


COUNTER RECEIPT

CHP 251 (Rev. 9-18) OPI 071 

NO. 367346

Reference number(s):

2021-10292  
HARRIS, JOHHELL


Received from:  
BEND LAW GROUP  
1070 SANTA MONICA BL #200  
LOS ANGELES, CA 90025

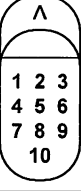
☐ Cash ☒ Check #308077  
☐ Money order/Cashier's check

DATE 07/28/2021  
LOCATION CODE 575

RECEIVED FOR	AMOUNT	
Crash report(s)	10	—
Publication(s)		
Other (specify)		
Sales tax		
TOTAL	10	—

RECEIVED BY  #A18491

SPECIAL CONDITIONS		NUMBER INJURED <b>1</b>	HIT & RUN FELONY <input type="checkbox"/>	CITY <b>UNINCORPORATED</b>		JUDICIAL DISTRICT <b>LOS ANGELES SUPERIOR COURT SAN FERNANDO COURTHOUSE</b>		LOCAL REPORT NUMBER <b>9575-2021-10292</b>		
		NUMBER KILLED <b>0</b>	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY <b>LOS ANGELES</b>		REPORTING DISTRICT <b>060</b>		DAY OF WEEK <b>TUESDAY</b>	TOWAWAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
LOCATION	CRASH OCCURRED ON <b>I-210 E/B (FOOTHILL FREEWAY)</b>					MO. DAY YEAR <b>06/08/2021</b>	TIME (2400) <b>1352</b>	NCIC # <b>9575</b>	OFFICER ID <b>021744</b>	
	MILEPOST INFORMATION					GPS COORDINATES LATITUDE <b>34.282313</b> LONGITUDE <b>-118.401339</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>200 FEET EAST of VAN NUYS BOULEVARD</b>									
PARTY 1	DRIVER'S LICENSE NUMBER <b>B9822602 (VAL)</b>		STATE <b>CA</b>	CLASS <b>A</b>	AIR BAG <b>L</b>	SAFETY EQUIP. <b>G</b>	VEH. YEAR <b>2018</b>	MAKE/MODEL/COLOR <b>CHEV MALIBU BLK</b>	LICENSE NUMBER <b>8SGN276</b>	STATE <b>CA</b>
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> <b>JOHNELL JR HARRIS</b>					OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER <b>HARRIS JOHNELL JR</b>				
PEDESTRIAN	STREET ADDRESS <input type="checkbox"/> <b>7349 STONEHAVEN PL.</b>					OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE	CITY/STATE/ZIP <input type="checkbox"/> <b>RCH CUCAMONGA CA 91730</b>					DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER				
BICYCLIST	SEX <input type="checkbox"/> M <input type="checkbox"/> F	HAIR <input type="checkbox"/> BLK <input type="checkbox"/> BRN <input type="checkbox"/> BLD	EYES <input type="checkbox"/> BRN <input type="checkbox"/> BLU <input type="checkbox"/> GRN	HEIGHT <input type="checkbox"/> 5' 11"	WEIGHT <input type="checkbox"/> 210	BIRTHDATE Mo. Day Year <input type="checkbox"/> 10/23/1979	RACE <input type="checkbox"/> B <input type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> O	<b>GIRARD AND PETERSON INC. - (818)843-8000</b>		
OTHER	HOME PHONE <input type="checkbox"/> <b>909-484-9936</b>		BUSINESS PHONE <input type="checkbox"/> <b>NONE</b>			PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE				
OPERATOR	INSURANCE CARRIER <input type="checkbox"/> <b>INFINITY</b>		POLICY NUMBER <input type="checkbox"/> <b>104601212841001</b>			VEHICLE IDENTIFICATION NUMBER: <b>1G1ZD5ST8JF127943</b>				
	DIR OF TRAVEL <input type="checkbox"/> E	ON STREET OR HIGHWAY <input type="checkbox"/> <b>I-210</b>	LANE <input type="checkbox"/> 1	THRU LANES <input type="checkbox"/> 3	TOTAL LANES <input type="checkbox"/> 3	SPEED LIMIT <input type="checkbox"/> 65	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 
PARTY 2	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
DRIVER	NAME (FIRST, MIDDLE, LAST)					OWNER'S NAME				
PEDESTRIAN	STREET ADDRESS					OWNER'S ADDRESS				
PARKED VEHICLE	CITY/STATE/ZIP					DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER				
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
OTHER	HOME PHONE		BUSINESS PHONE			VEHICLE IDENTIFICATION NUMBER:				
OPERATOR	INSURANCE CARRIER		POLICY NUMBER			VEHICLE TYPE				
	DIR OF TRAVEL	ON STREET OR HIGHWAY	LANE	THRU LANES	TOTAL LANES	SPEED LIMIT	VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE	SHADE IN DAMAGED AREA
PARTY 3	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
DRIVER	NAME (FIRST, MIDDLE, LAST)					OWNER'S NAME				
PEDESTRIAN	STREET ADDRESS					OWNER'S ADDRESS				
PARKED VEHICLE	CITY/STATE/ZIP					DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER				
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
OTHER	HOME PHONE		BUSINESS PHONE			VEHICLE IDENTIFICATION NUMBER:				
OPERATOR	INSURANCE CARRIER		POLICY NUMBER			VEHICLE TYPE				
	DIR OF TRAVEL	ON STREET OR HIGHWAY	LANE	THRU LANES	TOTAL LANES	SPEED LIMIT	VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE	SHADE IN DAMAGED AREA
PREPARER'S NAME <b>ISMAEL RODRIGUEZ-MORALES, 021744</b>		DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		REVIEWER'S NAME <b>R. P BIVINS, 020846</b>		DATE REVIEWED <b>06/17/2021</b>				

