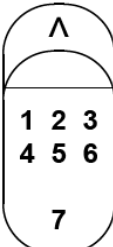


SPECIAL CONDITIONS		NUMBER INJURED <b>0</b>	HIT & RUN FELONY <input type="checkbox"/>	CITY <b>HAYWARD</b>		JUDICIAL DISTRICT <b>EAST COUNTY SUPERIOR</b>		LOCAL REPORT NUMBER [REDACTED]			
		NUMBER KILLED <b>0</b>	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY <b>ALAMEDA</b>		REPORTING DISTRICT <b>092</b>		BEAT <b>092</b>	DAY OF WEEK <b>THURSDAY</b>	TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<b>LOCATION</b>	COLLISION OCCURRED ON: <b>SR-92 EASTBOUND</b>					MO <b>09/21</b>	DAY <b>2017</b>	YEAR	TIME (2400) <b>0806</b>	NCIC # <b>9345</b>	OFFICER I.D. <b>020316</b>
	MILEPOST INFORMATION:			GPS COORDINATES LATITUDE <b>37.634953°</b> LONGITUDE - <b>122.103148°</b>				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: <b>.25 MILE(S) WEST OF HESPERIAN BOULEVARD</b>		
<b>PARTY 1</b>	DRIVER'S LICENSE NUMBER [REDACTED]	STATE <b>CA</b>	CLASS <b>[REDACTED]</b>	AIR BAG <b>L</b>	SAFETY EQUIP. <b>G</b>	VEH. YEAR <b>2016</b>	MAKE / MODEL / COLOR <b>TESLA S60 RED</b>		LICENSE NUMBER [REDACTED]	STATE <b>CA</b>	
DRIVER <input checked="" type="checkbox"/>	NAME(FIRST, MIDDLE, LAST) [REDACTED]					OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER					
PEDESTRIAN <input type="checkbox"/>	STREET ADDRESS [REDACTED]					OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER					
PARKED VEHICLE <input type="checkbox"/>	CITY / STATE / ZIP <b>BURLINGAME CA [REDACTED]</b>					DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
BICYCLIST <input type="checkbox"/>	SEX <b>[REDACTED]</b>	HAIR <b>[REDACTED]</b>	EYES <b>[REDACTED]</b>	HEIGHT <b>[REDACTED]</b>	WEIGHT <b>[REDACTED]</b>	BIRTHDATE MO <b>[REDACTED]</b> DAY <b>[REDACTED]</b> YEAR <b>[REDACTED]</b>	RACE <b>[REDACTED]</b>	ISLAND AUTO TOW - (510)246-7742			
OTHER <input type="checkbox"/>	HOME PHONE [REDACTED]		BUSINESS PHONE [REDACTED]			PRIOR MECH. DEFECTS <input checked="" type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE					
	INSURANCE CARRIER [REDACTED]		POLICY NUMBER [REDACTED]			VEHICLE IDENTIFICATION NUMBER: [REDACTED]					
	DIR OF TRAVEL ON STREET OR HIGHWAY <b>E SR-92</b>		SPEED LIMIT <b>65</b>			VEHICLE TYPE <b>01</b>		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		SHADE IN DAMAGED AREA TOP VIEW [REDACTED]	
<b>PARTY 2</b>	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR		LICENSE NUMBER	STATE	
DRIVER <input type="checkbox"/>	NAME(FIRST, MIDDLE, LAST)					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER					
PEDESTRIAN <input type="checkbox"/>	STREET ADDRESS					OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER					
PARKED VEHICLE <input type="checkbox"/>	CITY / STATE / ZIP					DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
BICYCLIST <input type="checkbox"/>	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE MO DAY YEAR	RACE	PRIOR MECHANICAL DEFECTS <input type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE			
OTHER <input type="checkbox"/>	HOME PHONE		BUSINESS PHONE			VEHICLE IDENTIFICATION NUMBER:					
	INSURANCE CARRIER		POLICY NUMBER			VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE		SHADE IN DAMAGED AREA	
	DIR OF TRAVEL ON STREET OR HIGHWAY		SPEED LIMIT			CA _____ DOT _____		CAL-T _____ TCP/PSC _____ MC/MX _____			
<b>PARTY 3</b>	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR		LICENSE NUMBER	STATE	
DRIVER <input type="checkbox"/>	NAME(FIRST, MIDDLE, LAST)					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER					
PEDESTRIAN <input type="checkbox"/>	STREET ADDRESS					OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER					
PARKED VEHICLE <input type="checkbox"/>	CITY / STATE / ZIP					DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
BICYCLIST <input type="checkbox"/>	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE MO DAY YEAR	RACE	PRIOR MECHANICAL DEFECTS <input type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE			
OTHER <input type="checkbox"/>	HOME PHONE		BUSINESS PHONE			VEHICLE IDENTIFICATION NUMBER:					
	INSURANCE CARRIER		POLICY NUMBER			VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE		SHADE IN DAMAGED AREA	
	DIR OF TRAVEL ON STREET OR HIGHWAY		SPEED LIMIT			CA _____ DOT _____		CAL-T _____ TCP/PSC _____ MC/MX _____			
PREPARER'S NAME <b>C. KROPP 020316</b>		DISPATCH NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		REVIEWER'S NAME <b>D HARPER 017406</b>				DATE REVIEWED <b>09/26/2017</b>			


