



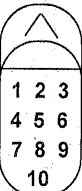

SPECIAL CONDITIONS		NUMBER INJURED 9	HIT & RUN FELONY <input type="checkbox"/>	CITY SAN FRANCISCO	JUDICIAL DISTRICT SAN FRANCISCO SUPERIOR COURT SAN FRANCISCO	LOCAL REPORT NUMBER 9335-2022-02256				
		NUMBER KILLED 0	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY SAN FRANCISCO	REPORTING DISTRICT 083	BEAT S M T W T F S	TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
LOCATION	CRASH OCCURRED ON I-80 E/B		CRASH DATE MO. 11/24/2022 DAY YEAR	CRASH TIME (2400) 1239	NOTIFICATION DATE MO. 11/24/2022 DAY YEAR	NOTIF. TIME (2400) 1241	NCIC # 9335	OFFICER ID 018053		
	<input type="checkbox"/> AT INTERSECTION WITH <input checked="" type="checkbox"/> OR: 132 FEET EAST of YERBA BUENA ISLAND WEST EDGE				STATE HWY REL. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DIGITAL MEDIA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO AREA PHOTO FILE			
	GPS COORDINATES FOR LOCATION (LOC.) AND AREA(S) OF IMPACT (AOI) LOC. LAT. 37.809283 LONG. -122.366093 AOI 1 LAT. LONG. AOI 2 LAT. LONG. <input checked="" type="checkbox"/> REFER TO NARRATIVE									
	AOI 3 LAT. LONG. AOI 4 LAT. LONG. AOI 5 LAT. LONG. ADDTL AOI(s) <input type="checkbox"/>									
PARTY 1	DRIVER'S LICENSE NUMBER [REDACTED]		STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 2021	MAKE/MODEL/COLOR TESL S WHI	LICENSE NUMBER [REDACTED]	STATE CA
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> NICHOLAS JOHN JOLLYMORE						OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER			
PEDESTRIAN	STREET ADDRESS [REDACTED]						OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER			
PARKED VEHICLE	CITY/STATE/ZIP SAN FRANCISCO CA 94105						DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER			
BICYCLIST	SEX M	HAIR BRN	EYES BLU	HEIGHT 5' 11"	WEIGHT 185	BIRTHDATE Mo. 11/09/1946 Day Year	RACE W	DRIVEN AWAY PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
OTHER	HOME PHONE [REDACTED]		BUSINESS PHONE NONE		VEHICLE IDENTIFICATION NUMBER: [REDACTED]					
OPERATOR	INSURANCE CARRIER GEICO		POLICY NUMBER [REDACTED]		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 E	ON STREET OR HIGHWAY I-80		LANE 1	THRU LANES 5	TOTAL LANES 5	SPEED LIMIT 50	CA _____ DOT _____ CAL-T _____ TCP/PSG _____ MCMX _____		
PARTY 2	DRIVER'S LICENSE NUMBER [REDACTED]		STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 2020	MAKE/MODEL/COLOR SUBA ASCENT GRV	LICENSE NUMBER [REDACTED]	STATE CA
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> JARROD BENTON SHAPPELL						OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER			
PEDESTRIAN	STREET ADDRESS [REDACTED]						OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER			
PARKED VEHICLE	CITY/STATE/ZIP SAN FRANCISCO CA 94117						DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER			
BICYCLIST	SEX M	HAIR BRN	EYES BLU	HEIGHT 6' 2"	WEIGHT 180	BIRTHDATE Mo. [REDACTED] Day Year 1984	RACE W	DRIVEN AWAY PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
OTHER	HOME PHONE [REDACTED]		BUSINESS PHONE NONE		VEHICLE IDENTIFICATION NUMBER: [REDACTED]					
OPERATOR	INSURANCE CARRIER ALLSTATE		POLICY NUMBER [REDACTED]		VEHICLE TYPE 07		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 E	ON STREET OR HIGHWAY I-80		LANE 1	THRU LANES 5	TOTAL LANES 5	SPEED LIMIT 50	CA _____ DOT _____ CAL-T _____ TCP/PSG _____ MCMX _____		
PARTY 3	DRIVER'S LICENSE NUMBER [REDACTED]		STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 2019	MAKE/MODEL/COLOR JEEP CHEROKEE SIL	LICENSE NUMBER [REDACTED]	STATE CA
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> ADRIANA HERRERA						OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER			
PEDESTRIAN	STREET ADDRESS [REDACTED]						OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER			
PARKED VEHICLE	CITY/STATE/ZIP SAN FRANCISCO CA 94546						DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER			
BICYCLIST	SEX F	HAIR BRN	EYES BRN	HEIGHT 5' 7"	WEIGHT 150	BIRTHDATE Mo. [REDACTED] Day Year 1991	RACE H	DRIVEN AWAY PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
OTHER	HOME PHONE [REDACTED]		BUSINESS PHONE NONE		VEHICLE IDENTIFICATION NUMBER: [REDACTED]					
OPERATOR	INSURANCE CARRIER 21ST CENTURY		POLICY NUMBER [REDACTED]		VEHICLE TYPE 07		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 E	ON STREET OR HIGHWAY I-80		LANE 1	THRU LANES 5	TOTAL LANES 5	SPEED LIMIT 50	CA _____ DOT _____ CAL-T _____ TCP/PSG _____ MCMX _____		
PREPARER'S NAME H TAM, 018053			DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			REVIEWER'S NAME G PUMPHREY, 020068			DATE REVIEWED 12/07/2022	

SPECIAL CONDITIONS		NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER	
		9	<input type="checkbox"/>	SAN FRANCISCO	SAN FRANCISCO SUPERIOR COURT SAN FRANCISCO	9335-2022-02256	
		NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY	REPORTING DISTRICT	BEAT	DAY OF WEEK
		0	<input type="checkbox"/>	SAN FRANCISCO		083	SMTWTFSS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
LOCATION	CRASH OCCURRED ON		CRASH DATE	CRASH TIME (2400)	NOTIFICATION DATE	NOTIF. TIME (2400)	NCIC#
	I-80 E/B		11/24/2022	1239	11/24/2022	1241	9335
	<input type="checkbox"/> AT INTERSECTION WITH		GPS COORDINATES FOR LOCATION (LOC.) AND AREA(S) OF IMPACT (AOI)		STATE HWY REL		DIGITAL MEDIA
	<input checked="" type="checkbox"/> OR: 132 FEET EAST of YERBA BUENA ISLAND WEST EDGE		<input type="checkbox"/> SAME AS LOCATION		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	LOC. LAT. LONG.		AOI LAT. LONG.		AOI LAT. LONG.		AOI LAT. LONG.
		37.809283	-122.366093	1	2	3	4
		AOI 3	AOI 4	AOI 5	ADDTL. AOI(s)		
PARTY 4	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR
			CA	C	M	G	2003
DRIVER		NAME (FIRST, MIDDLE, LAST)		MAKE/MODEL/COLOR		LICENSE NUMBER	
<input checked="" type="checkbox"/>		RYAN THOMAS AHERN		TOYT TACOMA SIL			
PEDESTRIAN		STREET ADDRESS		OWNER'S NAME		STATE	
<input type="checkbox"/>				SAME AS DRIVER OR JOHN AHERN SR		CA	
PARKED VEHICLE		CITY/STATE/ZIP		OWNER'S ADDRESS		DISPOSITION OF VEHICLE ON ORDERS OF:	
<input type="checkbox"/>		PACIFICA CA 94044		PACIFICA CA 94044		<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER	
BICYCLIST		SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE
<input type="checkbox"/>		M	BRN	BRN	5' 8"	160	Mo. Day Year
OTHER		HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:	
<input type="checkbox"/>				NONE			
OPERATOR		INSURANCE CARRIER		POLICY NUMBER		VEHICLE TYPE	
<input type="checkbox"/>		PROGRESSIVE				22	
		DIR OF TRAVEL	ON STREET OR HIGHWAY	LANE	THRU LANES	TOTAL LANES	SPEED LIMIT
		E	I-80	1	5	5	50
PARTY 5	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR
			CA	C	L	G	2001
DRIVER		NAME (FIRST, MIDDLE, LAST)		MAKE/MODEL/COLOR		LICENSE NUMBER	
<input checked="" type="checkbox"/>		RICKI RENNE SESLER		ACUR MDX BLK			
PEDESTRIAN		STREET ADDRESS		OWNER'S NAME		STATE	
<input type="checkbox"/>				CHANELYA THOMAS		CA	
PARKED VEHICLE		CITY/STATE/ZIP		OWNER'S ADDRESS		DISPOSITION OF VEHICLE ON ORDERS OF:	
<input type="checkbox"/>		OAKLAND CA 94621				<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER	
BICYCLIST		SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE
<input type="checkbox"/>		F	BRN	BLK	5' 2"	150	Mo. Day Year
OTHER		HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:	
<input type="checkbox"/>				NONE			
OPERATOR		INSURANCE CARRIER		POLICY NUMBER		VEHICLE TYPE	
<input type="checkbox"/>		NONE		NONE		07	
		DIR OF TRAVEL	ON STREET OR HIGHWAY	LANE	THRU LANES	TOTAL LANES	SPEED LIMIT
		E	I-80	1	5	5	50
PARTY 6	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR
			CA	C	M	G	2010
DRIVER		NAME (FIRST, MIDDLE, LAST)		MAKE/MODEL/COLOR		LICENSE NUMBER	
<input checked="" type="checkbox"/>		EUGENE LEE		HYUN SONATA WHI			
PEDESTRIAN		STREET ADDRESS		OWNER'S NAME		STATE	
<input type="checkbox"/>				SAME AS DRIVER OR CECILIA LEE		CA	
PARKED VEHICLE		CITY/STATE/ZIP		OWNER'S ADDRESS		DISPOSITION OF VEHICLE ON ORDERS OF:	
<input type="checkbox"/>		SAN FRANCISCO CA 94105				<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER	
BICYCLIST		SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE
<input type="checkbox"/>		M	BLK	BRN	5' 9"	165	Mo. Day Year
OTHER		HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:	
<input type="checkbox"/>				NONE			
OPERATOR		INSURANCE CARRIER		POLICY NUMBER		VEHICLE TYPE	
<input type="checkbox"/>		GEICO				01	
		DIR OF TRAVEL	ON STREET OR HIGHWAY	LANE	THRU LANES	TOTAL LANES	SPEED LIMIT
		E	I-80	1	5	5	50
PREPARER'S NAME		DISPATCH NOTIFIED		REVIEWER'S NAME		DATE REVIEWED	
H TAM, 018053		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		G PUMPHREY, 020068		12/07/2022	

