



**CITY OF RIALTO
LIABILITY
CLAIM FOR DAMAGES
TO PERSON OR PROPERTY**

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2023 JUL 31 AM 11:39
RECEIVED
CITY CLERK

1. Claims for death, injury to person, or to personal property must be filed not later than six (6) months after the occurrence (Gov. Code §911.2).
2. Claims for damages to real property must be filed not later than one (1) year after the occurrence (Gov. Code §911.2).
3. READ ENTIRE CLAIM FOR BEFORE FILING
4. ATTACH SEPARATE SHEETS, IF NECESSARY, TO GIVE FULL DETAILS

RETURN TO:

Rialto City Clerk's Office

Mail: 150 S. Palm Ave., Rialto, CA 92376

Address: 290 W. Rialto Ave., Rialto, CA 92376

CLAIMANT INFORMATION:

Jacob Julian De Wit

FULL NAME

DATE OF BIRTH

HOME ADDRESS INCLUDING CITY, STATE & ZIP

HOME TELEPHONE NO.

BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP

BUSINESS TELEPHONE NO.

ADDRESS AT WHICH CLAIMANT DESIRES TO RECEIVE
NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM
(if different from home address provided above):

Matthew J. Whibley, Esq.; Natalie Kordnaji, Esq.

23621 Park Sorrento, Suite 101, Calabasas, CA 91302

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 04/06/2023 TIME: Approx 7 AM ☒ AM ☐ PM

2. PLACE OF ACCIDENT (OCCURRENCE) BE SPECIFIC – Describe fully and (if applicable) locate on diagram on reverse side of this sheet.
Where appropriate, give street names and addresses, measurements and landmarks.

Intersection of Baseline Avenue and Palmetto Avenue, Fontana, California 92376

3. HOW DID DAMAGE OR INJURY OCCUR?

See Attachment A

4. WERE POLICE AT THE SCENE? ☒ YES ☐ NO WERE PARAMEDICS AT THE SCENE? ☒ YES ☐ NO

5. WHAT PARTICULAR ACT OR OMISSION DO YOU CLAIM CAUSED THE INJURY OR DAMAGES? Give the name of the city/town employee causing the injury or damage, if known.

See Attachment A

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ >1,000,000.00 for each claimant

HOW WAS THE ABOVE AMOUNT COMPUTED? Be specific, list doctor bills, repair estimates, etc. Please attach 2 estimates.

DAMAGES INCURRED TO DATE: In excess of \$1,000,000.00 per claimant. See Exhibit A.

Item/Date: _____

Amount: \$ _____

Item/Date: _____

Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ See Exhibit A.

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: _____

Item/Date: _____

Amount: \$ _____

Amount: \$ _____

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ > 1,000,000.00 per claimant

7. WITNESSES TO DAMAGE OR INJURY List all persons known to have information (attach additional pages, if necessary)

Please see the attached Police Report.

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

8. IF INJURED, PROVIDE NAME, CONTACT INFORMATION AND DATE/TIME DOCTOR(S) OR HOSPITAL(S) VISITED:

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

DATE: _____ TIME: _____ ☐ AM ☐ PM

DATE: _____ TIME: _____ ☐ AM ☐ PM

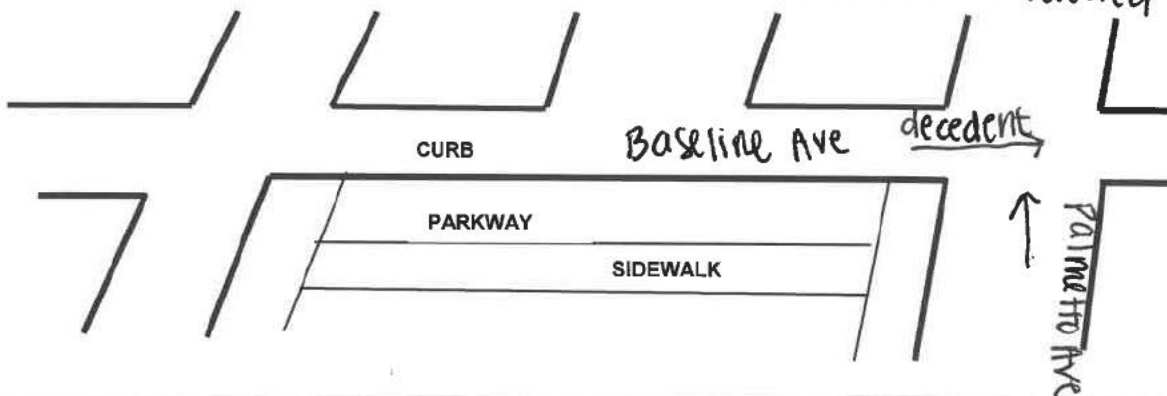
9. PLEASE READ THE FOLLOWING CAREFULLY:

For all vehicle accident claims, place on the following diagram, the names of streets, including NORTH, EAST, SOUTH AND WEST directions. Indicate place of accident by "X" and by showing house numbers or distances to street corners.

If a city/town vehicle was involved, designate by letter "A" location of the City/Town vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw City/Town vehicle; location of City/Town vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X".

⇒ **NOTE: IF THE DIAGRAM BELOW DOES NOT FIT THE SITUATION, PLEASE ATTACH A PROPER DIAGRAM SIGNED BY THE CLAIMANT.**

Please see attached Police report



I HAVE READ THE FOREGOING CLAIM AND KNOW THE CONTENTS THEREOF; AND CERTIFY THAT THE SAME IS TRUE OF MY OWN KNOWLEDGE EXCEPT AS TO THOSE MATTERS WHICH ARE HEREIN STATED UPON MY INFORMATION AND BELIEF; AND AS TO THOSE MATTERS I BELIEVE THEM TO BE TRUE.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE OF CLAIMANT OR AGENT

Matthew J. Whibley, Esq.

TYPE OR PRINT NAME

Claimant's attorney

RELATIONSHIP TO CLAIMANT

DATE

6/16/23

NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (CA PENAL CODE 72)
RETURN CLAIM TO: RIALTO CITY CLERK'S OFFICE - 150 S. PALM AVE., RIALTO, CA 92376

Attachment A

CITY OF RIALTO

2023 JUL 31 AM 11:39

On April 6, 2023, at around 7 a.m., Decedent John Cornelius Dewit was traveling eastbound on Baseline Avenue. At the same time, Ms. Joselin Martinez Vasquez entered into the intersection of Baseline and Palmetto, when the two vehicles collided. This intersection constitutes a dangerous condition of public property. The area was controlled, maintained, built, constructed, designed, manufactured, and created negligently and poorly by this government entity. A public entity is liable for injury proximately caused by an act or omission of an employee of the public entity within the scope of his employment if the act or omission, apart from this section, have given rise to a cause of action against that employee or his personal representative. Government Code Section 815.2(a). Government Code Section 820 provides that except as otherwise statutorily noted, "a public employee is liable for injury caused by his act or omission to the same extent as a private person."

The following claimants bring this claim for the wrongful death of John Dewit:

1. Lorena Dewit
2. Jacob Julian De Wit
3. John Jacob De Wit

Liability is predicated on this government entity Defendant based on the following:

- A. Dangerous Condition of Public Property (CACI 1100) (Government Code Section 830, 835)
 1. This government entity owned and/or controlled the described property;
 2. The described property was in a dangerous condition at the time, and Decedent died due to this negligent design, maintenance, lack of warning, and visual obstruction.
 3. The dangerous condition created a reasonably foreseeable risk of injury;
 4. The neglect of this government entity, through its authorized agents and employee, created the dangerous condition; and/or they had notice of this dangerous condition; and/or there were a significant number of similar incidents involving vehicles and motorcycles in the past at this location.
 5. Decedent died as a result of this dangerous condition, and claimants have suffered as a result.

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
TRAFFIC COLLISION REPORT
CHP 555 PAGE 1 (Rev.4-11) OPI 060