DATE OF COLLISION (MO. DAY YEAR) <b>09/21/2017</b>	TIME(2400) <b>0806</b>	NCIC # <b>9345</b>	OFFICER I.D. <b>020316</b>	NUMBER [REDACTED]
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<b>PROPERTY DAMAGE</b>	OWNER'S NAME <b>DEPARTMENT OF TRANSPORTATION</b>	OWNER ADDRESS <b>SAN LEANDRO, CA 94579</b>	NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	DESCRIPTION OF DAMAGE <b>IMPACT ATTENUATOR PUSHED INWARD</b>		

<b>SEATING POSITION</b> 	<b>SAFETY EQUIPMENT</b> <b>OCCUPANTS</b> 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	<b>CHILD RESTRAINT</b> Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE  <b>M / C BICYCLE HELMET</b> DRIVER PASSENGER V - NO X - NO W - YES Y - YES	<b>AIR BAG</b> B - UNKNOWN L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED  <b>EJECTED FROM VEHICLE</b> 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	<b>INATTENTION CODES</b> A - CELL PHONE HANDHELD B - CELL PHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONAL HYGIENE J - READING K - OTHER
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ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (\*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	1 2 3			SPECIAL INFORMATION	1 2 3			MOVEMENT PRECEDING COLLISION
		1	2	3		1	2	3	
<b>1</b> VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>A 22350</b>	<b>A</b> CONTROLS FUNCTIONING				<b>A</b> HAZARDOUS MATERIAL				<b>A</b> STOPPED
<b>B</b> OTHER IMPROPER DRIVING*	<b>B</b> CONTROLS NOT FUNCTIONING*				<b>B</b> CELL PHONE HANDHELD IN USE			<b>X</b>	<b>B</b> PROCEEDING STRAIGHT
<b>C</b> OTHER THAN DRIVER*	<b>C</b> CONTROLS OBSCURED				<b>C</b> CELL PHONE HANDSFREE IN USE				<b>C</b> RAN OFF ROAD
<b>D</b> UNKNOWN*	<b>D</b> NO CONTROLS PRESENT / FACTOR*			<b>X</b>	<b>D</b> CELL PHONE NOT IN USE				<b>D</b> MAKING RIGHT TURN
	<b>TYPE OF COLLISION</b>				<b>E</b> SCHOOL BUS RELATED				<b>E</b> MAKING LEFT TURN
	<b>A</b> HEAD - ON				<b>F</b> 75 FT MOTORTRUCK COMBO				<b>F</b> MAKING U TURN
	<b>B</b> SIDE SWIPE				<b>G</b> 32 FT TRAILER COMBO				<b>G</b> BACKING
	<b>C</b> REAR END				<b>H</b> SIDESHOW				<b>H</b> SLOWING / STOPPING
<b>WEATHER</b> (MARK 1 TO 2 ITEMS)	<b>D</b> BROADSIDE				<b>I</b> STREET RACING				<b>I</b> PASSING OTHER VEHICLE
<b>X</b> <b>A</b> CLEAR	<b>E</b> HIT OBJECT				<b>J</b> CELL PHONE UNKNOWN				<b>J</b> CHANGING LANES
<b>B</b> CLOUDY	<b>F</b> OVERTURNED				<b>K</b>				<b>K</b> PARKING MANEUVER
<b>C</b> RAINING	<b>G</b> VEHICLE / PEDESTRIAN				<b>L</b>				<b>L</b> ENTERING TRAFFIC
