

CFBatch-Cover-w10

Type of Report: AUTO ACCIDENT

PayorID: CA00000089 Entity: Chp South Los Angeles**

State: CA

DATE OF LOSS: 11/14/21

LOSS STREET : NB ON HWY 405

LOSS CITY : LONG BEACH

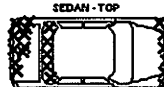


POLICE DEPT.: CHP SOUTH LOS ANGELES**

REPORT NUM. : 9530-2021-14249

Image Name: CA00000089_3331080503_220105_1911432.tif



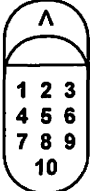
3331080503

SPECIAL CONDITIONS		NUMBER INJURED 2	HIT & RUN FELONY <input type="checkbox"/>	CITY LONG BEACH	JUDICIAL DISTRICT LOS ANGELES SUPERIOR COURT GOVERNOR GEORGE DEUKMEJIAN COURTHOUSE		LOCAL REPORT NUMBER 9530-2021-14249			
		NUMBER KILLED 0	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY LOS ANGELES	REPORTING DISTRICT	BEAT 430	DAY OF WEEK SUNDAY	TOWAWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
LOCATION	CRASH OCCURRED ON I-405 N/B (SAN DIEGO FREEWAY)				MO. DAY YEAR 11/14/2021	TIME (2400) 1130	NCIC # 9530	OFFICER ID 018278		
	MILEPOST INFORMATION				GPS COORDINATES LATITUDE 33.797420 LONGITUDE -118.108550		PHOTOGRAPHS BY: <input checked="" type="checkbox"/> NONE			
	<input type="checkbox"/> AT INTERSECTION WITH				STATE HWY REL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
	<input checked="" type="checkbox"/> OR: 155 FEET NORTH of PALO VERDE AVE.									
PARTY 1	DRIVER'S LICENSE NUMBER Y2647052		STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 2015	MAKE/MODEL/COLOR NISS ALTIMA RED	LICENSE NUMBER 7NSP991	STATE CA
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> JOSE MANUEL ARMENTA-NEGRETTE						OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER			
PEDESTRIAN	STREET ADDRESS <input type="checkbox"/> 915 N. WILMINGTON BLVD., APT. 3						OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER			
PARKED VEHICLE	CITY/STATE/ZIP <input type="checkbox"/> WILMINGTON CA 90744						DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER			
BICYCLIST	SEX <input type="checkbox"/> M	HAIR <input type="checkbox"/> BLK	EYES <input type="checkbox"/> BRN	HEIGHT <input type="checkbox"/> 5' 8"	WEIGHT <input type="checkbox"/> 245	Mo. BIRTHDATE Day Year <input type="checkbox"/> 05/10/1979	RACE <input type="checkbox"/> H	SEA COUNTRY 949-770-3076		
OTHER	HOME PHONE <input type="checkbox"/> (424) 368-0477		BUSINESS PHONE <input type="checkbox"/> NONE			VEHICLE IDENTIFICATION NUMBER: 1N4AL3AP5FC588855				
OPERATOR	INSURANCE CARRIER <input type="checkbox"/> AAA		POLICY NUMBER CAA 158441526			VEHICLE TYPE 01		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		
	DIR OF TRAVEL N	ON STREET OR HIGHWAY I-405	LANE HOV	THRU Lanes 5	TOTAL Lanes 6	SPEED LIMIT 65	SHADE IN DAMAGED AREA SEDAN - TOP 			
PARTY 2	DRIVER'S LICENSE NUMBER Y8887572		STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 2014	MAKE/MODEL/COLOR TOYT PRIUS BLU	LICENSE NUMBER 8CIE641	STATE CA
