

TRUCK / BUS COLLISION SUPPLEMENTAL REPORT

CHP 555D (Rev. 107) OPI 062

PARTY NUMBER

2

DATE OF COLLISION

02/13/2022

TIME (2400)

0951

NCIC #

3905

OFFICER I.D. NUMBER

7164

NUMBER

22-4982

GENERAL INSTRUCTIONS - COMPLETE THIS FORM FOR EACH QUALIFYING VEHICLE IF THE CRASH MEETS CRITERIA ON BACK OF TH

QUALIFYING INFORMATION

THIS FORM IS BEING COMPLETED BECAUSE THIS VEHICLE IS:

☒ A truck or truck combination > 10,000 lbs. GVWR / GCWR☐ A bus with seats for 9 or more persons, including driver☐ A vehicle of any type with a hazardous materials placard (includes auto, light truck, van, 10,000 lbs. or less)

TOTAL INVOLVED VEHICLES IN THE CRASH

2

NUMBER OF PERSONS SUSTAINING FATAL INJURIES

0

NUMBER OF INJURED PERSONS TRANSPORTED FOR IMMEDIATE MEDICAL TREATMENT

1

NUMBER OF VEHICLES TOWED FROM SCENE DUE TO DISABLING DAMAGE

2

AT THE TIME OF THE CRASH, THIS VEHICLE WAS:

☒ Operating on a Trafficway open to the public (In-Transport)☐ Parked on or off the Trafficway

COMMERCIAL DRIVER LICENSE (CDL):

☒ YES ☐ NO

CDL LICENSE CLASS (Check one):

☒ Class A ☐ Class B ☐ Class C ☐ Class D ☐ Class M

VEHICLE INFORMATION

VEHICLE CONFIGURATION (Enter one code from below)

8

- 1 - Passenger Car (only if vehicle has Hazardous Materials Placard)
- 2 - Light Truck (only if vehicle has Hazardous Materials Placard)
- 3 - Bus (seats for 9-15 people, including driver)
- 4 - Bus (seats for 16 people or more, including driver)
- 5 - Single-Unit Truck (2 axles, 6 tires)
- 6 - Single-Unit Truck (3 or more axles)
- 7 - Truck / Trailer(s) (Single-Unit Truck with Trailer(s))
- 8 - Truck / Tractor (without trailer, bobtail, or saddle-mount)
- 9 - Tractor / Semi-Trailer (one trailer)
- 10 - Tractor / Doubles (two trailers)
- 11 - Tractor / Triples (three trailers)
- 99 - Other Truck > 10,000 lbs. (not listed above)

GVWR / GCWR (Enter one code from below. Use GCWR for truck combinat

3

- 1 - 10,000 lbs. or Less
- 2 - 10,001 - 26,000 lbs.
- 3 - Greater than 26,000 lbs.

Bus Use (Enter one code from below)

0

- 0 - Not a Bus
- 1 - School (Public or Private)
- 2 - Transit

- 3 - Intercity
- 4 - Charter
- 5 - Other

CARGO BODY TYPE (Enter one code from below)

98

- 0 - Not Applicable / No Cargo Body
- 1 - Bus (seats for 9-15 people, including driver)
- 2 - Bus (seats for 16 people or more, including driver)
- 3 - Van / Enclosed Box
- 4 - Cargo Tank
- 5 - Flatbed
- 6 - Dump
- 7 - Concrete Mixer
- 8 - Auto Transporter
- 9 - Garbage / Refuse
- 10 - Grain, Chips, Gravel
- 11 - Pole
- 12 - Vehicle Towing Another Motor Vehicle
- 13 - Intermodal Chassis
- 14 - Logging
- 98 - Other Cargo Body (not listed above)

HAZARDOUS MATERIALS INVOLVEMENT

DID THE VEHICLE HAVE A HAZ-MAT PLACARD?