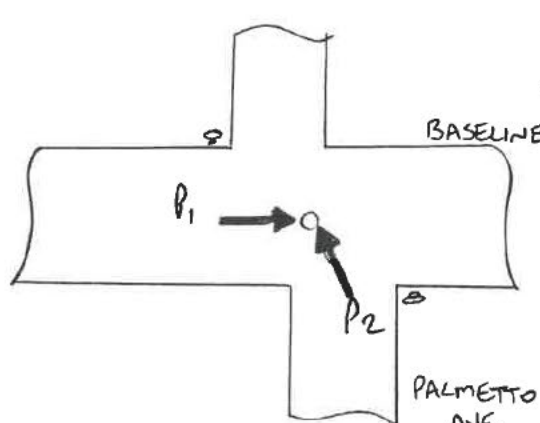
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SPECIAL CONDITIONS FATAL		NUMBER INJURED 1		HIT & RUN FELONY <input type="checkbox"/>		CITY FONTANA		JUDICIAL DISTRICT RCSUP		LOCAL REPORT NUMBER 23-4566			
		NUMBER KILLED 1		HIT & RUN MISDEMEANOR <input type="checkbox"/>		COUNTY SAN BERNARDINO		REPORTING DISTRICT SEAT		DAY OF WEEK THURSDAY			
LOCATION		COLLISION OCCURRED ON BASELINE AVENUE						MO. DAY YEAR 04-06-23		TIME (2400) 0707			
		MILEPOST INFORMATION <input type="checkbox"/> FEET <input type="checkbox"/> MILES OF						GPS COORDINATES LATITUDE		LONGITUDE			
		<input checked="" type="checkbox"/> AT INTERSECTION WITH PALMETTO AVENUE						STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> OR: <input type="checkbox"/> <input type="checkbox"/>								PHOTOGRAPHS BY: <input type="checkbox"/> NONE			
PARTY 1		DRIVER'S LICENSE NUMBER		STATE CA	CLASS C/M1	AIR BAG P	SAFETY EQUIP W	VEH YEAR 2011		MAKE/MODEL/COLOR HD/ROAD GLIDE/SLVR			
		NAME (FIRST, MIDDLE, LAST) JOHN CORNELIUS DEWIT		OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER		LICENSE NUMBER		STATE CA					
		STREET ADDRESS [REDACTED]		OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER		DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		EVIDENCE HOLD-EDWIN'S TOW					
		CITY/STATE/ZIP EASTVALE/CA/92880		SEX M		HAIR BRO	EYES BLU	HEIGHT 6'2"	WEIGHT 265	BIRTHDAY Mo. Day Year [REDACTED]	RACE W	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
PARTY 2		HOME PHONE [REDACTED]		BUSINESS PHONE (000)000-0000		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE 03		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER			
		INSURANCE CARRIER PROGRESSIVE		POLICY NUMBER [REDACTED]		CA DOT CAL-T TCP/PSC MC/MX		SHADE IN DAMAGED AREA [REDACTED]					
		DIR OF TRAVEL EAST		ON STREET OR HIGHWAY BASELINE AVENUE		SPEED LIMIT 45		VEH YEAR 2010		MAKE/MODEL/COLOR CHRYSLER/300/WHI			
		NAME (FIRST, MIDDLE, LAST) JOSELIN MARTINEZ VASQUEZ		OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER NERY TEJADA		LICENSE NUMBER		STATE CA					
PARTY 3		STREET ADDRESS [REDACTED]		OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER		DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		EVIDENCE HOLD-EDWIN'S TOW					
		CITY/STATE/ZIP FONTANA/CA/92336		SEX F		HAIR BLK	EYES BRO	HEIGHT 5'5"	WEIGHT 165	BIRTHDAY Mo. Day Year [REDACTED]	RACE H	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
		HOME PHONE [REDACTED]		BUSINESS PHONE (000)000-0000		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE 01		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> MOD <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER			
		INSURANCE CARRIER NONE		POLICY NUMBER		CA DOT CAL-T TCP/PSC MC/MX		SHADE IN DAMAGED AREA [REDACTED]					
PARTY 4		DIR OF TRAVEL N		ON STREET OR HIGHWAY PALMETTO AVENUE		SPEED LIMIT 40		VEH YEAR		MAKE/MODEL/COLOR			
		NAME (FIRST, MIDDLE, LAST)		OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		LICENSE NUMBER		STATE					
		STREET ADDRESS		OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		EVIDENCE HOLD-EDWIN'S TOW					
		CITY/STATE/ZIP		SEX <input type="checkbox"/>		HAIR <input type="checkbox"/>	EYES <input type="checkbox"/>	HEIGHT <input type="checkbox"/>	WEIGHT <input type="checkbox"/>	BIRTHDAY Mo. Day Year <input type="checkbox"/>	RACE <input type="checkbox"/>	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
PARTY 5		HOME PHONE ()		BUSINESS PHONE ()		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER			
		INSURANCE CARRIER		POLICY NUMBER		CA DOT CAL-T TCP/PSC MC/MX		SHADE IN DAMAGED AREA [REDACTED]					
		DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		VEH YEAR		MAKE/MODEL/COLOR			
		NAME (FIRST, MIDDLE, LAST)		OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		LICENSE NUMBER		STATE					
PARTY 6		STREET ADDRESS		OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		EVIDENCE HOLD-EDWIN'S TOW					
		CITY/STATE/ZIP		SEX <input type="checkbox"/>		HAIR <input type="checkbox"/>	EYES <input type="checkbox"/>	HEIGHT <input type="checkbox"/>	WEIGHT <input type="checkbox"/>	BIRTHDAY Mo. Day Year <input type="checkbox"/>	RACE <input type="checkbox"/>	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
		HOME PHONE ()		BUSINESS PHONE ()		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER			
		INSURANCE CARRIER		POLICY NUMBER		CA DOT CAL-T TCP/PSC MC/MX		SHADE IN DAMAGED AREA [REDACTED]					
PARTY 7		DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		VEH YEAR		MAKE/MODEL/COLOR			
		NAME (FIRST, MIDDLE, LAST)		OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		LICENSE NUMBER		STATE					
		STREET ADDRESS		OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		EVIDENCE HOLD-EDWIN'S TOW					
		CITY/STATE/ZIP		SEX <input type="checkbox"/>		HAIR <input type="checkbox"/>	EYES <input type="checkbox"/>	HEIGHT <input type="checkbox"/>	WEIGHT <input type="checkbox"/>	BIRTHDAY Mo. Day Year <input type="checkbox"/>	RACE <input type="checkbox"/>	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
PARTY 8		HOME PHONE ()		BUSINESS PHONE ()		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER			
		INSURANCE CARRIER		POLICY NUMBER		CA DOT CAL-T TCP/PSC MC/MX		SHADE IN DAMAGED AREA [REDACTED]					
		DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		VEH YEAR		MAKE/MODEL/COLOR			
		NAME (FIRST, MIDDLE, LAST)		OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		LICENSE NUMBER		STATE					
PARTY 9		STREET ADDRESS		OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		EVIDENCE HOLD-EDWIN'S TOW					
		CITY/STATE/ZIP		SEX <input type="checkbox"/>		HAIR <input type="checkbox"/>	EYES <input type="checkbox"/>	HEIGHT <input type="checkbox"/>	WEIGHT <input type="checkbox"/>	BIRTHDAY Mo. Day Year <input type="checkbox"/>	RACE <input type="checkbox"/>	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
		HOME PHONE ()		BUSINESS PHONE ()		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER			
		INSURANCE CARRIER		POLICY NUMBER		CA DOT CAL-T TCP/PSC MC/MX		SHADE IN DAMAGED AREA [REDACTED]					
PARTY 10		DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		VEH YEAR		MAKE/MODEL/COLOR			
		NAME (FIRST, MIDDLE, LAST)		OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		LICENSE NUMBER		STATE					
		STREET ADDRESS		OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		EVIDENCE HOLD-EDWIN'S TOW					
		CITY/STATE/ZIP		SEX <input type="checkbox"/>		HAIR <input type="checkbox"/>	EYES <input type="checkbox"/>	HEIGHT <input type="checkbox"/>	WEIGHT <input type="checkbox"/>	BIRTHDAY Mo. Day Year <input type="checkbox"/>	RACE <input type="checkbox"/>	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
PARTY 11		HOME PHONE ()		BUSINESS PHONE ()		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER			
		INSURANCE CARRIER		POLICY NUMBER		CA DOT CAL-T TCP/PSC MC/MX		SHADE IN DAMAGED AREA [REDACTED]					
		DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		VEH YEAR		MAKE/MODEL/COLOR			
		NAME (FIRST, MIDDLE, LAST)		OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		LICENSE NUMBER		STATE					
PARTY 12		STREET ADDRESS		OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		EVIDENCE HOLD-EDWIN'S TOW					
		CITY/STATE/ZIP		SEX <input type="checkbox"/>		HAIR <input type="checkbox"/>	EYES <input type="checkbox"/>	HEIGHT <input type="checkbox"/>	WEIGHT <input type="checkbox"/>	BIRTHDAY Mo. Day Year <input type="checkbox"/>	RACE <input type="checkbox"/>	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
		HOME PHONE ()		BUSINESS PHONE ()		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER			
		INSURANCE CARRIER		POLICY NUMBER		CA DOT CAL-T TCP/PSC MC/MX		SHADE IN DAMAGED AREA [REDACTED]					
PARTY 13		DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		VEH YEAR		MAKE/MODEL/COLOR			
		NAME (FIRST, MIDDLE, LAST)		OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		LICENSE NUMBER		STATE					
		STREET ADDRESS		OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		EVIDENCE HOLD-EDWIN'S TOW					
		CITY/STATE/ZIP		SEX <input type="checkbox"/>		HAIR <input type="checkbox"/>	EYES <input type="checkbox"/>	HEIGHT <input type="checkbox"/>	WEIGHT <input type="checkbox"/>	BIRTHDAY Mo. Day Year <input type="checkbox"/>	RACE <input type="checkbox"/>	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
PARTY 14		HOME PHONE ()		BUSINESS PHONE ()		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER			
		INSURANCE CARRIER		POLICY NUMBER		CA DOT CAL-T TCP/PSC MC/MX		SHADE IN DAMAGED AREA [REDACTED]					
		DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		VEH YEAR		MAKE/MODEL/COLOR			
		NAME (FIRST, MIDDLE, LAST)		OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		LICENSE NUMBER		STATE					
PARTY 15		STREET ADDRESS		OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		EVIDENCE HOLD-EDWIN'S TOW					
		CITY/STATE/ZIP		SEX <input type="checkbox"/>		HAIR <input type="checkbox"/>	EYES <input type="checkbox"/>	HEIGHT <input type="checkbox"/>	WEIGHT <input type="checkbox"/>	BIRTHDAY Mo. Day Year <input type="checkbox"/>	RACE <input type="checkbox"/>	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
		HOME PHONE ()		BUSINESS PHONE ()		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER			
		INSURANCE CARRIER		POLICY NUMBER		CA DOT CAL-T TCP/PSC MC/MX		SHADE IN DAMAGED AREA [REDACTED]					
PARTY 16		DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		VEH YEAR		MAKE/MODEL/COLOR			
		NAME (FIRST, MIDDLE, LAST)		OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		LICENSE NUMBER		STATE					
		STREET ADDRESS		OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		EVIDENCE HOLD-EDWIN'S TOW					
		CITY/STATE/ZIP		SEX <input type="checkbox"/>		HAIR <input type="checkbox"/>	EYES <input type="checkbox"/>	HEIGHT <input type="checkbox"/>	WEIGHT <input type="checkbox"/>	BIRTHDAY Mo. Day Year <input type="checkbox"/>	RACE <input type="checkbox"/>	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
PARTY 17		HOME PHONE ()		BUSINESS PHONE ()		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER			
		INSURANCE CARRIER		POLICY NUMBER		CA DOT CAL-T TCP/PSC MC/MX		SHADE IN DAMAGED AREA [REDACTED]					
		DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		VEH YEAR		MAKE/MODEL/COLOR			
		NAME (FIRST, MIDDLE, LAST)		OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		LICENSE NUMBER		STATE					
PARTY 18		STREET ADDRESS		OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		EVIDENCE HOLD-EDWIN'S TOW					
		CITY/STATE/ZIP		SEX <input type="checkbox"/>		HAIR <input type="checkbox"/>	EYES <input type="checkbox"/>	HEIGHT <input type="checkbox"/>	WEIGHT <input type="checkbox"/>	BIRTHDAY Mo. Day Year <input type="checkbox"/>	RACE <input type="checkbox"/>	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
		HOME PHONE ()		BUSINESS PHONE ()		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER			
		INSURANCE CARRIER		POLICY NUMBER		CA DOT CAL-T TCP/PSC MC/MX		SHADE IN DAMAGED AREA [REDACTED]					
PARTY 19		DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		VEH YEAR		MAKE/MODEL/COLOR			
		NAME (FIRST, MIDDLE, LAST)		OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		LICENSE NUMBER		STATE					
		STREET ADDRESS		OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		EVIDENCE HOLD-EDWIN'S TOW					
		CITY/STATE/ZIP		SEX <input type="checkbox"/>		HAIR <input type="checkbox"/>	EYES <input type="checkbox"/>	HEIGHT <input type="checkbox"/>	WEIGHT <input type="checkbox"/>	BIRTHDAY Mo. Day Year <input type="checkbox"/>	RACE <input type="checkbox"/>	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
PARTY 20		HOME PHONE ()		BUSINESS PHONE ()		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER			
		INSURANCE CARRIER		POLICY NUMBER		CA DOT CAL-T TCP/PSC MC/MX		SHADE IN DAMAGED AREA [REDACTED]					
		DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		VEH YEAR		MAKE/MODEL/COLOR			
		NAME (FIRST, MIDDLE, LAST)		OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		LICENSE NUMBER		STATE					
PARTY 21		STREET ADDRESS		OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		EVIDENCE HOLD-EDWIN'S TOW					
		CITY/STATE/ZIP		SEX <input type="checkbox"/>		HAIR <input type="checkbox"/>	EYES <input type="checkbox"/>	HEIGHT <input type="checkbox"/>	WEIGHT <input type="checkbox"/>	BIRTHDAY Mo. Day Year <input type="checkbox"/>	RACE <input type="checkbox"/>	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
		HOME PHONE ()		BUSINESS PHONE ()		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER			
		INSURANCE CARRIER		POLICY NUMBER		CA DOT CAL-T TCP/PSC MC/MX		SHADE IN DAMAGED AREA [REDACTED]					
PARTY 22		DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		VEH YEAR		MAKE/MODEL/COLOR			
		NAME (FIRST, MIDDLE, LAST)		OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		LICENSE NUMBER		STATE					
		STREET ADDRESS		OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		EVIDENCE HOLD-EDWIN'S TOW					
		CITY/STATE/ZIP		SEX <input type="checkbox"/>		HAIR <input type="checkbox"/>	EYES <input type="checkbox"/>	HEIGHT <input type="checkbox"/>	WEIGHT <input type="checkbox"/>	BIRTHDAY Mo. Day Year <input type="checkbox"/>	RACE <input type="checkbox"/>	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
PARTY 23		HOME PHONE ()		BUSINESS PHONE ()		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER			
		INSURANCE CARRIER		POLICY NUMBER		CA DOT CAL-T TCP/PSC MC/MX		SHADE IN DAMAGED AREA [REDACTED]					
		DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		VEH YEAR		MAKE/MODEL/COLOR			
		NAME (FIRST, MIDDLE, LAST)		OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		LICENSE NUMBER		STATE					
PARTY 24		STREET ADDRESS		OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		EVIDENCE HOLD-EDWIN'S TOW					
		CITY/STATE/ZIP		SEX <input type="checkbox"/>		HAIR <input type="checkbox"/>	EYES <input type="checkbox"/>	HEIGHT <input type="checkbox"/>	WEIGHT <input type="checkbox"/>	BIRTHDAY Mo. Day Year <input type="checkbox"/>	RACE <input type="checkbox"/>	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
		HOME PHONE ()		BUSINESS PHONE ()		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER			
		INSURANCE CARRIER		POLICY NUMBER		CA DOT CAL-T TCP/PSC MC/MX		SHADE IN DAMAGED AREA [REDACTED]					
PARTY 25		DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		VEH YEAR		MAKE/MODEL/COLOR			
		NAME (FIRST, MIDDLE, LAST)		OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		LICENSE NUMBER		STATE					
		STREET ADDRESS		OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		DISPOSITION OF VEHICLE ON							