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> ALBERT DEMETRUS CONTON JR.						OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER			
PEDESTRIAN	STREET ADDRESS <input type="checkbox"/> 6241 WARNER AVE. #186						OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER			
PARKED VEHICLE	CITY/STATE/ZIP <input type="checkbox"/> HUNTINGTON BEACH CA 92647						DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER			
BICYCLIST	SEX <input type="checkbox"/> M	HAIR <input type="checkbox"/> BRN	EYES <input type="checkbox"/> BRN	HEIGHT <input type="checkbox"/> 6' 0"	WEIGHT <input type="checkbox"/> 200	Mo. BIRTHDATE Day Year <input type="checkbox"/> 06/27/1956	RACE <input type="checkbox"/> W	RUSSELL TOWING 714-999-0886		
OTHER	HOME PHONE <input type="checkbox"/> (702) 506-2325		BUSINESS PHONE <input type="checkbox"/> NONE			VEHICLE IDENTIFICATION NUMBER: JTDKDTB34E1068454				
OPERATOR	INSURANCE CARRIER <input type="checkbox"/> MERCURY		POLICY NUMBER 0401-09170274115			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		
	DIR OF TRAVEL N	ON STREET OR HIGHWAY I-405	LANE HOV	THRU Lanes 5	TOTAL Lanes 6	SPEED LIMIT 65	SHADE IN DAMAGED AREA SEDAN - TOP 			
PARTY 3	DRIVER'S LICENSE NUMBER D3662356		STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 2015	MAKE/MODEL/COLOR CHEV SILVERADO BLU	LICENSE NUMBER 50701X1	STATE CA
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> JOAQUIN SAMUEL VAUGHAN						OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER			
PEDESTRIAN	STREET ADDRESS <input type="checkbox"/> 17664						SEED DYNAMICS INC OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER			
PARKED VEHICLE	CITY/STATE/ZIP <input type="checkbox"/> 93908 CA RIVER RUN RD.						PO BOX 6069 SALINAS CA 93912			
BICYCLIST	SEX <input type="checkbox"/> M	HAIR <input type="checkbox"/> BLN	EYES <input type="checkbox"/> BLU	HEIGHT <input type="checkbox"/> 6' 3"	WEIGHT <input type="checkbox"/> 210	Mo. BIRTHDATE Day Year <input type="checkbox"/> 01/09/1988	RACE <input type="checkbox"/> W	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
OTHER	HOME PHONE <input type="checkbox"/> 831-596-7549		BUSINESS PHONE <input type="checkbox"/> NONE			FINISH LINE TOW - (562)285-0183				
OPERATOR	INSURANCE CARRIER <input type="checkbox"/> INTERWEST		POLICY NUMBER PHPK 2227410			VEHICLE IDENTIFICATION NUMBER: 3GCUKREC0FG241466		PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
	DIR OF TRAVEL N	ON STREET OR HIGHWAY I-405	LANE HOV	THRU Lanes 5	TOTAL Lanes 6	SPEED LIMIT 65	VEHICLE TYPE 22		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 PICKUP TRUCK - TOP 			
PREPARER'S NAME G. NAVARRO, 018278				DISPATCH NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		REVIEWER'S NAME J GREEN, 020608			DATE REVIEWED 12/01/2021	