SPECIAL CONDITIONS		NUMBER INJURED 9	HIT & RUN FELONY <input type="checkbox"/>	CITY SAN FRANCISCO	JUDICIAL DISTRICT SAN FRANCISCO SUPERIOR COURT SAN FRANCISCO		LOCAL REPORT NUMBER 9335-2022-02256						
		NUMBER KILLED 0	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY SAN FRANCISCO	REPORTING DISTRICT 083	BEAT 083	DAY OF WEEK S M T W T F S	TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
LOCATION	CRASH OCCURRED ON I-80 E/B			CRASH DATE MO. DAY YEAR 11/24/2022	CRASH TIME (2400) 1239	NOTIFICATION DATE MO. DAY YEAR 11/24/2022	NOTIF. TIME (2400) 1241	NCIC # 9335	OFFICER ID 018053				
	<input type="checkbox"/> AT INTERSECTION WITH <input checked="" type="checkbox"/> OR: 132 FEET EAST of YERBA BUENA ISLAND WEST EDGE					STATE HWY REL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DIGITAL MEDIA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO AREA PHOTO FILE					
	GPS COORDINATES FOR LOCATION (LOC.) AND AREA(S) OF IMPACT (AOI) LOC. LAT. LONG. 37.809283 -122.366093 AOI 1 LAT. LONG. <input type="checkbox"/> SAME AS LOCATION					AOI 2 LAT. LONG. <input checked="" type="checkbox"/> REFER TO NARRATIVE							
	AOI 3 LAT. LONG. 37.809283 -122.366093 AOI 4 LAT. LONG. 37.809283 -122.366093					AOI 5 LAT. LONG. 37.809283 -122.366093 ADDTL. AOI(s) <input type="checkbox"/>							
PARTY 7	DRIVER'S LICENSE NUMBER [REDACTED]			STATE CA	CLASS C	AIR BAG L	SAFETY EQUIP. G	VEH. YEAR 2021	MAKE/MODEL/COLOR HOND CIVIC BLK	LICENSE NUMBER [REDACTED]	STATE CA		
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> DOLAN BREC SHAW								OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER				
PEDESTRIAN	STREET ADDRESS [REDACTED]								SAME AS DRIVER OR MATTHEW FIGLIETTI				
PARKED VEHICLE	CITY/STATE/ZIP DALY CITY CA 94014								OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER				
BICYCLIST	SEX M	HAIR BRN	EYES BRN	HEIGHT 5' 10"	WEIGHT 125	BIRTHDATE Mo. Day Year [REDACTED] 1998	RACE W	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
OTHER	HOME PHONE [REDACTED]			BUSINESS PHONE NONE			VEHICLE IDENTIFICATION NUMBER: [REDACTED]						
OPERATOR	INSURANCE CARRIER STATE FARM			POLICY NUMBER [REDACTED]			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 E	ON STREET OR HIGHWAY I-80			LANE 1	THRU LANES 5	TOTAL LANES 5	SPEED LIMIT 50	CA _____ DOT _____ CAL-T _____ TCP/PSK _____ MCMX _____				
PARTY 8	DRIVER'S LICENSE NUMBER [REDACTED]			STATE CA	CLASS C	AIR BAG L	SAFETY EQUIP. G	VEH. YEAR 2018	MAKE/MODEL/COLOR HOND ACCORD BLK	LICENSE NUMBER [REDACTED]	STATE CA		
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> SHAUN ISSAC WARREN								OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER				
PEDESTRIAN	STREET ADDRESS [REDACTED]								OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE	CITY/STATE/ZIP ANTIOCH CA 94509								DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER				
BICYCLIST	SEX M	HAIR BLK	EYES BLK	HEIGHT 6' 2"	WEIGHT 175	BIRTHDATE Mo. Day Year [REDACTED] 1990	RACE B	BAY BRIDGE TOWING - (415)822-8400					
OTHER	HOME PHONE [REDACTED]			BUSINESS PHONE NONE			PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE						
OPERATOR	INSURANCE CARRIER PROGRESSIVE			POLICY NUMBER [REDACTED]			VEHICLE IDENTIFICATION NUMBER: [REDACTED]						
	DIR OF TRAVEL W	ON STREET OR HIGHWAY I-80			LANE 1	THRU LANES 5	TOTAL LANES 5	SPEED LIMIT 50	CA _____ DOT _____ CAL-T _____ TCP/PSK _____ MCMX _____				
PARTY 9	DRIVER'S LICENSE NUMBER [REDACTED]			STATE CA	CLASS C	AIR BAG L	SAFETY EQUIP. G	VEH. YEAR [REDACTED]	MAKE/MODEL/COLOR [REDACTED]	LICENSE NUMBER [REDACTED]	STATE CA		
DRIVER	NAME (FIRST, MIDDLE, LAST) [REDACTED]								OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER				
PEDESTRIAN	STREET ADDRESS [REDACTED]								OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE	CITY/STATE/ZIP [REDACTED]								DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER				
BICYCLIST	SEX [REDACTED]	HAIR [REDACTED]	EYES [REDACTED]	HEIGHT [REDACTED]	WEIGHT [REDACTED]	BIRTHDATE Mo. Day Year [REDACTED]	RACE [REDACTED]	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE					
OTHER	HOME PHONE [REDACTED]			BUSINESS PHONE [REDACTED]			VEHICLE IDENTIFICATION NUMBER: [REDACTED]						
OPERATOR	INSURANCE CARRIER [REDACTED]			POLICY NUMBER [REDACTED]			VEHICLE TYPE [REDACTED] 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						
	DIR OF TRAVEL [REDACTED]	ON STREET OR HIGHWAY [REDACTED]			LANE [REDACTED]	THRU LANES [REDACTED]	TOTAL LANES [REDACTED]	SPEED LIMIT [REDACTED]	CA _____ DOT _____ CAL-T _____ TCP/PSK _____ MCMX _____				
PREPARER'S NAME H TAM, 018053				DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				REVIEWER'S NAME G PUMPHREY, 020068				DATE REVIEWED 12/07/2022	

