

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

COUNTER RECEIPT

CHP 251 (Rev. 2-91) OPI 071

If this receipt is for an accident report purchase, **NO AUTOMATIC NOTICE OF SUPPLEMENTS WILL BE GIVEN; PROCUREMENT IS YOUR RESPONSIBILITY.**

File, Reference, Serial number(s):

9625-2017-11360

CA/D9644856

RECEIVED OF

Sasha Itzel Briseno
513 Canal St. 57
Calexico CA. 92231

USE PREVIOUS EDITIONS UNTIL DEPLETED

INQUIRIES MUST INCLUDE
THE NUMBER SHOWN

HERE

NO. 937935

☒ Cash ☐ Check

☐ Money order

DATE 10-6-17

LOCATION CODE 625

RECEIVED FOR

AMOUNT

Accident report(s)

10-

Photographs

Publication(s)

Other (specify)

Sales tax

TOTAL


10-

RECEIVED BY

A. Rodriguez

SPECIAL CONDITIONS PUBLIC SCHOOL BUS 1 (2)		NUMBER 0	MT & RUN FELONY <input type="checkbox"/>	CITY CALEXICO	JUDICIAL DISTRICT EL CENTRO		LOCAL REPORT NUMBER 9625-2017-11360		
		NUMBER KILLED 0	MT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY IMPERIAL	REPORTING DISTRICT BEAT 901		DAY OF WEEK TUESDAY	TOWAWAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
LOCATION	COLLISION OCCURRED ON: SEVENTH STREET				MO' DAY YEAR 09/26/2017	TIME (2400) 1615	NCIC # 9625	OFFICER I.D. 019668	
	MILEPOST INFORMATION:				GPS COORDINATES LATITUDE 32.671919° LONGITUDE - 115.495087°		PHOTOGRAPHS BY: <input checked="" type="checkbox"/> NONE		
	<input type="checkbox"/> AT INTERSECTION WITH:				STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
	<input checked="" type="checkbox"/> OR: 56 FEET WEST OF HEFFERNAN AVENUE								
PARTY 1	DRIVER'S LICENSE NUMBER E0813554	STATE CA	CLASS B	AIR BAG P	SAFETY EQUIP. G	VEH. YEAR 2012	MAKE / MODEL / COLOR BLUE ALL AMERICAN ORG	LICENSE NUMBER 1370926	
DRIVER <input checked="" type="checkbox"/>	NAME (FIRST, MIDDLE, LAST) ROBERTO SOLANO AMAYA					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER CALEXICO UNIF SCHL DIST			
PEDES- TRIAN <input type="checkbox"/>	STREET ADDRESS 2420 W ELM AVE					OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER 901 ANDRADE AVE IMPERIAL CA 92251			
PARKED VEHICLE <input type="checkbox"/>	CITY / STATE / ZIP EL CENTRO CA 92243					DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> OTHER			
BICY- CLIST <input type="checkbox"/>	SEX M	HAIR BRN	EYES BRN	HEIGHT 5-10	WEIGHT 180	MO BIRTHDATE 04/18/1946	YEAR 2012	RACE H	
OTHER <input type="checkbox"/>	HOME PHONE (760)352-4688		BUSINESS PHONE (760)768-3888		VEHICLE IDENTIFICATION NUMBER: 1BABLBXA4CF287297				
	INSURANCE CARRIER SOUTHERN CA. RELIEF		POLICY NUMBER SCR 00100-31		VEHICLE TYPE 13		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		
	DIR OF TRAVEL ON STREET OR HIGHWAY W SEVENTH STREET		SPEED LIMIT 25		CA 47004 DOT		SHADE IN DAMAGED AREA BUS - TOP		
PARTY 2	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR 2004	MAKE / MODEL / COLOR NISS TITAN SLV	LICENSE NUMBER R372647	
DRIVER <input type="checkbox"/>	NAME (FIRST, MIDDLE, LAST)					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER SASHA ITZEL BRISENO			
PEDES- TRIAN <input type="checkbox"/>	STREET ADDRESS					OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER 799 M ACUNA CALEXICO CA 92231			
PARKED VEHICLE <input checked="" type="checkbox"/>	CITY / STATE / ZIP					DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER			
BICY- CLIST <input type="checkbox"/>	SEX	HAIR	EYES	HEIGHT	WEIGHT	MO BIRTHDATE	YEAR	RACE	
OTHER <input type="checkbox"/>	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:				
	INSURANCE CARRIER GEICO INS		POLICY NUMBER 4458-17-11-98		VEHICLE TYPE 22		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		
	DIR OF TRAVEL ON STREET OR HIGHWAY W SEVENTH STREET		SPEED LIMIT 25		CA DOT		SHADE IN DAMAGED AREA PICKUP TRUCK - TOP		
PARTY 3	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	
DRIVER <input type="checkbox"/>	NAME (FIRST, MIDDLE, LAST)					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER			
PEDES- TRIAN <input type="checkbox"/>	STREET ADDRESS					OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER			
PARKED VEHICLE <input type="checkbox"/>	CITY / STATE / ZIP					DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER			
BICY- CLIST <input type="checkbox"/>	SEX	HAIR	EYES	HEIGHT	WEIGHT	MO BIRTHDATE	YEAR	RACE	
OTHER <input type="checkbox"/>	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:				
	INSURANCE CARRIER		POLICY NUMBER		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		
	DIR OF TRAVEL ON STREET OR HIGHWAY		SPEED LIMIT		CA DOT		SHADE IN DAMAGED AREA		
PREPARER'S NAME RAUL PACHECO 019668		DISPATCH NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		REVIEWER'S NAME JESSE SANCHEZ 019836				DATE REVIEWED 09/29/2017	