TRAFFIC CRASH CODING

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DATE OF CRASH (MO. DAY YEAR) 11/14/2021		TIME (2400) 1130	NCIC # 9530	OFFICER ID 018278	NUMBER 9530-2021-14249
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) <input type="checkbox"/> IN PERSON <input type="checkbox"/> PHONE <input type="checkbox"/> DISPATCH <input type="checkbox"/> CHP 422
LOG / INCIDENT NUMBER					
DESCRIPTION OF DAMAGE					
SEATING POSITION  1 TO 9 - STANDARD SEATING POSITION 10 - REAR OCC. TRK, VAN, STATION WAGON, ETC.* 11 - POSITION UNKNOWN* 0 - OTHER*		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 MC / 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					
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 A CVC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO VC 22350		A CONTROLS FUNCTIONING		1 A SAE LEVEL - 0	
B OTHER IMPROPER DRIVING*:		B CONTROLS NOT FUNCTIONING*		2 B SAE LEVEL - 1	
C OTHER THAN DRIVER*		C CONTROLS OBSCURED		3 C SAE LEVEL - 2	
D UNKNOWN*		X D NO CONTROLS PRESENT / FACTOR*		4 D SAE LEVEL - 3	
WEATHER (MARK 1 TO 2 ITEMS)		TYPE OF CRASH		5 E SAE LEVEL - 4	
X A CLEAR		A HEAD - ON		6 F SAE LEVEL - 5	
B CLOUDY		B SIDE SWIPE		7 G UNKNOWN*	
C RAINING		X C REAR END		8 H SLOWING / STOPPING	
D SNOWING		D BROADSIDE		9 I PASSING OTHER VEHICLE	
E FOG / VISIBILITY FT.		E HIT OBJECT		10 J CHANGING LANES	
F OTHER*:		F OVERTURNED		11 K PARKING MANEUVER	
G WIND		G VEHICLE / PEDESTRIAN		12 L ENTERING TRAFFIC	
LIGHTING		H OTHER*:		13 M OTHER UNSAFE TURNING	
X A DAYLIGHT		MOTOR VEHICLE INVOLVED WITH (MARK 1 TO 2 ITEMS)		14 N XING INTO OPPOSING LANE	
B DUSK - DAWN		A NONCOLLISION		15 O PARKED	
C DARK - STREET LIGHTS		B PEDESTRIAN		16 P MERGING	
D DARK - NO STREET LIGHTS		X C OTHER MOTOR VEHICLE		17 Q TRAVELING WRONG WAY	
E DARK - STREET LIGHTS NOT FUNCTIONING*		D MOTOR VEHICLE ON OTHER ROADWAY		18 R OTHER*:	
ROADWAY SURFACE		E PARKED MOTOR VEHICLE		19 S LANE SPLITTING	
X A DRY		F TRAIN		20 SOBRIETY - DRUG - PHYSICAL (MARK ALL THAT APPLY)	
B WET		G BICYCLE		1 A HAD NOT BEEN DRINKING	
C SNOWY - ICY		H ANIMAL:		2 B HBD - UNDER THE INFLUENCE	
D SLIPPERY (MUDDY, OILY, ETC.)		I FIXED OBJECT:		3 C HBD - NOT UNDER INFLUENCE*	
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)		J OTHER OBJECT:		4 D HBD - IMPAIRMENT UNKNOWN*	
A HOLES, DEEP RUT*		K ADDITIONAL OBJECT(S) STRUCK		5 E UNDER DRUG INFLUENCE*	
B LOOSE MATERIAL ON ROADWAY*		PEDESTRIAN'S ACTIONS		6 DRE EXAM. CONDUCTED	
C OBSTRUCTION ON ROADWAY*		X A NO PEDESTRIANS INVOLVED		7 STIMULANT	
D CONSTRUCTION - REPAIR ZONE		B CROSSING IN CROSSWALK - AT INTERSECTION		8 HALLUCINOGEN	
E REDUCED ROADWAY WIDTH		C CROSSING IN CROSSWALK - NOT AT INTERSECTION		9 DISSOCIATIVE ANESTHETICS	
F FLOODED*		D CROSSING - NOT IN CROSSWALK		10 NARCOTIC ANALGESIC	
G OTHER*:		E IN ROAD - INCLUDES SHOULDER		11 INHALANT	
X H NO UNUSUAL CONDITIONS		F NOT IN ROAD		12 CANNABIS	
SKETCH		G APPROACHING / LEAVING SCHOOL BUS		13 DEPRESSANT	
REFER TO SKETCH PAGE(S)		MISCELLANEOUS		14 F IMPAIRMENT - PHYSICAL*	
		THE I-405 IS A DESIGNATED NORTH/SOUTH FREEWAY, HOWEVER AT THIS LOCATION THE I-405 RUNS EAST AND WEST TRUE COMPASS.		15 G IMPAIRMENT NOT KNOWN	
				16 H NOT APPLICABLE	
				17 I SLEEPY / FATIGUED*	
				18 SPECIAL INFORMATION	
				19 A HAZARDOUS MATERIAL	
				20 B CELL PHONE HANDHELD IN USE	
				1 A CELL PHONE HANDSFREE IN USE	
				2 B CELL PHONE NOT IN USE	
				3 C CELL PHONE USE UNKNOWN	
				4 F SCHOOL BUS RELATED	
				1 BIKWAY FACILITY	
				2 A SHARED ROADWAY	
				3 B CLASS I - BIKE PATH*	
				4 C CLASS II - BIKE LANE*	
				5 D CLASS III - BIKE ROUTE*	
				6 E CLASS IV - SEPARATED BIKEWAY*	