DATE OF COLLISION (MO. DAY YEAR) 04-06-23	TIME (2400) 0707	NCIC# 3604	OFFICER I.D. 718	NUMBER 23-4566
OWNER'S NAME		OWNER'S ADDRESS		NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
PROPERTY DAMAGE	DESCRIPTION OF DAMAGE			

SEATING POSITION 1 1 - DRIVER 2 TO 6 - PASSENGERS 7 - STATION WAGON REAR 8 - REAR OCC TRK OR VAN 9 - POSITION UNKNOWN 0 - OTHER	OCCUPANTS 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	SAFETY EQUIPMENT L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED 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 EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	INATTENTION CODES 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
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ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.									
PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	1	2	3	SPECIAL INFORMATION	1	2	3	MOVEMENT PRECEDING COLLISION
2 A VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 21802 B OTHER IMPROPER DRIVING*: C OTHER THAN DRIVER D UNKNOWN*	<input checked="" type="checkbox"/> A CONTROLS FUNCTIONING <input type="checkbox"/> B CONTROLS NOT FUNCTIONING* <input type="checkbox"/> C CONTROLS OBSCURED <input type="checkbox"/> D NO CONTROLS PRESENT/FACTOR* TYPE OF COLLISION <input type="checkbox"/> A HEAD-ON <input type="checkbox"/> B SIDE SWIPE <input type="checkbox"/> C REAR END <input checked="" type="checkbox"/> D BROADSIDE <input type="checkbox"/> E HIT OBJECT <input type="checkbox"/> F OVERTURNED <input type="checkbox"/> G VEHICLE / PEDESTRIAN <input type="checkbox"/> H OTHER*: MOTOR VEHICLE INVOLVED WITH <input type="checkbox"/> A NON-COLLISION <input type="checkbox"/> B PEDESTRIAN				<input type="checkbox"/> A HAZARDOUS MATERIAL <input type="checkbox"/> B CELL PHONE HANDHELD IN USE <input type="checkbox"/> C CELL PHONE HANDSFREE IN USE <input type="checkbox"/> D CELL PHONE NOT IN USE <input type="checkbox"/> E SCHOOL BUS RELATED <input type="checkbox"/> F 75 FT MOTORTRUCK COMBO <input type="checkbox"/> G 32 FT TRAILER COMBO <input type="checkbox"/> H CELL PHONE UNK <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O				<input type="checkbox"/> A STOPPED <input type="checkbox"/> B PROCEEDING STRAIGHT <input type="checkbox"/> C RAN OFF ROAD <input type="checkbox"/> D MAKING RIGHT TURN <input type="checkbox"/> E MAKING LEFT TURN <input type="checkbox"/> F MAKING U TURN <input type="checkbox"/> G BACKING <input type="checkbox"/> H SLOWING / STOPPING <input type="checkbox"/> I PASSING OTHER VEHICLE <input type="checkbox"/> J CHANGING LANES <input type="checkbox"/> K PARKING MANUEVER <input type="checkbox"/> L ENTERING TRAFFIC <input type="checkbox"/> M OTHER UNSAFE TURNING <input type="checkbox"/> N XING INTO OPPOSING LANE <input type="checkbox"/> O PARKED <input type="checkbox"/> P MERGING <input type="checkbox"/> Q TRAVELING WRONG WAY <input type="checkbox"/> R OTHER*:
WEATHER (MARK 1 TO 2 ITEMS) <input checked="" type="checkbox"/> A CLEAR <input type="checkbox"/> B CLOUDY <input type="checkbox"/> C RAINING <input type="checkbox"/> D SNOWING <input type="checkbox"/> E FOG / VISIBILITY FT. <input type="checkbox"/> F OTHER*: <input type="checkbox"/> G WIND									
LIGHTING <input checked="" type="checkbox"/> A DAYLIGHT <input type="checkbox"/> B DUSK - DAWN <input type="checkbox"/> C DARK - STREET LIGHTS <input type="checkbox"/> D DARK - NO STREET LIGHTS <input type="checkbox"/> E DARK - STREET LIGHTS NOT FUNCTIONING*	<input checked="" type="checkbox"/> C OTHER MOTOR VEHICLE D MOTOR VEHICLE ON OTHER ROADWAY E PARKED MOTOR VEHICLE F TRAIN G BICYCLE H ANIMAL: I FIXED OBJECT: Hydrant J OTHER OBJECT:	1	2	3	OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS) A VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO B VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12500(A)(1) C VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
ROADWAY SURFACE <input checked="" type="checkbox"/> A DRY <input type="checkbox"/> B WET <input type="checkbox"/> C SNOWY - ICY <input type="checkbox"/> D SLIPPERY (MUDDY, OILY, ETC.)									
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS) A HOLES, DEEP RUT* B LOOSE MATERIAL ON ROADWAY* C OBSTRUCTION ON ROADWAY* D CONSTRUCTION - REPAIR ZONE E REDUCED ROADWAY WIDTH F FLOODED* G OTHER*: <input checked="" type="checkbox"/> H NO UNUSUAL CONDITIONS	PEDESTRIAN'S ACTIONS <input checked="" type="checkbox"/> A NO PEDESTRIANS INVOLVED <input type="checkbox"/> B CROSSING IN CROSSWALK - AT INTERSECTION <input type="checkbox"/> C CROSSING IN CROSSWALK - NOT AT INTERSECTION <input type="checkbox"/> D CROSSING - NOT IN CROSSWALK <input type="checkbox"/> E IN ROAD - INCLUDES SHOULDER <input type="checkbox"/> F NOT IN ROAD <input type="checkbox"/> G APPROACHING/LEAVING SCHOOL BUS				<input type="checkbox"/> D <input type="checkbox"/> E VISION OBSCUREMENT: <input type="checkbox"/> F INATTENTION*: <input type="checkbox"/> G STOP & GO TRAFFIC <input type="checkbox"/> H ENTERING / LEAVING RAMP <input type="checkbox"/> I PREVIOUS COLLISION <input type="checkbox"/> J UNFAMILIAR WITH ROAD <input type="checkbox"/> K DEFECTIVE VEHICLE EQUIP: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> L UNINVOLVED VEHICLE <input type="checkbox"/> M OTHER*: <input type="checkbox"/> N NONE APPARENT <input type="checkbox"/> O RUNAWAY VEHICLE				SOBRIETY - DRUG (MARK 1 TO 2 ITEMS) <input type="checkbox"/> A HAD NOT BEEN DRINKING <input type="checkbox"/> B HBD - UNDER INFLUENCE* <input type="checkbox"/> C HBD - NOT UNDER INFLUENCE* <input type="checkbox"/> D HBD - IMPAIRMENT UNKNOWN* <input type="checkbox"/> E UNDER DRUG INFLUENCE* <input type="checkbox"/> F IMPAIRMENT - PHYSICAL* <input type="checkbox"/> G IMPAIRMENT NOT KNOWN <input type="checkbox"/> H NOT APPLICABLE <input type="checkbox"/> I SLEEPY / FATIGUED*

