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Accurint.support@lexisnexisrisk.com

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:

	CONDITIO	Ne . (1.01.1		NUMBER	THIT & PUN	CITY						11.151	CIAL DISTRICT LOCA					
SPECIAL	CONDING	NO.		INJURED	HIT & RUN FELONY	1												
				1			CORPO	RATI	ED M	ADERA SI	UPERIOR C	OURT	MADEKA	0-2024				
1				NUMBER KILLED	HIT & RUN MISDEMEANO	COUNT	Y			REPORTING	DISTRICT		BEAT DAY C	F WEEK	TOW AV	VAY		
				0		MAD	ERA						010 s(M	TWT:	FS X YE	s Пио		
	CRASH O	CCURRED ON				0	RASH DATE DAY YE		CRASH TIM	E (2400) NO	TIFICATION DATE	NO	IF. TIME (2400) NCIC		OFFICER ID			
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PARTY	DRIVER'S	LICENSE NUMBE	R		STATE	CLASS	AIR BAG	SAF	ETY EQUIP.	VEH. YEAR	MAKE/MODEL/C			LICENSE	NUMBER	STATE		
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DRIVER	NAME (FI	RST, MIDDLE, LA	ST)				1	_		2018	UTIL BOX	TRA	LER WHI	TR462	4	ID		
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PEDES-	STREET	ADDRESS								XPRESS	TRANSPOR							
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2	A02254	70		-	CA	C	L] (G	2023	FORD F15) WH	I	59251	W3	CA		
DRIVER	IVER NAME (FIRST, MIDDLE, LAST)									-								
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PEDES-	STREET	ADDRESS								DONLEN	TRUST LS	_	COVERY SRVS	INTL IN	C LSE			
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PEDES-	STREET	ADDRESS								RICHAR	D IEST DAI	_						
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1	ER'S NAMI					I—	H NOTIFIED	-	_	REVIEWER'S					07/09/2024			
I YA MI	ES KAL	ASHIAN, 0	19070			X YE	SIIN	۷O [N/A	OLIVER	GARCIA				011071404	•		