DATE OF COLLISION (MO. DAY YEAR) 09/26/2017		TIME(2400) 1615	NCIC # 9625	OFFICER I.D. 019668	NUMBER 9625-2017-11360
OWNER'S NAME		OWNER ADDRESS			NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
PROPERTY DAMAGE	DESCRIPTION OF DAMAGE				

SEATING POSITION  <p>1 - DRIVER 2 TO 6 - PASSENGERS 7 - STATION WAGON REAR 8 - REAR, OCC TRK. OR VAN 9 - POSITION UNKNOWN 0 - OTHER</p>	SAFETY EQUIPMENT 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 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	AIR BAG B - UNKNOWN L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	INATTENTION CODES A - CELL PHONE HANDHELD B - CELL PHONE 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 (S) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	1	2	3	SPECIAL INFORMATION	1	2	3	MOVEMENT PRECEDING COLLISION
1 VC SECTION VIOLATED: CITED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO A 22107 B OTHER IMPROPER DRIVING* C OTHER THAN DRIVER* D UNKNOWN*	X A CONTROLS FUNCTIONING B CONTROLS NOT FUNCTIONING* C CONTROLS OBSCURED D NO CONTROLS PRESENT / FACTOR* TYPE OF COLLISION X B SIDE SWIPE C REAR END D BROADSIDE E HIT OBJECT F OVERTURNED G VEHICLE / PEDESTRIAN* H OTHER*:				A HAZARDOUS MATERIAL B CELL PHONE HANDHELD IN USE C CELL PHONE HANDSFREE IN USE D CELL PHONE NOT IN USE E SCHOOL BUS RELATED F 76 FT MOTORTRUCK COMBO G 32 FT TRAILER COMBO H I J K L M N O				A STOPPED B PROCEEDING STRAIGHT C RAN OFF ROAD D MAKING RIGHT TURN E MAKING LEFT TURN F MAKING U TURN G BACKING H SLOWING / STOPPING I PASSING OTHER VEHICLE J CHANGING LANES K PARKING MANEUVER L ENTERING TRAFFIC M OTHER UNSAFE TURNING N XING INTO OPPOSING LANE O PARKED P MERGING Q TRAVELING WRONG WAY R OTHER*:
WEATHER (MARK 1 TO 2 ITEMS) X A CLEAR B CLOUDY C RAINING D SNOWING E FOG / VISIBILITY FT. F OTHER*: G WIND	A NON - COLLISION B PEDESTRIAN C OTHER MOTOR VEHICLE D MOTOR VEHICLE ON OTHER ROADWAY E PARKED MOTOR VEHICLE F TRAIN G BICYCLE H ANIMAL: I FIXED OBJECT: J OTHER OBJECT:								
LIGHTING X A DAYLIGHT B DUSK - DAWN C DARK - STREET LIGHTS D DARK - NO STREET LIGHTS E DARK - STREET LIGHTS NOT FUNCTIONING*	MOTOR VEHICLE INVOLVED WITH A NON - COLLISION B PEDESTRIAN C OTHER MOTOR VEHICLE D MOTOR VEHICLE ON OTHER ROADWAY E PARKED MOTOR VEHICLE F TRAIN G BICYCLE H ANIMAL: I FIXED OBJECT: J OTHER OBJECT:								
ROADWAY SURFACE X A DRY B WET C SNOWY - ICY D SLIPPERY (MUDDY, OILY, ETC.)	PEDESTRIAN'S ACTIONS X A NO PEDESTRIANS INVOLVED B CROSSING IN CROSSWALK - AT INTERSECTION C CROSSING IN CROSSWALK - NOT AT INTERSECTION D CROSSING - NOT IN CROSSWALK E IN ROAD - INCLUDES SHOULDER F NOT IN ROAD G APPROACHING / LEAVING SCHOOL BUS								
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*: X H NO UNUSUAL CONDITIONS	PEDESTRIAN'S ACTIONS X A NO PEDESTRIANS INVOLVED B CROSSING IN CROSSWALK - AT INTERSECTION C CROSSING IN CROSSWALK - NOT AT INTERSECTION D CROSSING - NOT IN CROSSWALK E IN ROAD - INCLUDES SHOULDER F NOT IN ROAD G APPROACHING / LEAVING SCHOOL BUS								
					OTHER ASSOCIATED FACTORS (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 type="checkbox"/> NO C VC SECTION VIOLATED: CITED: <input type="checkbox"/> YES <input type="checkbox"/> NO D E VISION OBSCUREMENT: F INATTENTION*: G STOP & GO TRAFFIC H ENTERING / LEAVING RAMP I PREVIOUS COLLISION J UNFAMILIAR WITH ROAD K DEFECTIVE VEH. EQUIP.: CITED: <input type="checkbox"/> YES <input type="checkbox"/> NO L UNINVOLVED VEHICLE M OTHER*: N NONE APPARENT O RUNAWAY VEHICLE				
									SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS) A HAD NOT BEEN DRINKING B HBD - UNDER INFLUENCE C HBD - NOT UNDER INFLUENCE* D HBD - IMPAIRMENT UNKNOWN* E UNDER DRUG INFLUENCE* F IMPAIRMENT - PHYSICAL* G IMPAIRMENT NOT KNOWN H NOT APPLICABLE I SLEEPY / FATIGUED*