☐ YES ☒ NO

IF YES, INCLUDE THE FOLLOWING INFORMATION FROM THE PLACA

HM 4-Digit # or name from diamond or box:

HM Class # from bottom of diamond:

Was Haz-Mat released from THIS vehicle's car ☐ YES ☐ NO

MOTOR CARRIER INFORMATION

CHECK ONE:

☒ Interstate Carrier ☐ Intrastate Carrier ☐ Not In Commerce - Government ☐ Not in Commerce - Other Trucks (Over 10,000lbs. GVWR / GCWR)

Interstate Carrier ARYO EXPRESS LLC

Carrier Street Address (P.O. Box only if no street address):

15200 MEMORIAL DR #2303

City / State / ZIP Code:

City
HOUSTONState
TXZip Code
77079

Phone Number: (346) 345-7175

Carrier ID Number(s):

USDOT#

3696955

MC / MGT

1292024

State # CA

TX

SEQUENCE OF EVENTS

NOTE: FOR THIS VEHICLE, LIST UP TO FOUR EVEN

Event 1:

13

Event 2:

Event 3:

Event 4:

NON-COLLISIONS

- 1 Ran Off Road
- 2 Jackknife
- 3 Overturn (Rollover)
- 4 Downhill Runaway
- 5 Cargo Loss or Shift
- 6 Explosion or Fire
- 7 Separation of Units
- 8 Cross Median / Centerline

NON-COLLISIONS (continued)

- 9 Equipment Failure (Tires, Brakes, Steering, et
- 10 Other Non-Collision

COLLISION INVOLVING / WITH

- 12 Pedestrian
- 13 Motor Vehicle In-Transport
- 14 Parked Motor Vehicle

COLLISION INVOLVING / WITH (continued)

- 15 Train
- 16 Pedalcycle
- 17 Animal
- 18 Fixed Object
- 19 Work Zone Maintenance Equipment
- 20 Other Movable Object
- 99 Other (Describe)

PREPARED BY

Ambler, A 7164

REVIEWER'S NAME

WOODWARD, L (MCI) 2133

DATE

03/13/2022

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NOIC #	OFFICER I.D.	NUMBER
02/13/2022	0951	3905	7164	22-4982

P-2's Automobile Liability is #TR121L3935.

SFD Fire Hazmat engine #3, and MUD supervisor arrived on scene, to clean up V-2's leaking fluids that were going into the COS storm drain.

P-1 was transported to St. Joseph's prior to my arrival. Upon my arrival, the staff at St. Joseph's notified me that P-1 had been discharged. I made telephone contact with P-1 via the telephone.

STATEMENTS:

Party-1 (Warren, Andrew) stated that he was EB on Industrial Dr in the #2 lane. P-1 said that V-2 was EB on Industrial Dr in the #1 lane. P-2 stated that he was driving V-1, 35 miles per hour directly next to V-2 when he suddenly felt the impact of V-2 into V-1.

Party-2 (Mohammad, Eftekhari) stated that he was EB in the #1 lane on Industrial Dr. P-2 stated that V-1 was one block away in #2 lane EB Industrial Dr. P-2 stated that he was making a right turn into 1820 Industrial Dr. P-2 stated that he cleared the intersection and turned on his right blinker light. P-2 said that he was already turning right when V-1 went into the # 1 lane and attempted to pass V-2. P-2 said that he then felt the impact of V-1 into V-2.

OPINIONS AND CONCLUSIONS

SUMMARY: V-1 was E/B Industrial Rd in the # 1 lane. V-2 was E/B Industrial Rd in the # 2 lane. V-1 passed V-2 on the right and the front of V-1 broadsided the passenger quarter panel of V-2.

AREA OF IMPACT: The approximate area of impact was 10' N/SCL of INDUSTRIAL DR and 880' W/WCL of B ST.

CAUSE: Based on the evidence observed and the statement obtained, it is my opinion that Party-1 caused the collision by being in violation of CVC 21754 UNSAFE PASSING ON RIGHT.

RECOMMENDATIONS

A complaint was issued against P-1 for CVC 21754 UNSAFE PASSING ON RIGHT, citation #A290701 was issued.

PREPARED BY	ID NUMBER	MO DAY YEAR	REVIEWER'S NAME	MO DAY YEAR
Ambler, A 7164	7164	02/13/2022	WOODWARD, L (MCI) 2133	03/13/2022

DATE OF COLLISION (MO, DAY, YEAR)	TIME (2400)	MCIC #	OFFICER I.D.	NUMBER
02/13/2022	0951	3905	7164	22-4982

FACTS:

NOTIFICATION: On 02/13/2022, CSO Raines and I (CSO Ambler), 2c1, were dispatched to a call of a minor injury collision at 1012 hours. We responded from 22 E Market St and arrived on scene at 1038 hours. All times, speeds and measurements in this investigation are approximate. Measurements were taken by estimation, except where otherwise indicated.