STATE OF CALIFORNIA

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

TRAFFIC CRASH CODING

CHP 555 Page 2 (Rev. 2-22) OPI 060

CR	ASH DATE (MO.	DAY	YEAR)	CRA	ASH TIME (2400)		-	_		OFFICER ID		NUMBER				
0	7/08/2024			1	115	9450					019070					0-2024-00617
		OWNER'	SNAME			7450	OWNER'S AL				015070				743	0-2024-00017
	DAMAGE	OWNER	SIVANE		,		OWNER'S AL	JUKE	:55							
PEI	RSON NOTIFIED				SAME AS OWNER TE	LEPHONE NUMBE	R		Ň		OD OF NOTIFICATION					LOG / INCIDENT NUMBER
חבי	SCRIPTION OF D	MACE							IN PERSON PHONE DISPATCH						422	
٠.	OCKIT HOR OF D	NINGE														
	SEATIN	G POS	SITION	1		SAFETY	FOLIPME	=NT				AIR BAG	_			INATTENTION CODES
	_				<u>CUPANTS</u>	OAL ZIII		IILD		TRA	INI	B - UNKNOWN				A - CELLPHONE HANDHELD
1	110	0 STAN	NDARD SEATING		NONE IN VEHICLE		Q	- IN 1	VEHI	ICLE	USED	L - AIR BAG DEPLOY M - AIR BAG NOT DE		VED		B - CELLPHONE HANDSFREE
/	POSI		ייין ואבנט טבאוויי	C-	LAP BELT USED						NOT USED	N-OTHER	r LO	1		C - ELECTRONIC EQUIPMENT
۲				p-	LAP BELT NOT USE)					USE UNKNOWN IMPROPER USE	P - NOT REQUIRED				D - RADIO / CD E - SMOKING
1			C, TRK., VAN, GON, ETC.*		SHOULDER HARNES SHOULDER HARNES			U - NONE IN VEHICLE EJECTED I					/EH	ICL	E	F - EATING
4	56			G-	LAP/SHOULDER HAP	RNESS USED	М.	/ C E	BICY	CLE	HELMET	0 - NOT EJECTED				G - CHILDREN
7	7 8 9 ^{11 - F}	OSITION	I UNKNOWN*		LAP/SHOULDER HAP PASSIVE RESTRAINT		Dr	RIVER	₹		SENGER	1 - FULLY EJECTED 2 - PARTIALLY EJEC	TEN			H - ANIMALS I - PERSONAL HYGIENE
	10 /0-01	HER*		K-	PASSIVE RESTRAIN			NO - YE:	s		NO YES	3 - UNKNOWN	LU			J - READING
_			1	-	NOT REQUIRED											K-OTHER
	PRIMARY CI	DACU EA		- CIVI	S MARKED BELOW FOLLOWED BY AN AST					i 				_		
Ц	ST NUMBER (#	OF PAI	RTY AT FAULT		TRAFFIC COI	NTROL DEVICES	3	1	2	3	VEHICLE AUT	OMATION LEVEL	1	2	3	MOVEMENT PRECEDING CRASH
1	A CVC SECTION VIC		CITED VES	X	A CONTROLS FUN	CTIONING	•	X	X	X	A SAE LEVEL - 0				X	A STOPPED
1	VC 22450		YES X NO	_	B CONTROLS NOT	-	•			L	B SAE LEVEL - 1		X	X	_	B PROCEEDING STRAIGHT
	B OTHER IMP	ROPER	DRIVING*:	<u></u>	C CONTROLS OBS					_	C SAE LEVEL - 2		_	_		C RAN OFF ROAD
				₽	D NO CONTROLS		ror•	_		<u> </u>	D SAE LEVEL - 3					MAKING RIGHT TURN
	C OTHER TH		'ER"	╄	TYPE OF	CRASH		\vdash	\vdash	├	E SAE LEVEL - 4			<u> </u>		E MAKING LEFT TURN
	D UNKNOWN	<u> </u>		+-	A HEAD - ON			-	-		F SAE LEVEL - 5 G UNKNOWN*			-	Н	F MAKING U TURN
				\vdash	B SIDE SWIPE C REAR END			\vdash	\vdash		UNKNOWN*			_		G BACKING H SLOWING / STOPPING
	WEATHER (M	IARK 1 T	O 2 ITEMS1	X	D BROADSIDE			1	2	3	VEHICLE AUTO	MATION ENGAGED			Н	PASSING OTHER VEHICLE
X	A CLEAR	,,,,,,,,,	0 177 2.110)	^	E HIT OBJECT			x	x	x	A NO AUTOMATIC	DN .			\vdash	J CHANGING LANES
	B CLOUDY				F OVERTURNED			<u></u>	-		B DRIVER ASSIST					K PARKING MANEUVER
	C RAINING			1	G VEHICLE / PEDE	STRIAN					C PARTIAL AUTOR		_	_		L ENTERING TRAFFIC
	D SNOWING	-	•	1	H OTHER*:						D CONDITIONAL A					M OTHER UNSAFETURNING