SKETCH FOR SKETCH DIAGRAM, SEE PAGE 4



INDICATE NORTH

MISCELLANEOUS

INJURED / WITNESSES / PASSENGERS**
CHP 555 CARS PAGE 3 (REV 04-11) OPI 065

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DATE OF COLLISION (MO. DAY YEAR) 09/26/2017				TIME(2400) 1615		NCIC # 9625		OFFICER I.D. 019668				NUMBER 9625-2017-11360									
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 checked="" type="checkbox"/>	11	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"/>	1	0	P	P	0			
NAME / D.O.B. / ADDRESS DEVONNA RUVALCABA (06/01/2006) 207 7TH ST CALEXICO CA 92231												TELEPHONE (760)717-8767									
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:									
DESCRIBE INJURIES:																					
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																					
<input type="checkbox"/> #	<input checked="" type="checkbox"/>	10	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"/>	1	0	P	P	0			
NAME / D.O.B. / ADDRESS ALEJANDRA VERONICA MADRIGAL AMBRIZ (12/05/2006) 732 G ANAYA CALEXICO CA 92231												TELEPHONE (760)879-5344									
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:									
DESCRIBE INJURIES:																					
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																					
<input type="checkbox"/> #	<input checked="" type="checkbox"/>	60	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"/>	1	0	P	P	0			
NAME / D.O.B. / ADDRESS ANA LILIA COTA (04/01/1957) 2121 ENRAMADA DR. CALEXICO CA 92231												TELEPHONE (760)562-8748									
(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												TELEPHONE									
(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												TELEPHONE									
(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												TELEPHONE									
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:									
DESCRIBE INJURIES:																					
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																					
PREPARER'S NAME RAUL PACHECO												I.D. NUMBER 019668		MO. DAY YEAR 09/26/2017		REVIEWER'S NAME JESSE SANCHEZ 019836				MO. DAY YEAR 09/29/2017	