CRASH DATE (MO. DAY YEAR) 11/24/2022		CRASH TIME (2400) 1239		NCIC # 9335		OFFICER ID 018053		NUMBER 9335-2022-02256		
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*		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/SOULDER HARNESS USED H - LAP/SOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED P - NOT REQUIRED		SAFETY EQUIPMENT 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 - 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		
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		1 2 3		VEHICLE AUTOMATION LEVEL		1 2 3		MOVEMENT PRECEDING CRASH
1 A CVC SECTION VIOLATED: VC 21658(A) CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		X A CONTROLS FUNCTIONING		X X		A SAE LEVEL - 0		X		A STOPPED
B OTHER IMPROPER DRIVING*		B CONTROLS NOT FUNCTIONING*				B SAE LEVEL - 1				B PROCEEDING STRAIGHT
C OTHER THAN DRIVER*		C CONTROLS OBSCURED		X		C SAE LEVEL - 2				C RAN OFF ROAD
D UNKNOWN*		D NO CONTROLS PRESENT / FACTOR*				D SAE LEVEL - 3				D MAKING RIGHT TURN
		TYPE OF CRASH				E SAE LEVEL - 4				E MAKING LEFT TURN
		A HEAD - ON				F SAE LEVEL - 5				F MAKING U TURN
		B SIDE SWIPE				G UNKNOWN*				G BACKING
		X C REAR END						X		H SLOWING / STOPPING
WEATHER (MARK 1 TO 2 ITEMS)		D BROADSIDE		1 2 3		VEHICLE AUTOMATION ENGAGED				I PASSING OTHER VEHICLE
X A CLEAR		E HIT OBJECT		X X		A NO AUTOMATION		X		J CHANGING LANES
B CLOUDY		F OVERTURNED				B DRIVER ASSISTANCE				K PARKING MANEUVER
C RAINING		G VEHICLE / PEDESTRIAN		X		C PARTIAL AUTOMATION				L ENTERING TRAFFIC
D SNOWING		H OTHER*				D CONDITIONAL AUTOMATION				M OTHER UNSAFE TURNING
E FOG / VISIBILITY FT.		MOTOR VEHICLE INVOLVED WITH (MARK 1 TO 2 ITEMS)				E HIGH AUTOMATION				N XING INTO OPPOSING LANE
F OTHER*		A NONCOLLISION				F FULL AUTOMATION				O PARKED
G WIND		B PEDESTRIAN				G UNKNOWN*				P MERGING
LIGHTING		C OTHER MOTOR VEHICLE		1 2 3		OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)				Q TRAVELING WRONG WAY
X A DAYLIGHT		D MOTOR VEHICLE ON OTHER ROADWAY				A CVC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		1 2 3		R OTHER*
B DUSK - DAWN		E PARKED MOTOR VEHICLE				B CVC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		X X X		S LANE SPLITTING
C DARK - STREET LIGHTS		F TRAIN				C CVC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				SOBRIETY - DRUG - PHYSICAL (MARK ALL THAT APPLY)
D DARK - NO STREET LIGHTS		G BICYCLE				D				A HAD NOT BEEN DRINKING
E DARK - STREET LIGHTS NOT FUNCTIONING*		H ANIMAL				E VISION OBSCUREMENT:				B HBD - UNDER INFLUENCE
ROADWAY SURFACE		J FIXED OBJECT:				F INATTENTION*				C HBD - NOT UNDER INFLUENCE*
X A DRY		K OTHER OBJECT:				G STOP & GO TRAFFIC				D HBD - IMPAIRMENT UNKNOWN*
B WET						H ENTERING / LEAVING RAMP				E UNDER DRUG INFLUENCE*
C SNOWY - ICY						I PREVIOUS CRASH				DRE EXAM. CONDUCTED
D SLIPPERY (MUDDY, OILY, ETC.)						J UNFAMILIAR WITH ROAD				STIMULANT
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)		PEDESTRIAN'S ACTIONS				K DEFECTIVE VEH. EQUIP. CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				HALLUCINOGEN
A HOLES, DEEP RUT*		X A NO PEDESTRIANS INVOLVED				L UNINVOLVED VEHICLE				DISSOCIATIVE ANESTHETICS
B LOOSE MATERIAL ON ROADWAY*		B CROSSING IN CROSSWALK AT INTERSECTION				M OTHER*				NARCOTIC ANALGESIC
C OBSTRUCTION ON ROADWAY*		C CROSSING IN CROSSWALK - NOT AT INTERSECTION								INHALANT
D CONSTRUCTION - REPAIR ZONE		D CROSSING - NOT IN CROSSWALK								CANNABIS
E REDUCED ROADWAY WIDTH		E IN ROAD - INCLUDES SHOULDER								DEPRESSANT
F FLOODED*		F NOT IN ROAD		X X X						F IMPAIRMENT - PHYSICAL*
G OTHER*		G APPROACHING / LEAVING SCHOOL BUS								G IMPAIRMENT NOT KNOWN
X H NO UNUSUAL CONDITIONS										H NOT APPLICABLE
SKETCH						MISCELLANEOUS				I SLEEPY / FATIGUED*
REFER TO SKETCH PAGE(S) INDICATE NORTH								1 2 3		SPECIAL INFORMATION
										A HAZARDOUS MATERIAL
										B CELL PHONE HANDHELD IN USE
										C CELL PHONE HANDSFREE IN USE
										X 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*
										<input type="checkbox"/> REFER TO NARRATIVE FOR ADDITIONAL INFORMATION

CRASH DATE (MO. DAY YEAR) 11/24/2022		CRASH TIME (2400) 1239		NCIC # 9335		OFFICER ID 018053		NUMBER 9335-2022-02256			
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*		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/SOULDER HARNESS USED H - LAP/SOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED P - NOT REQUIRED		SAFETY EQUIPMENT 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 - 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			
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		4 5 6		VEHICLE AUTOMATION LEVEL		4 5 6		MOVEMENT PRECEDING CRASH	
1 A CVC SECTION VIOLATED: VC 21658(A) CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		X A CONTROLS FUNCTIONING		X X X		A SAE LEVEL - 0				X A STOPPED	
B OTHER IMPROPER DRIVING*		B CONTROLS NOT FUNCTIONING*				B SAE LEVEL - 1		X		B PROCEEDING STRAIGHT	
C OTHER THAN DRIVER*		C CONTROLS OBSCURED				C SAE LEVEL - 2				C RAN OFF ROAD	
D UNKNOWN*		D NO CONTROLS PRESENT / FACTOR*				D SAE LEVEL - 3				D MAKING RIGHT TURN	
		TYPE OF CRASH				E SAE LEVEL - 4				E MAKING LEFT TURN	
		A HEAD - ON				F SAE LEVEL - 5				F MAKING U TURN	
		B SIDE SWIPE				G UNKNOWN*				G BACKING	
		X C REAR END						X		H SLOWING / STOPPING	
WEATHER (MARK 1 TO 2 ITEMS)		D BROADSIDE		4 5 6		VEHICLE AUTOMATION ENGAGED				I PASSING OTHER VEHICLE	
X A CLEAR		E HIT OBJECT		X X X		A NO AUTOMATION				J CHANGING LANES	
B CLOUDY		F OVERTURNED				B DRIVER ASSISTANCE				K PARKING MANEUVER	
C RAINING		G VEHICLE / PEDESTRIAN				C PARTIAL AUTOMATION				L ENTERING TRAFFIC	
D SNOWING		H OTHER*				D CONDITIONAL AUTOMATION				M OTHER UNSAFE TURNING	
E FOG / VISIBILITY FT.		MOTOR VEHICLE INVOLVED WITH (MARK 1 TO 2 ITEMS)				E HIGH AUTOMATION				N XING INTO OPPOSING LANE	
F OTHER*		A NONCOLLISION				F FULL AUTOMATION				O PARKED	
G WIND		B PEDESTRIAN				G UNKNOWN*				P MERGING	
LIGHTING		C OTHER MOTOR VEHICLE		4 5 6		OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)				Q TRAVELING WRONG WAY	
X A DAYLIGHT		D MOTOR VEHICLE ON OTHER ROADWAY				A CVC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO		4 5 6		R OTHER	
B DUSK - DAWN		E PARKED MOTOR VEHICLE				B CVC SECTION VIOLATED: VC 22350 CITED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		X X X		S LANE SPLITTING	
C DARK - STREET LIGHTS		F TRAIN				C CVC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				SOBRIETY - DRUG - PHYSICAL (MARK ALL THAT APPLY)	
D DARK - NO STREET LIGHTS		G BICYCLE		X		D [REDACTED]				A HAD NOT BEEN DRINKING	
E DARK - STREET LIGHTS NOT FUNCTIONING*		H ANIMAL				E VISION OBSCUREMENT:				B HBD - UNDER INFLUENCE	
ROADWAY SURFACE		I FIXED OBJECT:				F INATTENTION*				C HBD - NOT UNDER INFLUENCE*	
X A DRY		J OTHER OBJECT:				G STOP & GO TRAFFIC				D HBD - IMPAIRMENT UNKNOWN*	
B WET		K ADDITIONAL OBJECT(S) STRUCK				H ENTERING / LEAVING RAMP				E UNDER DRUG INFLUENCE*	
C SNOWY - ICY						I PREVIOUS CRASH				DRE EXAM. CONDUCTED	
D SLIPPERY (MUDDY, OILY, ETC.)						J UNFAMILIAR WITH ROAD				STIMULANT	
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)		PEDESTRIAN'S ACTIONS				K DEFECTIVE VEH. EQUIP. CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				HALLUCINOGEN	
A HOLES, DEEP RUT*		X A NO PEDESTRIANS INVOLVED				L UNINVOLVED VEHICLE				DISSOCIATIVE ANESTHETICS	
B LOOSE MATERIAL ON ROADWAY*		B CROSSING IN CROSSWALK AT INTERSECTION				M OTHER*				NARCOTIC ANALGESIC	
C OBSTRUCTION ON ROADWAY*		C CROSSING IN CROSSWALK - NOT AT INTERSECTION								INHALANT	
D CONSTRUCTION - REPAIR ZONE		D CROSSING - NOT IN CROSSWALK								CANNABIS	
E REDUCED ROADWAY WIDTH		E IN ROAD - INCLUDES SHOULDER								DEPRESSANT	
F FLOODED*		F NOT IN ROAD		X X						F IMPAIRMENT - PHYSICAL*	
G OTHER*		G APPROACHING / LEAVING SCHOOL BUS								G IMPAIRMENT NOT KNOWN	
X H NO UNUSUAL CONDITIONS										H NOT APPLICABLE	
SKETCH						MISCELLANEOUS		4 5 6		SPECIAL INFORMATION	
REFER TO SKETCH PAGE(S) 										A HAZARDOUS MATERIAL	
										B CELL PHONE HANDHELD IN USE	
										C CELL PHONE HANDSFREE IN USE	
								X X X		D CELL PHONE NOT IN USE	
										E CELL PHONE USE UNKNOWN	
										F SCHOOL BUS RELATED	
								4 5 6		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*	
										<input type="checkbox"/> REFER TO NARRATIVE FOR ADDITIONAL INFORMATION	

