



1999 Harrison Street, 9th Floor
Oakland, California 94612
tel (510) 808-2000
fax (510) 444-1108
www.meyersnave.com

Steven T. Mattas
Attorney at Law
Direct Dial: (510) 808-2007
smattas@meyersnave.com

September 18, 2023

Via Certified Mail

Matthew Booterbaugh, Deputy CEO
Roadrunner Management Services, Inc.
240 South Glenn Drive
Camarillo, California 93010

and

Matthew Booterbaugh, Deputy CEO
RAPT Dev
3800 Sandshell Drive, Suite 180
Fort Worth, TX 76137

Re: Claim of Laura Johnson Re: April 7, 2023 Incident

Dear Mr. Booterbaugh:

I am writing to you in my capacity as General Counsel for the Ventura County Transportation Commission (“VCTC”). Pursuant to Section 23 of the Intercity Transit Services Agreement between VCTC and Roadrunner Management Services, Inc. (“Roadrunner”) for the operation of bus service, enclosed is a claim filed by Laura Johnson (“Claimant”) in connection with a April 7, 2023 bus incident. This claim was received by VCTC on Thursday, September 7, 2023.

Demand is hereby made by VCTC to Roadrunner for defense and indemnification regarding this claim as provided for in the Agreement referenced above. Please provide written confirmation at your earliest convenience to confirm that Roadrunner will accept tender of the defense and indemnification in this matter.

If you have any questions or concerns, please feel free to contact me.

Roadrunner Management Services, Inc.
September 18, 2023
Page 2

Regards,

A handwritten signature in blue ink, appearing to read "Steve Mattas", with a long horizontal flourish extending to the right.

Steve Mattas
VCTC General Counsel

Enclosure: Laura Johnson Claim

cc: Martin Erickson
Roxanna Ibarra



FILING A CLAIM FOR DAMAGES WITH THE GOVERNMENT ENTITY

Dear Claimant:

These instructions apply to County of Ventura and its separate districts. The requirements and procedure for recovering damages are outlined in the California Government Code commencing with §900. Subject to a few exceptions, you are required to file a timely claim with the **Board of Supervisors**. In most cases, as further discussed below, to be timely, the claim must be filed within six (6) months of the date of accrual. For your convenience, the County of Ventura provides a claim form you may elect to use to assist you in presenting your claim for consideration. Instructions for use of the claim form are outlined below.

INSTRUCTIONS FOR COMPLETING THE COUNTY'S CLAIM FORM

Please type or print clearly, using black or blue ink, all of the information requested on Claim Form.

- 1. Claimant, Notification and General Information** – In the top section of the claim form, state full legal name, address and date of birth for the claimant. Also provide the name and mailing address where claims information should be sent if other than the claimant. Provide the telephone number where additional information can be obtained.
- 2. Date of Accident** - It is critical that you provide the date of the accident or event that caused the damage for which you seek compensation. Failure to provide this information will cause your claim to be returned as insufficient. (See discussion below).
- 3. Place of Accident** – Describe the location of the accident or event with sufficient particularity to be able to identify the location on a map and visit the scene. Be sure to indicate if it is within a city or unincorporated area of the County.
- 4. Property Damage** – If the claim seeks recovery of property damage, describe the nature and extent of the damage and the method used to calculate the claimed amount. If someone else owns the property, provide their name, address and telephone number. Attach copies of repair bills or at least two damage estimates that support your claim. In the case of lost property, evidence of ownership and replacement costs will expedite the handling of your claim.
- 5. Personal Injury** – If the claim seeks recovery for personal injury or wrongful death, describe the nature and extent of the injuries, medical treatment received, and any other information relevant to assist in consideration of your claim.
- 6. Liability** – Describe how the event occurred and the facts and circumstances why you believe the County of Ventura or its special districts are liable for your damage.
- 7. Amount of Claim** - State the total amount you are claiming as a result of the alleged damage/injury. Indicate if costs or damage is continuing and describe the basis for this assertion. If the total amount is unspecified or exceeds \$10,000, designate the appropriate court jurisdiction for the claim. If available attach copies of all bills, payment receipts, and cost estimate(s). Provide an itemization and total of all damages.

8. **Witnesses** – Provide the names and contact information of any witnesses to the accident, including public employees involved in the incident.
9. **Signature** - Government Code §910.2 provides: “The Claim shall be signed by the Claimant or by some person on his /her behalf.” Failure to sign the claim will result in return of the claim as insufficient.
10. **Additional Space** – If additional space is needed feel free to attach additional pages.

