

CFBatch-Cover-w10

Type of Report: AUTO ACCIDENT

PayorID: CA00000090 Entity: Chp East Los Angeles**

State: CA

DATE OF LOSS: 11/12/21

LOSS STREET : I-710

LOSS CITY : NEWPORT BEACH

POLICE DEPT.: CHP EAST LOS ANGELES**

REPORT NUM. : 9535

Image Name: CA00000090_3331073748_220105_1721459.tif



3331073748

| | | | | | | | | | | | |
|--|--|--|---|---|--|---|--|--|----------------------------------|------------------------------------|--|
| SPECIAL CONDITIONS | | NUMBER INJURED 1 | HIT & RUN FELONY <input type="checkbox"/> | CITY LYNWOOD | JUDICIAL DISTRICT LOS ANGELES SUPERIOR COURT COMPTON COURTHOUSE | | LOCAL REPORT NUMBER 9535-2021-13520 | | | | |
| | | NUMBER KILLED 0 | HIT & RUN MISDEMEANOR <input type="checkbox"/> | COUNTY LOS ANGELES | REPORTING DISTRICT | BEAT 074 | DAY OF WEEK FRIDAY | TOWAWAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| LOCATION | CRASH OCCURRED ON I-710 (LONG BEACH FREEWAY) N/B | | | | MO. DAY YEAR 11/12/2021 | TIME (2400) 1340 | NCIC # 9535 | OFFICER ID 022109 | | | |
| | MILEPOST INFORMATION | | | | GPS COORDINATES LATITUDE 33.912426 LONGITUDE -118.180065 | | 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: 55 FEET SOUTH of I-105 E/B | | | | | | | | | | |
| PARTY 1 | DRIVER'S LICENSE NUMBER Y9202891 | | STATE CA | CLASS C | AIR BAG M | SAFETY EQUIP. G | VEH. YEAR 2012 | MAKE/MODEL/COLOR HOND CIVIC GRY | LICENSE NUMBER 6UQL344 | STATE CA | |
| DRIVER | NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> GUILLERMO JR. LEON | | | | OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER MICHAEL DERSPES | | | | | | |
| PEDESTRIAN <input type="checkbox"/> | STREET ADDRESS 8744 ROSE STREET | | | | OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER 3838 VIA MATAD LOMPOC CA 93436 | | | | | | |
| PARKED VEHICLE <input type="checkbox"/> | CITY/STATE/ZIP BELLFLOWER CA 90706 | | | | DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER | | | | | | |
| BICYCLIST <input type="checkbox"/> | SEX M | HAIR BLK | EYES BRN | HEIGHT 5' 7" | WEIGHT 180 | Mo. DAY YEAR BIRTHDATE 02/14/2000 | RACE H | DRIVEN AWAY PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE | | | |
| OTHER <input type="checkbox"/> | HOME PHONE (562) 313-4042 | | BUSINESS PHONE NONE | | VEHICLE IDENTIFICATION NUMBER: VEHICLE TYPE 01 DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER SHADE IN DAMAGED AREA TOP VIEW | | | | | | |
| OPERATOR <input type="checkbox"/> | INSURANCE CARRIER GEICO | | POLICY NUMBER 4159740879 | | CA _____ DOT _____ CAL-T _____ TCP/PSC _____ MC/MX _____ | | | | | | |