DATE OF CRASH (MO. DAY YEAR) <b>06/08/2021</b>		TIME (2400) <b>1352</b>	NCIC # <b>9575</b>	OFFICER ID <b>021744</b>	NUMBER <b>9575-2021-10292</b>
PROPERTY DAMAGE <b>DAMAGE</b>		OWNER'S NAME <b>CAL TRANS</b>		OWNER'S ADDRESS <b>100 S. MAIN STREET LOS ANGELES CA 90012</b>	
PERSON NOTIFIED <b>S. MORRIS</b>		<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 checked="" type="checkbox"/> DISPATCH <input type="checkbox"/> CHP 422		LOG / INCIDENT NUMBER <b>1756</b>			
DESCRIPTION OF DAMAGE <b>THREE DAMAGED DELINEATORS</b>					
<b>SEATING POSITION</b>  1-9 - STANDARD SEATING POSITION 10 - REAR OCC. TRK, VAN, STATION WAGON, ETC.* 11 - POSITION UNKNOWN* 0 - OTHER*		<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>MC / 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					
ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.					
<b>PRIMARY CRASH FACTOR LIST NUMBER (#) OF PARTY AT FAULT</b>		<b>TRAFFIC CONTROL DEVICES</b>		<b>VEHICLE AUTOMATION LEVEL</b>	
1 A CVC SECTION VIOLATED CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>VC 21658(a)</b>		A CONTROLS FUNCTIONING 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*		X D NO CONTROLS PRESENT / FACTOR*		D SAE LEVEL - 3	
WEATHER (MARK 1 TO 2 ITEMS)		TYPE OF CRASH		E SAE LEVEL - 4	
X A CLEAR		A HEAD - ON		F SAE LEVEL - 5	
B CLOUDY		B SIDE SWIPE		G UNKNOWN*	
C RAINING		C REAR END		VEHICLE AUTOMATION ENGAGED	
D SNOWING		D BROADSIDE		A NO AUTOMATION X	
E FOG / VISIBILITY FT.		E HIT OBJECT X		B DRIVER ASSISTANCE	
F OTHER*:		F OVERTURNED		C PARTIAL AUTOMATION	
G WIND		G VEHICLE / PEDESTRIAN		D CONDITIONAL AUTOMATION	
LIGHTING		H OTHER*:		E HIGH AUTOMATION	
X A DAYLIGHT		MOTOR VEHICLE INVOLVED WITH (MARK 1 TO 2 ITEMS)		F FULL AUTOMATION	
B DUSK - DAWN		A NONCOLLISION		G UNKNOWN*	
C DARK - STREET LIGHTS		B PEDESTRIAN		OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)	
D DARK - NO STREET LIGHTS		C OTHER MOTOR VEHICLE		A CVC SECTION VIOLATION CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
E DARK - STREET LIGHTS NOT FUNCTIONING*		D MOTOR VEHICLE ON OTHER ROADWAY		B CVC SECTION VIOLATION CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
ROADWAY SURFACE		E PARKED MOTOR VEHICLE		C CVC SECTION VIOLATION CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
X A DRY		F TRAIN		D	
B WET		G BICYCLE		E VISION OBSCUREMENT:	
C SNOWY - ICY		H ANIMAL:		F INATTENTION*:	
D SLIPPERY (MUDDY, OILY, ETC.)		I FIXED OBJECT: DELINEATOR		G STOP & GO TRAFFIC	
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)		J OTHER OBJECT:		H ENTERING / LEAVING RAMP	
A HOLES, DEEP RUT*		K ADDITIONAL OBJECT(S) STRUCK		I PREVIOUS CRASH	
B LOOSE MATERIAL ON ROADWAY*		PEDESTRIAN'S ACTIONS		J UNFAMILIAR WITH ROAD	
C OBSTRUCTION ON ROADWAY*		X A NO PEDESTRIANS INVOLVED		K DEFECTIVE VEH. EQUIP.: CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D CONSTRUCTION - REPAIR ZONE		B CROSSING IN CROSSWALK - AT INTERSECTION		L UNINVOLVED VEHICLE	
E REDUCED ROADWAY WIDTH		C CROSSING IN CROSSWALK - NOT AT INTERSECTION		M OTHER*:	
F FLOODED*		D CROSSING - NOT IN CROSSWALK		N NONE APPARENT	
G OTHER*:		E IN ROAD - INCLUDES SHOULDER		O RUNAWAY VEHICLE	
X H NO UNUSUAL CONDITIONS		F NOT IN ROAD			
SKETCH		G APPROACHING / LEAVING SCHOOL BUS			
REFER TO SKETCH PAGE(S)		MISCELLANEOUS		1 2 3 SPECIAL INFORMATION	
				A HAZARDOUS MATERIAL	
				B CELL PHONE HANDHELD IN USE	
				C CELL PHONE HANDSFREE IN USE	
				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*	