The date of the incident must be provided on the claim form. Pursuant to Government Code §911.2, claims relating to causes of action for personal injury, wrongful death, property damage, and crop damage must be presented no later than six (6) months after the incident date.

Government Code §911.4 provides for an Application for Leave to Present a Late Claim for these types of claims presented beyond the six months, and within one year. All other types of claims must be presented within one year.

Once you have completed the claim form, mail or deliver it with all supporting documents to the:

**CLERK OF THE BOARD OF SUPERVISORS
COUNTY OF VENTURA
HALL OF ADMINISTRATION BUILDING, 4TH FLOOR
800 SOUTH VICTORIA AVENUE, L#1920
VENTURA, CALIFORNIA 93009**

A clear postmark date on an envelope or the received stamp by the Clerk of the Board of Supervisors for claims made by personal service will be deemed the date of presentation to the Board of Supervisors.

WHAT HAPPENS NEXT?

Your claim will be reviewed and investigated by the Risk Management Department. You should hear back on the status of your claim within 45 days of the presentation of your claim.

Medicare recipients seeking compensation for personal injuries or medical expenses may be required to provide their Medicare Identification Number pursuant to 42 USC §1395y.

Claims submitted are public records and must be disclosed upon request.

Claim for Damage or Injury

Use Black or Blue Ink or Type
Attach Additional Pages if Necessary

Mail Claim To:
Clerk of the Board of Supervisors
County of Ventura
800 S. Victoria Ave., L#1920
Ventura, CA 93009

Clerk of the Board Stamp

CLAIMANT, NOTIFICATION AND GENERAL INFORMATION

| | | |
|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| CLAIMANT FULL NAME Laura Johnson | | CLAIMANT ADDRESS (REQUIRED) 960 Roble Lane, Santa Barbara, CA 93103 |
| PERSON TO BE NOTIFIED OF ANY ACTION TAKEN ON CLAIM Jonathan Howell, Esq. | | NOTIFICATION ADDRESS (IF DIFFERENT THAN ABOVE) 6303 Owensmouth Ave, FI 10, Ste 1014, Woodland Hills, CA 91367 |
| CLAIMANT DATE OF BIRTH 05/21/1983 | MEDICARE BENEFICIARY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | PHONE NUMBER(S) 310-339-8744 + |
| DATE OF ACCIDENT 04/07/2023 | ACCIDENT TIME AM/PM. 3:00 PM | EMAIL ADDRESS (OPTIONAL) jon@howelljustice.com + |
| PLACE OF ACCIDENT (COMPLETE ADDRESS AND DESCRIPTION TO LOCATE ON A MAP) See attached. | | |

PROPERTY DAMAGE

DESCRIBE PROPERTY DAMAGE CLAIMED, INCLUDING LOCATION, NATURE OF DAMAGE, CAUSE AND HOW VALUE IS CALCULATED:

See attached.

PERSONAL INJURY

STATE THE NATURE AND EXTENT OF CLAIMANT'S INJURY WHICH FORMS THE BASIS OF THIS CLAIM:

See attached.

LIABILITY

INDICATE HOW THE ACCIDENT HAPPENED, WHY YOU FEEL THE COUNTY IS LIABLE AND NAME OF INVOLVED COUNTY EMPLOYEE(S):

See attached.

AMOUNT OF CLAIM

| | | |
|-----------------------------|----------------------------------|-----------------------------------------|
| PROPERTY DAMAGE: 5512.43 | Personal Injury \$: 1,000,000 | TOTAL AMOUNT OF CLAIMS: 1,005,512.43 |
|-----------------------------|----------------------------------|-----------------------------------------|

WITNESSES

NAME(S)/ADDRESS(ES):
Laura Johnson and Charles Hesterberger - see attached police report

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIMS OR MAKING FALSE STATEMENTS

Every person who, with intent to defraud, presents for allowance or payment any false or fraudulent claim is guilty of a felony. (See California Penal Code §72).

I DECLARE UNDER THE PENALTIES OF PERJURY OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS CORRECT AND THAT THE AMOUNT OF THIS CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT DESCRIBED ABOVE.

X



SIGNATURE OF CLAIMANT

DATE

NOTICE TO CLAIMANT

In order for your claim to receive proper consideration you are requested to supply the information called for on both sides of this form. All material facts should be stated on this form, as it will be the basis of further action upon your claim. The instructions set forth below should be read carefully before the form is prepared.

INSTRUCTIONS

Claims must be signed by the property owner, injured party, or the person representing the claimant. Unsigned claim forms cannot be honored. See Government Code §910.2.