<b>D</b> SNOWING	<b>H</b> OTHER*:				<b>M</b>				<b>M</b> OTHER UNSAFE TURNING
<b>E</b> FOG / VISIBILITY FT.					<b>N</b>				<b>N</b> XING INTO OPPOSING LANE
<b>F</b> OTHER*:	<b>MOTOR VEHICLE INVOLVED WITH</b>				<b>O</b>				<b>O</b> PARKED
<b>G</b> WIND	<b>A</b> NON - COLLISION								<b>P</b> MERGING
<b>LIGHTING</b>	<b>B</b> PEDESTRIAN								<b>Q</b> TRAVELING WRONG WAY
<b>X</b> <b>A</b> DAYLIGHT	<b>C</b> OTHER MOTOR VEHICLE				<b>OTHER ASSOCIATED FACTORS</b> (MARK 1 TO 2 ITEMS)				
<b>B</b> DUSK - DAWN	<b>D</b> MOTOR VEHICLE ON OTHER ROADWAY								
<b>C</b> DARK - STREET LIGHTS	<b>E</b> PARKED MOTOR VEHICLE				<b>A</b> VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>D</b> DARK - NO STREET LIGHTS	<b>F</b> TRAIN				<b>B</b> VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>E</b> DARK - STREET LIGHTS NOT FUNCTIONING*	<b>G</b> BICYCLE				<b>C</b> VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>ROADWAY SURFACE</b>	<b>H</b> ANIMAL:								<b>SOBRIETY - DRUG PHYSICAL</b> (MARK 1 TO 2 ITEMS)
<b>X</b> <b>A</b> DRY	<b>I</b> FIXED OBJECT:								<b>A</b> HAD NOT BEEN DRINKING
<b>B</b> WET	<b>IMPACT ATTENUATOR</b>				<b>D</b>			<b>X</b>	<b>B</b> HBD - UNDER INFLUENCE
<b>C</b> SNOWY - ICY	<b>J</b> OTHER OBJECT:				<b>E</b> VISION OBSCUREMENT:				<b>C</b> HBD - NOT UNDER INFLUENCE*
<b>D</b> SLIPPERY (MUDDY, OILY, ETC.)					<b>F</b> INATTENTION*:				<b>D</b> HBD - IMPAIRMENT UNKNOWN*
<b>ROADWAY CONDITION(S)</b> (MARK 1 TO 2 ITEMS)	<b>PEDESTRIAN'S ACTIONS</b>				<b>G</b> STOP & GO TRAFFIC				<b>E</b> UNDER DRUG INFLUENCE*
<b>A</b> HOLES, DEEP RUT*	<b>X</b> <b>A</b> NO PEDESTRIANS INVOLVED				<b>H</b> ENTERING / LEAVING RAMP				<b>F</b> IMPAIRMENT - PHYSICAL*
<b>B</b> LOOSE MATERIAL ON ROADWAY*	<b>B</b> CROSSING IN CROSSWALK - AT INTERSECTION				<b>I</b> PREVIOUS COLLISION				<b>G</b> IMPAIRMENT NOT KNOWN
<b>C</b> OBSTRUCTION ON ROADWAY*	<b>C</b> CROSSING IN CROSSWALK - NOT AT INTERSECTION				<b>J</b> UNFAMILIAR WITH ROAD				<b>H</b> NOT APPLICABLE
<b>D</b> CONSTRUCTION - REPAIR ZONE	<b>D</b> CROSSING IN CROSSWALK - NOT IN CROSSWALK				<b>K</b> DEFECTIVE VEH. EQUIP.: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				<b>I</b> SLEEPY / FATIGUED*
<b>E</b> REDUCED ROADWAY WIDTH	<b>E</b> IN ROAD - INCLUDES SHOULDER				<b>L</b> UNINVOLVED VEHICLE				
<b>F</b> FLOODED*	<b>F</b> NOT IN ROAD				<b>M</b> OTHER*:				
<b>G</b> OTHER*:	<b>G</b> APPROACHING / LEAVING SCHOOL BUS			<b>X</b>	<b>N</b> NONE APPARENT				
<b>X</b> <b>H</b> NO UNUSUAL CONDITIONS					<b>O</b> RUNAWAY VEHICLE				