| | DIR OF TRAVEL N | ON STREET OR HIGHWAY I-710 N/B | | LANE 1 | THRU LANES 4 | TOTAL LANES 4 | SPEED LIMIT 65 | | | | |
| PARTY 2 | DRIVER'S LICENSE NUMBER A363031031825 | | STATE MD | CLASS F | AIR BAG M | SAFETY EQUIP. G | VEH. YEAR 2008 | MAKE/MODEL/COLOR LEXS IS250 BLK | LICENSE NUMBER 4DC1922 | STATE MD | |
| DRIVER | NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> ADEFOLASAYO ADEGOKE ADEROTOYE | | | | OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER | | | | | | |
| PEDESTRIAN <input type="checkbox"/> | STREET ADDRESS 8204 RIVER RUN DRIVE | | | | OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER | | | | | | |
| PARKED VEHICLE <input type="checkbox"/> | CITY/STATE/ZIP BOWIE MD 20715 | | | | DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER | | | | | | |
| BICYCLIST <input type="checkbox"/> | SEX M | HAIR BLK | EYES BRN | HEIGHT 5' 10" | WEIGHT 150 | Mo. DAY YEAR BIRTHDATE 10/26/1990 | RACE B | DRIVEN AWAY PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE | | | |
| OTHER <input type="checkbox"/> | HOME PHONE (240) 441-7015 | | BUSINESS PHONE NONE | | VEHICLE IDENTIFICATION NUMBER: VEHICLE TYPE 01 DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER SHADE IN DAMAGED AREA TOP VIEW | | | | | | |
| OPERATOR <input type="checkbox"/> | INSURANCE CARRIER GEICO | | POLICY NUMBER 4537914971 | | CA _____ DOT _____ CAL-T _____ TCP/PSC _____ MC/MX _____ | | | | | | |
| | DIR OF TRAVEL N | ON STREET OR HIGHWAY I-710 N/B | | LANE 1 | THRU LANES 4 | TOTAL LANES 4 | SPEED LIMIT 65 | | | | |
| PARTY 3 | DRIVER'S LICENSE NUMBER | | STATE | CLASS | AIR BAG | SAFETY EQUIP. | VEH. YEAR | MAKE/MODEL/COLOR | LICENSE NUMBER | STATE | |
| DRIVER | NAME (FIRST, MIDDLE, LAST) | | | | OWNER'S NAME | | | | | | |
| PEDESTRIAN <input type="checkbox"/> | STREET ADDRESS | | | | OWNER'S ADDRESS | | | | | | |
| 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 | | | | | | |
| BICYCLIST <input type="checkbox"/> | SEX | HAIR | EYES | HEIGHT | WEIGHT | Mo. DAY YEAR BIRTHDATE | RACE | PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE | | | |
| OTHER <input type="checkbox"/> | 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 SHADE IN DAMAGED AREA | | | | | | |
| OPERATOR <input type="checkbox"/> | INSURANCE CARRIER | | POLICY NUMBER | | CA _____ DOT _____ CAL-T _____ TCP/PSC _____ MC/MX _____ | | | | | | |
| | DIR OF TRAVEL | ON STREET OR HIGHWAY | | LANE | THRU LANES | TOTAL LANES | SPEED LIMIT | | | | |
| PREPARER'S NAME ANDREW D MONTOYA, 022109 | | | | DISPATCH NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A | | REVIEWER'S NAME M. CISNEROS, 022172 | | | | DATE REVIEWED 11/24/2021 | |