SKETCH 	MISCELLANEOUS
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DATE OF COLLISION (MO. DAY YEAR)				TIME (2400)		NCIC#		OFFICER I.D.					NUMBER						
04-06-23				0707		3604		718					23-4566						
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	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER											
<input type="checkbox"/>	<input type="checkbox"/>	57	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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	M	W	1	
NAME / D.O.B. / ADDRESS SAME AS P-1																			
(INJURED ONLY) TRANSPORTED BY:																			
TAKEN TO:																			
DESCRIBE INJURIES FATALITY																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/>	<input type="checkbox"/>	34	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	1	Lv	G	0	
NAME / D.O.B. / ADDRESS SAME AS P-2																			
(INJURED ONLY) TRANSPORTED BY:																			
TAKEN TO:																			
DESCRIBE INJURIES COMPLAINT OF PAIN TO NECK																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	33	F	<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 Catherine Vidrio 020190																			
(INJURED ONLY) TRANSPORTED BY:																			
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																			
(INJURED ONLY) TRANSPORTED BY:																			
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																			
(INJURED ONLY) TRANSPORTED BY:																			
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																			
(INJURED ONLY) TRANSPORTED BY:																			
TAKEN TO:																			
DESCRIBE INJURIES																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
PREPARER'S NAME TOMICIC																			
I.D. NUMBER 718																			
MO. DAY YEAR 04-06-23																			
REVIEWER'S NAME																			
MO. DAY YEAR																			

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

CHP 556 (Rev 7-90) OPI 042

CITY OF RIALTO

2023 JUL 31 AM 11:39

Date of Incident/Occurrence 04-06-23	Time(2400) 0707	NCIC NUMBER 3604	OFFICER ID # 718	NUMBER 23-4566
"X" ONE		TYPE SUPPLEMENTAL ("X" APPLICABLE)		
<input checked="" type="checkbox"/> Narrative	<input checked="" type="checkbox"/> Collision Report	<input type="checkbox"/> BA Update	<input checked="" type="checkbox"/> Fatal	<input type="checkbox"/> Hit and run/update
<input type="checkbox"/> Supplemental	<input type="checkbox"/> Other:	<input type="checkbox"/> Hazardous materials	<input type="checkbox"/> School bus	<input type="checkbox"/> Other:
CITY/COUNTY/JUDICIAL DISTRICT Fontana / San Bernardino / RCSUP		REPORTING DIST/BEAT		CITATION NUMBER
LOCATION/SUBJECT BASELINE AVENUE/ PALMETTO AVENUE				STATE HIGHWAY RELATED
				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

ASSIGNMENT:

On 040623 at approximately 0707 hours, I was on duty, working as a part of the MET unit. I was also on-call as a MAIT Investigator, along with Cpl. Valenzuela. I heard dispatch advise of an unknown injury traffic collision in the area of Baseline Avenue and Palmetto Avenue. After units arrived on-scene, I heard them advise that it was going to be a fatal traffic collision.

DETAILS:

I advised dispatch that I would be responding to the scene. Cpl. Valenzuela, who was also on duty, notified me via telephone that he would gather the necessary equipment to complete a factual diagram at Fontana PD, then meet me on scene. All measurements are approximate, and they were taken using a Leica Scanner.

SCENE:

Baseline Avenue is an eastbound/westbound asphalt roadway consisting of two lanes of travel in each direction. The number two westbound lane of Baseline turns into a dedicated right turn only lane just prior to Palmetto Avenue. There is a designated left turn lane for both directions at the intersection of Palmetto Avenue. The lanes are separated by a solid double yellow line west of Palmetto, and by a center raised concrete median east of Palmetto. The posted speed limit is 45 mph.

Palmetto Avenue is a northbound/southbound asphalt roadway, consisting of one lane of travel in each direction. The lanes are separated by a broken yellow lane line. The speed limit is 40 mph.

PREPARER'S NAME AND I.D. NUMBER C. Tomicic 718	DATE 04-06-23	REVIEWER'S NAME	DATE
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STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

CHP 556 (Rev 7-90) OPI 042

CITY OF RIALTO

Date of Incident/Occurrence 04-06-23	Time(2400) 0707	NCIC NUMBER 3604	OFFICER ID # 718	NUMBER 23-4566
2023 JUL 31 AM 11:39				
X ONE		TYPE SUPPLEMENTAL (*X* APPLICABLE)		
<input checked="" type="checkbox"/> Narrative	<input checked="" type="checkbox"/> Collision Report	<input type="checkbox"/> BA Update	<input checked="" type="checkbox"/> Fatal	<input type="checkbox"/> Hit and run update
<input type="checkbox"/> Supplemental	<input type="checkbox"/> Other:	<input type="checkbox"/> Hazardous materials	<input type="checkbox"/> School bus	<input type="checkbox"/> Other:
CITY/COUNTY/JUDICIAL DISTRICT Fontana / San Bernardino / RCSUP		REPORTING DIST/BEAT		CITATION NUMBER
LOCATION/SUBJECT BASELINE AVENUE/ PALMETTO AVENUE			STATE HIGHWAY RELATED	
			Yes	<input checked="" type="checkbox"/> No

The intersection of Baseline and Palmetto is controlled by a two way stop sign for traffic on Palmetto to stop and yield to traffic on Baseline. The signs were in good working condition and had no obstructions.

Upon arrival I observed that westbound Baseline Avenue had been shut down with barricades and a Community Service Officer at Tamarind Avenue. Eastbound Baseline Avenue had been shut down with barricades and a Community Service Officer at Mango Avenue. Southbound Palmetto Avenue had been shut down with barricades just north of Baseline Avenue. Northbound Palmetto Avenue had been shut down with barricades just south of Baseline Avenue.

It was clear and dry. The sun was rising, causing some visual obscurement when looking eastbound on Baseline.

I observed V-1, a 2011 silver Harley Davidson Road Glide motorcycle, bearing CA license [REDACTED] having come to its uncontrolled point of rest, facing northbound in between the number one lane and left turn lane of eastbound Baseline in the intersection with Palmetto.

I observed V-2, a 2010 white Chrysler 300, bearing CA license [REDACTED] having come to its controlled point of rest, facing northeast in the middle of the intersection.

I observed P-1 lying on the ground, just east of V-2. P-1 had been covered with a white blanket by Fire personnel prior to my arrival.