	E FOG/VISI	BILITY	FT,		MOTOR VEHICLE	INVOLVED WIT	Н				E HIGH AUTOMAT	TON				N XING INTO OPPOSING LANE
	F OTHER*:			L	(MARK 1 T	O 2 ITEMS)					F FULL AUTOMAT	ION				O PARKED
	G MND			Ш	A NONCOLLISION				Ш	_	G UNKNOWN*				Ш	P MERGING
		GHTING			B PEDESTRIAN					ļ				_	-	Q TRAVELING WRONG WAY
<u>X</u>	A DAYLIGHT			X	C OTHER MOTOR		A DIAMAN	1	2	3	OTHER ASSOCI	IATED FACTOR(S) TO 2 ITEMS)				R OTHER*:
	B DUSK - DA		21170	\vdash	D MOTOR VEHICLE E PARKED MOTOR		JADVVAY		CORR	500000	A CVC SECTION VIOLATIO				\vdash	S LANE SPLITTING
_	D DARK-NO			\vdash	F TRAIN	VERICLE		1			A CICCECIICITICE	<u></u> YES ∣	1	2	3	SOBRIETY - DRUG - PHYSICAL (MARK ALL THAT APPLY)
	E DARK-ST			┿	G BICYCLE				10000	10.00	B CVC SECTION VIOLATIO	Nt CITED-	X	X	\mathbf{x}	A HAD NOT BEEN DRINKING
	FUNCTION		311101101	\vdash	H ANIMAL:			April 1			Ь	YES				B HBD - UNDER INFLUENCE
_	ROADW	AY SUR	FACE		FIXED OBJECT:				175		C CVC SECTION VIOLATIO					C HBD - NOT UNDER INFLUENCE*
X	A DRY										•	□ NO		<u>.</u>		D HBD - IMPAIRMENT UNKNOWN*
	B WET				J OTHER OBJECT:						D 35.34.54					E UNDER DRUG INFLUENCE*:
	C SNOWY - I	CY]							E VISION OBSCU				Ш	DRE EXAM, CONDUCTED
	D SLIPPERY	•		╙	K ADDITIONAL OB	· · ·	<u>к</u>				F INATTENTION*:				Н	STIMULANT
	ROADWA'	f CONDI 1 TO 2 IT		-		AN'S ACTIONS		-	\vdash	-	G STOP & GO TRA			_	$\vdash \vdash$	HALLUCINOGEN DISSOCIATIVE ANESTHETICS
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	A HOLES, DE		ON ROADWAY*	1	B CROSSING IN CH AT INTERSECTION					\vdash	J UNFAMILIAR W				H	INHALANT
	C OBSTRUC			H	C CROSSING IN CI)T	\vdash		\vdash	K DEFECTIVE VE	H. EQUIP.: ated YES			H	CANNABIS
			REPAIR ZONE	1	AT INTERSECTION					L		NO NO				DEPRESSANT
	E REDUCED				D CROSSING - NO						L UNINVOLVED V	EHICLE			Ш	F IMPAIRMENT - PHYSICAL*
	F FLOODED			匚	E IN ROAD - INCLU	DES SHOULDE	R				M OTHER*:					G IMPAIRMENT NOT KNOWN
	G OTHER*:			\perp	F NOT IN ROAD			X	X	X	N NONE APPAREI				Ш	H NOT APPLICABLE
	H NO UNUSU	IAL CON	DITIONS		G APPROACHING	LEAVING SCHO	OOL BUS	MIC	CEL	I AN	O RUNAWAY VEH	ICLE		-		SLEEPY / FATIGUED*
SKI	ЕТСН							MIIS	CEL		2003		1	2	3	SPECIAL INFORMATION
RI	EFER TO SE	ETCH	PAGE(S)			()								Н	A HAZARDOUS MATERIAL
						INIDICA	TE NORTH								-	B CELL PHONE HANDHELD IN USE
						INDIOA	LHORIN									C CELL PHONE HANDSFREE IN
														l.		USE
													X	X		D CELL PHONE NOT IN USE
															-	E CELL PHONE USE UNKNOWN
															\sqcup	F SCHOOL BUS RELATED
													1	2	3	BIKEWAY FACILITY
													Ĥ	Ě		A CHARED BOADIA/AV
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						\vdash	\vdash	${}$	C CLASS II - BIKE LANE* D CLASS III - BIKE ROUTE*							
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CRASH DATI		08/2024	YEARJ		CRASH 1	115	(2400)	NCIC #	·	9450	0		l°	FFICEF	l ID	(0190	70		,		NUMBE		0-2024	-00617		
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JAMES:	KAL	ASHIA	N				019	9070			(07/08/2	2024			-	OLI	VE	R GA	RCL	Α			ļ	07/09/20	24	