SCENE: At the scene of this collision, INDUSTRIAL DR is an eastbound/westbound city street consisting of five lanes, a shared turning lane, and two through lanes in each direction. The roadway is straight and level. The surface is composed primarily of asphalt. INDUSTRIAL DR is intersected by B ST. B ST is a northbound/southbound city street consisting of three lanes, one through lane and a turning lane in each direction. The roadway is straight and level. The surface is composed primarily of asphalt. The intersection is stop sign controlled. See sketch.

PARTIES:

Partv #1 (Warren) was contacted via telephone. Party 1 verbally identified himself by a valid CA driver's license. Warren was placed as a party by the following items:
-injuries
-personal statement

KIA FORTE, Driver #1's vehicle, was located on its wheels facing north on Industrial Dr in the number two lane, at its final point of rest, just west of B St. V-1 sustained moderate damage to the driver front bumper, quarter panel, and tire. V-1 was towed by Technique Towing.

Partv #2 (Mohammad) was located on scene. Party 2 was identified by a valid TX driver's license. Mohammad was placed as a party by the following items:
-personal statement

FREIGHTLINER, Driver #2's vehicle, was located on its wheels facing west on Industrial Dr, at its final point of rest in the E/B number one lane. V-2 sustained moderate damage to the passenger quarter panel. V-2 was towed by All Star Heavy Haul.

PHYSICAL EVIDENCE:

The was leaking fluid and vehicle debris in the roadway, at and around the AOI. V-1's right front headlight assembly, was 20' S/E from V-1's point of rest.

OTHER FACTUAL INFORMATION:

P-1's brother was at the scene and provided me with P-1's contact information.

PREPARED BY	ID NUMBER	MO, DAY, YEAR	REVIEWER'S NAME	MO, DAY, YEAR
Ambler, A 7164	7164	02/13/2022	WOODWARD, L (MCIC) 2133	03/13/2022

SKETCH

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

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NOIC #	OFFICER I.D.	NUMBER
02/13/2022	0951	3905	7164	22-4382

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED



PREPARED BY	ID NUMBER	MO DAY YEAR	REVIEWERS NAME	MO DAY YEAR
Ambler, A 7164	7164	02/13/2022	WOODWARD, L (MCI) 2133	03/13/2022


INJURED / WITNESS / PASSENGER


CHP 555 Page 3 (Rev. 4-11) OPI 060

DATE OF COLLISION (MO. DAY. YEAR)				TIME (2400)		NCIC #		OFFICER I.D.					NUMBER					
02/13/2022				0951		3905		7164					22-4982					
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED	
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS	PED.	BICYCLIST	OTHER						
<input type="checkbox"/>	<input type="checkbox"/>	25	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"/>	1	1	L	G	0	
NAME / D.O.B. / ADDRESS																	Telephone	
ANDREW WINCHELL EUGENE WARREN / 12/17/1996 / 4850 KENTFIELD RD #6 STOCKTON CA 95207																	(209) 423-9175	
(INJURED ONLY) TRANSPORTED BY						EMS RUN NUMBER			TAKEN TO									
American Medical Response									St. Joseph's Medical Center									
DESCRIBE INJURIES																		
COMPLAINT OF PAIN TO CHEST AND NECK																		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	49	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"/>	2	3	M	G	0	
NAME / D.O.B. / ADDRESS																	Telephone	
MAHDI IZADBAKSH / 09/23/1972 / 25203 BRIGHT HOLLOW LN KATY TX 77494 USA																	(246) 279-9005	
(INJURED ONLY) TRANSPORTED BY						EMS RUN NUMBER			TAKEN TO									
DESCRIBE INJURIES																		
<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"/>	<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"/>	<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"/>	<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																		
PREPARED BY						ID NUMBER		MO DAY YEAR		REVIEWER'S NAME					MO DAY YEAR			
Ambler, A 7164						7164		02/13/2022		WOODWARD, L (MCI) 2133					03/13/2022			

SPECIAL CONDITIONS		NUMBER INJURED 1	HT & RUN FELONY <input type="checkbox"/>	CITY Stockton	JUDICIAL DISTRICT Stockton Branch		LOCAL REPORT NUMBER 22-4982	
		NUMBER KILLED 0	HT & RUN MISO. <input type="checkbox"/>	COUNTY San Joaquin	REPORTING DISTRICT PAR	SEAT	DAY OF WEEK Sunday	TOW AWAY <input type="checkbox"/>