PREPARER'S NAME AND I.D. NUMBER C. Tomicic 718	DATE 04-06-23	REVIEWER'S NAME	DATE
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STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

CHP 556 (Rev 7-90) OPI 042

Date of Incident/Occurrence 04-06-23	Time(2400) 0707	NCIC NUMBER 3604	OFFICER ID # 718	NUMBER 23-4566
<div style="text-align: right;">CITY OF RIALTO 2023 JUL 31 AM 11:39 RECEIVED CLERK</div>				
"X" ONE	"X" ONE	TYPE SUPPLEMENTAL ("X" APPLICABLE)		
<input checked="" type="checkbox"/> Narrative	<input checked="" type="checkbox"/> Collision Report	<input type="checkbox"/> BA Update	<input checked="" type="checkbox"/> Fatal	<input type="checkbox"/> Hit and run update
<input type="checkbox"/> Supplemental	<input type="checkbox"/> Other:	<input type="checkbox"/> Hazardous materials	<input type="checkbox"/> School bus	<input type="checkbox"/> Other:
CITY/COUNTY/JUDICIAL DISTRICT Fontana / San Bernardino / RCSUP		REPORTING DIST/BEAT	CITATION NUMBER	
LOCATION/SUBJECT BASELINE AVENUE/ PALMETTO AVENUE			STATE HIGHWAY RELATED	
			Yes	<input checked="" type="checkbox"/> No

I did not observe any pre-impact tire marks or gouge marks on scene which could have been caused due to the collision. I observed a debris field that was located in the number one eastbound lane of Baseline in the intersection of Palmetto. I observed a small amount of blood splatter in the number one eastbound lane of Baseline at Palmetto.

P-2 was in the back of an AMR unit and was in the process of being transported to ARMC due to a complaint of pain to her neck.

AREA OF IMPACT:

(Based on statements obtained, vehicle damage, evidence found in the roadway, and approximations)

V-1 vs. V-2: The AOI was approximately 26' north of the south roadway prolongation of Baseline and 3' east of the west curb line prolongation of Palmetto.

INITIAL CONTACT:

I contacted Ofc. Bachman on scene, who advised that he was the initial officer on scene. Ofc. Bachman stated that Rialto Fire was on scene prior to his arrival and they had pronounced P-1, John Dewit, on scene. Dewit's identity was later confirmed on scene by the coroner. Ofc. Bachman advised other bystanders who had stopped at the collision had advised him that they did not see the collision but arrived afterwards and called the police. No independent witnesses had stopped.

PREPARER'S NAME AND I.D. NUMBER C. Tomicic 718	DATE 04-06-23	REVIEWER'S NAME	DATE
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STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

CHP 556 (Rev 7-90) OPI 042

Date of Incident/Occurrence 04-06-23	Time(2400) 0707	NCIC NUMBER 3604	OFFICER ID # 718	NUMBER 23-4566
CITY OF RIALTO 2023 JUL 31 AM 11:39				
X ONE		TYPE SUPPLEMENTAL (*X* APPLICABLE)		
X Narrative	X Collision Report	BA Update	X Fatal	Hit and run update
Supplemental	Other:	Hazardous materials	School bus	Other:
CITY/COUNTY/JUDICIAL DISTRICT Fontana / San Bernardino / RCSUP		REPORTING DIST/BEAT		CITATION NUMBER
LOCATION/SUBJECT BASELINE AVENUE/ PALMETTO AVENUE		STATE HIGHWAY RELATED		
		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

Ofc. Bachman had contacted P-2, who was identified by her ID as Joselin Vasquez. Joselin provided Ofc. Bachman an initial statement of the incident, for additional details refer to Ofc. Bachman's supplemental report. Ofc. Bachman contacted the residents at 7313 Palmetto to inquire to their video cameras. He was advised the cameras were not in working condition. No other surveillance cameras were observed on surrounding residences.

Ofc. Bachman contacted the construction company, who was working on the property located on the northeast corner of Baseline and Palmetto, 2688 Baseline, to inquire as to their surveillance camera. Ofc. Bachman was advised that the camera was at the location for security purposes, and it was facing northeast, towards the building. The camera did not capture anything in the roadway or any vehicles.

JOSELIN VASQUEZ' INITIAL STATEMENT (P-2):

Ofc. Bachman initially contacted Joselin on scene of the collision. Joselin advised she was driving the involved 2010 Chrysler 300 northbound Palmetto. Joselin came to a stop at the posted stop sign at Baseline. She looked both ways and did not see any vehicles approaching from Baseline. Joselin began to drive northbound through the intersection, at which time she was suddenly struck by V-1. For additional details refer to Ofc. Bachman's supplemental report.

JOSELIN VASQUEZ' SUPPLEMENTAL STATEMENT (P-2):

On 040623 at approximately 1400 hours, I responded to Joselin's residence, along with Cpl. Valenzuela who assisted with translation. I recorded our conversation via my BWC, which was uploaded into Visual Labs. Joselin has been driving since she was approximately 18 years old. Joselin paid for driving school at that time,

PREPARER'S NAME AND I.D. NUMBER C. Tomicic 718	DATE 04-06-23	REVIEWER'S NAME	DATE
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STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

CHP 556 (Rev 7-90) OPI 042

CITY OF RIALTO

Date of Incident/Occurrence 04-06-23	Time(2400) 0707	NCIC NUMBER 3604	OFFICER ID # 718	NUMBER 23-4566	2023 JUL 31 AM 11:39
"X" ONE		TYPE SUPPLEMENTAL ("X" APPLICABLE)			
<input checked="" type="checkbox"/> Narrative	<input checked="" type="checkbox"/> Collision Report	<input type="checkbox"/> BA Update	<input checked="" type="checkbox"/> Fatal	<input type="checkbox"/> Hit and run update	
<input type="checkbox"/> Supplemental	<input type="checkbox"/> Other:	<input type="checkbox"/> Hazardous materials	<input type="checkbox"/> School bus	<input type="checkbox"/> Other:	
CITY/COUNTY/JUDICIAL DISTRICT Fontana / San Bernardino / RCSUP			REPORTING DIST/BEAT	CITATION NUMBER	
LOCATION/SUBJECT BASELINE AVENUE/ PALMETTO AVENUE			STATE HIGHWAY RELATED		
			Yes	<input checked="" type="checkbox"/> No	

however she was unable to pass the driving test. Joselin has attempted to take the test three times, with the most recent attempt being in April 2022, however she has been unable to pass the test.

Joselin's mother, Gladis Rubio, had originally purchased the Chrysler, however she put it in Joselin's brother's name (Nery Tejada) and gave him the vehicle. Years ago, Nery gave the Chrysler to Gladis and Joselin to use since he bought a different vehicle. Nery knew that Joselin did not have a driver's license. Joselin advised when Gladis was home she would drive instead of Joselin.

On 040623 Gladis was out of town, so Joselin had to drive the vehicle in order to pick up her daughter from her sister's residence in San Bernardino. Joselin left her residence at approximately 0705 hours. Joselin left her residence, driving the 2010 white Chrysler 300. Joselin traveled southbound Kaiser, eastbound Wabash, then northbound Palmetto. Joselin came to a stop at the stop sign at Palmetto and Baseline. Joselin has been living in her current residence for approximately 20 years and she was familiar with the intersection of Palmetto and Baseline.

Joselin then looked to her right and observed some cars traveling westbound Baseline, however they were far away. Joselin looked to her left and observed a white car traveling eastbound, which then passed her. Joselin moved her vehicle north, a little bit passed the limit line in order to see eastbound traffic better. Joselin did not observe any other vehicles approaching the intersection. Joselin then looked straight ahead and began to slowly enter the intersection, continuing to travel northbound on Palmetto towards South Highland, then eastbound to Alder to get on the 210 eastbound freeway. Joselin stated when she was approximately in the middle of the

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STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

CHP 556 (Rev 7-90) OPI 042

CITY OF RIALTO

2023 JUL 31 AM 11:40

Date of Incident/Occurrence 04-06-23	Time(2400) 0707	NCIC NUMBER 3604	OFFICER ID # 718	NUMBER 23-4566
"X" ONE		TYPE SUPPLEMENTAL ("X" APPLICABLE)		
<input checked="" type="checkbox"/> Narrative	<input checked="" type="checkbox"/> Collision Report	<input type="checkbox"/> BA Update	<input checked="" type="checkbox"/> Fatal	<input type="checkbox"/> Hit and run update
<input type="checkbox"/> Supplemental	<input type="checkbox"/> Other:	<input type="checkbox"/> Hazardous materials	<input type="checkbox"/> School bus	<input type="checkbox"/> Other:
CITY/COUNTY/JUDICIAL DISTRICT Fontana / San Bernardino / RCSUP		REPORTING DIST/BEAT		CITATION NUMBER
LOCATION/SUBJECT BASELINE AVENUE/ PALMETTO AVENUE				STATE HIGHWAY RELATED
				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

intersection, she suddenly felt an impact on the driver's side of her vehicle, which caused her to stop her vehicle.

Joselin advised she did not have time to turn the steering wheel or do any vehicle maneuver prior to the impact since she never observed V-1. Joselin remained in the driver's seat of the vehicle and was in a daze. She was approached by an unknown male who told her that a motorcycle had hit her and asked her if she was okay. He told her to stay in the car until the paramedics arrived. Joselin observed other vehicles had stopped in the area and people were on the phone calling the police. Once the paramedics were on scene Joselin had to climb over to the passenger seat due to the driver's door being unable to open. When Joselin exited her vehicle, she observed P-1 lying on the ground and knew he was deceased.