The amount claimed must be substantiated by competent evidence before a claim can be paid. Whether attached to the claim form, or submitted subsequently, evidence supporting the amount claimed may include:

- (a) In support of a claim for personal injury or death, the claimant should submit documentation evidencing the injuries sustained, treatment rendered, the degree of permanent disability, and evidence of paid medical bills. It is recommended that medical evidence **NOT** be attached to the claim form, but that such substantiation of damages be provided upon request. The Claim Form and attachments thereto is a public record and subject to public inspection.
- (b) In support of claims for damage to property which has been or can be repaired, submit at least two itemized signed repair estimates or statements of damages by reliable, disinterested concerns, or if payment has been made, the itemized signed receipts evidencing repaired and payment.
- (c) In support of claims for lost property or property that cannot be economically repaired, submit documentation of the original cost of the property, the date of purchase, and the value of the property before and after accident. The statements demonstrating the value of the property should be by disinterested competent persons, preferably reputable dealers, persons familiar with the type of property, or advertisements for the same or similar property.

The completed Claim Form must be mailed or delivered to the **Clerk of the Board of Supervisors** at the address on the prior page. Questions should be directed to the County of Ventura, CEO Risk Management Department at (805) 654-3197.

INSTRUCTIONS REGARDING INSURANCE COVERAGE

In order that claims may be properly adjusted by Risk Management or **your** insurance company, it is essential that the claimant provide the following information regarding any insurance coverage available for the loss or injury.

DO YOU HAVE ANY INSURANCE COVERAGE FOR THE LOSS?

Yes No

IF "YES", GIVE NAME AND ADDRESS OF INSURANCE COMPANY AND POLICY NUMBER

Farmers Insurance; P.O. Box 268994, Oklahoma City, OK 73126; Policy No.: 52386-56-48

HAVE YOU FILED A CLAIM ON YOUR INSURANCE CARRIER IN THIS INSTANCE?

Yes No

IF "YES", WHAT IS YOUR DEDUCTIBLE?

n/a

INSURANCE COMPANY'S CLAIM NO.?

7005926803-1

IF A CLAIM HAS BEEN FILED, WHAT ACTION HAS YOUR INSURER TAKEN, OR WHAT ACTION DOES IT PURPOSE TO TAKE WITH REFERENCE TO YOUR CLAIM? (It is necessary that you ascertain these facts)

None than other open claim because the crash is clearly the defendant's fault.

PLEASE PROVIDE NAME OF INSURANCE CARRIER, ADDRESS AND POLICY NUMBER

Farmers Insurance

NAME OF CLAIMANT

Laura Johnson

1 JONATHAN E. HOWELL, ESQ. (SBN: 251576)
2 LAW OFFICES OF JONATHAN HOWELL
3 6303 Owensmouth Ave, Fl 10, Ste 1014
4 Woodland Hills, CA 91367
5 Telephone: (888) 712-0017
6 Facsimile: (310) 955-1022
7 Email: Jon@Howelljustice.com

8
9
10 Attorneys for Plaintiff,
11 LAURA JOHNSON

12
13
14 LAURA JOHNSON, an individual,
15
16 Plaintiff,

17 v.

18 COUNTY OF VENTURA; VENTURA
19 COUNTY TRANSPORTATION
20 COMMISSION, and Does 1-50,
21
22 Defendants

CLAIM FOR PERSONAL INJURIES
(GOVT CODE §910)

UNLIMITED CIVIL CASE

23 1. You are hereby notified that LAURA JOHNSON, and by and through her
24 attorney JONATHAN HOWELL, ESQ. 6303 Owensmouth Ave, Fl 10, Ste 1014, Woodland
25 Hills, CA 91367, claims damages from: the COUNTY OF VENTURA, VENTURA COUNTY
26 TRANSPORTATION COMMISSION, and Does 1-50.

27 2. Name of Claimant: LAURA JOHNSON

28 3. Name and post office address to which the person presenting his/her claim
desires notices to be sent: Claimant's attorney: JONATHAN HOWELL, ESQ., 6303
Owensmouth Ave, Fl 10, Ste 1014, Woodland Hills, CA 91367.

4. The date, place and other circumstances of the occurrence or transaction which
gave rise to the claim asserted: On or about April 7, 2023 at approximately 3:00 p.m., the

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

Claimant was traveling northbound on the 101 Highway near Milpas St. in Santa Barbara, CA when the defendant collided with the rear end of her vehicle, causing her car to spin out and hit the center median. **See attached traffic collision report.**

The claim is being presented because there was a dangerous course of action taken by a government entity and its employee or agent for which the above-named government entity was responsible and caused injury to the claimant.