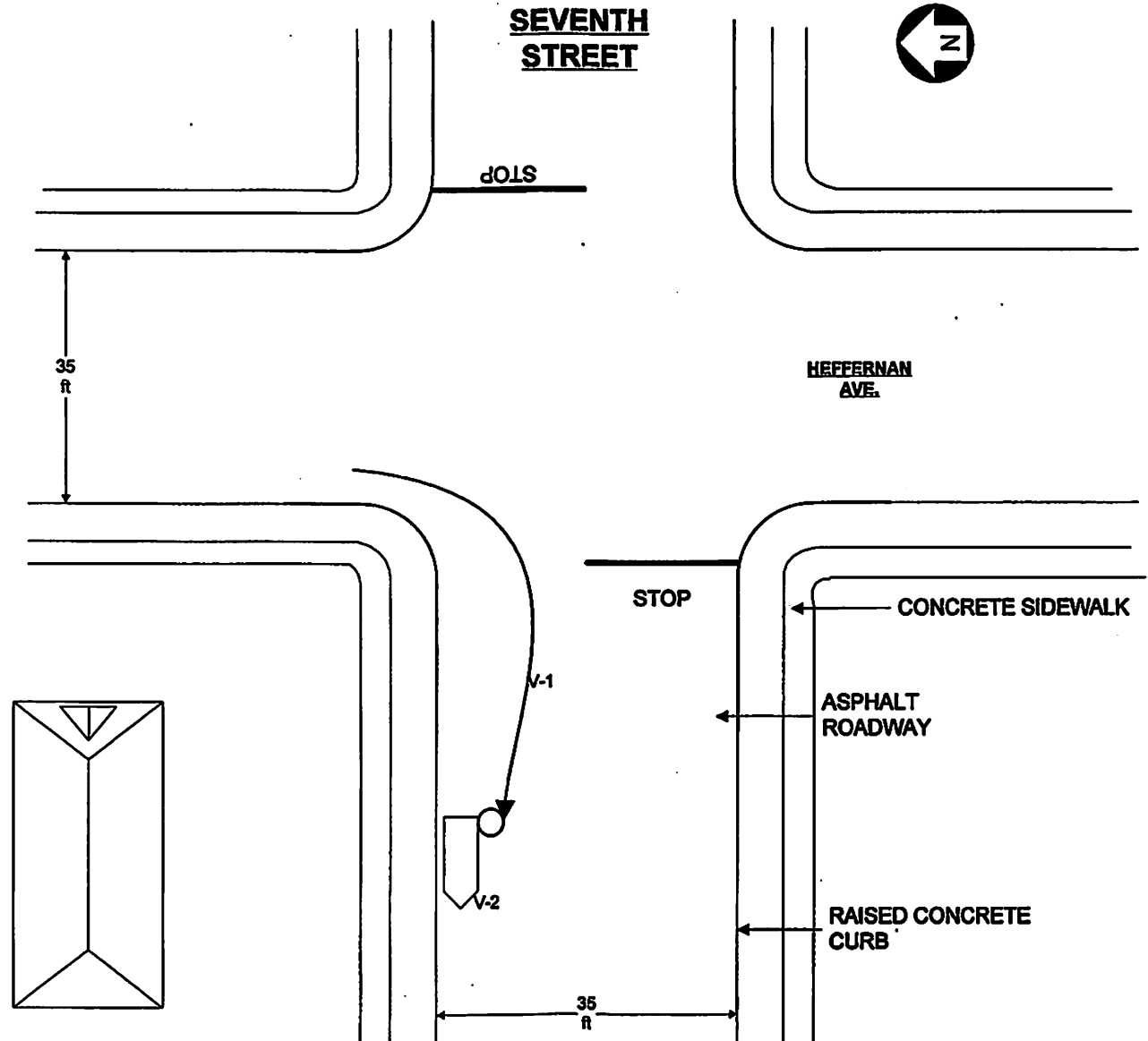
STATE OF CALIFORNIA
SKETCH DIAGRAM

CHP 555 Page 4 (Rev. 04-11) OPI 060

PAGE 4 OF 12

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
09/26/2017	1615	9625	019668	9625-2017-11360

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE=)



PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
RAUL PACHECO	019668	09/26/2017	JESSE SANCHEZ 019836	09/29/2017