SKETCH DIAGRAM

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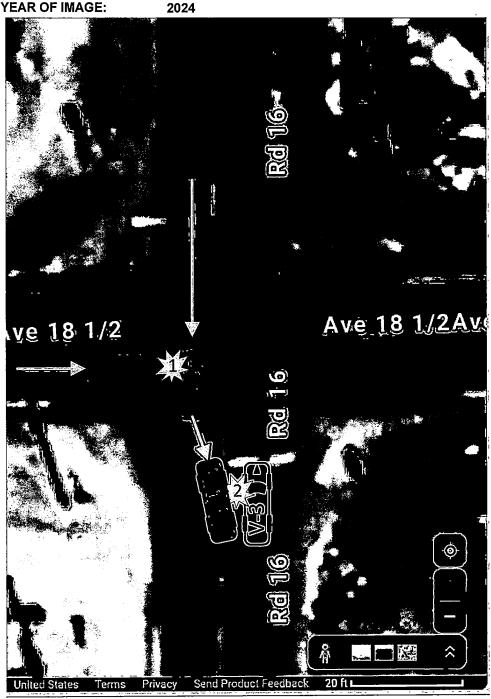
Page 4 of 8

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: **COPYRIGHT YEAR OF IMAGE:**

GOOGLE





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

STATE OF CALIFORNIA

NARRATIVE/SUPPLE	MENTAL		P/	AGE 5 OF 8
DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
07/08/2024	1115	0.450	010070	0450 2024 00647

- 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. lest) 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.