CRASH DATE (MO. DAY YEAR) 11/24/2022		CRASH TIME (2400) 1239	NCIC # 9335	OFFICER ID 018053	NUMBER 9335-2022-02256
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* 10 - 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/SOULDER HARNESS USED H - LAP/SOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED P - NOT REQUIRED		SAFETY EQUIPMENT 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 - 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	
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: VC 21658(A) CITED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		X A CONTROLS FUNCTIONING		X X A SAE LEVEL - 0	
B OTHER IMPROPER DRIVING*		B CONTROLS NOT FUNCTIONING*		B SAE LEVEL - 1	
C OTHER THAN DRIVER*		C CONTROLS OBSCURED		C SAE LEVEL - 2	
D UNKNOWN*		D NO CONTROLS PRESENT / FACTOR*		D SAE LEVEL - 3	
		TYPE OF CRASH		E SAE LEVEL - 4	
		A HEAD - ON		F SAE LEVEL - 5	
		B SIDE SWIPE		G UNKNOWN*	
		X C REAR END			
WEATHER (MARK 1 TO 2 ITEMS)		D BROADSIDE		7 8 9 VEHICLE AUTOMATION ENGAGED	
X A CLEAR		E HIT OBJECT		X X 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		E HIGH AUTOMATION	
F OTHER*		(MARK 1 TO 2 ITEMS)		F FULL AUTOMATION	
G WIND		A NONCOLLISION		G UNKNOWN*	
LIGHTING		B PEDESTRIAN			
X A DAYLIGHT		X C OTHER MOTOR VEHICLE		7 8 9 OTHER ASSOCIATED FACTOR(S)	
B DUSK - DAWN		D MOTOR VEHICLE ON OTHER ROADWAY		(MARK 1 TO 2 ITEMS)	
C DARK - STREET LIGHTS		E PARKED MOTOR VEHICLE		A CVC SECTION VIOLATION: VC 22350 CITED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
D DARK - NO STREET LIGHTS		F TRAIN		B CVC SECTION VIOLATION: VC 22350 CITED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
E DARK - STREET LIGHTS NOT FUNCTIONING*		G BICYCLE		C CVC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO	
		H ANIMAL:		D <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
ROADWAY SURFACE		I FIXED OBJECT:		E VISION OBSCUREMENT:	
X A DRY		J OTHER OBJECT:		F INATTENTION*	
B WET				G STOP & GO TRAFFIC	
C SNOWY - ICY		K ADDITIONAL OBJECT(S) STRUCK		H ENTERING / LEAVING RAMP	
D SLIPPERY (MUDDY, OILY, ETC.)				I PREVIOUS CRASH	
ROADWAY CONDITION(S)		PEDESTRIAN'S ACTIONS		J UNFAMILIAR WITH ROAD	
(MARK 1 TO 2 ITEMS)		X A NO PEDESTRIANS INVOLVED		K DEFECTIVE VEH. EQUIP. CITED <input type="checkbox"/> YES <input type="checkbox"/> NO	
A HOLES, DEEP RUT*		B CROSSING IN CROSSWALK AT INTERSECTION		L UNINVOLVED VEHICLE	
B LOOSE MATERIAL ON ROADWAY*		C CROSSING IN CROSSWALK - NOT AT INTERSECTION		M OTHER*	
C OBSTRUCTION ON ROADWAY*		D CROSSING - NOT IN CROSSWALK		N NONE APPARENT	
D CONSTRUCTION - REPAIR ZONE		E IN ROAD - INCLUDES SHOULDER		O RUNAWAY VEHICLE	
E REDUCED ROADWAY WIDTH		F NOT IN ROAD			
F FLOODED*		G APPROACHING / LEAVING SCHOOL BUS			
G OTHER*					
X H NO UNUSUAL CONDITIONS					
SKETCH				MISCELLANEOUS	
REFER TO SKETCH PAGE(S)				7 8 9 SPECIAL INFORMATION	
				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	
				7 8 9 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*	
				<input type="checkbox"/> REFER TO NARRATIVE FOR ADDITIONAL INFORMATION	

CRASH DATE (MO. DAY YEAR) 11/24/2022				CRASH TIME (2400) 1239		NCIC # 9335		OFFICER ID 018053			NUMBER 9335-2022-02256							
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"/>	2	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	6	P	Q	0
NAME / D. O. B. / ADDRESS LEONARDO LEE (2020) [REDACTED] SAN FRANCISCO CA 94105																		
(INJURED ONLY) TRANSPORTED BY: SAN FRANCISCO FIRE DEPARTMENT																		
EMS RUN NUMBER: 63																		
TAKEN TO: UCSF MISSION BAY, SAN FRANCISCO																		
DESCRIBE INJURIES BRUISE & ABRASION TO REAR LEFT SIDE OF HEAD																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
<input type="checkbox"/> #	<input type="checkbox"/>	38	F	<input type="checkbox"/>	<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"/>	5	3	L	G	0
NAME / D. O. B. / ADDRESS TATIANA KELLY (1984) [REDACTED] SAN FRANCISCO CA 94133																		
(INJURED ONLY) TRANSPORTED BY:																		
EMS RUN NUMBER:																		
TAKEN TO: WILL SEEK OWN AID																		
DESCRIBE INJURIES COMPLAINT OF PAIN TO BACK																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
<input type="checkbox"/> #	<input type="checkbox"/>	72	M	<input type="checkbox"/>	<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"/>	7	3	L	G	0
NAME / D. O. B. / ADDRESS RONALD ALAN STREETER (1950) [REDACTED] DALY CITY CA 94014																		
(INJURED ONLY) TRANSPORTED BY:																		
EMS RUN NUMBER:																		
TAKEN TO: WILL SEEK OWN AID																		
DESCRIBE INJURIES COMPLAINT OF PAIN TO RIGHT HAND																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
<input type="checkbox"/> #	<input type="checkbox"/>	23	F	<input type="checkbox"/>	<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"/>	7	4	P	G	0
NAME / D. O. B. / ADDRESS COURTNEY RAY LANE-HOLMAN (1999) [REDACTED] DALY CITY CA 94014																		
(INJURED ONLY) TRANSPORTED BY:																		
EMS RUN NUMBER:																		
TAKEN TO: WILL SEEK OWN AID																		
DESCRIBE INJURIES COMPLAINT OF PAIN TO NECK																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
<input type="checkbox"/> #	<input type="checkbox"/>	73	F	<input type="checkbox"/>	<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"/>	7	6	P	G	0
NAME / D. O. B. / ADDRESS KIM CANEVARO (1949) [REDACTED] DALY CITY CA 94014																		
(INJURED ONLY) TRANSPORTED BY:																		
EMS RUN NUMBER:																		
TAKEN TO: WILL SEEK OWN AID																		
DESCRIBE INJURIES COMPLAINT OF PAIN TO NECK																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
<input type="checkbox"/> #	<input type="checkbox"/>	41	F	<input type="checkbox"/>	<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"/>	5	1	L	G	0
NAME / D. O. B. / ADDRESS RICKII RENNE SESLER (1981) [REDACTED] OAKLAND CA 94621																		
(INJURED ONLY) TRANSPORTED BY:																		
EMS RUN NUMBER:																		
TAKEN TO: WILL SEEK OWN AID																		
DESCRIBE INJURIES COMPLAINT OF PAIN TO NECK, SHOULDER																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
PREPARER'S NAME H TAM				ID NUMBER 018053		MO. DAY YEAR 11/24/2022		REVIEWER'S NAME G PUMPHREY, 020068				MO. DAY YEAR 12/07/2022						