At all times relevant hereto, the above named governmental entity and its employees negligently, carelessly, recklessly, unskillfully, unlawfully, tortuously, grossly, wantonly, and wrongfully owned, possessed, maintained, operated, supervised, managed, entrusted, inspected, serviced, repaired, controlled the subject vehicle as well as negligently, carelessly, recklessly, skillfully, grossly, unlawfully, tortuously, wantonly, and wrongfully hired, supervised, managed its employees as to cause injury to the claimant.

The above-named entity and its employees were negligent, including grossly negligent, thus causing the Claimant's injuries. The above-named entity and its employees had a legal duty to conform their conduct to the standard of care of a reasonable person in the same circumstances. They owed a duty to all foreseeable persons, including the Plaintiff. Defendants and each of them breached that duty causing the incident described herein.

As a further direct result of these acts and failures to act by the above-named entity and its employees and each of them, are also liable for Plaintiff's injuries under the Government Code, including but not limited to Gov. Code §§ 815.2(a), 820(a), 830.8, 835 and 840.2

5. A general description of the indebtedness, obligation, injury, damage or loss incurred so far as it may be known at the time of presentation of the claim: As a proximate result of each and all of the aforesaid acts and omissions of the above named governmental entity and its employees, and each of them, Claimant was injured about the body and its members and was rendered sick, sore, lame and disabled and was injured in health, strength, activity, a portion of said injuries being permanent. As a result of said injuries, Claimant has had, and in the future will have physical, mental and emotional pain, suffering, worrying and

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

anxiety. By reason of said injuries and consequences, Claimant has sustained general damages in an amount which is within the unlimited jurisdiction of the Superior Court.

By reason of said injuries, Claimant has incurred, and probably will incur in the future, hospital, surgical, medical, nursing and household expenses, all to further Claimant's damage, according to proof.

By reason of said injuries, Claimant will be partially disabled in the future, and has sustained damage to his future earning capacity.

By reason of said injuries, Claimant has sustained damage to his future earning capacity, all to further his damage, according to proof.

Specifically, the physical injuries include, but are not limited to back and neck pain and broken teeth requiring dental treatment.

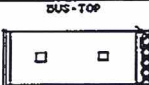
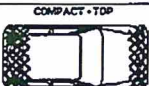
6. The name or names of the public employees or employee causing the injury, damage, or loss, if known: The name of the public employee or employees include Charles Hesterberg. Other names are not presently known.

7. The amount claimed if it totals less than \$10,000.00: This matter constitutes an unlimited civil case and exceeds \$10,000.00 per California Government Code § 910(F).