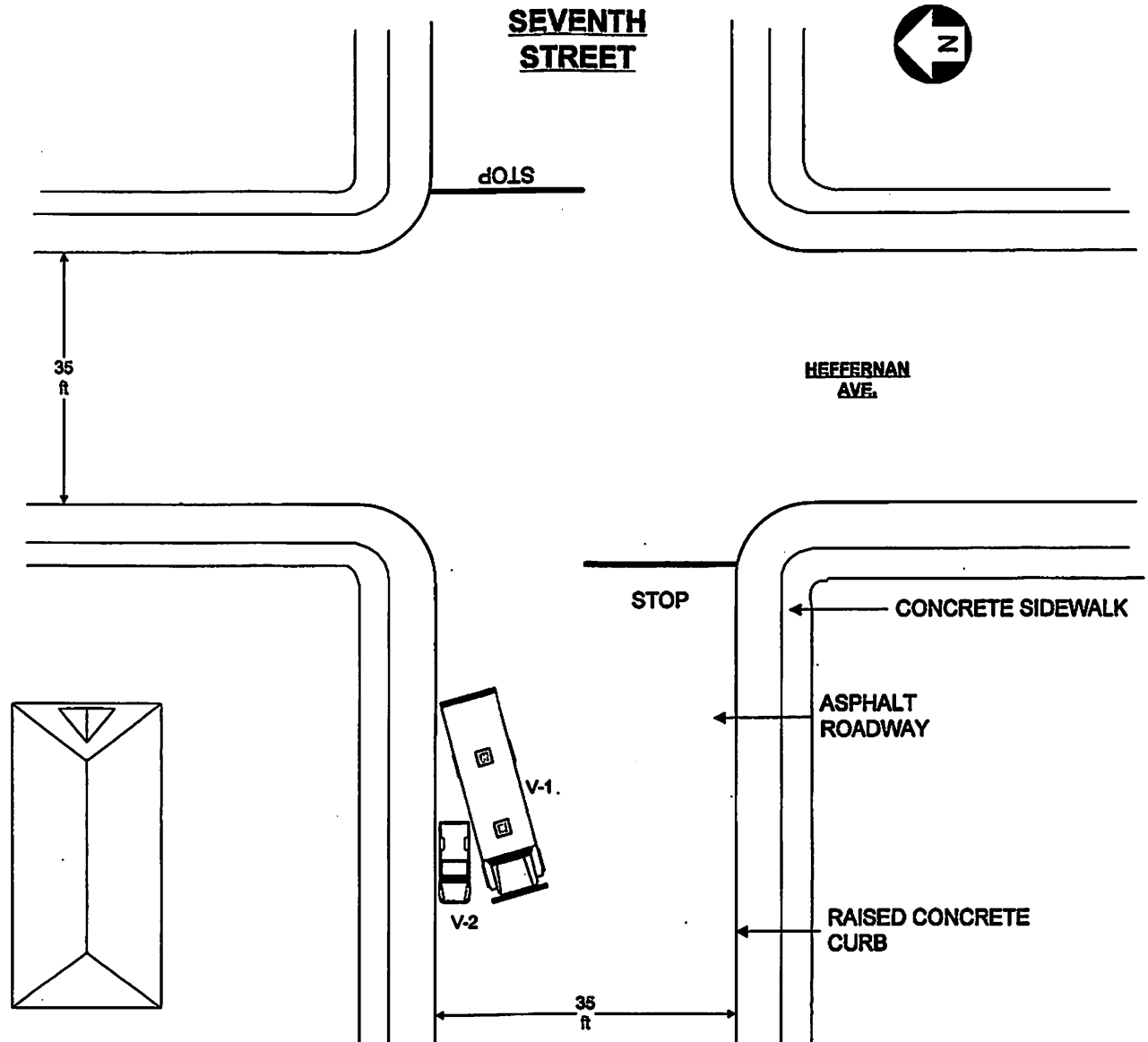
STATE OF CALIFORNIA
FACTUAL DIAGRAM

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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
09/26/2017	1615	9625	019668	9625-2017-11360

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE=)



PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
RAUL PACHECO	019668	09/26/2017	JESSE SANCHEZ 019836	09/29/2017

STATE OF CALIFORNIA
FACTUAL DIAGRAM

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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
09/26/2017	1615	9625	019668	9625-2017-11360

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE=)

LEGEND:

STATION LINE:

Station line 0+00 was established along the west prolongation of Heffernan Avenue. Station 0+00 was located on the north road edge of Seventh Street. The station line increases as you proceed in a westerly direction. Measurements were taken to the left and right of the station line. All measurements were obtained utilizing a roll-meter.