TRAFFIC CRASH CODING

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| | | | | | |
|--|--|--|----------------|---|---------------------------|
| DATE OF CRASH (MO. DAY YEAR) 11/12/2021 | | TIME (2400) 1340 | NCIC # 9535 | OFFICER ID 022109 | NUMBER 9535-2021-13520 |
| PROPERTY DAMAGE | | OWNER'S NAME | | OWNER'S ADDRESS | |
| PERSON NOTIFIED | | <input type="checkbox"/> SAME AS OWNER | | TELEPHONE NUMBER | |
| METHOD OF NOTIFICATION (MARK ALL THAT APPLY) | | LOG / INCIDENT NUMBER | | | |
| <input type="checkbox"/> IN PERSON | | <input type="checkbox"/> PHONE | | <input type="checkbox"/> DISPATCH | |
| <input type="checkbox"/> CHP 422 | | | | | |
| DESCRIPTION OF DAMAGE | | | | | |
| SEATING POSITION | | SAFETY EQUIPMENT | | AIR BAG | |
| OCCUPANTS | | CHILD RESTRAINT | | INATTENTION CODES | |
| 1 TO 9 - STANDARD SEATING POSITION | | A - NONE IN VEHICLE | | A - CELL PHONE HANDHELD | |
| 10 - REAR OCC. TRK. VAN, STATION WAGON, ETC.* | | B - UNKNOWN | | B - CELL PHONE HANDSFREE | |
| 11 - POSITION UNKNOWN* | | C - LAP BELT USED | | C - ELECTRONIC EQUIPMENT | |
| 0 - OTHER* | | D - LAP BELT NOT USED | | D - RADIO / CD | |
| | | E - SHOULDER HARNESS USED | | E - SMOKING | |
| | | F - SHOULDER HARNESS NOT USED | | F - EATING | |
| | | G - LAP / SHOULDER HARNESS USED | | G - CHILDREN | |
| | | H - LAP / SHOULDER HARNESS NOT USED | | H - ANIMALS | |
| | | J - PASSIVE RESTRAINT USED | | I - PERSONAL HYGIENE | |
| | | K - PASSIVE RESTRAINT NOT USED | | J - READING | |
| | | P - NOT REQUIRED | | K - OTHER | |
| | | MC / BICYCLE - HELMET | | EJECTED FROM VEHICLE | |
| | | DRIVER PASSENGER | | 0 - NOT EJECTED | |
| | | V - NO X - NO | | 1 - FULLY EJECTED | |
| | | W - YES Y - YES | | 2 - PARTIALLY EJECTED | |
| | | | | 3 - UNKNOWN | |
| ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE. | | | | | |
| PRIMARY CRASH FACTOR LIST NUMBER (#) OF PARTY AT FAULT | | TRAFFIC CONTROL DEVICES | | VEHICLE AUTOMATION LEVEL | |
| 1 2 3 | | 1 2 3 | | 1 2 3 | |
| A CVC SECTION VIOLATED CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | A CONTROLS FUNCTIONING | | A SAE LEVEL - 0 | |
| VC 22350 | | B CONTROLS NOT FUNCTIONING* | | B SAE LEVEL - 1 | |
| B OTHER IMPROPER DRIVING* | | C CONTROLS OBSCURED | | C SAE LEVEL - 2 | |
| C OTHER THAN DRIVER* | | D NO CONTROLS PRESENT / FACTOR* | | D SAE LEVEL - 3 | |
| D UNKNOWN* | | TYPE OF CRASH | | E SAE LEVEL - 4 | |
| | | A HEAD - ON | | F SAE LEVEL - 5 | |
| | | B SIDE SWIPE | | G UNKNOWN* | |
| | | C REAR END | | VEHICLE AUTOMATION ENGAGED | |
| WEATHER (MARK 1 TO 2 ITEMS) | | D BROADSIDE | | 1 2 3 | |
| X A CLEAR | | E HIT OBJECT | | A NO AUTOMATION | |