INJURED / WITNESS / PASSENGERS

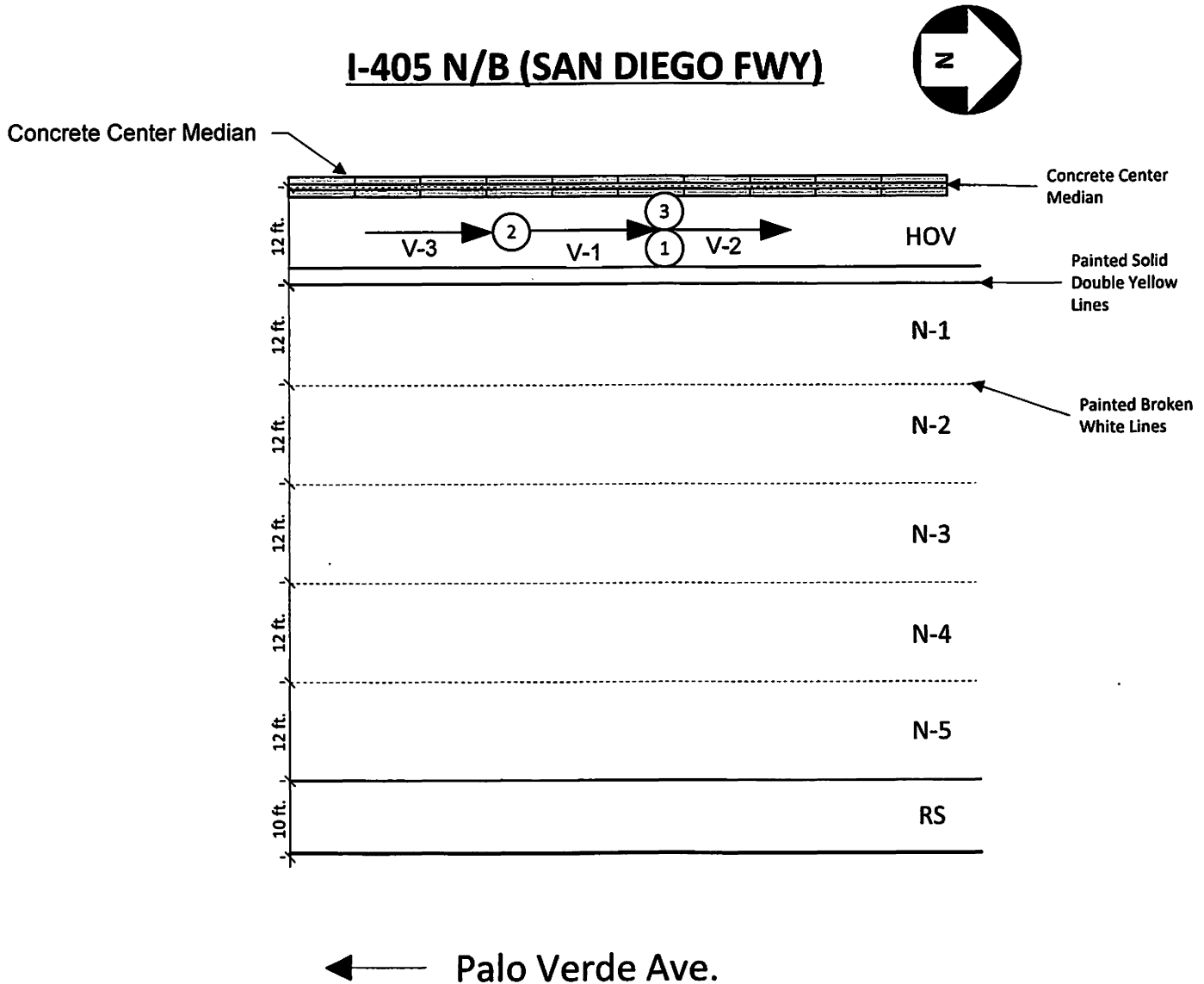
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DATE OF CRASH (MO. DAY YEAR) 11/14/2021				TIME (2400) 1130		NCIC # 9530				OFFICER ID 018278				NUMBER 9530-2021-14249				
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)						PARTY NUMBER	SEAT POS.	AIR BAG	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"/>	42	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"/>	1	1	M	G	0
NAME / D.O.B. / ADDRESS JOSE MANUEL ARMENTA-NEGRETTE (05/10/1979) 915 N. WILMINGTON BLVD., APT. 3 WILMINGHAM CA 90744																TELEPHONE (424) 368-0477		
(INJURED ONLY) TRANSPORTED BY: NOT TRANSPORTED.						EMS RUN NUMBER						TAKEN TO: SEEK OWN AID						
DESCRIBE INJURIES COMPAINT OF PAIN TO BACK AND NECK																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
<input type="checkbox"/> #	<input type="checkbox"/>	12	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	4	P	G	0
NAME / D.O.B. / ADDRESS KAYLA ARMENTA (05/20/2009) 915 N. WILMINGTON BLVD., APT. 3 WILMINGHAM CA 90744																TELEPHONE (424) 368-0477		
(INJURED ONLY) TRANSPORTED BY: NOT TRANSPORTED.						EMS RUN NUMBER						TAKEN TO: SEEK OWN AID						
DESCRIBE INJURIES COMPLAINT OF PAIN TO HEAD																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