## INJURED / WITNESS / PASSENGERS

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DATE OF CRASH (MO. DAY YEAR) <b>06/08/2021</b>				TIME (2400) <b>1352</b>		NCIC # <b>9575</b>		OFFICER ID <b>021744</b>				NUMBER <b>9575-2021-10292</b>						
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"/>	<b>41</b>	<b>M</b>	<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"/>	<b>1</b>	<b>1</b>	<b>L</b>	<b>G</b>	<b>0</b>
NAME / D.O.B. / ADDRESS <b>JOHNELL JR HARRIS (10/23/1979) 7349 STONEHAVEN PL. RCH CUCAMONGA CA 91730</b>															TELEPHONE <b>909-484-9936</b>			
(INJURED ONLY) TRANSPORTED BY: <b>LA CITY FIRE DEPARTMENT RS 891</b>						EMS RUN NUMBER <b>2102568617</b>				TAKEN TO: <b>OLIVE VIEW MEMORIAL (SYLMAR, CA) S...</b>								
DESCRIBE INJURIES  <b>COMPLAINT OF PAIN TO HEAD, CHEST AND BACK</b>																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS															TELEPHONE			
(INJURED ONLY) TRANSPORTED BY:						EMS RUN NUMBER				TAKEN TO:								
DESCRIBE INJURIES																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS															TELEPHONE			
(INJURED ONLY) TRANSPORTED BY:						EMS RUN NUMBER				TAKEN TO:								
DESCRIBE INJURIES																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS															TELEPHONE			
(INJURED ONLY) TRANSPORTED BY:						EMS RUN NUMBER				TAKEN TO:								
DESCRIBE INJURIES																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS															TELEPHONE			
(INJURED ONLY) TRANSPORTED BY:						EMS RUN NUMBER				TAKEN TO:								
DESCRIBE INJURIES																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS															TELEPHONE			
(INJURED ONLY) TRANSPORTED BY:						EMS RUN NUMBER				TAKEN TO:								
DESCRIBE INJURIES																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		

PREPARER'S NAME  
**ISMAEL RODRIGUEZ-MORALES**ID NUMBER  
**021744**MO. DAY YEAR  
**06/08/2021**REVIEWER'S NAME  
**R. P BIVINS, 020846**MO. DAY YEAR  
**06/17/2021**