I recontacted Joselin on 041223 at her residence, along with Cadet Villalpando, who assisted with translation. I asked Joselin if she ever heard a loud engine in the area prior to, or as she was crossing into the intersection, which she did not. Joselin stated her radio was on, however it was at a normal volume level, stating if there were other subjects in the vehicle, she would have been able to have a normal talking conversation without the music causing a disturbance. I asked Joselin if she had been talking on her cell phone, which she stated she was not. Joselin allowed me to look at her phone, at which time I did not observe any indication of her being on the phone at the time of the collision.

Joselin did not provide additional details.

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"X" ONE		TYPE SUPPLEMENTAL ("X" APPLICABLE)		
<input checked="" type="checkbox"/> Narrative	<input checked="" type="checkbox"/> Collision Report	<input type="checkbox"/> BA Update	<input checked="" type="checkbox"/> Fatal	<input type="checkbox"/> Hit and run update
<input type="checkbox"/> Supplemental	<input type="checkbox"/> Other:	<input type="checkbox"/> Hazardous materials	<input type="checkbox"/> School bus	<input type="checkbox"/> Other:
CITY/COUNTY/JUDICIAL DISTRICT Fontana / San Bernardino / RCSUP		REPORTING DIST/BEAT		CITATION NUMBER
LOCATION/SUBJECT BASELINE AVENUE/ PALMETTO AVENUE		STATE HIGHWAY RELATED		
		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

24 HOUR HISTORY OF JOSELIN VASQUEZ (P-2):

Joselin advised on 040523 she woke up at approximately 0800 hours. She fed the pets and did household chores. She ate lunch and then left the house at approximately 1130 hours with her daughter. She drove in the Chrysler to her sister's house in San Bernardino and dropped off her daughter before driving to work in Redlands. Joselin worked from 1300 hours until 2230 hours. She ate dinner while at work during that time. When she was off at 2230 hours she drove straight home, got ready for bed, and was in bed by 2330 hours.

On 040623 she woke up at 0650 hours in order to go pick up her daughter from her sister's house. Joselin left the house, driving the Chrysler, at approximately 0705 hours, at which time the collision occurred minutes after.

Joselin advised she has not had any mechanical issues with the Chrysler. She believed the oil was changed approximately 6 months earlier. Joselin did not provide further details.

NERY TEJADA'S STATEMENT:

I contacted Nery via telephone on 041223. Nery advised that he purchased the Chrysler in 2013 or 2014, at which time it was registered in his name. Approximately a year ago Nery gave the car to his sister (Joselin) and his mom (Gladis) since he did not use the vehicle often. Nery believed that Joselin and Gladis were going to register and get insurance on the vehicle in their name, however he never followed through to see if this occurred. Nery knew that Joselin was unlicensed, but was told by Gladis that she was trying to get Joselin a driver's license. Nery believed the vehicle had one bad tire. He did not know when the vehicle was last serviced. Nery advised he did not have his own insurance on the vehicle since he did not want to pay for the insurance if he was not using the vehicle. Nery did not provide further information.

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<div style="text-align: right;">CITY OF RIALTO 2023 JUL 31 AM 11:40 RECEIVED CITY CLERK</div>				
TYPE SUPPLEMENTAL ("X" APPLICABLE)				
X Narrative	X Collision Report	BA Update	X Fatal	Hit and run update
Supplemental	Other:	Hazardous materials	School bus	Other:
CITY/COUNTY/JUDICIAL DISTRICT Fontana / San Bernardino / RCSUP		REPORTING DIST/BEAT		CITATION NUMBER
LOCATION/SUBJECT BASELINE AVENUE/ PALMETTO AVENUE		STATE HIGHWAY RELATED		
		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

WITNESS CATHERINE VIDRIO'S STATEMENT:

On 041023 I was contacted at the Fontana Police Department by Catherine, who came to report her statement as a witness to the collision. I interviewed Vidrio in the interview room at the station. The interview was recorded with my BWC and uploaded into Visual Labs.

Catherine advised she was traveling westbound Baseline in the number one lane. Catherine observed a center median, which had plants and trees on her left side. The median ended just east of Palmetto and at the point when Catherine was next to the last palm tree, she was able to have a clear view of the intersection of Baseline and Palmetto. (This distance was measured to be approximately 309' east of the east curb line of Palmetto.)

Catherine observed a white car, who was traveling northbound Palmetto, slowly start to enter into the intersection. Catherine observed a motorcyclist traveling eastbound Baseline, approaching the intersection with Palmetto, traveling at what appeared to be around the speed limit, advising she did not hear a loud engine. Catherine was unsure which lane the motorcyclist was in, however she thought to herself that the motorcyclist was going to hit the car or come very close to hitting the car due to its close distance.

The white car continued to travel northbound Palmetto slowly, while the motorcyclist continued traveling eastbound Baseline. Quickly after, the motorcyclist collided into the driver's side of the white vehicle. The driver of the motorcycle was ejected from the motorcycle and flipped forward once, over the car, and landed on his back in the street, not moving after that. When he was flipping over the car, Catherine estimated his body to be approximately 3' higher than the car. Catherine observed the helmet lying next to the motorcyclist, having come off his head as he was flipping in the air.

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<input type="checkbox"/> Supplemental	<input type="checkbox"/> Other:	<input type="checkbox"/> Hazardous materials	<input type="checkbox"/> School bus	<input type="checkbox"/> Other:
CITY/COUNTY/JUDICIAL DISTRICT Fontana / San Bernardino / RCSUP		REPORTING DIST/BEAT		CITATION NUMBER
LOCATION/SUBJECT BASELINE AVENUE/ PALMETTO AVENUE		STATE HIGHWAY RELATED		
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Catherine did not observe any type of reactive driving from either the car or the motorcyclist prior to impact. Catherine was shown a Google Maps image of the intersection and pointed to the area where she believed the motorcyclist to have been when the car started to enter into the roadway, which was approximately 231' west of the west curb line of Palmetto.

After the collision Catherine initially pulled over on the north side of Baseline and observed other vehicles stopping to assist. Catherine heard a female on scene state that she was a nurse and was attending to the motorcyclist. Catherine was in shock and upset, at which time she left the scene knowing that the police had been called. Catherine later realized that she needed to give her statement of the incident. Catherine did not provide further details.

I/P CAITLYN BRADY'S STATEMENT:

I contacted Caitlyn via telephone. Caitlyn stated she is the LSO Assistant Manager, which is a separate company than Farmer Bros, however they are within the same building. Caitlyn advised that John Dewit was the Warehouse Manager for Farmer Bros. He had been working for the company for approximately 3-4 years. John's normal work hours were 6am or 7am until 1:30pm-2:00pm, Monday-Friday. On 040623 Caitlyn thought that John may have been running late since he was normally at work by 7am.

John had not been driving his motorcycle due to the weather. Caitlyn was made aware of the collision involving John from one of the employees who had passed the scene on his way back to work from taking a

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Supplemental	Other:	Hazardous materials	School bus	Other:
CITY/COUNTY/JUDICIAL DISTRICT Fontana / San Bernardino / RCSUP			REPORTING DIST/BEAT	CITATION NUMBER
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			Yes	X No

break. Caitlyn stated the employee did not want to be involved and had advised her that he did not see the actual collision. Caitlyn did not provide further information.

24 HOUR HISTORY OF JOHN DEWIT (P-1):

On 041123 I contacted Lorena Dewit, the wife of P-1, to inquire as to the 24 history of P-1. Lorena stated that John had been working at Farmer Bros. warehouse for the past three years. Due to John having a management position, he was able to make his own schedule and would typically start his shift between 0700-0730 hours. On 040623 Lorena believed John was going to start at 0730 hours.

John had been riding motorcycles for approximately seven years, with the involved Harley being the only motorcycle that he had owned during that time. He did not have any involvement in previous collisions involving the motorcycle. John would ride the motorcycle approximately 1-2 times during the week, as well as every weekend. John was the Vice President of his motorcycle club "God Speed." John was very concerned about safety when riding the motorcycle. He always wore his helmet.

John did not have any medical issues and was not taking any medication. He was not sick at the time and his only recent complaint was shoulder pain. John had an MRI of his shoulder completed a few weeks prior to the collision.

Lorena did not believe there were any mechanical issues with the motorcycle. She was unsure when or where John last had any mechanical work completed on it.

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<input type="checkbox"/> Supplemental	<input type="checkbox"/> Other:	<input type="checkbox"/> Hazardous materials	<input type="checkbox"/> School bus	<input type="checkbox"/> Other:
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				Yes <input checked="" type="checkbox"/> No

On 040523 John woke up at approximately 0400 hours in order to go to the gym. John drove Lorena's vehicle that day to the gym at 0430 hours. He worked out for approximately one hour, then would get ready for work at the gym and go straight to work. Any time John would go to the gym, he would drive Lorena's car in order to be able to take his toiletry bag and clothing with him. John worked that day until approximately 1430-1500 hours. John then drove home and he made dinner at approximately 1730 hours. John did not drink any alcohol or take any medication. John went to bed at approximately 2130-2200 hours.

On 040623 John woke up a little before 0630 hours, got ready for work, and left Lorena a note advising that he gave the dogs their medicine at 0630 hours, due to Lorena being asleep. John then left the residence and was driving his motorcycle to work when the incident happened.

Lorena advised John did not have a speaker in his helmet, so she knows he was not on the phone when he was riding. Lorena advised John's motorcycle had a loud engine and that people were able to hear him approaching due to how loud it was. Lorena did not provide further information.

