

SPECIAL CONDITIONS		NUMBER INJURED 2	HIT & RUN FELONY <input type="checkbox"/>	CITY UNINCORPORATED	JUDICIAL DISTRICT GLENN SUPERIOR COURT WILLOWS BRANCH - MAIN COURTHOUSE			LOCAL REPORT NUMBER 9160-2024-00261				
		NUMBER KILLED 0	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY GLENN	REPORTING DISTRICT 004			BEAT 004	DAY OF WEEK SMTWTFSS	TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
LOCATION	CRASH OCCURRED ON I-5 N/B			CRASH DATE MO. 12 DAY 19 YEAR 2024	CRASH TIME (2400) 0026	NOTIFICATION DATE MO. 12 DAY 19 YEAR 2024	NOTIF. TIME (2400) 0029	NCIC # 9160	OFFICER ID 022303			
	<input type="checkbox"/> AT INTERSECTION WITH <input checked="" type="checkbox"/> OR: 0.2 MILES SOUTH of COUNTY RD 35						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) LOC. LAT. 39.608289 LONG. -122.207830 AOI 1 LAT. 39.608289 LONG. -122.207830 AOI 2 LAT. 39.608393 LONG. -122.207978						<input type="checkbox"/> REFER TO NARRATIVE					
	AOI 3 LAT. 39.608259 LONG. -122.207846 AOI 4 LAT. 39.608207 LONG. -122.208139 AOI 5 LAT. LONG. ADDTL. AOI(s) 											
PARTY 1	DRIVER'S LICENSE NUMBER Y3997908		STATE CA	CLASS C	AIR BAG L	SAFETY EQUIP. G	VEH. YEAR 2018	MAKE/MODEL/COLOR CHEV COLORADO WHI		LICENSE NUMBER 76252L2	STATE CA	
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> BENJAMIN ALCANTARA GARCIA						OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER ROBERT HOWARD					
PEDES- TRIAN	STREET ADDRESS <input type="checkbox"/> 453 3RD ST						OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER PO BOX 2108 SONOMA CA 95476					
PARKED VEHICLE	CITY/STATE/ZIP <input type="checkbox"/> WILLOWS CA 95988						DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER A PLUS TOWING - (530)934-3177					
BICY- CLIST	SEX <input type="checkbox"/> M	HAIR <input type="checkbox"/> BLK	EYES <input type="checkbox"/> BRN	HEIGHT <input type="checkbox"/> 5' 6"	WEIGHT <input type="checkbox"/> 245	BIRTHDATE Mo. 07 Day 23 Year 1978	RACE <input type="checkbox"/> H	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE				
OTHER	HOME PHONE <input type="checkbox"/> (530) 517-2595		BUSINESS PHONE <input type="checkbox"/> NONE			VEHICLE IDENTIFICATION NUMBER: 1GCHSBEA6J1197987						
OPER- ATOR	INSURANCE CARRIER <input type="checkbox"/> STATE FARM					POLICY NUMBER 4307987F1305A						
	DIR OF TRAVEL <input type="checkbox"/> N	ON STREET OR HIGHWAY <input type="checkbox"/> I-5 N/B		LANE <input type="checkbox"/> 1	THRU Lanes <input type="checkbox"/> 2	TOTAL Lanes <input type="checkbox"/> 2	SPEED LIMIT <input type="checkbox"/> 70	CA _____ DOT _____ CAL-T _____ TCP/PSC _____ MC/MX _____				
PARTY 2	DRIVER'S LICENSE NUMBER Y1871453		STATE CA	CLASS U	AIR BAG P	SAFETY EQUIP. G	VEH. YEAR 2020	MAKE/MODEL/COLOR FRHT CASCADIA WHI		LICENSE NUMBER ZP25039	STATE CA	
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> JAGJEET SINGH						OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER RAPTOR TRANSPORTATION LLC					
PEDES- TRIAN	STREET ADDRESS <input type="checkbox"/> 2913 ALENE AVE						OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER					
PARKED VEHICLE	CITY/STATE/ZIP <input type="checkbox"/> TRACY CA 95376						DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER L&T TOWING - (530)934-7300					
BICY- CLIST	SEX <input type="checkbox"/> M	HAIR <input type="checkbox"/> BLK	EYES <input type="checkbox"/> BLK	HEIGHT <input type="checkbox"/> 5' 10"	WEIGHT <input type="checkbox"/> 140	BIRTHDATE Mo. 03 Day 30 Year 1995	RACE <input type="checkbox"/> O	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE				
OTHER	HOME PHONE <input type="checkbox"/> (646) 945-2358		BUSINESS PHONE <input type="checkbox"/> NONE			VEHICLE IDENTIFICATION NUMBER: 3AKJHHDROLSLP8985						
OPER- ATOR	INSURANCE CARRIER <input type="checkbox"/> WEST 2 EAST TRUCKING					POLICY NUMBER TMA71009899						
	DIR OF TRAVEL <input type="checkbox"/> S	ON STREET OR HIGHWAY <input type="checkbox"/> I-5 S/B		LANE <input type="checkbox"/> 2	THRU Lanes <input type="checkbox"/> 2	TOTAL Lanes <input type="checkbox"/> 2	SPEED LIMIT <input type="checkbox"/> 55	CA _____ DOT _____ CAL-T _____ TCP/PSC _____ MC/MX 1479005				
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:				
OTHER	HOME PHONE		BUSINESS PHONE			VEHICLE IDENTIFICATION NUMBER:						
OPER- ATOR	INSURANCE CARRIER					POLICY NUMBER						
	DIR OF TRAVEL	ON STREET OR HIGHWAY		LANE	THRU Lanes	TOTAL Lanes	SPEED LIMIT	CA _____ DOT _____ CAL-T _____ TCP/PSC _____ MC/MX _____				
PREPARER'S NAME COLTON W LANDRETH, 022303				DISPATCH NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A				REVIEWER'S NAME CALEB CLEEK				DATE REVIEWED 01/01/2025

