semi-Trailer (one trailer)
10 - Tractor / Doubles (two trailers)
11 - Tractor / Triples (three trailers)
99 - Other Truck > 10,000 lbs. (not listed above)

GVWR / GCWR (Enter one code from below. Use GCWR for truck combinations)

3

- 1 - 10,000 lbs. or Less
2 - 10,001 - 26,000 lbs.
3 - Greater than 26,000 lbs.

Bus Use (Enter one code from below)

0

- 0 - Not a Bus
1 - School (Public or Private)
2 - Transit

- 3 - Intercity
4 - Charter
5 - Other

CARGO BODY TYPE (Enter one code from below)

3

- 0 - Not Applicable / No Cargo Body
1 - Bus (seats for 9-15 people, including driver)
2 - Bus (seats for 16 people or more, including driver)
3 - Van / Enclosed Box
4 - Cargo Tank
5 - Flatbed
6 - Dump
7 - Concrete Mixer
8 - Auto Transporter
9 - Garbage / Refuse
10 - Grain, Chips, Gravel
11 - Pole
12 - Vehicle Towing Another Motor Vehicle
13 - Intermodal Chassis
14 - Logging
98 - Other Cargo Body (not listed above)

HAZARDOUS MATERIALS INVOLVEMENT (Excluding vehicle fuel system)

WAS THE VEHICLE DISPLAYING HM PLACARDS?

☐ YES ☒ NO

IF YES, INCLUDE THE FOLLOWING INFORMATION FROM ONE OF THE PLACARDS:

4-Digit UN/NA identification number or placard name, if none: _____

Hazard Class or Division from bottom of placard: _____

Was HM released from this vehicle's cargo? ☐ YES ☒ NO

MOTOR CARRIER INFORMATION

CARRIER TYPE (Check only one):

☒ Interstate ☐ Intrastate ☐ Non-commerce - government ☐ Non-commerce - other trucks > 10,000 lbs. GVWR / GCWR

CARRIER NAME

XPRESS TRANSPORT INC.

PHONE NUMBER

(916) 330-4010

CARRIER ADDRESS (NUMBER AND STREET/P.O. BOX)

945 F STREET

CITY

WEST SACRAMENTO

STATE

CA

ZIP CODE

95605

CARRIER IDENTIFICATION NUMBERS

☐ None

USDOT

3141322

MC / MX

MC-555382

CA

528723

SEQUENCE OF EVENTS

NOTE: FOR THIS VEHICLE, LIST UP TO FOUR EVENTS

Event 1: 13 Event 2: 13 Event 3: Event 4:

NON-COLLISIONS

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

NON-COLLISIONS (continued)

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

COLLISION INVOLVING / WITH

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

COLLISION INVOLVING / WITH (continued)

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

PREPARED BY

JAMES KALASHIAN, 019070

REVIEWED BY

OLIVER GARCIA

DATE

07/09/2024

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

TRUCK / BUS CRASH SUPPLEMENTAL REPORT

CHP 555D (Rev. 2-22) OPI 062

PARTY NUMBER

3

CRASH DATE

07/08/2024

CRASH TIME (2400)

1115

NCIC #

9450

OFFICER ID

019070

LOCAL REPORT NUMBER

9450-2024-00617

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TOTAL INVOLVED VEHICLES IN THE CRASH

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AT THE TIME OF THE CRASH, THIS VEHICLE WAS:

☒ Operating on a trafficway open to the public (in-transport)

NUMBER OF PERSONS SUSTAINING FATAL INJURIES

0

☐ Parked on or off the trafficway

NUMBER OF INJURED PERSONS TRANSPORTED FOR IMMEDIATE MEDICAL TREATMENT

1

COMMERCIAL DRIVER LICENSE (CDL):

☒ YES ☐ NO

NUMBER OF VEHICLES TOWED FROM SCENE DUE TO DISABLING DAMAGE

1

CDL CLASS (Check only one):

☒ Class A ☐ Class B ☐ Class C ☐ Class D ☐ Class M

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WAS THE VEHICLE DISPLAYING HM PLACARDS?

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IF YES, INCLUDE THE FOLLOWING INFORMATION FROM ONE OF THE PLACARDS:

4-Digit UN/NA identification number or placard name, if none:

Hazard Class or Division from bottom of placard:

Was HM released from this vehicle's cargo? ☐ YES ☒ NO

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CARRIER TYPE (Check only one):

☒ Interstate ☐ Intrastate ☐ Non-commerce - government ☐ Non-commerce - other trucks > 10,000 lbs. GVWR / GCWR

CARRIER NAME

RICHARD IEST DAIRY INC.

PHONE NUMBER

(559) 673-2635

CARRIER ADDRESS (NUMBER AND STREET/P.O. BOX)

14576 AVENUE 14

CITY

MADERA

STATE

CA

ZIP CODE

93637

CARRIER IDENTIFICATION NUMBERS

☐ None

USDOT

2804556

MC / MX

CA

242405

SEQUENCE OF EVENTS

NOTE: FOR THIS VEHICLE, LIST UP TO FOUR EVENTS

Event 1: 13

Event 2:

Event 3:

Event 4:

NON-COLLISIONS

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

NON-COLLISIONS (continued)

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

COLLISION INVOLVING / WITH

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

COLLISION INVOLVING / WITH (continued)

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

PREPARED BY

JAMES KALASHIAN, 019070

REVIEWED BY

OLIVER GARCIA

DATE

07/09/2024