PHOTOGRAPHS:

I took photographs of the scene and of the vehicles on scene. The photographs were uploaded into Visual Labs.

INJURIES:

Joselin Vasquez suffered a complaint of pain to her neck, possible whiplash. I obtained a copy of her medical record from ARMC from the morning after her collision, see attached record, Addendum A.

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<input checked="" type="checkbox"/> Narrative	<input checked="" type="checkbox"/> Collision Report	<input type="checkbox"/> BA Update	<input checked="" type="checkbox"/> Fatal	<input type="checkbox"/> Hit and run update
<input type="checkbox"/> Supplemental	<input type="checkbox"/> Other:	<input type="checkbox"/> Hazardous materials	<input type="checkbox"/> School bus	<input type="checkbox"/> Other:
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			Yes	<input checked="" type="checkbox"/> No

John Dewit suffered fatal injuries. Coroner Morgan responded to the scene and advised that Dewit suffered a skull fracture. For additional details and information regarding the autopsy refer to Coroner Case #702302484, which is still pending.

VEHICLE DAMAGE:

V-1, 2011 Harley Davidson Road Glide [REDACTED] suffered moderate damage to the front of the vehicle, front tire, handlebar, and left side of the vehicle. The vehicle was towed from the scene by Edwin's Tow on an evidence hold.

V-2, 2010 Chrysler 300 [REDACTED] suffered major damage the driver's side front and rear door, front left quarter panel, roof, windshield, hood, and front and rear driver's side tires. The vehicle was towed from the scene by Edwin's Tow on an evidence hold.

VEHICLE INSPECTION:

On 042623 I responded to Edwin's Tow with Cpl. Valenzuela, to conduct a vehicle inspection on the involved V-2, Chrysler 300 [REDACTED], as well as on the involved V-1, Harley Davidson Road Glide [REDACTED]

Upon inspecting V-2, it appeared that it did not have any mechanical defects that contributed to the collision. I checked for recalls listed in NHTSA and discovered that V-2 had three unrepaired recalls. These recalls included the Takata driver airbag recall, the front passenger airbag inflator recall, and the driver airbag inflator recall. For further details see attached NHTSA recall summary, Addendum B. Based on the three listed recalls,

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<div style="text-align: right;">CITY OF RIALTO 2023 JUL 31 AM 11:40 RECEIVED CLERK</div>				
X ONE	*X* ONE	TYPE SUPPLEMENTAL (*X* APPLICABLE)		
X Narrative	X Collision Report	BA Update	X Fatal	Hit and run update
Supplemental	Other:	Hazardous materials	School bus	Other:
CITY/COUNTY/JUDICIAL DISTRICT Fontana / San Bernardino / RCSUP		REPORTING DIST/BEAT	CITATION NUMBER	
LOCATION/SUBJECT BASELINE AVENUE/ PALMETTO AVENUE			STATE HIGHWAY RELATED	
			Yes	X No

none of them had been associated with contributing to the collision. Photographs were taken and uploaded into Laserfiche. For additional information and details regarding the inspection see attached Vehicle Inspection form, Addendum C.

Cpl. Valenzuela assisted in inspecting V-1. Upon inspecting V-1, it appeared that it did not have any mechanical defects that contributed to the collision. I checked for recalls listed in NHTSA, however none were discovered. Photographs were taken by Cpl. Valenzuela and uploaded into Laserfiche. For additional information and details regarding the inspection refer to Cpl. Valenzuela's supplemental report.

A download of V-2's Electronic Data Recorder was not completed due to the ACM not being compatible.

FURTHER INVESTIGATION:

On 040623, Ofc. Bachman was able to locate video from a traffic camera located at Baseline and Sierra. I observed the video which showed that P-1 was riding V-1 southbound Sierra with its headlights on. V-1 entered into the number one left turn lane at Baseline in order to turn eastbound on Baseline. V-1 came to a stop for the red light, being the first person at the limit line. When the light cycled to green at 7:05:32, V-1 began to accelerate and turn onto eastbound Baseline, in the number one lane. V-1 then moved out of view of the camera. On 042623 I attempted to obtain a copy of the traffic camera video, however the video had been automatically deleted.

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X ONE		TYPE SUPPLEMENTAL (*X* APPLICABLE)		
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				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

I contacted multiple reporting parties who had initially called dispatch at the time of the incident in an attempt to locate additional witnesses, however all subjects stated they did not observe the collision, but came across it afterwards.

COLLISION ANALYSIS:

I reviewed all statements and physical evidence involving this case and formulated the following analysis of this collision.

Based on video surveillance and a witness statement, P-1 (who was positively identified through his fingerprints by Deputy Coroner Morgan as John Dewit) was driving his Harley Davidson motorcycle [REDACTED] eastbound Baseline, approaching Palmetto. P-1 had a valid Class C/M1 Driver's License. Based on a witness statement and P-2's statement, P-2 (who was positively identified by her California ID card as Joselin Martinez Vazquez) was driving her 2010 white Chrysler 300 [REDACTED] northbound Palmetto at Baseline. P-2 was unlicensed.

Based on P-2's statement, P-2 came to a stop for the posted two way stop sign at Palmetto and Baseline, with traffic on Baseline having the right of way. Based on a witness statement and the statement of P-2, P-2 began to enter into the intersection of Baseline and Palmetto, traveling at a slow rate of speed. Based on a witness statement, P-2 continued to travel across the roadway at a slow speed, directly in front of the path of P-1, who the witness estimated to be approximately 231' west of the intersection.

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				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

2023 JUL 31 AM 11:40

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Based on the witness statement of P-1 traveling approximately 45 mph, this would convert to P-1 traveling 66 ft/sec. From the approximate location that the witness placed P-1, it would have taken him 3.5 seconds to travel to the intersection of Palmetto (231÷66). If P-1 was traveling 50 mph, this would convert to P-1 traveling 73.35 ft/sec. At this speed it would have taken P-1 3.14 seconds to travel to the intersection of Palmetto (231÷73.35). If P-1 was traveling 55 mph, this would convert to P-1 traveling 80.69 ft/sec. At this speed it would have taken P-1 2.86 seconds to travel to the intersection of Palmetto (231÷80.69).

According to *Motorcycle Accident Reconstruction and Litigation*, Fourth Edition, by Obenski, Hill, Shapiro, and Debes, pg. 37, the average perception/reaction time for a subject is considered to be 1.5 seconds. Using 1.5 seconds I concluded that based on the witness statement that V-1 was traveling around the speed limit, 45 mph, V-1 would have traveled 99' by utilizing the following Perception/Reaction equation:

$d = vt$ d = distance; v = velocity; t = time

$$66(1.5) = 99'$$

Giving a range of speed as going 50 mph or 73.35 ft/sec, as well as 55 mph or 80.69 ft/sec, V-1 would have traveled the following distance during his 1.5 seconds of perception/reaction time.

$$50 \text{ mph or } 73.35 \text{ ft/sec: } d = 73.35 (1.5) \quad d = 110.03'$$

$$55 \text{ mph or } 80.69 \text{ ft/sec: } d = 80.69 (1.5) \quad d = 121.04'$$

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			Yes	<input checked="" type="checkbox"/> No

Given his approximate 231' prior to the intersection, if traveling at 45 mph he would have had 132' to stop the motorcycle (231-99); if traveling at 50 mph he would have only had 120.97' to stop his motorcycle (231-110.03), and if traveling at 55 mph, he would have had 109.96' to stop his motorcycle (231-121.04).

Utilizing the Slide to Stop formula, I calculated the following distance needed for V-1 to have come to a complete stop.

$$D = s^2 \div (30)(f)$$

45 mph

D = distance; s = speed; 30 = mathematical constant; f = friction (Motorcycle Accident Reconstruction and Litigation, Fourth Edition, by Obenski, Hill, Shapiro, and Debes, pg 91, the friction of clean, dry pavement is approximately 0.6-1.2. For this purpose I used 0.6 as the friction).

$$D = 45^2 \div (30)(.6)$$

$$D = 112.5'$$

50 mph

$$D = 50^2 \div (30)(.6)$$

$$D = 138.89'$$

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CHP 556 (Rev 7-90) OPI 042

CITY OF RIALTO

2023 JUL 31 AM 11:40

Date of Incident/Occurrence 04-06-23	Time(2400) 0707	NCIC NUMBER 3604	OFFICER ID # 718	NUMBER 23-4566
"X" ONE		TYPE SUPPLEMENTAL ("X" APPLICABLE)		
<input checked="" type="checkbox"/> Narrative	<input checked="" type="checkbox"/> Collision Report	<input type="checkbox"/> BA Update	<input checked="" type="checkbox"/> Fatal	<input type="checkbox"/> Hit and run update
<input type="checkbox"/> Supplemental	<input type="checkbox"/> Other:	<input type="checkbox"/> Hazardous materials	<input type="checkbox"/> School bus	<input type="checkbox"/> Other:
CITY/COUNTY/JUDICIAL DISTRICT Fontana / San Bernardino / RCSUP		REPORTING DIST/BEAT		CITATION NUMBER
LOCATION/SUBJECT BASELINE AVENUE/ PALMETTO AVENUE				STATE HIGHWAY RELATED
				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

RECEIVED
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$$D = 55^2 \div (30)(.6)$$

$$D = 168.06'$$

Utilizing the following equation for safe stopping distance, I calculated the distance needed for V-1 to have come to a complete stop and avoid colliding into V-2.