| B CLOUDY | | F OVERTURNED | | B DRIVER ASSISTANCE | |
| C RAINING | | G VEHICLE / PEDESTRIAN | | C PARTIAL AUTOMATION | |
| D SNOWING | | H OTHER* | | D CONDITIONAL AUTOMATION | |
| E FOG / VISIBILITY FT. | | MOTOR VEHICLE INVOLVED WITH (MARK 1 TO 2 ITEMS) | | E HIGH AUTOMATION | |
| F OTHER* | | A NONCOLLISION | | F FULL AUTOMATION | |
| G WIND | | B PEDESTRIAN | | G UNKNOWN* | |
| LIGHTING | | C OTHER MOTOR VEHICLE | | OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS) | |
| X A DAYLIGHT | | D MOTOR VEHICLE ON OTHER ROADWAY | | 1 2 3 | |
| B DUSK - DAWN | | E PARKED MOTOR VEHICLE | | A CVC SECTION VIOLATION CITED <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| C DARK - STREET LIGHTS | | F TRAIN | | B CVC SECTION VIOLATION CITED <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| D DARK - NO STREET LIGHTS | | G BICYCLE | | C CVC SECTION VIOLATION CITED <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| E DARK - STREET LIGHTS NOT FUNCTIONING* | | H ANIMAL | | D | |
| ROADWAY SURFACE | | I FIXED OBJECT | | E VISION OBSCUREMENT: | |
| X A DRY | | J OTHER OBJECT: | | F INATTENTION* | |
| B WET | | K ADDITIONAL OBJECT(S) STRUCK | | G STOP & GO TRAFFIC | |
| C SNOWY - ICY | | PEDESTRIAN'S ACTIONS | | H ENTERING / LEAVING RAMP | |
| D SLIPPERY (MUDDY, OILY, ETC.) | | A NO PEDESTRIANS INVOLVED | | I PREVIOUS CRASH | |
| ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS) | | B CROSSING IN CROSSWALK - AT INTERSECTION | | J UNFAMILIAR WITH ROAD | |
| A HOLES, DEEP RUT* | | C CROSSING IN CROSSWALK - NOT AT INTERSECTION | | K DEFECTIVE VEH. EQUIP.: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| B LOOSE MATERIAL ON ROADWAY* | | D CROSSING - NOT IN CROSSWALK | | L UNINVOLVED VEHICLE | |
| C OBSTRUCTION ON ROADWAY* | | E IN ROAD - INCLUDES SHOULDER | | M OTHER* | |
| D CONSTRUCTION - REPAIR ZONE | | F IN NOT IN ROAD | | N NONE APPARENT | |
| E REDUCED ROADWAY WIDTH | | G APPROACHING / LEAVING SCHOOL BUS | | O RUNAWAY VEHICLE | |
| F FLOODED* | | | | | |
| G OTHER* | | | | | |
| X H NO UNUSUAL CONDITIONS | | | | | |
| SKETCH | | MISCELLANEOUS | | 1 2 3 | |
| REFER TO SKETCH PAGE(S) | | | | A HAZARDOUS MATERIAL | |
| | | | | B CELL PHONE HANDHELD IN USE | |
| | | | | C CELL PHONE HANDSFREE IN USE | |
| | | | | X X D CELL PHONE NOT IN USE | |
| | | | | E CELL PHONE USE UNKNOWN | |
| | | | | F SCHOOL BUS RELATED | |
| | | | | 1 2 3 | |
| | | | | BIKEWAY FACILITY | |
| | | | | A SHARED ROADWAY | |
| | | | | B CLASS I - BIKE PATH* | |
| | | | | C CLASS II - BIKE LANE* | |
| | | | | D CLASS III - BIKE ROUTE* | |
| | | | | E CLASS IV - SEPARATED BIKEWAY* | |