An Internationally Accredited Agency

CRASH DATE (MO. DAY YEAR) 12/19/2024				CRASH TIME (2400) 0026		NCIC # 9160		OFFICER ID 022303				NUMBER 9160-2024-00261														
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"/>	46	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"/>	1	1	L	G	0								
NAME / D. O. B. / ADDRESS BENJAMIN ALCANTARA GARCIA (07/23/1978) 453 3RD ST WILLOWS CA 95988															TELEPHONE (530) 517-2595/NONE											
(INJURED ONLY) TRANSPORTED BY: NONE						EMS RUN NUMBER: NONE						TAKEN TO: WILL SEEK OWN AID														
DESCRIBE INJURIES																										
COMPLAINT OF PAIN TO CHEST, RIGHT LEG, LEFT ARM, AND LOWER BACK																										
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																										
<input type="checkbox"/> #	<input type="checkbox"/>	38	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	3	L	G	0								
NAME / D. O. B. / ADDRESS MARCO ANTONIO GARCIA NUNEZ (02/04/1986) 6343 CR 200 SP 51 ORLAND CA 95963															TELEPHONE (530) 517-8086/NONE											
(INJURED ONLY) TRANSPORTED BY: NONE						EMS RUN NUMBER: NONE						TAKEN TO: WILL SEEK OWN AID														
DESCRIBE INJURIES																										
COMPLAINT OF PAIN TO LEFT WRIST AND HAND, CHEST, AND BACK																										
<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"/>													
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"/>													
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"/>													
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 COLTON W LANDRETH															ID NUMBER 022303		MO. DAY YEAR 12/19/2024		REVIEWER'S NAME CALEB CLEEK				MO. DAY YEAR 01/01/2025			