<b>SKETCH</b> FOR SKETCH DIAGRAM, SEE PAGE 3  INDICATE NORTH	<b>MISCELLANEOUS</b>
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STATE OF CALIFORNIA  
**SKETCH DIAGRAM**

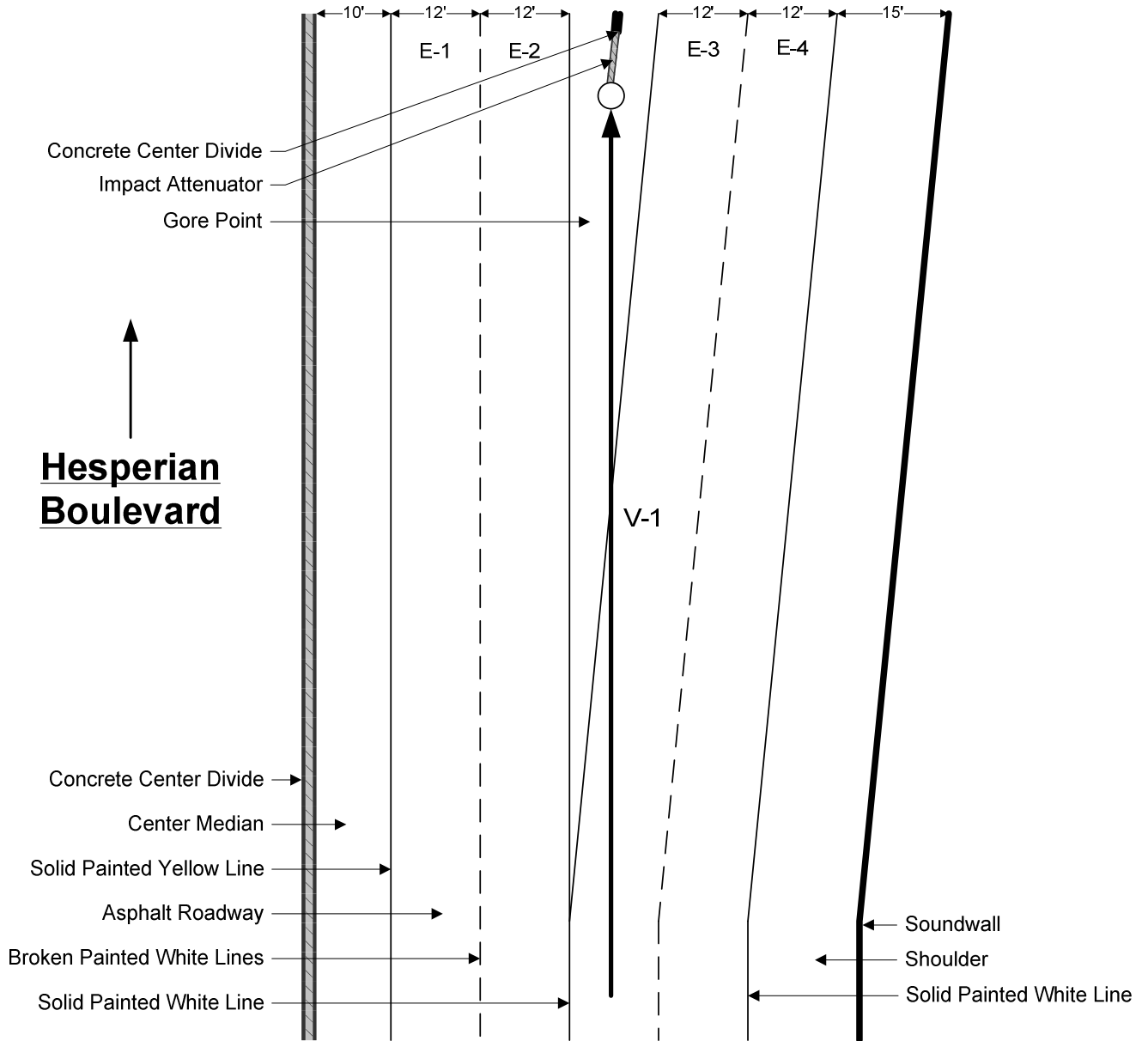
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PAGE 3 OF 5