CRASH DATE (MO. DAY YEAR) 11/24/2022				CRASH TIME (2400) 1239		NCIC # 9335		OFFICER ID 018053				NUMBER 9335-2022-02256							
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"/>	11	M	<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"/>	<input type="checkbox"/>	5	3	P	G	0
NAME / D. O. B. / ADDRESS TUAN NGUYEN (2011) [REDACTED] OAKLAND CA 94621																			TELEPHONE [REDACTED]
(INJURED ONLY) TRANSPORTED BY:				EMS RUN NUMBER:				TAKEN TO: WILL SEEK OWN AID											
DESCRIBE INJURIES COMPLAINT OF PAIN TO HEAD																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/> #	<input type="checkbox"/>	41	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"/>	<input type="checkbox"/>	6	1	M	G	0
NAME / D. O. B. / ADDRESS EUGENE LEE (1981) [REDACTED] SAN FRANCISCO CA 94105																			TELEPHONE [REDACTED]
(INJURED ONLY) TRANSPORTED BY:				EMS RUN NUMBER:				TAKEN TO:											
SAN FRANCISCO FIRE DEPARTMENT				63															
DESCRIBE INJURIES COMPLAINT OF PAIN TO HEAD																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/> #	<input type="checkbox"/>	30	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"/>	<input type="checkbox"/>	6	3	M	G	0
NAME / D. O. B. / ADDRESS CECILA LEE (1992) [REDACTED] SAN FRANCISCO CA 94105																			TELEPHONE [REDACTED]
(INJURED ONLY) TRANSPORTED BY:				EMS RUN NUMBER:				TAKEN TO:											
SAN FRANCISCO FIRE DEPARTMENT				63				UCSF MISSION BAY, SAN FRANCISCO											
DESCRIBE INJURIES COMPLAINT OF PAIN TO BACK																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/> #	<input checked="" type="checkbox"/>	3	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"/>	<input type="checkbox"/>	3	5	P	Q	0
NAME / D. O. B. / ADDRESS DAMIEN URIBE (2019) [REDACTED] CASTRO VALLEY CA 94546																			TELEPHONE [REDACTED]
(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"/>	39	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"/>	<input type="checkbox"/>	2	3	M	G	0
NAME / D. O. B. / ADDRESS TARYN SHAPPELL (1983) [REDACTED] SAN FRANCISCO CA 94117																			TELEPHONE [REDACTED]
(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"/>	10	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"/>	<input type="checkbox"/>	2	8	P	G	0
NAME / D. O. B. / ADDRESS BENTON SHAPPELL (2012) [REDACTED] SAN FRANCISCO CA 94117																			TELEPHONE [REDACTED]
(INJURED ONLY) TRANSPORTED BY:				EMS RUN NUMBER:				TAKEN TO:											
DESCRIBE INJURIES																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
PREPARER'S NAME H TAM				ID NUMBER 018053		MO. DAY YEAR 11/24/2022		REVIEWER'S NAME G PUMPHREY, 020068				MO. DAY YEAR 12/07/2022							

CRASH DATE (MO. DAY YEAR) 11/24/2022				CRASH TIME (2400) 1239		NCIC # 9335		OFFICER ID 018053				NUMBER 9335-2022-02256							
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 checked="" type="checkbox"/>	8	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"/>	<input type="checkbox"/>	2	4	P	G	0
NAME / D. O. B. / ADDRESS EVE SHAPPELL (2014) [REDACTED] SAN FRANCISCO CA 94117																TELEPHONE [REDACTED]			
(INJURED ONLY) TRANSPORTED BY:						EMS RUN NUMBER:						TAKEN TO:							
DESCRIBE INJURIES																			
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NAME / D. O. B. / ADDRESS EZRA SHAPPELL (2014) [REDACTED] SAN FRANCISCO CA 94117																TELEPHONE [REDACTED]			
(INJURED ONLY) TRANSPORTED BY:						EMS RUN NUMBER:						TAKEN TO:							
DESCRIBE INJURIES																			
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NAME / D. O. B. / ADDRESS KELVAUGHN KELLY (2011) [REDACTED] SAN FRANCISCO CA 94133																TELEPHONE [REDACTED]			
(INJURED ONLY) TRANSPORTED BY:						EMS RUN NUMBER:						TAKEN TO:							
DESCRIBE INJURIES																			
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NAME / D. O. B. / ADDRESS JAYLANI HALL (2018) [REDACTED] SAN FRANCISCO CA 94115																TELEPHONE [REDACTED]			
(INJURED ONLY) TRANSPORTED BY:						EMS RUN NUMBER:						TAKEN TO:							
DESCRIBE INJURIES																			
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NAME / D. O. B. / ADDRESS JAYDA HALL (2018) [REDACTED] SAN FRANCISCO CA 94115																TELEPHONE [REDACTED]			
(INJURED ONLY) TRANSPORTED BY:						EMS RUN NUMBER:						TAKEN TO:							
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NAME / D. O. B. / ADDRESS SHAYNA KELLY (1985) [REDACTED] SAN FRANCISCO CA 94115																TELEPHONE [REDACTED]			
(INJURED ONLY) TRANSPORTED BY:						EMS RUN NUMBER:						TAKEN TO:							
DESCRIBE INJURIES																			
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PREPARER'S NAME H TAM				ID NUMBER 018053				MO. DAY YEAR 11/24/2022				REVIEWER'S NAME G PUMPHREY, 020068				MO. DAY YEAR 12/07/2022			

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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.															
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NAME / D. O. B. / ADDRESS AUDRINA WARREN (2017) [REDACTED] ANTIOCH CA 94509																								TELEPHONE [REDACTED]									
(INJURED ONLY) TRANSPORTED BY:												EMS RUN NUMBER:								TAKEN TO:													
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NAME / D. O. B. / ADDRESS SEMAJAE WOODS (2021) [REDACTED] SAN FRANCISCO CA 94115																								TELEPHONE [REDACTED]									
(INJURED ONLY) TRANSPORTED BY:												EMS RUN NUMBER:								TAKEN TO:													
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NAME / D. O. B. / ADDRESS JASON HALL (2013) [REDACTED] SAN FRANCISCO CA 94115																								TELEPHONE [REDACTED]									
(INJURED ONLY) TRANSPORTED BY:												EMS RUN NUMBER:								TAKEN TO:													
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NAME / D. O. B. / ADDRESS OLIVIA LEE (2015) [REDACTED] SAN FRANCISCO CA 94105																								TELEPHONE [REDACTED]									
(INJURED ONLY) TRANSPORTED BY:												EMS RUN NUMBER:								TAKEN TO:													
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PREPARER'S NAME H TAM												ID NUMBER 018053				MO. DAY YEAR 11/24/2022				REVIEWER'S NAME G PUMPHREY, 020068				MO. DAY YEAR 12/07/2022									

SKETCH DIAGRAM

CHP 555 Page 4 (Rev. 2-22) OPI 060

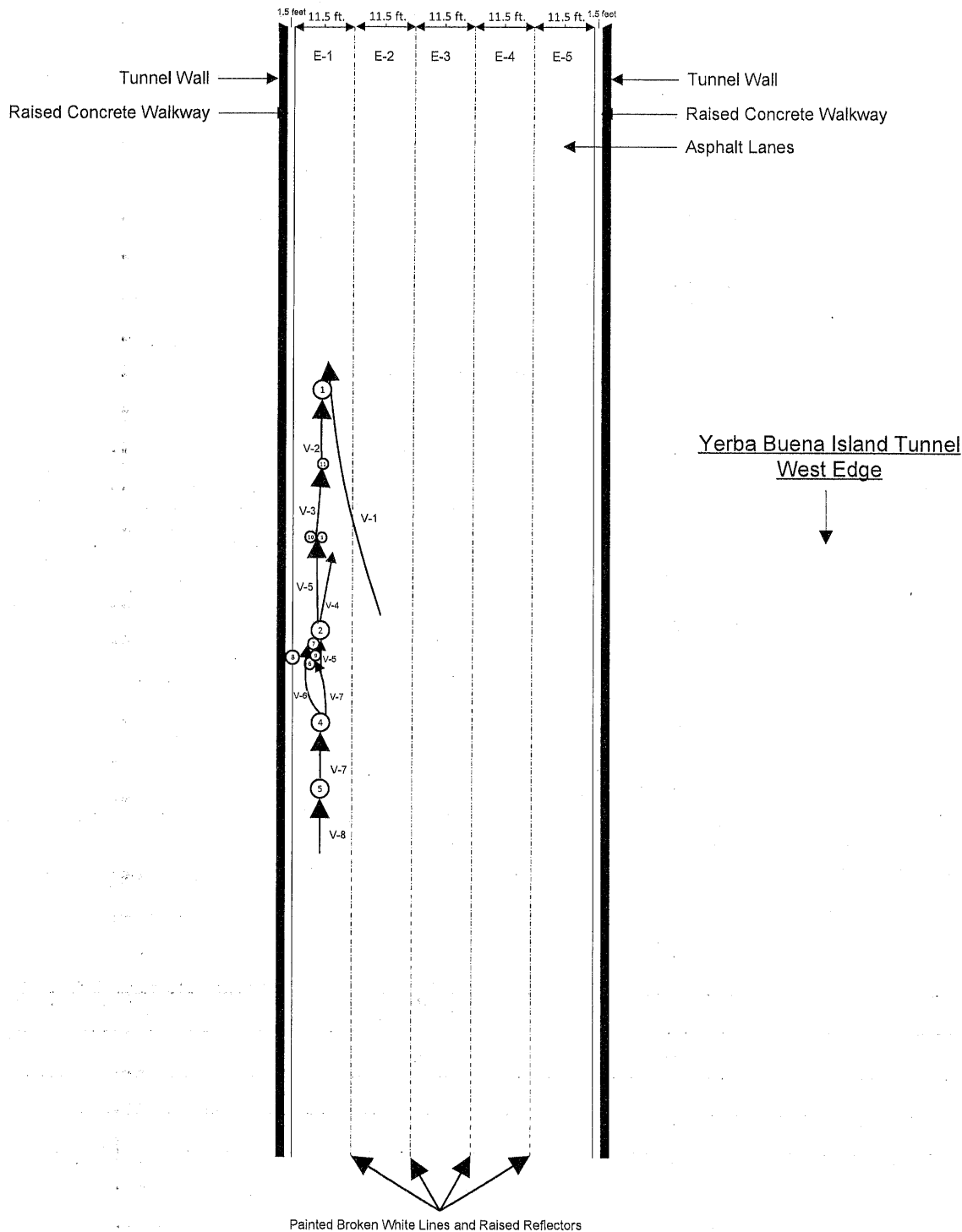
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CRASH DATE (MO. DAY YEAR)	CRASH TIME (2400)	NCIC #	OFFICER ID	NUMBER
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE =)