**SKETCH DIAGRAM**

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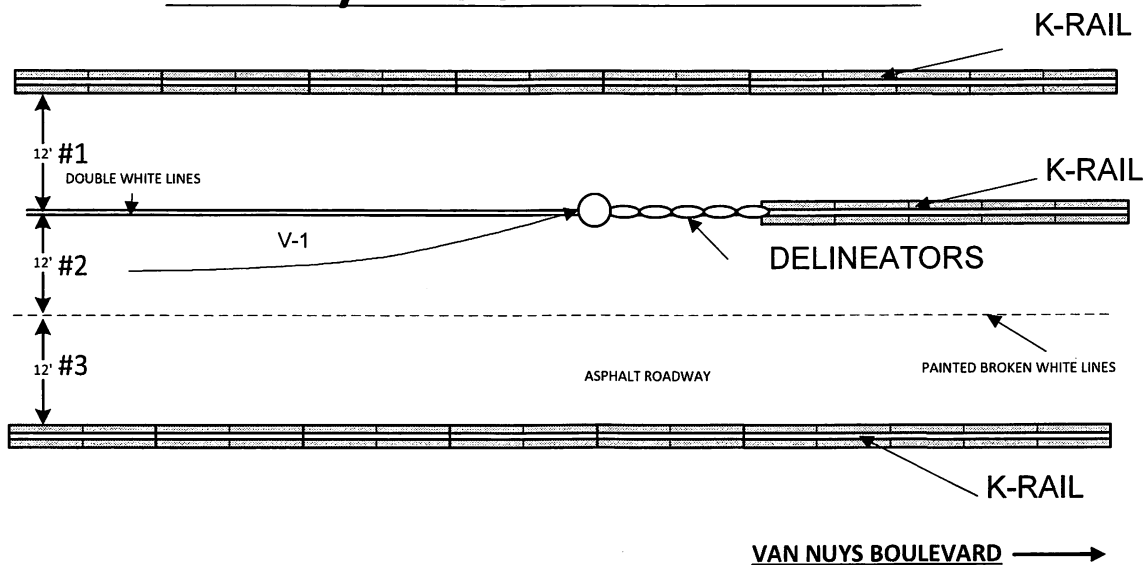
DATE OF CRASH (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER ID	NUMBER
06/08/2021	1352	9575	021744	9575-2021-10292

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



SKETCH  
(Not To Scale)

**I-210 E/B FOOTHILL FREEWAY**



PREPARED BY	ID NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
ISMAEL RODRIGUEZ-MORALES	021744	06/08/2021	R. P BIVINS, 020846	06/17/2021

**FACTUAL DIAGRAM**

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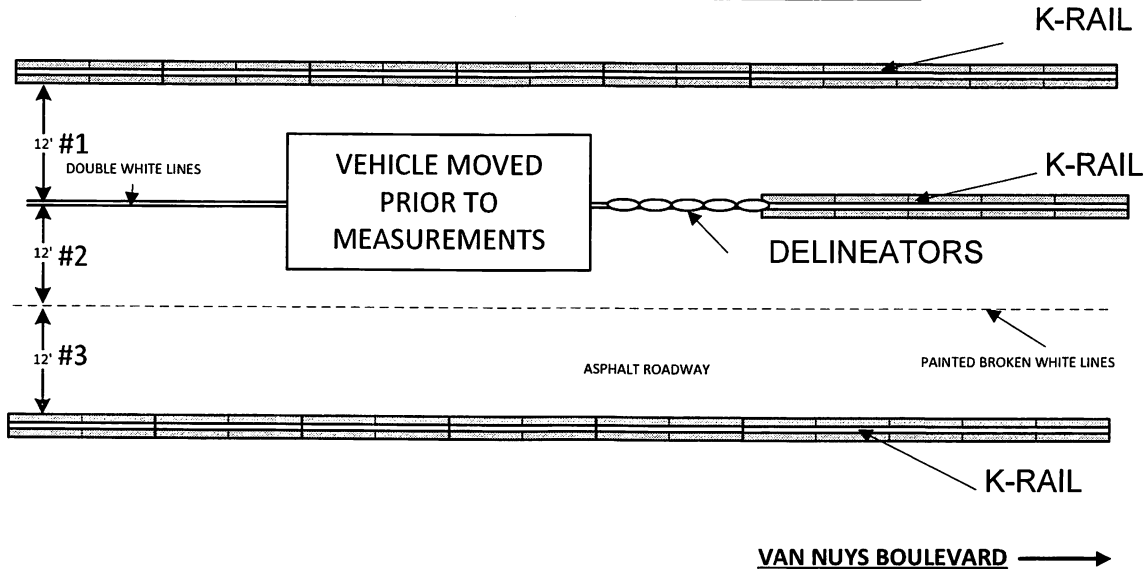
DATE OF CRASH (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER ID	NUMBER
06/08/2021	1352	9575	021744	9575-2021-10292

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



FACTUAL  
DIAGRAM  
(Not To Scale)

**I-210 E/B FOOTHILL FREEWAY**



PREPARED BY	ID NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
ISMAEL RODRIGUEZ-MORALES	021744	06/08/2021	R. P BIVINS, 020846	06/17/2021

**NARRATIVE/SUPPLEMENTAL**

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
06/08/2021	1352	9575	021744	9575-2021-10292

**FACTS****NOTIFICATION**

On 06/08/21, at approximately 1353 hours, CHP dispatch advised of traffic crash with an ambulance responding. I responded from the CHP Altadena Area office and arrived on scene at approximately 1406 hours.