| | | | | | | | | | | | | | | | | | | |
|---|--------------------------|-----|-----|----------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|---------------------------|-----------|-----------------------------|---------------|---------|
| DATE OF CRASH (MO. DAY YEAR) 11/12/2021 | | | | TIME (2400) 1340 | | NCIC # 9535 | | | | OFFICER ID 022109 | | | | NUMBER 9535-2021-13520 | | | | |
| WITNESS ONLY | PASSENGER ONLY | AGE | SEX | EXTENT OF INJURY ("X" ONE) | | | | INJURED WAS ("X" ONE) | | | | | | PARTY NUMBER | SEAT POS. | AIR BAG | SAFETY EQUIP. | EJECTED |
| | | | | FATAL INJURY | SUSPECTED SERIOUS INJURY | SUSPECTED MINOR INJURY | POSSIBLE INJURY | DRIVER | PASS. | PED. | BICYCLIST | OTHER | OPER. | | | | | |
| <input type="checkbox"/> # | <input type="checkbox"/> | 31 | M | <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 | M | G | 0 |
| NAME / D.O.B. / ADDRESS ADEFOLASAYO ADEGOKE ADEROTOYE (10/26/1990) 8204 RIVER RUN DRIVE BOWIE MD 20715 | | | | | | | | | | | | | | | | TELEPHONE (240) 441-7015 | | |
| (INJURED ONLY) TRANSPORTED BY: WILL SEEK OWN AID | | | | | | EMS RUN NUMBER | | | | TAKEN TO: NOT TRANSPORTED | | | | | | | | |
| DESCRIBE INJURIES COMPLAINT OF PAIN TO HEAD, COMPLAINT OF PAIN TO NECK | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> # | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| NAME / D.O.B. / ADDRESS | | | | | | | | | | | | | | | | TELEPHONE | | |
| (INJURED ONLY) TRANSPORTED BY: | | | | | | EMS RUN NUMBER | | | | TAKEN TO: | | | | | | | | |
| DESCRIBE INJURIES | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> # | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| NAME / D.O.B. / ADDRESS | | | | | | | | | | | | | | | | TELEPHONE | | |
| (INJURED ONLY) TRANSPORTED BY: | | | | | | EMS RUN NUMBER | | | | TAKEN TO: | | | | | | | | |
| DESCRIBE INJURIES | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> # | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| NAME / D.O.B. / ADDRESS | | | | | | | | | | | | | | | | TELEPHONE | | |
| (INJURED ONLY) TRANSPORTED BY: | | | | | | EMS RUN NUMBER | | | | TAKEN TO: | | | | | | | | |
| DESCRIBE INJURIES | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> # | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| NAME / D.O.B. / ADDRESS | | | | | | | | | | | | | | | | TELEPHONE | | |
| (INJURED ONLY) TRANSPORTED BY: | | | | | | EMS RUN NUMBER | | | | TAKEN TO: | | | | | | | | |
| DESCRIBE INJURIES | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> # | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| NAME / D.O.B. / ADDRESS | | | | | | | | | | | | | | | | TELEPHONE | | |
| (INJURED ONLY) TRANSPORTED BY: | | | | | | EMS RUN NUMBER | | | | TAKEN TO: | | | | | | | | |
| DESCRIBE INJURIES | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED | | | | | | | | | | | | | | | | | | |
| PREPARER'S NAME ANDREW D MONTOYA | | | | | | ID NUMBER 022109 | | MO. DAY YEAR 11/12/2021 | | REVIEWER'S NAME M. CISNEROS, 022172 | | | | | | MO. DAY YEAR 11/24/2021 | | |