SKETCH
(Not To Scale)

I-80 Eastbound (San Francisco – Oakland Bay Bridge)



PREPARED BY	ID NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
H TAM	018053	11/24/2022	G PUMPHREY, 020068	12/07/2022

FACTUAL DIAGRAM

CHP 555 Page 4 (Rev. 2-22) OPI 060

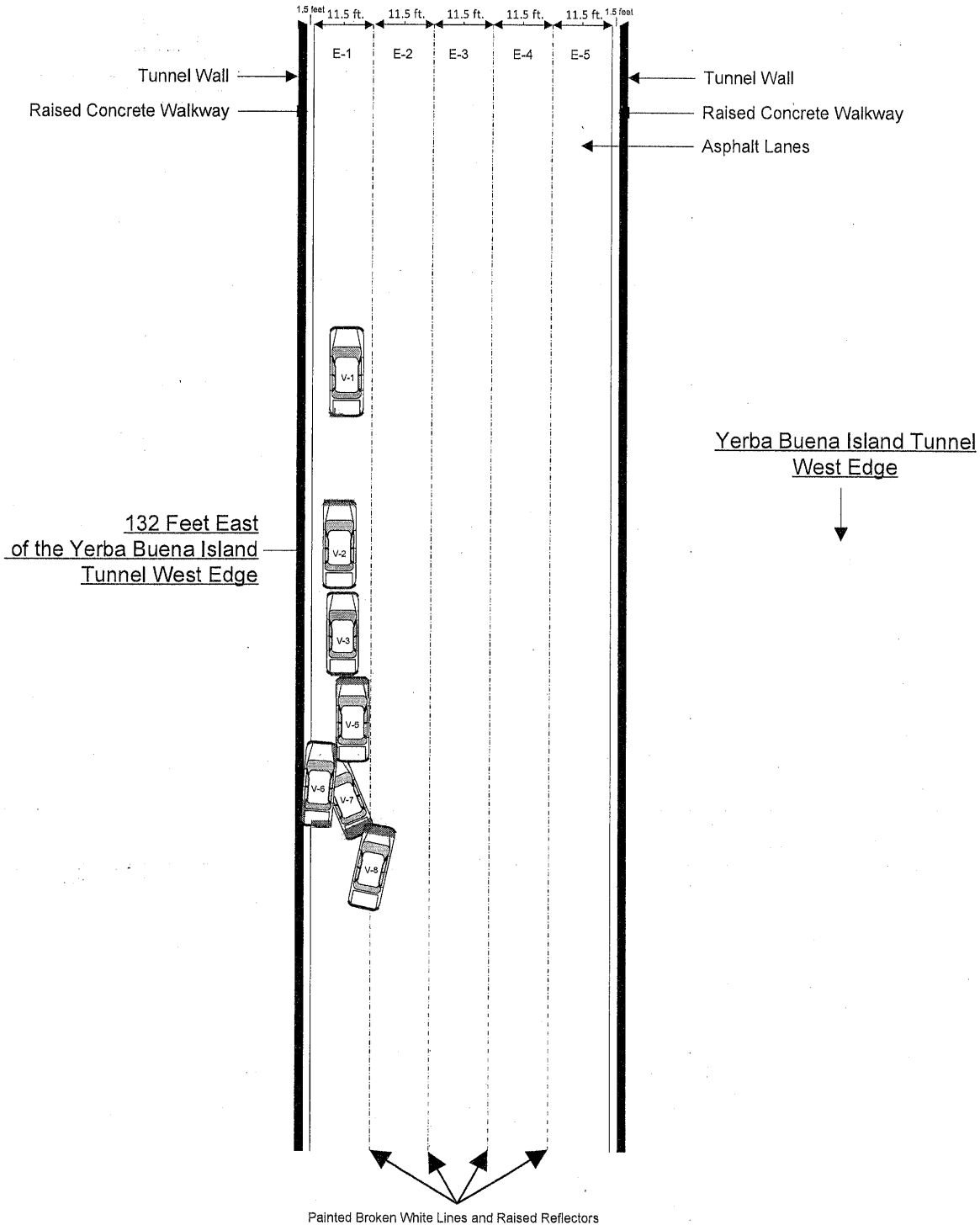
Page 12 of 24

CRASH DATE (MO. DAY YEAR)	CRASH TIME (2400)	NCIC #	OFFICER ID	NUMBER
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE =)



I-80 Eastbound (San Francisco – Oakland Bay Bridge)



VEHICLE #1, #2, #3, #5, #6, #7 AND #8 ARE PLACED AT AN APPROXIMATE POINT OF REST UPON ARRIVAL

VEHICLE #4 WAS MOVED PRIOR TO CHP ARRIVAL

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1 PHYSICAL EVIDENCE LEGEND

2

3 Vehicles are placed at approximate point of rest upon arrival. All measurements were visually estimated
4 from the approximate point of rest.

5

6 VEHICLE POINTS OF REST:

7

8 V-1's front left wheel was located 172 feet east of the Yerba Buena Island Tunnel West Edge and 3.5 feet
9 south of the north roadway edge of I-80 eastbound.

10

11 V-1's rear left wheel was located 161.5 feet east of the Yerba Buena Island Tunnel West Edge and 3.5 feet
12 south of the north roadway edge of I-80 eastbound.

13

14 V-2's front left wheel was located 138.5 feet east of the Yerba Buena Island Tunnel West Edge and 2.5 feet
15 south of the north roadway edge of I-80 eastbound.

16

17 V-2's rear left wheel was located 128 feet east of the Yerba Buena Island Tunnel West Edge and 2.5 feet
18 south of the north roadway edge of I-80 eastbound.

19

20 V-3's front left wheel was located 121.5 feet east of the Yerba Buena Island Tunnel West Edge and 3 feet
21 south of the north roadway edge of I-80 eastbound.

22

23 V-3's rear left wheel was located 111.5 feet east of the Yerba Buena Island Tunnel West Edge and 3 feet
24 south of the north roadway edge of I-80 eastbound.

25

26 V-5's front left wheel was located 105.5 feet east of the Yerba Buena Island Tunnel West Edge and 5 feet
27 south of the north roadway edge of I-80 eastbound.

28

29

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1 **VEHICLE POINTS OF REST - continued:**

2

3 V-5's rear left wheel was located 94.5 feet east of the Yerba Buena Island Tunnel West Edge and 5 feet
4 south of the north roadway edge of I-80 eastbound.

5

6 V-6's front left wheel was located 93 feet east of the Yerba Buena Island Tunnel West Edge and 1 foot north
7 of the north roadway edge of I-80 eastbound.

8

9 V-6's rear left wheel was located 82 feet east of the Yerba Buena Island Tunnel West Edge and 1.5 feet
10 north of the north roadway edge of I-80 eastbound.

11

12 V-7's front left wheel was located 90 feet east of the Yerba Buena Island Tunnel West Edge and 2.5 feet
13 south of the north roadway edge of I-80 eastbound.

14

15 V-7's rear left wheel was located 78.5 feet east of the Yerba Buena Island Tunnel West Edge and 6 feet
16 south of the north roadway edge of I-80 eastbound.

17

18 V-8's front left wheel was located 77 feet east of the Yerba Buena Island Tunnel West Edge and 10 feet
19 south of the north roadway edge of I-80 eastbound.

20

21 V-8's rear left wheel was located 66 feet east of the Yerba Buena Island Tunnel West Edge and 8 feet south
22 of the north roadway edge of I-80 eastbound.

23

24

25

26

27

28

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
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1 All times, speeds, and measurements throughout this report are approximate. Measurements were obtained
2 by visual estimation, GPS, and Google Maps. All opinions and conclusions were based on evidence and/or
3 statements.

4

5 **SCENE:**

6

7 This crash occurred on I-80 eastbound on the San Francisco Bay Bridge which is a State of California
8 maintained freeway located in the city and county of San Francisco. There are five lanes designated for
9 eastbound traffic, approximately 11.5 inches in width, which are delineated by painted broken white lines
10 and raised reflectors. The north edge of the roadway is bordered by a raised concrete walkway. The south
11 edge of the roadway is bordered by a raised concrete walkway. The speed limit is 50 miles per hour, as
12 indicated by black and white regulatory signs. There were no visual obstructions noted or claimed. For
13 further details, refer to the factual diagram.

14

15 **PARTIES:**

16

17 **Party #1 (P-1)(Jollymore)** was located at the scene of the crash in the #1 lane. P-1 was identified by his
18 California Driver's License. P-1 was determined to be the driver of Vehicle #1 (Tesla) by his statement of
19 being the driver of V-1 and being the registered owner of V-1.

20

21 **Vehicle #1 (V-1)(Tesla)** was located at the scene of the crash facing in an easterly direction in the #1 lane.
22 V-1 sustained minor damage to the vehicle consisting of, but not limited to, dented rear bumper, dented
23 driver side quarter panel, broken camera/sensor, and a dented trunk hatch. P-1 claimed V-1's Full Self-
24 Driving Capability malfunctioned at the time of the crash.