All times, speeds and measurements are approximate. Measurements were obtained by visual estimation.

**SCENE DESCRIPTION**

This crash occurred on I-210 (Foothill Freeway) eastbound, east of Van Nuys Boulevard in the city of Los Angeles and county of Los Angeles. I-210 is designated as an east-west, aligned roadway and is maintained by the state of California. I-210 at this location consists of three lanes each measuring 12 feet wide. The #1 lane is separated from the #2 lane by solid double white lines and orange water delineators and a K-rail. The roadway is primarily composed of asphalt and slightly descends as you travel eastbound. The roadway is bordered to the south by a solid white line and a concrete K-rail. The roadway is bordered to the north by a solid yellow line and a concrete K-rail.

The weather conditions at the time of the crash were dry and clear. No visual obstructions were observed, noted or claimed.

**PARTIES**

Party #1 (Harris)(P-1) was contacted at Olive View Medical Center at approximately 1500 hours and was identified by his California Driver's license. P-1 was placed as a driver in this traffic crash based on the following, pattern of injuries sustained, being the registered owner of Vehicle #1 and being the sole occupant of Vehicle#1.

Vehicle #1 (Chevrolet)(V-1) was located blocking the #3 lane facing in a westerly direction. V-1 sustained major front-end damage as a result of the traffic crash which includes but not limited to the following: Deployed air bags, bent hood, cracked front windshield, broken grille, bent front bumper cover and flat left front tire. V-1 had no prior damage or mechanical problems noted or claimed.

**STATEMENTS**

Party #1 (Harris)(P-1) was contacted at Olive View Medical Center at approximately 1500 hours and related in essence the following: P-1 was driving Vehicle #1 (Chevrolet)(V-1) eastbound I-210 (Foothill Freeway), east of Van Nuys Boulevard in the #2 lane at approximately 65 miles per hour. P-1 observed a vehicle in the #1 lane make a lane change into the #2 lane ahead of V-1. P-1 then proceeded to make a lane change to the left and observed delineators. P-1 was unable to apply the brakes and V-1 crashed with the delineators. After the crash, V-1 came to rest in the #3 lane facing in a westerly direction. P-1 waited in V-1 for CHP arrival.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
ISMAEL RODRIGUEZ-MORALE	021744	06/08/2021	R. P BIVINS, 020846	06/17/2021

**NARRATIVE/SUPPLEMENTAL**

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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
06/08/2021	1352	9575	021744	9575-2021-10292

**1 OPINIONS AND CONCLUSIONS****2 SUMMARY**

3

4 Party #1 (Harris)(P-1) was driving Vehicle #1 (Chevrolet)(V-1) eastbound I-210 (Foothill Freeway), east of  
5 Van Nuys Boulevard in the #2 lane at a speed no greater than 65 miles per hour. Due to P-1's unsafe  
6 turning movement, P-1 steered V-1 to the left into the #1 lane and the front of V-1 crashed with the orange  
7 delineators. After the crash, V-1 came to rest in the #3 lane facing in a westerly direction. P-1 waited in V-1  
8 for CHP arrival.

9

**10 AREA(S) OF IMPACT**

11

12 Area of Impact: (Vehicle #1) vs. (Delineator) was determined to approximately 200 feet east of the east  
13 road edge of Van Nuys Boulevard and approximately 12 feet south of the north roadway edge of  
14 eastbound I-210 (Foothill Freeway).

15

**16 CAUSE**

17

18 Party #1 caused this traffic crash by driving Vehicle #1 in violation of **22107 C.V.C.** which states in part: "*No*  
19 *person shall turn a vehicle from a direct course or move right or left upon a roadway until such movement*  
20 *can be made with reasonable safety and then only after the giving of an appropriate signal in the manner*  
21 *provided in this chapter in the event any other vehicle may be affected by the movement.*"

22

23

24 The above opinions and conclusions are based on the statement of the party, vehicle damage and physical  
25 evidence.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
ISMAEL RODRIGUEZ-MORALE	021744	06/08/2021	R. P BIVINS, 020846	06/17/2021