<input type="checkbox"/> #	<input checked="" type="checkbox"/>	33	M	<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"/>	2	4	P	G	0
NAME / D.O.B. / ADDRESS ANDREW STEVEN TANK (06/29/1988) 20685 SW SILETZ CT TUALATIN OR 97062																TELEPHONE 971-272-1321		
(INJURED ONLY) TRANSPORTED BY:						EMS RUN NUMBER						TAKEN TO:						
DESCRIBE INJURIES																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
<input type="checkbox"/> #	<input checked="" type="checkbox"/>	34	M	<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"/>	2	6	P	G	0
NAME / D.O.B. / ADDRESS CRAID ANTHONY MYERS (07/18/1987) 9604 KAUFMAN RD NE SILVERTON OR 97381																TELEPHONE (971) 720-7189		
(INJURED ONLY) TRANSPORTED BY:						EMS RUN NUMBER						TAKEN TO:						
DESCRIBE INJURIES																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
<input type="checkbox"/> #	<input checked="" 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"/>	3	3	M	G	0
NAME / D.O.B. / ADDRESS LANA NASSOURA (09/25/1988) 17664 93908 CA RIVER RUN RD.																TELEPHONE (818) 917-0793		
(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 G. NAVARRO						ID NUMBER 018278			MO. DAY YEAR 11/14/2021			REVIEWER'S NAME J GREEN, 020608				MO. DAY YEAR 12/01/2021		