DATE OF INCIDENT 09/21/2017	TIME 0806	NCIC NUMBER 9345	OFFICER I.D. 020316	NUMBER [REDACTED]
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE= )

# SR-92 Eastbound



PREPARED BY C. KROPP	I.D. NUMBER 020316	DATE 09/21/2017	REVIEWER'S NAME D HARPER 017406	DATE 09/26/2017
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**NARRATIVE/SUPPLEMENTAL**

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
09/21/2017	0806	9345	020316	[REDACTED]

1 **NOTIFICATION:**

2 On 9/21/2017 at approximately 0809 hours, I received a call from Golden Gate Communications Center  
3 (GGCC) regarding a traffic collision with an ambulance responding. After clearing an enforcement stop, I  
4 responded from SR-92 Westbound, east of Clawiter Road and arrived on scene at approximately 0854  
5 hours. After speaking with the involved party on scene, I determined a solo vehicle property damage only  
6 traffic collision had occurred. All times, speeds and measurements in this report are approximate.  
7 Measurements were obtained by visual estimation and patrol vehicle odometer.

8

9 **STATEMENTS:**

10 I contacted P-1 at the scene and he related the following in essence: [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

19

20 **SUMMARY:**

21 P-1 was driving V-1 on SR-92 Eastbound, west of Hesperian Boulevard in the # 3 lane at approximately  
22 65 MPH while traffic at the time was light. As P-1 approached the gore point which separates the # 1 and  
23 # 2 lanes from the # 3 and # 4 lanes, P-1 allowed V-1 to continue traveling straight in an easterly direction  
24 into the gore point ultimately causing a collision between V-1 and the impact attenuator. After the  
25 collision, P-1 remained on scene with V-1 for CHP arrival.

26 The Summary was determined by P-1's statement, damage to V-1 and my observation of the damage to  
27 the impact attenuator.

28

29

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
C. KROPP	020316	09/21/2017	D HARPER 017406	09/26/2017

**NARRATIVE/SUPPLEMENTAL**

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
09/21/2017	0806	9345	020316	[REDACTED]

1 **AREA OF IMPACT (A.O.I.):**

2 The A.O.I. (V-1 v.s. impact attenuator) was determined to have occurred approximately .25 miles west of  
3 the west edge of Hesperian Boulevard and approximately 30 feet south of the north roadway edge of  
4 SR-92 Eastbound.

5 The A.O.I. was determined by P-1’s statement and my observation of the damage to the impact attenuator.  
6

7 **CAUSE:**

8 P-1 was driving V-1 at an unsafe speed for conditions and is determined to have caused this collision by  
9 being in violation of California Vehicle Code section 22350 which states – “No person shall drive a  
10 vehicle upon a highway at a speed greater than is reasonable or prudent having due regard for weather,  
11 visibility, the traffic on, and the surface and width of, the highway, and in no event at a speed which  
12 endangers the safety of persons or property.” P-1 failed to negotiate the split in the roadway allowing V-1  
13 to enter the gore point which split the # 1 and # 2 lanes from the # 3 and # 4 lanes causing a collision  
14 occur between the front of V-1 and the impact attenuator.

15 The Cause was determined by P-1’s statement, damage to V-1 and my observation of the damage to the  
16 impact attenuator.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
C. KROPP	020316	09/21/2017	D HARPER 017406	09/26/2017