25

26 **Party #2 (P-2)(Shappell)** was first contacted and located by Officer McCanless #21588 in the #1 lane. P-2
27 was identified by his California Driver's License and was determined to be the driver of Vehicle #2 by his
28 statement and registered owner of Vehicle #2.

29

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1 **PARTIES - continued:**

2

3 **Vehicle #2 (V-2)(Subaru)** was located at the scene of the crash facing in an easterly direction in the #1
4 lane. V-2 sustained minor damage to the vehicle consisting of, but not limited to, dented/displaced front
5 bumper, hood displacement and a dented/cracked/scratched rear bumper. No mechanical defects were
6 noted or claimed.

7

8 **Party #3 (P-3)(Herrera)** was first contacted and located by Officer Oka #18804 standing in the #1 lane. P-
9 3 was identified by her California Driver's License and was determined to be the driver of Vehicle #3 by her
10 statement registered owner of Vehicle #3.

11

12 **Vehicle #3 (V-3)(Jeep)** was located at the scene of the crash facing in an easterly direction in the #1 lane.
13 V-3 sustained minor damage to the vehicle consisting of, but not limited to, dented/scratched rear bumper,
14 and a broken rear bumper lip. No mechanical defects were noted or claimed.

15

16 **Party #4 (P-4)(Ahern)** was located and contacted by Officer Robrecht #20658 east of the Yerba Buena
17 Island tunnel stopped on the left shoulder. P-4 was subsequently moved to the Bay Bridge East Parking Lot.
18 P-4 was identified by his California Driver's License. P-4 was determined to be the driver of Vehicle #4
19 (Toyota) by his statement of being the driver and registered owner of V-4.

20

21 **Vehicle #4 (V-4)(Toyota)** was located east of the scene of the crash facing in an easterly direction on the
22 left shoulder. V-4 sustained minor damage to the vehicle consisting of, but not limited to,
23 scratched/dented/bent rear bumper and a broken left taillamp assembly. No mechanical defects were noted
24 or claimed.

25

26 **Party #5 (P-5)(Sesler)** was located at the scene of the crash in the #1 lane. P-5 was identified by her
27 California Driver's License and was determined to be the driver of Vehicle #5 by her statement.

28

29

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1 **PARTIES - continued:**

2

3 **Vehicle #5 (V-5)(Acura)** was located at the scene of the crash facing in an easterly direction in the #1 lane.
4 V-5 sustained moderate damage to the vehicle consisting of, but not limited to, impacted front end damage,
5 dented/displaced impacted front bumper, buckled front hood, dented front passenger side quarter panel,
6 dented driver side rear quarter panel, and a scratched/dented rear bumper. Front driver side airbag
7 deployment. No mechanical defects were noted or claimed.

8

9 **Party #6 (P-6)(Lee)** was located at the scene of the crash in the #1 lane. P-6 was identified by his
10 California Driver's License and was determined to be the driver of Vehicle #6 by his statement.

11

12 **Vehicle #6 (V-6)(Hyundai)** was located at the scene of the crash facing in an easterly direction resting on
13 top of Vehicle #7 (Honda) and wedged in between V-5 and the tunnel wall. V-6 sustained moderate
14 damage to the vehicle consisting of, but not limited to, dented/scratched front quarter panels, front right side
15 bumper displacement and bent hood, dented/scratched/displaced rear bumper and rear driver side quarter
16 panel, and a displaced trunk. No mechanical defects were noted or claimed.

17

18 **Party #7 (P-7)(Shaw)** was located at the scene of the crash in the #1 lane. P-7 was identified by his
19 California Driver's License and was determined to be the driver of Vehicle #7 by his statement and is one of
20 the registered owners of Vehicle #7.

21

22 **Vehicle #7 (V-7)(Honda)** was located at the scene of the crash facing in a north easterly direction with V-6
23 resting on top of V-7's hood and in the #1 and #2 lane. V-7 sustained major damage to the vehicle
24 consisting of, but not limited to, impacted front end, engine displacement, buckled hood, front bumper
25 displacement, dented front quarter panels, crushed rear body, buckled rear quarter panels, dented/displaced
26 truck lid. Frontal air bag deployment. No mechanical defects were noted or claimed.

27

28

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1 **PARTIES - continued:**

2 **Party #8 (P-8)(Warren)** was located at the scene of the crash in the #1 lane. P-8 was identified by his
3 California Driver's License and was determined to be the driver of Vehicle #8 by his statement and being
4 the registered owner.

5
6 **Vehicle #8 (V-8)(Honda)** was located at the scene of the crash facing in a south easterly direction in the #1
7 and #2 lanes. V-8 sustained moderate damage to the vehicle consisting of, but not limited to, crushed front
8 end, displaced/cracked front bumper, broken headlamp assemblies, buckled hood and dented front quarter
9 panels. Frontal air bag deployment. No mechanical defects were noted or claimed.

10
11 **PHYSICAL EVIDENCE:**

12 V-5's seating capacity is rated as a 7 passenger vehicle, 9 occupants were accounted for in V-5. The seating
13 position and safety equipment listed on the passenger information page may not be correctly reflected.

14
15 I checked with Transportation Management Center (TMC) if the cameras on the Bay Bridge captured the
16 crash. TMC informed me the cameras captured the crash. Four videos were copied on DVD and booked
17 into the area photo file.

18
19 I reviewed the four videos provided by TMC which recorded the pre/at/post crash. The videos showed V-
20 1's left signal activated, V-1's brakes activated and V-1 moved into the #1 lane slowing to a stop.

21 Subsequently, a multi vehicle chain reaction crash occurred to the rear of V-1.

22
23 P-1 stated V-1 was in Full Self Driving mode at the time of the crash, I am unable to verify if V-1's Full
24 Self-Driving Capability was active at the time of the crash. On 11/24/2022, the latest Tesla Full Self
25 Driving Beta Version was 11 and is classified as SAE International Level 2. SAE International Level 2 is
26 not classified as an autonomous vehicle. Under Level 2 classification, the human in the driver seat must
27 constantly supervise support features including steering, braking, or accelerating as needed to maintain
28 safety. If the Full Self Driving Capability software malfunctioned, P-1 should of manually taken control of
29 V-1 by over-riding the Full Self Driving Capability feature.

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1 **PHYSICAL EVIDENCE - continued:**

2

3 Located on 11/30/2022 on Tesla's website support under Autopilot and Full Self-Driving Capability at

4 <https://www.tesla.com/support/autopilot>

5

Do I still need to pay attention while using Autopilot?

Yes. Autopilot is a hands-on driver assistance system that is intended to be used only with a fully attentive driver. It does not turn a Tesla into a self-driving car nor does it make a car autonomous.

Before enabling Autopilot, you must agree to "keep your hands on the steering wheel at all times" and to always "maintain control and responsibility for your car." Once engaged, Autopilot will also deliver an escalating series of visual and audio warnings, reminding you to place your hands on the wheel if insufficient torque is applied. If you repeatedly ignore these warnings, you will be locked out from using Autopilot during that trip.

You can override any of Autopilot's features at any time by steering, applying the brakes, or using the cruise control stalk to deactivate.

6

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19

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1 **STATEMENTS:**

2

3 **Party #1 (P-1)(Jollymore)** was contacted by Officer McCanless #21588 at the scene in the #1 lane.

4 Jollymore related to Officer McCanless in essence the following: He was driving V-1 on I-80 eastbound
5 traveling at 50 miles per hour in the #1 lane. V-1 was in Full Auto mode when V-1 slowed to 20 miles per
6 hour when he felt a rear impact.

7 On 11/27/2022 at approximately 1330 hours, I contacted P-1 via telephone to clarify his statement. He
8 related to me in essence the following: He was driving V-1 on I-80 eastbound in Full Self Driving Mode
9 Beta Version traveling at approximately 55 miles per hour. Prior to the Yerba Buena Island tunnel entrance
10 V-1 moved from the #1 lane to the #2 lane. When V-1 was in the tunnel, V-1 moved from the #2 lane into
11 the #1 lane and started slowing down unaccountably. When V-1 was about 20 miles per hour, he felt a rear
12 impact.

13

14 **Party #2 (P-2)(Shappell)** was contacted by Officer McCanless #21588 at the scene in the #1 lane. Shappell
15 related to Officer McCanless in essence the following: He was driving V-2 on I-80 eastbound in the #1 lane
16 traveling at approximately 50 miles per hour when he observed V-1 change lanes into the #1 lane and
17 suddenly slowed down. P-2 applied V-2's brakes and V-2 came to a stop. V-2 got hit from behind and was
18 pushed forward and into the rear of V-1.

19

20 **Party #3 (P-3)(Herrera)** was contacted by Officer Oka #18804 at the scene in the #1 lane. Herrera related
21 to Officer Oka in essence the following: She was driving V-3 on I-80 eastbound in the #1 lane traveling at
22 approximately 50 miles per hour when she observed V-1 and V-2 stopped ahead. She applied V-3's brakes
23 and V-3 came to a stop right behind V-2. After a few seconds later, she felt a big impact and V-3 was
24 pushed forward.