DATE OF CRASH (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER ID	NUMBER
11/14/2021	1130	9530	018278	9530-2021-14249

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



PREPARED BY	ID NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
J GREEN	020608	11/14/2021	J GREEN, 020608	12/01/2021

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11/14/2021	1130	9530	018278	9530-2021-14249

1 **NOTIFICATION:**

2 I was dispatched to a call of a traffic collision with no details at 1138 hours. I responded
3 from Santa Fe Ave. at I-405 and arrived on scene at 1146 hours. All times, speeds and
4 measurements in this investigation are approximate. Measurements were taken by
5 estimation, except where otherwise indicated.

8 **STATEMENTS:**

9 Party #1 (P-1, Armenta-Negrette) was contacted on scene and Spanish speaking Officer C.
10 Genao, #19412. He related he was driving Vehicle #1, (V-1, Nissan), northbound I-405,
11 north of Palo Verde Ave., in the HOV lane at 70 MPH. Traffic ahead began to slow, he hit
12 his brakes and lightly hit Vehicle #2, (V-2 Toyota) directly in front of V-1. Then he was hit
13 from behind and pushing into the car in front of him, again.



14
15
16 Party #2 (P-2, Conton) was contacted on scene and related in essence he was driving
17 Vehicle #2 (V-2, Toyota), northbound I-405, north of Palo Verde Ave., in the HOV lane 40
18 MPH. Stating, "traffic was going fairly slow and I came to a complete stop." He continued,
19 "I was only stopped for a moment and it happened, I was hit." He described an impact from

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
G. NAVARRO	018278	11/14/2021	J GREEN, 020608	12/01/2021

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11/14/2021	1130	9530	018278	9530-2021-14249

1 **STATEMENTS continued:**

2 the rear. After this, he suddenly felt another impact from the back.



3
4
5 Party #3 (P-2, Vaughan) was contacted on scene and related in essence, he was driving
6 Vehicle #3 V-3, Chevrolet), northbound I-405, north of Palo Verde Ave., in the HOV lane at
7 60 MPH. He was watching a white vehicle, further ahead of his vehicle. The vehicle, "kept
8 going in and out of lanes, trying to go through traffic." He continued, "there was a black
9 vehicle in front of me and he suddenly moved to the right." Stating, "once the black car
10 moved, I saw those cars were stopped." He saw V-1 and V-2 were stopped in the lane
11 directly in front of him. He applied his brakes to stop and, "just slid into them."



DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
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1 **SUMMARY:** The summary was determined by statements provided and damage to involved
2 vehicles.

3 Party #1 (P-1, Armenta-Negrette) was driving Vehicle #1 (V-1, Nissan) northbound I-405,
4 north of Palo Verde Ave., within the HOV lane at a stated 70 MPH, behind Vehicle #2 (V-2,
5 Toyota). Party #2 (P-2, Conton, was driving V-2 northbound I-405, north of Palo Verde
6 Ave., in the HOV lane at 40 MPH, in front of V-1. Party #3 (P-3, Vaughan) was driving
7 Vehicle #3 (V-3, Chevrolet), northbound I-405, north of Palo Verde Ave., in the HOV lane at
8 a stated 60 MPH, behind V-1.

9
10 Due to traffic stopping ahead, P-2 stopped V-2. P-1 applied a hard brake application, due to
11 P-1's unsafe speed in V-1, P-1 was unable to slow down in time and V-1 struck V-2. P-3
12 also applied a hard brake application to avoid stopped vehicles ahead. Due to P-3's unsafe
13 speed in V-3, P-3 was unable to slow down in time, as V-3 struck V-1 and the force of the
14 impact pushed V-1 into V-2. Immediately following the collision, all parties remained
15 stopped within the HOV lane, until CHP arrival.

16
17
18 **AREA OF IMPACT:** The AOI's were determined by statements provided and damage to involved
19 vehicles.