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29

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31

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

STATE OF CALIFORNIA

NARRATIVE/SUPPLE	P/	AGE 6 OF 8		
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 (lest) 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.

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

TRUCK / BUS CF	RASH SUPPLEN	IENTAL REPORT		PARTY NUM	BER		
CHP 555D (Rev. 2-22) (OPI 062			1			
CRASH DATE	CRASH TIME (2400)	NCIC#	OFFICER ID	LOCAL REPO	ORT NUMB	ER	
07/08/2024	1115	9450	019070	9450-2	024-00	617	
GENERAL INSTRUCT	TIONS - COMPLETE T	HIS FORM FOR <u>EACH</u> QUALIF	YING VEHICLE IF THE CRAS	SH MEETS C	RITERIA	ON BACK	OF THIS FORM.
3,, .			INFORMATION	P		Œ	
THIS FORM IS BEING COMPLE				.i.a			
		chicle weight rating (GVWR) or gr	oss combination weight rating	g (GCWR) gr	eater tha	n 10,000 pc	ounds
A bus with seats for	•	_					
TOTAL INVOLVED VEHICLES		materials (HM) placards (include:	s auto, light truck, van, 10,000 AT THE TIME OF THE CRASH, THIS				· · · · · · · · · · · · · · · · · · ·
	IN THE CRASH		Operating on a trafficw			(in_transpo	rt\
NUMBER OF PERSONS SUSTA	AINING FATAL INJURIES	·		vay open to ti	ie public	(III-II alispo	14
0			Parked on or off the tra	afficway			
	ONS TRANSPORTED FOR IMM	MEDIATE MEDICAL TREATMENT	COMMERCIAL DRIVER LICENSE (C	CDL):			
1			X YES ☐ NO				
NUMBER OF VEHICLES TOWE	D FROM SCENE DUE TO DI	SABLING DAMAGE	CDL CLASS (Check only one):		_ ,	-	
1			☐ Class A☐ Class	B ∐ Clas	ss C [Class D	Class M
6 9 E	# P		IFORMATION			;	
VEHICLE	E CONFIGURATION (Enter or	e code from below)	CARGO E	3ODY TYPE (Ent		e irom below)	
	9		O Not Assistantia (No Ossos Bods	3	}		·
1 - Passenger Car (only if vehicle2 - Light Truck (only if vehicle has	as Hazardous Materials Placard	card) I)	0 - Not Applicable / No Cargo Body 1 - Bus (seats for 9-15 people, includ				
3 - Bus (seats for 9-15 people, ir4 - Bus (seats for 16 people or n	ncluding driver) nore, including driver)		2 - Bus (seats for 16 people or more, 3 - Van / Enclosed Box	including driver)			
5 - Single-Unit Truck (2 axles, 6 6 - Single-Unit Truck (3 or more	tires)		4 - Cargo Tank 5 - Flatbed				
7 - Truck / Trailer(s) (Single-Unit 8 - Truck / Tractor (without traile	t Truck with Trailer(s))		6 - Dump 7 - Concrete Mixer				
9 - Tractor / Semi-Trailer (one tra	ailer)		8 - Auto Transporter				
10 - Tractor / Doubles (two traile 11 - Tractor / Triples (three traile			9 - Garbage / Refuse 10 - Grain, Chips, Gravel				
99 - Other Truck > 10,000 lbs. (r		COMP (t le mbinediene)	11 - Pole 12 - Vehicle Towing Another Motor V	/ehicle			
GVWR / GCWR (Ent		GCWR for truck combinations)	13 - Intermodal Chassis 14 - Logging				
4 40 000 !!	3		98 - Other Cargo Body (not listed abo				
1 - 10,000 lbs. or Less 2 - 10,001 - 26,000 lbs.			HAZARDOUS MATER WAS THE VEHICLE DISPLAYING H		IENT (Exci	uding vehicle f	uel system)
3 - Greater than 26,000 lbs.	Bus Use (Enter one code fr	om below)	☐YES X NO				
	0	·	IF YES, INCLUDE THE FOLLOWING	S INFORMATION	FROM ON	E OF THE PLA	CARDS:
0 - Not a Bus	3 - Interd	aitv	4-Digit UN/NA identification number of	or placard name,	if none:		
1 - School (Public or Private) 2 - Transit	4 - Char 5 - Othe	ter	Hazard Class or Division from bottom	n of placard:	<u>-</u>		
Z - Hallsit	o- oaic		NA-1984 I and from this webinds	 	s IX	NO	-
			Was HM released from this vehicle's ER INFORMATION	cargo?	-0 [23	-	
CARRIER TYPE (Check only or	1e):		The state of the s				<u> </u>
☑ Interstate □	Intrastate	Non-commerce - government	☐ Non-commerce -	other trucks	> 10,000	lbs. GVWF	R / GCWR
CARRIER NAME		<u> </u>			PHONE NU		
XPRESS TRANSP	ORT INC.				(916	330-401	0
CARRIER ADDRESS (NUMBER	R AND STREET/P.O. BOX)		WEST SACRAMENTO	۱ ا	STATE	ZIP CODE	
945 F STREET					CA	95605	
CARRIER IDENTIFICATION NU	į		MC/MX		CA	,00	
None	3141		MC-555382		5287	23	p.
<u>.</u>			E, LIST UP TO FOUR EVENTS				
	Eve	ent 1: 13 Event 2: 13	Event 3: Ever	nt 4:			
NON-COLLISIONS	EV6	NON-COLLISIONS (continued)		COLLISION INVO	OLVING / W	ATH (continue	i)
1 Ran Off Road 2 Jackknife		 Equipment Failure (Tires, Brail Other Non-Collision 	kes, Steering, etc.)	15 Train 16 Pedalcycle			
3 Overturn (Rollover)		TO CAIGN HOLE COMMON	•	17 Animal 18 Fixed Object			
4 Downhill Runaway 5 Cargo Loss or Shift		COLLISION INVOLVING / WITH	•	19 Work Zone M		Equipment	
6 Explosion or Fire 7 Separation of Units		12 Pedestrian 13 Motor Vehicle In-Transport		20 Other Moveat 98 Other (Descri			
8 Cross Median / Centerline		14 Parked Motor Vehicle					
PREPARED BY			REVIEWED BY				DATE 07/00/2024
JAMES KALASHI	AN 019070	•	OLIVER GARCIA				07/09/2024