SKETCH DIAGRAM

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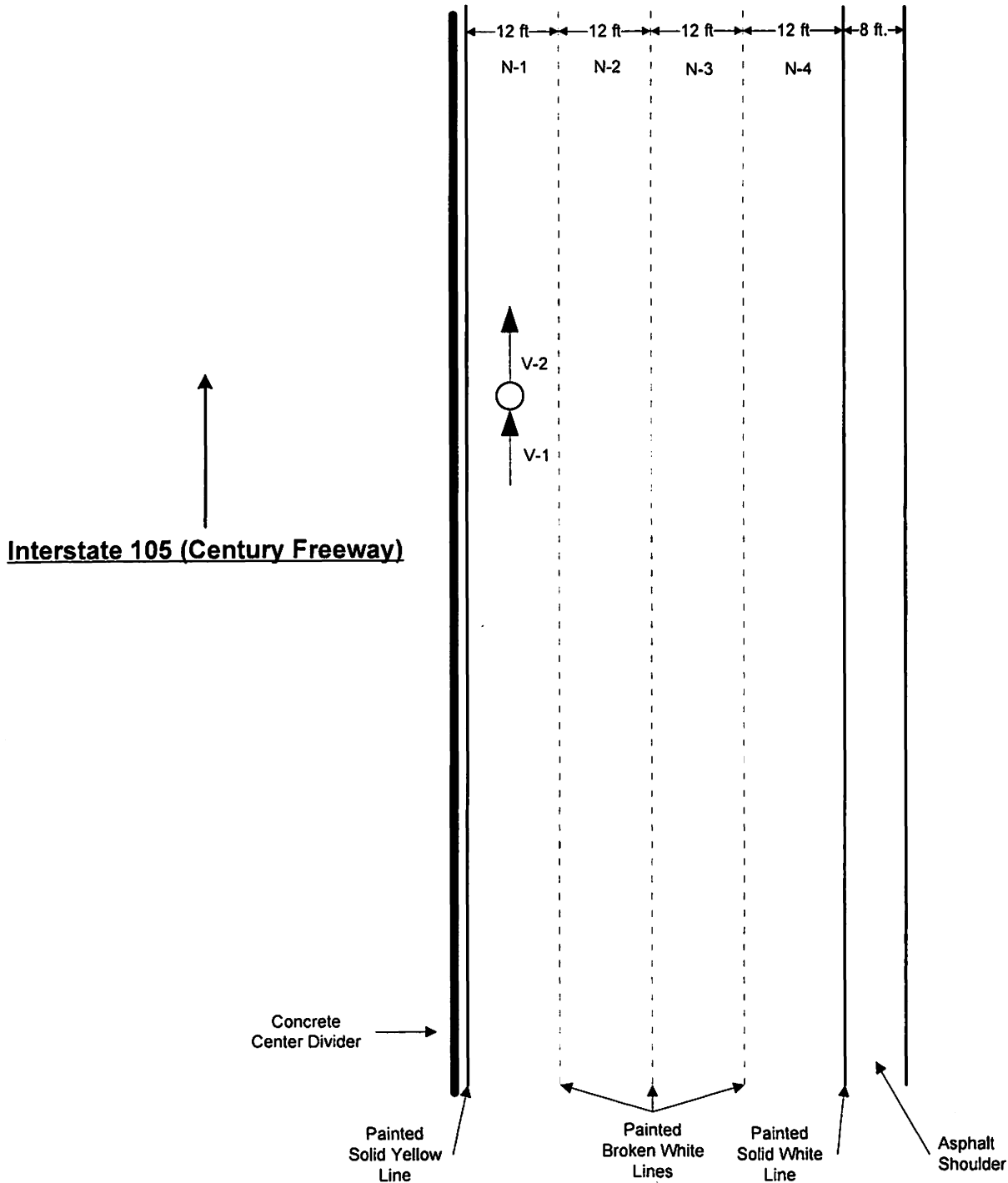
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| DATE OF CRASH (MO. DAY YEAR) | TIME (2400) | NCIC # | OFFICER ID | NUMBER |
|------------------------------|-------------|--------|------------|-----------------|
| 11/12/2021 | 1340 | 9535 | 022109 | 9535-2021-13520 |

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



Interstate 710 N/B (Long Beach Freeway)



| PREPARED BY | ID NUMBER | MO. DAY YEAR | REVIEWER'S NAME | MO. DAY YEAR |
|------------------|-----------|--------------|---------------------|--------------|
| ANDREW D MONTOYA | 022109 | 11/12/2021 | M. CISNEROS, 022172 | 11/24/2021 |

| DATE OF INCIDENT | TIME | NCIC NUMBER | OFFICER I.D. | NUMBER |
|------------------|------|-------------|--------------|-----------------|
| 11/12/2021 | 1340 | 9535 | 022109 | 9535-2021-13520 |

1 NOTIFICATION:

2

3 On November 12, 2021, at approximately 1342 hours, I received a call of a traffic collision with
4 property damage only. I responded from Ford Boulevard at Floral Drive and arrived on scene at
5 1435 hours. All times, speeds, and measurements are approximations. All measurements were
6 obtained using visual estimation.