POINT OF REST:

V1 1 R/F 0+70 9' Left
2 R/R 0+50 5' Left

V2 1 R/F 0+70.5 .5' Left
2 R/R 0+59 .5' Left

PHYSICAL EVIDENCE DESCRIPTION:

None

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
RAUL PACHECO	019668	09/26/2017	JESSE SANCHEZ 019836	09/29/2017

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
09/26/2017	1615	9625	019668	9625-2017-11360

1 Facts:

2

3 Notification:

4

5 On 09-26-2017 at approximately 1610 hours, I received a call from CHP dispatch of a traffic collision
6 involving a school bus and a parked vehicle on Heffernan Avenue and Seventh Street in the city of
7 Calexico. I responded from Heber Road eastbound, west of SR-111 and I arrived on scene at approximately
8 1624 hours. This collision was later determined to be a traffic collision with property damage only.

9

10 All times, speeds, and measurements are approximate. Measurements were obtained by visual estimation
11 and roll meter.

12

13 Scene Description:

14

15 This collision occurred on Seventh Street, west of Heffernan Avenue in the corporate city of Calexico in the
16 Imperial County, California. Seventh Street is a westbound/eastbound designated residential street, city of
17 Calexico maintained residential street. Seventh Street is 35 feet in width and is bordered to the north and
18 south with a concrete curb edge followed by a concrete sidewalk. Seventh Street is an asphalt paved
19 residential street. Heffernan Avenue is a northbound/southbound designated residential street. Heffernan
20 Avenue is 35 feet in width and is bordered to the west and east with a concrete curb edge followed by a
21 concrete sidewalk. Heffernan Avenue is an asphalt paved residential street. This collision occurred during
22 the afternoon hours of the day. The location where this collision occurred the posted speed limit is 25 mph
23 for residential street. No visual obstructions were noted or claimed. Refer to factual diagram for further
24 information.

25

26

27

28

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
RAUL PACHECO	019668	09/26/2017	JESSE SANCHEZ 019836	09/29/2017

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
09/26/2017	1615	9625	019668	9625-2017-11360

1 Party/Vehicles:

2

3 Party #1 (Amaya): was contacted at the scene and was identified by his valid California Class B driver's
4 license. P-1 was determined to be the driver of Vehicle #1 (Bluebird) at the time of the traffic collision
5 based on the following: P-1's statement of driving V-1 during the course of his employment and his location
6 at the time of the traffic collision.

7

8 Vehicle #1 (Bluebird): was first observed in contact with a parked vehicle facing in westerly direction on
9 Seventh Street. V-1 sustained minor damage consisting of the following: minor scrape/scuff to the right side
10 of the school bus. V-1's seatbelts appeared to be in proper working conditions. No prior mechanical defects
11 were noted or claimed.

12

13 Vehicle #2 (Nissan): was first observed parked in contact with the school bus facing in a westerly direction
14 on Seventh Street. V-2 sustained minor damage consisting of the following: broken left tail light, minor
15 dents and scrapes to the left rear side. V-2's seatbelts appeared to be in proper working conditions. No prior
16 mechanical defects were noted or claimed.

17

18 Physical Evidence:

19

20 Physical evidence consisted of damages sustained to V-1 and V-2 resulting from this collision. Refer to the
21 physical evidence and factual diagram prepared by Officer Marquez, #19667, for further information.

22

23

24

25

26

27

28

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
RAUL PACHECO	019668	09/26/2017	JESSE SANCHEZ 019836	09/29/2017

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
09/26/2017	1615	9625	019668

9625-2017-11360

1 Statements:

2

3 Party #1 (Amaya): was contacted on scene and related in essence the following regarding the traffic
4 collision:

5

6 P-1 related he was traveling from Heffernan Avenue southbound making a right turn onto Seventh Street at
7 approximately 8-10 mph. P-1 related he made the right turn far away to clear the truck (V-2). P-1 related he
8 saw a white Toyota sedan traveling eastbound on Seventh Street as he was making the right turn. P-1 related
9 he pulled the bus hard to the right to avoid hitting the sedan, as he did that he hit the parked car.

10

11 Passenger (Cota): was contacted via phone and related in essence the following regarding the traffic
12 collision:

13

14 Passenger Cota related she was sitting in seat #4 of the bus. Passenger Cota related she did not see the
15 accident, she saw the driver (P-1) make a quick movement to the right and then she felt an impact.