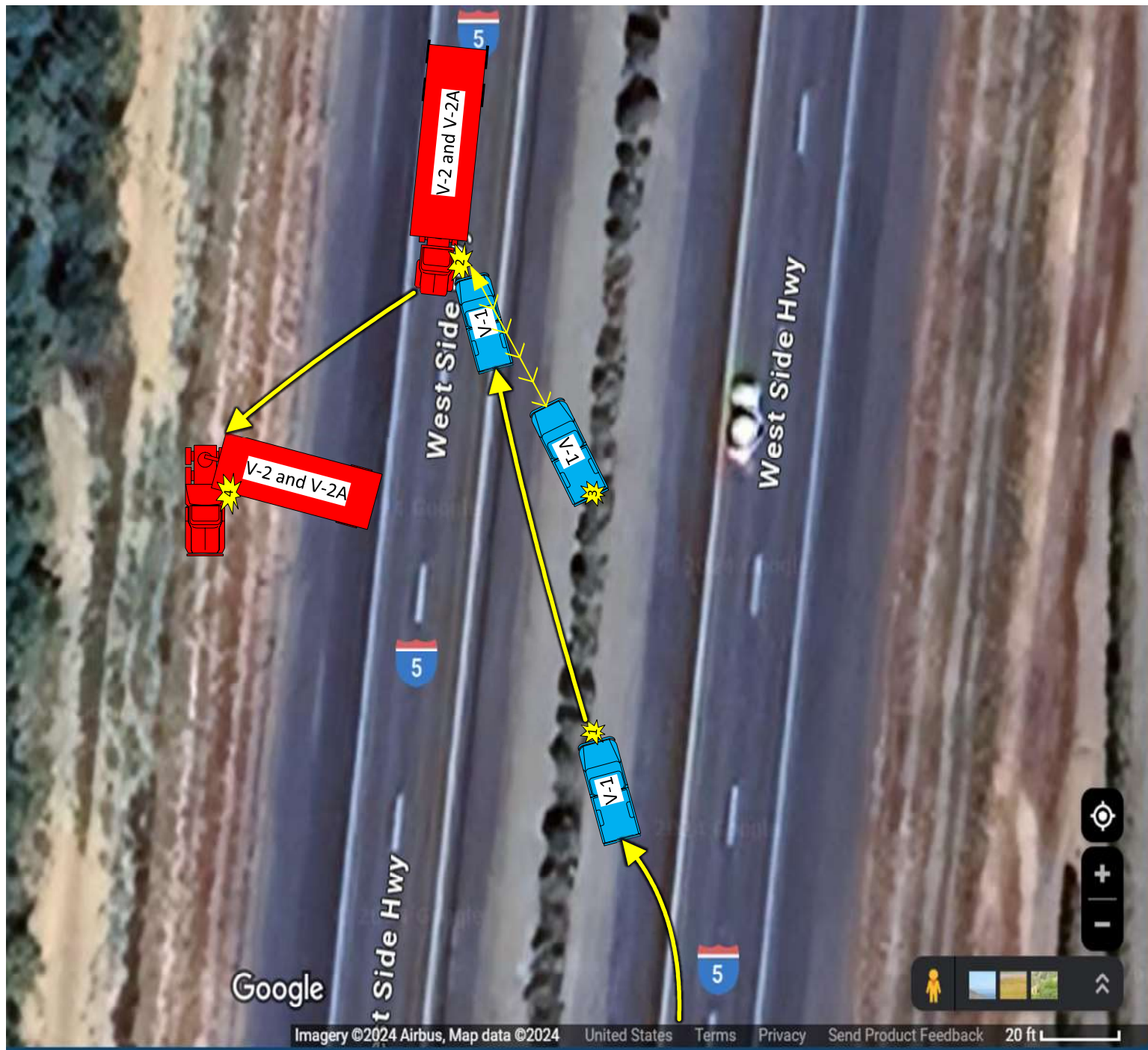
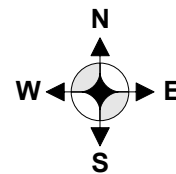
STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
SKETCH DIAGRAM

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

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CRASH DATE (MO. DAY YEAR)	CRASH TIME (2400)	NCIC #	OFFICER ID	NUMBER
12/19/2024	0026	9160	022303	9160-2024-00261

DATE PREPARER CAPTURED IMAGE: 12/20/2024
PROPRIETOR OF IMAGE:
COPYRIGHT YEAR OF IMAGE:



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
COLTON W LANDRETH	022303	12/19/2024	CALEB CLEEK	01/01/2025

An Internationally Accredited Agency

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
12/19/2024	0026	9160	022303	9160-2024-00261

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 **FACTS**

6

7 **OTHER FACTUAL INFORMATION**

8

9 At the time of the crash, there was a heavy fog in the area that reduced visibility to approximately 50
10 feet.

11

12 All Parties and Passengers involved in this crash were treated by emergency medical personnel on
13 scene and elected to seek their own aid.

14

15 CHP 215 #RC67405 was completed and submitted at the conclusion of this report for the charge of
16 22107 VC – crossing and traveling on the wrong side of a divided highway.