20 AOI #1 (V-1 vs. V-2) was located 155 feet north of the north roadway edge of Palo Verde
21 Ave. and 6 feet east of the west roadway edge of northbound I-405.

22
23 AOI #2 (V-1 vs. V-2) was located 148 feet north of the north roadway edge of Palo Verde
24 Ave. and 6 feet east of the west roadway edge of northbound I-405.

25
26 AOI #3 (V-3 vs. V-1) was located 150 feet north of the north roadway edge of Palo Verde
27 Ave. and 6 feet east of the west roadway edge of northbound I-405.

28
29

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
G. NAVARRO	018278	11/14/2021	J GREEN, 020608	12/01/2021

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11/14/2021	1130	9530	018278	9530-2021-14249

- 1 **CAUSE:** The cause was determined by statements provided and damage to involved vehicles.
- 2 Party #1 (P-1, Armenta-Negrette caused this collision by driving Vehicle #1 (V-1, Nissan)
- 3 and Vehicle #3 (V-3, Chevrolet), at an unsafe speed for traffic conditions. This is a violation
- 4 of California Vehicle Code 22350 – Unsafe Speed which states: No person shall drive a
- 5 vehicle upon a highway at a speed greater than is reasonable or prudent having due regard
- 6 for weather, visibility, the traffic on, and the surface and width of, the highway, and in no
- 7 event at a speed which endangers the safety of persons or property. With V-2 stopped for
- 8 traffic ahead, P-1 was traveling at an unsafe speed to avoid a collision and struck Vehicle
- 9 #2 (Prius).
- 10
- 11 Party #3 (P-3, Vaughan) was an associated factor in this crash by violating 22350 VC.
- 12 With both V-1 and V-2 stopped within lanes, P-3 was travelling at a speed, in Vehicle #3 (V-
- 13 3, Chevrolet), which did not allow him to safely avoid the collision.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
G. NAVARRO	018278	11/14/2021	J GREEN, 020608	12/01/2021

NARRATIVE/SUPPLEMENTAL

PAGE S1 OF S1

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11/14/2021	1130	9530	018278	9530-2021-14249

1 PURPOSE:

2

3 The purpose of this supplemental is to correct two addresses incorrectly recorded on report number #9530-
4 2021-14249.

5

6 SUMMARY:

7

8 On page 1 of the original report, the addresses for Party #1 (Armenta-Negrette) and Party #3 (Vaughan)
9 should be the following:

10

11 Party #1

12 915 N. Wilmington Blvd. Apt. 3

13 Wilmington, CA 90744

14

15 Party #3

16 17664 River Run Rd.

17 Salinas, CA 93908

18

19 RECOMMENDATIONS:

20

21 I recommend this supplemental be attached to original report number #9530-2021-14249 and page 1 be
22 modified as noted above.

23

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25

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31

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
G. NAVARRO	018278	12/01/2021	J GREEN, 020608	12/01/2021

NARRATIVE/SUPPLEMENTAL

PAGE S2 OF S1

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11/14/2021		9530	018278	9530-2021-14249

1 PURPOSE:

2

3 The purpose of this supplemental is to make corrections to two addresses on page 3 of crash report number
4 #9530-2021-14249.

5

6 SUMMARY:

7

8 On page 3 of the original report, the address for Passenger (Kayla Armenta) and Passenger (Lana
9 Nassoura) should be the following:

10

11 Passenger (Kayla Armenta)
12 915 N. Wilmington Blvd. Apt 3
13 Wilmington, CA 90744

14

15 Passenger (Lana Nassoura)
16 17664 River Run Rd.
17 Salinas, CA 93908

18

19 RECOMMENDATIONS:

20

21 I recommend this supplemental be attach to the original report number #9530-2021-14249 and page 3 be
22 modified as noted above.

23

24

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31

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
G. NAVARRO	018278	12/01/2021	J GREEN, 020608	12/01/2021