L O C A T I O N	COLLISION OCCURRED ON INDUSTRIAL DR				MO. 02	DAY 13	YEAR 2022	TIME (2400) 0951	NCIC # 3905	OFFICER I.D. 7164
	MILEPOST INFORMATION FEET OF				GPS COORDINATES LATITUDE 37.912273 LONGITUDE -121.246868				PHOTOGRAPHS BY <input checked="" type="checkbox"/> NONE	
	<input type="checkbox"/> AT INTERSECTION WITH				STATE HWY REL <input type="checkbox"/>					
	<input checked="" type="checkbox"/> OR 880 FEET WEST OF B ST									

PARTY 1	DRIVER'S LICENSE NUMBER Y2907853	STATE CA	CLASS C	AIR BAG L	SAFETY EQUIP. G	VEH. YEAR 2016	MAKE / MODEL / COLOR KIA FORTE GRAY	LICENSE NUMBER 8ZKV053	STATE CA
DRIVER	NAME (FIRST, MIDDLE, LAST) ANDREW WINCHELL EUGENE WARREN					OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER			
PEDESTRIAN <input type="checkbox"/>	STREET ADDRESS 4850 KENTFIELD RD #6					ANDREW WINCHELL EUGENE WARREN OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER			
PARKED VEHICLE <input type="checkbox"/>	CITY / STATE / ZIP STOCKTON / CA / 95207					4850 KENTFIELD RD #6 STOCKTON, CA 95207			
BIY-CUST <input type="checkbox"/>	SEX M	HAIR BLK	EYES BRN	HEIGHT 600	WEIGHT 210	BIRTH DATE 12/17/1996	RACE B	DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER	
OTHER <input type="checkbox"/>	HOME PHONE (209) 423-9175					BUSINESS PHONE			
	INSURANCE CARRIER GEICO INSURANCE					POLICY NUMBER 6087608326			
	DIR OF TRAVEL EAST	ON STREET OR HIGHWAY INDUSTRIAL DR			SPEED LIMIT				
	VEHICLE IDENTIFICATION NUMBER KNAFX4A8XG5481760					VEHICLE TYPE 01			
	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER					SHADE IN DAMAGE AREA 			
	CA CAL-T					DOT TOPPSC MCMX			

PARTY 2	DRIVER'S LICENSE NUMBER 40161490	STATE TX	CLASS A	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 2015	MAKE / MODEL / COLOR FREIGHTLINER WHITE	LICENSE NUMBER R56-3555	STATE TX
DRIVER	NAME (FIRST, MIDDLE, LAST) EFTEKHARI MOHAMMAD					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER			
PEDESTRIAN <input type="checkbox"/>	STREET ADDRESS 15200 MEMORIAL DR #2303					ARYO EXPRESS LLC OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER			
PARKED VEHICLE <input type="checkbox"/>	CITY / STATE / ZIP HOUSTON / TX / 77079					15200 MEMORIAL DR #2303 HOUSTON, TX 77079			
BIY-CUST <input type="checkbox"/>	SEX M	HAIR BLK	EYES BRN	HEIGHT 511	WEIGHT 220	BIRTH DATE 08/23/1988	RACE O	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER	
OTHER <input type="checkbox"/>	HOME PHONE (346) 345-7175					BUSINESS PHONE			
	INSURANCE CARRIER ATAB INSURANCE					POLICY NUMBER G42425691-0			
	DIR OF TRAVEL EAST	ON STREET OR HIGHWAY INDUSTRIAL DR			SPEED LIMIT				
	VEHICLE IDENTIFICATION NUMBER 3AKJGLD50F5GF1171					VEHICLE TYPE 25			
	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER					SHADE IN DAMAGE AREA 			
	CA CAL-T					DOT TOPPSC MCMX 1292024			

PARTY 3	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE
DRIVER	NAME (FIRST, MIDDLE, LAST)					OWNER'S NAME <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			
BIY-CUST <input type="checkbox"/>	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTH DATE	RACE	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
OTHER <input type="checkbox"/>	HOME PHONE					VEHICLE IDENTIFICATION NUMBER:			
	INSURANCE CARRIER					POLICY NUMBER			
	DIR OF TRAVEL	ON STREET OR HIGHWAY			SPEED LIMIT				
	VEHICLE TYPE					DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER			
	CA CAL-T					DOT TOPPSC MCMX			

PREPARED BY Ambler, A 7164	DISPATCH NOTIFIED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	REVIEWER'S NAME WOODWARD, L (MC) 2133	DATE REVIEWED 03/13/2022
--------------------------------------	-----------------------------------------------------------------------------------------------------------------------	-------------------------------------------------	------------------------------------