17

18 **STATEMENTS**

19

20 Party #1 (Garcia) was contacted at the scene of the crash and related, in essence, the following
21 information: He was driving Vehicle #1 (Chevrolet) northbound on I-5, within the #1 lane, to the south of
22 County Road 35 at an unknown speed that was less than 70 MPH due to the heavy fog. While speaking
23 with Passenger #1 (Garcia Nunez), Party #1 lost control of Vehicle #1. Party #1 activated Vehicle #1's
24 brakes and felt Vehicle #1 veer to the left entering the center divider between northbound I-5 and
25 southbound I-5. Vehicle #1 then traveled through the bushes located within the center divider and the next
26 thing Party #1 observed was Vehicle #2's (Freightliner) headlights. Party #1 felt the crash to the left front of
27 Vehicle #1 and then felt Vehicle #1 get pushed back to the right. Party #1 remained on scene until CHP
28 Arrival.

29

30

31

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
COLTON W LANDRETH	022303	12/19/2024	CALEB CLEEK	01/01/2025

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
12/19/2024	0026	9160	022303	9160-2024-00261

1

2 **STATEMENTS CONTINUED**

3

4 Party #2 (Singh) was contacted on scene and related in essence, the following information: He was driving
5 Vehicle #2 while towing Vehicle #2A (Great Dane) within the #2 lane, on southbound I-5, at approximately
6 55 to 57 MPH. There were no other vehicles located within the immediate vicinity to Vehicle #2 and
7 Vehicle #2A. Party #2 observed headlights appear from the left front of Vehicle #2 and activated Vehicle
8 #2's brakes. Immediately after activating Vehicle #2's brakes, Party #2 felt a crash to the left side of
9 Vehicle #2. After the crash, Vehicle #2 veered to the right causing Vehicle #2 and Vehicle #2A to
10 "jackknife" and come to rest on the right shoulder. Party #2 remained on scene until CHP arrival.

11

12 Passenger #1 (Garcia Nunez) was contacted on scene, and related in essence, the following information:
13 He was located within the right front seat of Vehicle #1 when he observed Vehicle #1 begin to lose traction.
14 Passenger #1 observed Vehicle #1 veer to the left and cross over to the other side of the freeway before
15 crashing into Vehicle #2. Passenger #1 did not have any further details regarding the crash.

16

17

18 **OPINIONS AND CONCLUSIONS**

19

20 **AREA(S) OF IMPACT**

21

22 Area of Impact #1 (Vehicle #1 vs. Bush) GPS: 39.608289, -122.207830

23 Area of Impact #2 (Vehicle #1 vs Vehicle #2 and Vehicle #2A) GPS: 39.608393, -122.207978

24 Area of Impact #3 (Vehicle #1 vs. Bush) GPS: 39.608259, -122.207846

25 Area of Impact #4 (Vehicle #2 vs. Vehicle #2A) GPS: 39.608207, -122.208139

26

27 **SUMMARY/CAUSE**

28

29 Party #1 (Garcia) was driving Vehicle #1 (Chevrolet) northbound on I-5, within the #1 lane, at an
30 unknown speed, south of County Road 35. Vehicle #1 was located to the left front of Vehicle #2
31 (Freightliner) approaching from the opposite direction.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
COLTON W LANDRETH	022303	12/19/2024	CALEB CLEEK	01/01/2025

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
12/19/2024	0026	9160	022303	9160-2024-00261

SUMMARY/CAUSE CONTINUED

Party #2 (Singh) was driving Vehicle #2 while towing Vehicle #2A (Great Dane) southbound on I-5, within the #2 lane, at a stated speed of 55 to 57 MPH. Vehicle #2 and Vehicle #2A were located to the left front of Vehicle #1 approaching from the opposite direction.

While traveling northbound and for unknown reasons, Party #1 allowed Vehicle #1 to veer to the left and enter the center divider between northbound and southbound I-5. After entering the center divider, Vehicle #1 continued to the left and crashed into a bush located within the center divider (AOI #1). Due to Party #1 driving Vehicle #1 in violation of California Vehicle Code section 21651(a)(1) VC, Vehicle #1 continued to travel left and entered the southbound lanes of I-5 while still traveling in a northbound direction, crossing the #1 lane, and crashing into the to the left side Vehicle #2 and Vehicle #2A in the #2 lane (AOI #2). After the crash with Vehicle #2 and Vehicle #2A, Vehicle #1 was pushed in a southerly direction across the #1 lane and into the bushes within the center divider (AOI #3). After the crash with Vehicle #1, Vehicle #2 and Vehicle #2A veered to the right towards the right shoulder of southbound I-5. While traveling on the right shoulder, Vehicle #2 began to decelerate rapidly causing Vehicle #2A to swing to the left, ultimately causing the left front of Vehicle #2A to crash into the left rear of Vehicle #2 (AOI #4). After the crash, Vehicle #1 came to rest within the center divider, on all of its wheels, facing a northwesterly direction, to the south of County Road 35. Vehicle #2 came to rest on all of its wheels, facing a southerly direction, on the right shoulder of southbound I-5, to the south of County Road 35. Vehicle #2A came to rest on all of its wheels facing a north westerly direction, on the right shoulder of southbound I-5, to the south of County Road 35.