7

8 STATEMENTS:

9

10 Party #1 (P-1, Leon) was contacted at the scene of the traffic collision. P-1 provided the following
11 statement: He was driving northbound on Interstate 710, south of Interstate 105, at approximately
12 50 miles per hour, in the #1 lane. He related the traffic ahead of him came to a sudden stop. He
13 applied the brakes to his vehicle but was unable to stop in time and collided into the car in front of
14 him. He was unable to move his vehicle to the left or right to avoid a collision with the vehicle.

15

16 Party #2 (P-2, Aderotoye) was contacted at the scene of the traffic collision. P-2 provided the
17 following statement: He was stopped northbound on Interstate 710, south of Interstate 105, in the
18 #1 lane. He related he was stopped due to traffic being backed up for approximately one minute.
19 He suddenly felt an impact to the rear of his vehicle. He did not hear or see anything prior to
20 feeling the impact.

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| PREPARED BY | I.D. NUMBER | DATE | REVIEWER'S NAME | DATE |
|------------------|-------------|------------|---------------------|------------|
| ANDREW D MONTOYA | 022109 | 11/12/2021 | M. CISNEROS, 022172 | 11/24/2021 |

| DATE OF INCIDENT | TIME | NCIC NUMBER | OFFICER I.D. | NUMBER |
|------------------|------|-------------|--------------|-----------------|
| 11/12/2021 | 1340 | 9535 | 022109 | 9535-2021-13520 |

1 SUMMARY:

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3 Party #2 (P-2, Aderotoye) was stopped in Vehicle #2 (V-2, Lexus) northbound on Interstate 710,
4 south of Interstate 105, in the #1 lane, ahead of Vehicle #1 (V-1, Honda). Party #1 (P-1, Leon)
5 was driving V-1 northbound on Interstate 710, south of Interstate 105, at a stated speed of 50
6 miles per hour, in the #1 lane, approaching V-2 from the rear.

7

8 This collision occurred as P-1 was driving V-1 and allowed V-1 to travel at an unsafe speed for
9 current traffic conditions, he failed to safely and appropriately respond to stopped traffic ahead of
10 him. As a result of P-1's unsafe speed, P-1 was unable to safely slow or stop V-1 in time and
11 collided into the rear of V-2.

12

13 After the collision, both parties relocated their vehicles to a safe location and waited for the arrival
14 of California Highway Patrol personnel.

15

16 AREA OF IMPACT (AOI):

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18 The AOI (V-1 vs. V-2) was determined to be 55 feet south of the south road edge of Interstate
19 105, and 42 feet west of the east roadway edge of northbound Interstate 710.

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|------------------|-------------|------------|---------------------|------------|
| PREPARED BY | I.D. NUMBER | DATE | REVIEWER'S NAME | DATE |
| ANDREW D MONTOYA | 022109 | 11/12/2021 | M. CISNEROS, 022172 | 11/24/2021 |

| | | | | |
|------------------|------|-------------|--------------|-----------------|
| DATE OF INCIDENT | TIME | NCIC NUMBER | OFFICER I.D. | NUMBER |
| 11/12/2021 | 1340 | 9535 | 022109 | 9535-2021-13520 |

1 CAUSE:

2

3 Party #1 (P-1, Leon) caused this collision by driving Vehicle #1 (V-1, Honda) in violation of
4 California Vehicle Code section 22350, which states: **No person shall drive a vehicle upon a**
5 **highway at a speed greater than is reasonable or prudent having due regard for weather,**
6 **visibility, the traffic on, and the surface and width of, the highway, and in no event at a**
7 **speed which endangers the safety of persons or property.**

8

9 The Summary, Area of Impact, and Cause were all determined by the statements and the vehicle
10 damage.

| | | | | |
|------------------|-------------|------------|---------------------|------------|
| PREPARED BY | I.D. NUMBER | DATE | REVIEWER'S NAME | DATE |
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