16

17 Opinions and Conclusion

18

19 Summary:

20

21 Party #1 (Amaya) was driving Vehicle #1 (Bluebird) on Heffernan Avenue southbound at approximately 8-
22 10 mph making a right turn onto Seventh Street westbound. Vehicle #2 (Nissan) was parked on Seventh
23 Street westbound. Due to P-1's unsafe turning movement to the right, P-1 veer V-1 to the right and the right
24 side of V-1 collided with V-2's left rear side. After the collision, P-1 was standing outside his vehicle
25 waiting for CHP arrival.

26

27 The summary was based on party statements, passenger statement, and damage to the involved vehicles.

28

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
RAUL PACHECO	019668	09/26/2017	JESSE SANCHEZ 019836	09/29/2017

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
09/26/2017	1615	9625	019668	9625-2017-11360

1 **Area of Impact (AOI):**

2

3 **AOI #1 Vehicle #1 (Bluebird) vs. Vehicle #2 (Nissan):** was located approximately 56 feet west of the west
4 roadway edge prolongation of Heffernan Avenue and approximately 8 feet south of the north road edge of
5 Seventh Street.

6

7 The area of impact was based on party statements, passenger statement, and damage to the involved
8 vehicles.

9

10 **Cause:**

11

12 Party #1 (Amaya) caused this collision by being in violation of section 22107 (a) V.C.- Unsafe turning
13 movement. Which states: No person shall turn a vehicle from a direct course or move right or left upon a
14 roadway until such movement can be made with reasonable safety and then only after the giving of an
15 appropriate signal in the manner provided in this chapter in the event any other vehicle may be affected by
16 the movement.

17

18 The cause is based on party statements, passenger statement, and damage to the involved vehicles.

19

20 **Recommendations:**

21

22 None

23

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
RAUL PACHECO	019668	09/26/2017	JESSE SANCHEZ 019836	09/29/2017

SCHOOL BUS COLLISION SUPPLEMENTAL REPORT

CHP 555E (Rev. 8-12) OPI 061

PARTY NUMBER

1

DATE OF COLLISION 09/26/2017	TIME (2400) 1615	NCIC NUMBER 9625	OFFICER ID NUMBER 019668	REPORT NUMBER 9625-2017-11360
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DRIVER INFORMATION

CALIFORNIA SPECIAL DRIVERS CERTIFICATE (DL-45) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	IF YES SPECIAL CERTIFICATE NUMBER SC277090	EXPIRATION DATE 04/28/2021	CHP AREA NUMBER 9625
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VEHICLE TYPE

☒ School Bus ☐ SPAB ☐ Youth Bus
☐ GPPV

RESTRICTIONS (CHECK ALL THAT APPLY)

☐ 0 ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☒ 6 ☐ 7 ☐ A ☐ B

MEDICAL CERTIFICATE (DL-51A)
(VALID FOR 2 YEARS FROM DATE OF EXAM)

☐ No ☒ Yes

IF YES
EXAM DATE
10/16/2015

EXPIRATION DATE
10/16/2017

FIRST AID CERTIFICATE (VALID FOR 2 YEARS FROM ISSUE DATE - ONLY REQUIRED FOR DRIVERS WITH A 6 RESTRICTION ON THEIR SPECIAL DRIVERS CERTIFICATE)

☐ No ☒ Yes

IF YES
ISSUE DATE
02/01/2017

EXPIRATION DATE
02/01/2019

VEHICLE INFORMATION

INSPECTION APPROVAL CERTIFICATE (CHP 292) INSPECTED BY (NAME AND ID NUMBER) Salvador Acevedo A09685	LAST INSPECTION DATE 03/15/2017	CHP AREA NUMBER 9625	RATED PASSENGER CAPACITY 46
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PASSENGER INFORMATION

NUMBER OF PASSENGERS ONBOARD

3

Place the number assigned to the passenger in the corresponding seating position on the chart below.

Place an "X" on the row(s) that do not apply.

X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	A	D
X	X	X	X	X	X	X	X	X	X	X	X	X	1	X	B	
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	C	
15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	Row	
X	X	X	X	X	X	X	X	X	X	X	X	X	X	3	D	
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	E	
X	X	X	X	X	X	X	X	X	X	X	X	2	X	X	F	

PREPARED BY Raul Pacheco	REVIEWED BY Jesse Sanchez 019836	DATE 09/29/2017
REVIEWED BY SBO/C J. SANCHEZ	I.D. NUMBER 019836	DATE 09/28/2017