25

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PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
H TAM	018053	11/24/2022	G PUMPHREY, 020068	12/07/2022

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11/24/2022	1239	9335	018053	9335-2022-02256

1 **STATEMENTS - continued:**

2

3 **Party #4 (P-4)(Ahern)** was contacted by Officer Robrecht #20658 at the Bay Bridge East Parking Lot and
4 related in essence the following: He was driving V-4 on I-80 eastbound in the #1 lane traveling at
5 approximately 65 miles per hour. P-4 noticed the car in front of V-4 braked heavily and applied V-4's
6 brakes. As V-4 was slowed down, V-4 was hit from the rear. P-4 related V-4 was possibly hit from a black
7 sport utility vehicle. After the collision, P-4 stopped V-4 on the left shoulder and waited for CHP
8 assistance.

9

10 **Party #5 (P-5)(Sesler)** was contacted at the scene in the #1 lane, and related in essence the following: She
11 was driving V-5 on I-80 eastbound in the #1 lane traveling at approximately 35 miles per hour. A white car
12 ahead of V-5, possibly a pickup stopped. She applied V-5's brakes and hit the car ahead of the pickup.
13 Then a car hit V-5.

14

15 **Party #6 (P-6)(Lee)** was contacted at the scene in the #1 lane, and related in essence the following: He was
16 driving V-6 on I-80 eastbound in the #1 lane traveling at approximately 50 miles per hour when he observed
17 the vehicles ahead of him had collided. He applied V-6's brakes and V-6 came to a stop approximately 10
18 feet to the rear of V-5. V-6 was stopped for a second when V-6 was hit from the rear and pushed V-6
19 forward. A second impact occurred and V-6 was lifted up on top of V-7.

20

21 **Party #7 (P-7)(Shaw)** was contacted at the scene in the #1 lane, and related in essence the following: He
22 was driving V-7 on I-80 eastbound in the #1 lane traveling at approximately 70 miles per hour when he
23 observed V-6 suddenly braked fast. He applied V-7's brakes. V-7 did not stop in time and rear ended V-6.

24

25 **Party #8 (P-8)(Warren)** was contacted at the scene in the #1 lane, and related in essence the following: He
26 was driving V-8 on I-80 eastbound in the #1 lane traveling at approximately 70 miles per hour when he
27 observed a white truck/hatchback ahead of V-8 went to the right. The vehicles ahead were stopped and he
28 applied V-8's brakes and hit the rear of V-7.

29

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1 AREA OF IMPACTS (A.O.I.s):

2

3 A.O.I. #1 (V-2 versus V-1) was located 132 feet east of the Yerba Buena Island Tunnel west edge and 5.5
4 feet south of the north roadway edge of I-80 eastbound.

5

6 A.O.I. #2 (V-5 versus V-4) was located 84 feet east of the Yerba Buena Island Tunnel west edge and 5 feet
7 south of the north roadway edge of I-80 eastbound.

8

9 A.O.I. #3 (V-5 versus V-3) was located 100 feet east of the Yerba Buena Island Tunnel west edge and 5.5
10 feet south of the north roadway edge of I-80 eastbound.

11

12 A.O.I. #4 (V-7 versus V-6) was located 68 feet east of the Yerba Buena Island Tunnel west edge and 5 feet
13 south of the north roadway edge of I-80 eastbound.

14

15 A.O.I. #5 (V-8 versus V-7) was located 52 feet east of the Yerba Buena Island Tunnel west edge and 6 feet
16 south of the north roadway edge of I-80 eastbound.

17

18 A.O.I. #6 (V-7 versus V-6) was located 90 feet east of the Yerba Buena Island Tunnel west edge and 5 feet
19 south of the north roadway edge of I-80 eastbound.

20

21 A.O.I. #7 (V-7 versus V-5) was located 92 feet east of the Yerba Buena Island Tunnel west edge and 5 feet
22 south of the north roadway edge of I-80 eastbound.

23

24 A.O.I. #8 (V-6 versus Tunnel Wall) was located 82 feet east of the Yerba Buena Island Tunnel west edge
25 and 1.5 feet north of the north roadway edge of I-80 eastbound.

26

27 A.O.I. #9 (V-6 versus V-5) was located 93 feet east of the Yerba Buena Island Tunnel west edge and 5 feet
28 south of the north roadway edge of I-80 eastbound.

29

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1 **AREA OF IMPACTS (A.O.I.s) - continued:**

2 A.O.I. #10 (V-5 versus V-3) was located 102 feet east of the Yerba Buena Island Tunnel west edge and 5
3 feet south of the north roadway edge of I-80 eastbound.

4

5 A.O.I. #11 (V-3 versus V-2) was located 118 feet east of the Yerba Buena Island Tunnel west edge and 5
6 feet south of the north roadway edge of I-80 eastbound.

7

8 **SUMMARY/CAUSE:**

9

10 P-1, P-2, P-3, P-4, P-5, P-6, P-7 and P-8 were driving their respective vehicles on I-80 eastbound, east of the
11 Yerba Buena Island West Edge in the #1 lane except for V-1 who was in the #2 lane. V-2 was to the rear of
12 V-1 traveling at approximately 50 miles per hour. V-3 was to the rear of V-2 traveling at approximately 50
13 miles per hour. V-4 was to the rear of V-3 traveling at approximately 65 miles per hour. V-5 was to the
14 rear of V-4 traveling at a speed greater than 35 miles per hour. V-6 was to the rear of V-5 traveling at
15 approximately 50 miles per hour. V-7 was to the rear of V-6 traveling at approximately 70 miles per hour.
16 V-8 was to the rear of V-7 traveling at approximately 70 miles per hour. V-1 was traveling at
17 approximately 55 miles per hour. P-1 claims V-1's Full Self Driving mode was active and malfunctioned.
18 In any event, V-1's left signal activated, V-1's brakes activated and V-1 moved into the #1 lane slowing to a
19 stop. P-2 observed V-1 stopping and applied V-2's brakes. V-1 made an unsafe lane change (21658(a)
20 California Vehicle Code) and was slowing to a stop directly into V-2's path of travel. This caused the front
21 of V-2 to collide into the rear of V-1 (A.O.I. #1). P-2 did not have enough time to perceive and react to V-
22 1's lane change. P-3 observed traffic ahead stopping and applied V-3's brakes. P-4 observed V-3 stopping
23 and applied V-4's brakes. V-3 came to a stop to the rear of V-2. P-5 observed V-4 stopping and applied V-
24 5's brakes. As V-4 slowed down, P-4 steered V-4 towards the #2 lane. Due to P-5's unsafe speed for
25 stopped traffic ahead (22350 California Vehicle Code), P-5 failed to safely stop behind V-4 and V-3. The
26 front of V-5 collided into the rear of V-4 (A.O.I. #2). V-4 moved into the #2 lane without colliding into any
27 other vehicles. V-5 came to a stop in the #1 lane after colliding into the rear of V-3 (A.O.I. #3). P-6
28 observed traffic ahead stopping and applied V-6's brakes while steering slightly to the left side. P-7
29 observed traffic ahead stopping and applied V-7's brakes.

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1 **SUMMARY/CAUSE - continued:**

2

3 P-8 observed traffic ahead stopping and applied V-8's brakes. V-6 came to a stop to the rear of V-5. Due to
4 P-7's unsafe speed for stopped traffic ahead (22350 California Vehicle Code), P-7 failed to safely stop
5 behind V-6. The front of V-7 collided into the rear of V-6 (A.O.I. #4). The force from the crash between
6 V-7 and V-6 caused V-6 to be pushed forward. Due to P-8's unsafe speed for stopped traffic ahead (22350
7 California Vehicle Code), P-8 failed to safely stop behind V-7. The front of V-8 collided into the rear of V-
8 7 (A.O.I. #5). The impact from the crash between V-8 and V-7 forced V-7 into V-6 (A.O.I. #6). V-6 was
9 pushed forward and collided into V-5's rear left bumper (A.O.I. #7). The force shoved the left side of V-6
10 against the tunnel wall (A.O.I. #8) and ultimately forced the front of V-7 underneath V-6 and V-6's right
11 side to collided into V-5's rear left side (A.O.I. #9). V-5 was pushed forward into the rear of V-3 (A.O.I.
12 #10) and V-3 was pushed forward into the rear of V-2 (A.O.I. #11). V-1, V-2, V-3 and V-5 came to a stop
13 on its-wheels in the #1 lane facing in an easterly direction. V-6 came to a rest facing in an easterly direction
14 resting on top of V-7 and wedged in between V-5 and the tunnel wall. V-7 came to stop on its wheels
15 facing in a north easterly direction with V-6 resting on top of V-7's hood and in the #1 and #2 lane. V-8
16 came to a stop on its wheels facing in a south easterly direction in the #1 and #2 lanes. P-4 drove V-4 to the
17 left shoulder, east of the crash scene where V-4 came to a stop on its wheels facing in an easterly direction.

18

19 The Summary, Area of Impacts, and Cause are based on statements, vehicle damage, physical evidence, and
20 my own observations at the scene.

21

22 **RECOMMENDATIONS:**

23

24 None.

25

26

27

28

29

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