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

TRUCK / BUS CRASH SUPPLEMENT	TAL REPORT		PARTY NUM	MBER						
CHP 555D (Rev. 2-22) OPI 062			3							
CRASH DATE CRASH TIME (2400)	NCIC#	OFFICER ID	LOCAL REP	ORT NUME	BER					
07/08/2024 1115	9450	019070	9450-2	2024-00	0617					
GENERAL INSTRUCTIONS - COMPLETE THIS FO	ORM FOR <u>EACH</u> QUALIFY	ING VEHICLE IF THE CRA				OF THIS FORM.				
है, द 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	QUALIFYING	INFORMATION	-		* *					
THIS FORM IS BEING COMPLETED BECAUSE THIS VEHICLE IS:										
A truck or truck combination with a gross vehicle	•	oss combination weight ratin	ng (GCWR) gi	reater tha	an 10,000 po	ounds				
A bus with seats for 9 or more persons, including	driver									
A vehicle of any type displaying hazardous mater	ials (HM) placards (includes									
TOTAL INVOLVED VEHICLES IN THE CRASH		AT THE TIME OF THE CRASH, TH								
3		Operating on a traffic	way open to t	he public	(in-transpo	rt)				
NUMBER OF PERSONS SUSTAINING FATAL INJURIES		Parked on or off the t	rafficway							
0 NUMBER OF INJURED PERSONS TRANSPORTED FOR IMMEDIATION	E MEDICAL TREATMENT	COMMERCIAL DRIVER LICENSE	(CDL):							
1	E MEDICAL TREATMENT	X YES NO	(ODL).							
NUMBER OF VEHICLES TOWED FROM SCENE DUE TO DISABLING	3 DAMAGE	CDL CLASS (Check only one):								
1		☐ Class A ☐ Class	B Cla	ss C	Class D	☐ Class M				
## ## ## ## ## ## ## ## ## ## ## ## ##	VEHICLE IN	FORMATION		•						
VEHICLE CONFIGURATION (Enter one code	2.1.0.4	1 2 20	BODY TYPE (En	ter one cod	le from below)					
9			9	18						
1 - Passenger Car (only if vehicle has Hazardous Materials Placard)		0 - Not Applicable / No Cargo Body 1 - Bus (seats for 9-15 people, including driver)								
2 - Light Truck (only if vehicle has Hazardous Materials Placard) 3 - Bus (seats for 9-15 people, including driver)		1 - Bus (seats for 9-15 people, inclu 2 - Bus (seats for 16 people or more		,						
4 - Bus (seats for 16 people or more, including driver) 5 - Single-Unit Truck (2 axles, 6 tires)		3 - Van / Enclosed Box 4 - Cargo Tank								
6 - Single-Unit Truck (3 or more axles) 7 - Truck / Trailer(s) (Single-Unit Truck with Trailer(s))		5 - Flatbed 6 - Dump								
8 - Truck / Tractor (without trailer, bobtail, or saddlemount)		7 - Concrete Mixer 8 - Auto Transporter								
9 - Tractor / Semi-Trailer (one trailer) 10 - Tractor / Doubles (two trailers)		9 - Garbage / Refuse								
11 - Tractor / Triples (three trailers) 99 - Other Truck > 10,000 lbs. (not listed above)		10 - Grain, Chips, Gravel 11 - Pole								
GVWR / GCWR (Enter one code from below, Use GCWR	for truck combinations)	12 - Vehicle Towing Another Motor \ 13 - Intermodal Chassis	Vehicle							
3		14 - Logging 98 - Other Cargo Body (not listed at	nvel							
1 - 10,000 lbs. or Less		HAZARDOUS MATE		MENT (Excl	uding vehicle f	uel system)				
2 - 10,001 - 26,000 lbs. 3 - Greater than 26,000 lbs.		WAS THE VEHICLE DISPLAYING	HM PLACARDS?							
Bus Use (Enter one code from belo	w)	YES NO								
0		IF YES, INCLUDE THE FOLLOWIN			IE OF THE PLA	CARDS:				
0 - Not a Bus 3 - Intercity 1 - School (Public or Private) 4 - Charter		4-Digit UN/NA identification number	or placard name,	if none:						
2 - Transit 5 - Other		Hazard Class or Division from botton	m of placard:							
•		Was HM released from this vehicle's	s cargo? Y	≘s 🔀	NO					
« ·	MOTOR CARRIE	RINFORMATION				`				
CARRIER TYPE (Check only one):		_								
	commerce - government	Non-commerce		> 10,000 PHONE NU		R / GCWR				
CARRIER NAME RICHARD IEST DAIRY INC.				l) 673-263	5				
CARRIER ADDRESS (NUMBER AND STREET/P.O. BOX)		СПУ	· · · ·	STATE	ZIP CODE					
14576 AVENUE 14	,	MADERA		CA	93637					
CARRIER IDENTIFICATION NUMBERS USDOT		MC/MX		CA						
□ None 2804556			•	2424	105					
	SEQUENCE	OF EVENTS	•			* * * *				
	NOTE: FOR THIS VEHICLE	, LIST UP TO FOUR EVENTS	-							
Event 1: [13 Event 2:	Event 3: Eve	ent 4:							
NON-COLLISIONS	NON-COLLISIONS (continued) 9 Equipment Failure (Tires, Brake	es Steering etc.)	COLLISION INVO	OLVING / W	ЛТН (continued	1)				
1 Ran Off Road 2 Jackknife	10 Other Non-Collision	ss, oteering, etc.)	16 Pedalcycle							
3 Overturn (Rollover) 4 Downhill Runaway			17 Animal 18 Fixed Object							
5 Cargo Loss or Shift 6 Explosion or Fire	COLLISION INVOLVING / WITH 12 Pedestrian		19 Work Zone M 20 Other Moveal		⊏quipment					
7 Separation of Units 8 Cross Median / Centerline										
O OLOGO MICUIGIT I COLINCIALIO	13 Motor Vehicle In-Transport 14 Parked Motor Vehicle		98 Other (Descri	be):						
PREPARED BY	13 Motor Vehicle In-Transport 14 Parked Motor Vehicle	REVIEWED BY	98 Other (Descri	be):		DATE				