Perception Reaction + Slide to Stop

45 mph

$$99 + 112.5 = 211.5'$$

50 mph

$$110.03 + 138.89 = 248.92'$$

55 mph

$$121.04' + 168.06' = 289.10'$$

This shows that if V-1 was traveling the speed limit of 45 mph, and if he would have seen V-2 the moment V-2 began to enter into the intersection, he would have had time to stop prior to impact based on his approximate location as stated by the witness. However, if V-1 did not see V-2 until after V-2 began to enter into the

PREPARER'S NAME AND I.D. NUMBER C. Tomicic 718	DATE 04-06-23	REVIEWER'S NAME	DATE
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STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

CHP 556 (Rev 7-90) OPI 042

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CITY OF RIALTO JUL 31 AM 11:40 RECEIVED CITY CLERK				
"X" ONE		TYPE SUPPLEMENTAL ("X" APPLICABLE)		
X Narrative	X Collision Report	BA Update	X Fatal	Hit and run update
Supplemental	Other:	Hazardous materials	School bus	Other:
CITY/COUNTY/JUDICIAL DISTRICT Fontana / San Bernardino / RCSUP		REPORTING DIST/BEAT		CITATION NUMBER
LOCATION/SUBJECT BASELINE AVENUE/ PALMETTO AVENUE				STATE HIGHWAY RELATED
				Yes <input checked="" type="checkbox"/> No

roadway, this would have minimized his time to react before impact. V-1 also had the belief that V-2 was not going to enter into the roadway due to V-2 being required to yield the right-of-way to V-1.

Based on the lack of evidence in the roadway, as well as the witness statement, V-1 did not make any type of collision avoidance maneuver. At the time of the collision the sun had recently rose, causing a blinding effect when looking to the east, with the sunrise being documented at 06:31 am on www.theweatherchannel.com.

Based on the witness statement, V-2 did not make any type of collision avoidance maneuver prior to V-1 colliding into V-2. As V-2 continued to travel slowly northbound, V-1 collided into the driver's front left quarter panel/door area. The impact caused P-1 to be ejected, striking the windshield and roof of V-2, as he flipped one time in the air and landed on his back in the roadway, approximately 15' east of V-2 (center of vehicle to center of P-1). The distance from the AOI to the center of P-1 was 30'.

After V-1 collided into V-2, V-1 traveled southwest, sliding on its right side until it came to its uncontrolled point of rest on the roadway, approximately 15' southeast of V-2 (center of V-2 to center of V-1). V-2 braked and came to it's controlled point of rest in the roadway, approximately 19' north of the AOI (AOI to center of V-2).

Based on the vehicle inspection of V-1, with no damage sustained to the front frame, it did not appear that speed was a factor of V-1. In *Motorcycle Accident Reconstruction and Litigation*, Fourth Edition, by Obenski, Hill, Shapiro and Debes, pg. 68, "significant frame damage is unusual in impacts with cars below 40 mph (closing velocity.)

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<input checked="" type="checkbox"/> Narrative	<input checked="" type="checkbox"/> Collision Report	<input type="checkbox"/> BA Update	<input checked="" type="checkbox"/> Fatal	<input type="checkbox"/> Hit and run update
<input type="checkbox"/> Supplemental	<input type="checkbox"/> Other:	<input type="checkbox"/> Hazardous materials	<input type="checkbox"/> School bus	<input type="checkbox"/> Other:
CITY/COUNTY/JUDICIAL DISTRICT Fontana / San Bernardino / RCSUP		REPORTING DIST/BEAT	CITATION NUMBER	
LOCATION/SUBJECT BASELINE AVENUE/ PALMETTO AVENUE			STATE HIGHWAY RELATED	
			Yes	<input checked="" type="checkbox"/> No

CAUSE:

Based on all of the information in this report, as well as the supplemental reports, I found P-2 (Joselin Martinez Vasquez) at fault for the collision for being in violation of VC21802/Driver at stop sign at intersection, which states:

(a) The driver of any vehicle approaching a stop sign at the entrance to, or within, an intersection shall stop as required by Section 22450. The driver shall then yield the right-of-way to any vehicles which have approached from another highway, or which are approaching so closely as to constitute an immediate hazard, and shall continue to yield the right-of-way to those vehicles until he or she can proceed with reasonable safety.

I also found P-2 (Joselin Martinez Vasquez) in violation of VC 12500(a)/unlicensed driver, which states:

A person may not drive a motor vehicle upon a highway, unless the person then holds a valid driver's license issued under this code, except those persons who are expressly exempted under this code.

RECOMMENDATIONS:

Case to be forwarded to the District Attorney for review and filing of VC192(c)/ vehicular manslaughter against Joselin Martinez Vasquez, which states:

(1) Except as provided in subdivision (a) of Section 191.5, driving a vehicle in the commission of an unlawful act, not amounting to a felony, and with gross negligence; or driving a vehicle in the commission of a lawful act which might produce death, in an unlawful manner, and with gross negligence.

PREPARER'S NAME AND I.D. NUMBER C. Tomicic 718	DATE 04-06-23	REVIEWER'S NAME	DATE
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STATE OF CALIFORNIA
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<input type="checkbox"/> Narrative	<input checked="" type="checkbox"/> Collision Report	<input type="checkbox"/> BA Update	<input checked="" type="checkbox"/> Fatal	<input type="checkbox"/> Hit and run update
<input checked="" type="checkbox"/> Supplemental	Other:	<input type="checkbox"/> Hazardous materials	<input type="checkbox"/> School bus	<input type="checkbox"/> Other:
CITY/COUNTY/JUDICIAL DISTRICT Fontana / San Bernardino / RCSUP		REPORTING DIST/BEAT	CITATION NUMBER	
LOCATION/SUBJECT Baseline Ave / Palmetto Ave			State highway	
			Yes	<input checked="" type="checkbox"/> No

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ASSIGNMENT:

On 4-6-2023, I was assigned to the Traffic Unit as a supervisor. I was dressed in a duty uniform and riding a Fontana Police Department black and white motorcycle. Between 4-6-2023 and 4-13-2023 I was On-Call as a member of the Major Accident Investigation Team (MAIT) with Officer Tomicic.

DETAILS:

At about 0707 hours, Fontana Police Department dispatch radio broadcasted an unknown injury traffic collision at the Baseline Ave and Palmetto Ave. Motor Officer Bachman arrived on scene first and radio broadcasted the collision resulted in a fatality. I loaded the MAIT truck with the necessary equipment to investigate this collision and went to the scene. I assisted Officer Tomicic with this investigation by conducting 12 Leica scans of the scene, completing a factual diagram, completing a vehicle inspection for V1, and assisting with translating P2's statement. It should be noted that I have been certified as a Spanish translator by the City of Fontana and have been speaking Spanish for about 41 years.

RECOMMENDATIONS:

Attach this supplemental report to the original.

PREPARER'S NAME AND I.D. NUMBER L. Valenzuela #744	DATE 6/7/2023	REVIEWER'S NAME	DATE
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STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL
 CHP 556 (Rev 7-90) OPI 042

Date of Incident/Occurrence 04-6-23	Time(2400) 0707	NCIC NUMBER 3604	OFFICER ID # 718	NUMBER 23-4566
"X" ONE	"X" ONE	TYPE SUPPLEMENTAL ("X" APPLICABLE)		
Narrative	x	Collision Report	BA Update	X Fatal
X Supplemental		Other:	Hazardous materials	School bus
CITY/COUNTY/JUDICIAL DISTRICT Fontana / San Bernardino / RCSUP			REPORTING DIST/BEAT	CITATION NUMBER
LOCATION/SUBJECT Baseline Ave/Palmetto Ave			STATE HIGHWAY RELATED	
			Yes	x No

Assignment:

On 4-6-23 at approximately 0707 hours, I was dispatched to an unknown injury traffic collision at the intersection of Baseline Ave and Palmetto Ave involving a motorcycle.

Scene

Upon arrival on scene, I observed a subject lying on the ground who was later identified as John Dewit. Dewitt had a black motorcycle helmet lying next to him on the ground and was unresponsive with head trauma. There was a Chrysler 300 [REDACTED] facing northbound with moderate driver side damage. The Harley Davidson(Dwitz13) was laying on its right side facing northbound with major front end damage.

Rialto Fire Medic Truck 203 arrived on scene and pronounced Dewit at 0717. Firefighter C. Klein pronounced Dewit.

P-1's Statement

I located a female in a Chrysler 300 later identified as Joselin Martinez-Vasquez in the front passenger seat of the vehicle by herself. Joselin admitted to driving the vehicle at the time of the collision. Joselin was northbound on Palmetto Ave. Joselin stopped at the stop sign at Baseline and cleared the intersection by looking both left and right. Joselin intended to continue northbound on Palmetto Ave through Baseline Ave. After checking both ways, Joselin proceeded northbound on Palmetto and was struck by Dewit. Joselin complained of neck and back pain. Joselin was transported to ARMC by Rialto Medic Ambulance 203 for neck and chest pain.

Area Canvass

The residence at 7313 Palmetto Ave have cameras but they are not functioning. The residence's at 7300 Palmetto Ave and 17292 Baseline Ave do not have cameras. The business at 2688 Baseline Ave has cameras but do not cover the intersection. No witnesses were located to the collision.

Recommendations:

Attach to original.

PREPARER'S NAME AND I.D. NUMBER N. Bachman 1086	4-6-23	REVIEWER'S NAME	DATE
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Vartazarian Law Firm
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Calabasas, CA 91302
(818) 990-9949

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6/20/23
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Rialto, CA 92376

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