RECOMMENDATIONS

I recommend a copy of this report be forwarded to the Glenn County District Attorney's office for review and filing of the following charges against Party #1 (**Benjamin Alcantara Garcia**):

22107 VC – unsafe turning movement.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
COLTON W LANDRETH	022303	12/19/2024	CALEB CLEEK	01/01/2025

TRUCK / BUS CRASH SUPPLEMENTAL REPORT

CHP 555D (Rev. 4-24) OPI 062

PARTY NUMBER
2

CRASH DATE	CRASH TIME (2400)	NCIC #	OFFICER ID	LOCAL REPORT NUMBER
12/19/2024	0026	9160	022303	9160-2024-00261

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	AT THE TIME OF THE CRASH, THIS VEHICLE WAS:
2	<input checked="" type="checkbox"/> Operating on a trafficway open to the public (in-transport)
NUMBER OF PERSONS SUSTAINING FATAL INJURIES	<input type="checkbox"/> Parked on or off the trafficway
0	COMMERCIAL DRIVER LICENSE (CDL):
NUMBER OF INJURED PERSONS TRANSPORTED FOR IMMEDIATE MEDICAL TREATMENT	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
0	CDL CLASS (Check only one):
NUMBER OF VEHICLES TOWED FROM SCENE DUE TO DISABLING DAMAGE	<input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input type="checkbox"/> Class M
2	

VEHICLE INFORMATION

VEHICLE CONFIGURATION (Enter one code from below)	CARGO BODY TYPE (Enter one code from below)
<div>7</div> <div>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)</div>	<div>3</div> <div>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)</div>
GVWR / GCWR (Enter one code from below. Use GCWR for truck combinations)	HAZARDOUS MATERIALS INVOLVEMENT (Excluding vehicle fuel system)
<div>3</div> <div>1 - 10,000 lbs. or Less 2 - 10,001 - 26,000 lbs. 3 - Greater than 26,000 lbs.</div>	WAS THE VEHICLE DISPLAYING HM PLACARDS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Bus Use (Enter one code from below)	IF YES, INCLUDE THE FOLLOWING INFORMATION FROM ONE OF THE PLACARDS:
<div>0</div> <div>0 - Not a Bus 1 - School (Public or Private) 2 - Transit 3 - Intercity 4 - Charter 5 - Other</div>	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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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	PHONE NUMBER		
RAPTOR TRANSPORTATION LLC	(646) 945-2358		
CARRIER ADDRESS (NUMBER AND STREET/P.O. BOX)	CITY	STATE	ZIP CODE
2070 SHOREVIEW CT BAY POINT	PITTSBURG	CA	94565
CARRIER IDENTIFICATION NUMBERS	USDOT	MC / MX	CA
<input type="checkbox"/> None	3963700	1479005	617860

SEQUENCE OF EVENTS

NOTE: FOR THIS VEHICLE, LIST UP TO FOUR EVENTS

Event 1:

13

 Event 2:

1

 Event 3:

2

 Event 4:

NON-COLLISIONS	NON-COLLISIONS (continued)	COLLISION INVOLVING / WITH (continued)
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	9 Equipment Failure (Tires, Brakes, Steering, etc.) 10 Other Non-Collision COLLISION INVOLVING / WITH 12 Pedestrian 13 Motor Vehicle In-Collision 14 Parked Motor Vehicle	15 Train 16 Pedalcycle 17 Animal 18 Fixed Object 19 Work Zone Maintenance Equipment 20 Other Moveable Object 98 Other (Describe):

PREPARED BY	REVIEWED BY	DATE
COLTON W LANDRETH, 022303	CALEB CLEEK	01/01/2025