DATE: August 30, 2023

HOWELL LLP


By: 
JONATHAN E. HOWELL
Attorneys for Plaintiff,
LAURA JOHNSON

| | | | | | | | | |
|--------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SPECIAL CONDITIONS | | NUMBER INJURED 1 | HIT & RUN FELONY <input type="checkbox"/> | CITY SANTA BARBARA | | JUDICIAL DISTRICT SANTA BARBARA SUPERIOR COURT FIGUEROA DIVISION | LOCAL REPORT NUMBER 9760-2023-00332 | |
| | | NUMBER KILLED 0 | HIT & RUN MISDEMEANOR <input type="checkbox"/> | COUNTY SANTA BARBARA | | REPORTING DISTRICT 011 | BEAT | DAY OF WEEK S M T W T F S |
| | | | | CRASH DATE MO. DAY YEAR 04/07/2023 | | CRASH TIME (2400) 1510 | NOTIFICATION DATE MO. DAY YEAR 04/07/2023 | NOTIF. TIME (2400) 1514 |
| | | | | NCIC # 9760 | | OFFICER ID 015830 | | TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| LOCATION | CRASH OCCURRED ON US-101 N/B | | GPS COORDINATES FOR LOCATION (LOC.) AND AREA(S) OF IMPACT (AOI) <input checked="" type="checkbox"/> SAME AS LOCATION | | STATE HWY REL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | DIGITAL MEDIA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| | AT INTERSECTION WITH <input type="checkbox"/> | | OR: 0.37 MILES SOUTH of MILPAS ST | | REFER TO NARRATIVE <input type="checkbox"/> | | ADDTL AOI(S) <input type="checkbox"/> | |
| | LOC. LAT. | LONG. | AOI 1 LAT. | LONG. | AOI 2 LAT. | LONG. | | |
| | 34.420228 | -119.670116 | 1 | 34.420228 | 2 | | | |
| | AOI 3 LAT. | LONG. | AOI 4 LAT. | LONG. | AOI 5 LAT. | LONG. | | |
| 3 | | 4 | | 5 | | | | |
| PARTY 1 | DRIVER'S LICENSE NUMBER A0852058 | | STATE CA | CLASS B | AIR BAG M | SAFETY EQUIP. G | VEH. YEAR 2015 | MAKE/MODEL/COLOR MCI BUS BLU/BLK |
| | DRIVER NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> CHARLES JOHN HESTERBERG | | OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER | | VENTURA COUNTY TRANS COMMISSION | | | |
| | STREET ADDRESS 807 BEACHNUT AVE | | OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER | | 950 COUNTY SQUARE DR #207 VENTURA CA 93003 | | | |
| | CITY/STATE/ZIP SIMI VALLEY CA 93065 | | DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER | | DRIVEN AWAY | | | |
| | SEX M | HAIR BRN | EYES HZL | HEIGHT 6' 0" | WEIGHT 175 | BIRTHDATE Mo. Day Year 04/16/1951 | RACE W | PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE |
| | HOME PHONE (818) 674-7641 | | BUSINESS PHONE (805) 322-3306 | | VEHICLE IDENTIFICATION NUMBER: 1M86DMBA8FP013754 | | | |
| | INSURANCE CARRIER NATIONAL UNION OF PITTSBURGH | | POLICY NUMBER AL 4805366 | | VEHICLE TYPE 11 | DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER | |  |
| | DIR OF TRAVEL N | ON STREET OR HIGHWAY US-101 | | LANE 1 | THRU LANES 3 | TOTAL LANES 3 | SPEED LIMIT 65 | CA 429604 DOT _____ CAL-T _____ TCP/PSC _____ MCMX _____ |
| PARTY 2 | DRIVER'S LICENSE NUMBER D1622293 | | STATE CA | CLASS C | AIR BAG L | SAFETY EQUIP. G | VEH. YEAR 2008 | MAKE/MODEL/COLOR TOYT SCION XD GRV |
| | DRIVER NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> LAURA KINSINGER JOHNSON | | OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER | | BOB HOLZER TOWING - (805)962-5518 (AAA) | | | |
| | STREET ADDRESS 960 ROBLE LANE | | OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER | | DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER | | | |
| | CITY/STATE/ZIP SANTA BARBARA CA 93103 | | DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER | | PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE | | | |
| | SEX F | HAIR BRN | EYES BLU | HEIGHT 5' 9" | WEIGHT 140 | BIRTHDATE Mo. Day Year 05/21/1983 | RACE W | VEHICLE IDENTIFICATION NUMBER: 01 |
| | HOME PHONE (805) 252-3389 | | BUSINESS PHONE UNKNOWN | | 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 | |  |
| | INSURANCE CARRIER METROMILE INSUR SERVICES | | POLICY NUMBER 31-161107-10-01 | | CA _____ DOT _____ CAL-T _____ TCP/PSC _____ MCMX _____ | | | |
| | DIR OF TRAVEL N | ON STREET OR HIGHWAY US-101 | | LANE 1 | THRU LANES 3 | TOTAL LANES 3 | SPEED LIMIT 65 | |
| PARTY 3 | DRIVER'S LICENSE NUMBER | | STATE | CLASS | AIR BAG | SAFETY EQUIP. | VEH. YEAR | MAKE/MODEL/COLOR |
| | DRIVER NAME (FIRST, MIDDLE, LAST) | | OWNER'S NAME | | <input type="checkbox"/> SAME AS DRIVER | | | |
| | STREET ADDRESS | | OWNER'S ADDRESS | | <input type="checkbox"/> SAME AS DRIVER | | | |
| | CITY/STATE/ZIP | | DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER | | PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE | | | |
| | SEX | HAIR | EYES | HEIGHT | WEIGHT | BIRTHDATE Mo. Day Year | RACE | VEHICLE IDENTIFICATION NUMBER: |
| | | | | | | | | 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 |
| | DIR OF TRAVEL | ON STREET OR HIGHWAY | | LANE | THRU LANES | TOTAL LANES | SPEED LIMIT | CA _____ DOT _____ CAL-T _____ TCP/PSC _____ MCMX _____ |
| | | | | | | | | |
| PREPARER'S NAME B. ALLEN, 015830 | | | DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | | | REVIEWER'S NAME M. SANCHEZ, 017314 | | DATE REVIEWED 04/17/2023 |

| | | | | |
|------------------------------------------------|----------------------------------|-----------------------|-----------------------------|----------------------------------|
| CRASH DATE (MO. DAY YEAR) 04/07/2023 | CRASH TIME (2400) 1510 | NCIC # 9760 | OFFICER ID 015830 | NUMBER 9760-2023-00332 |
|------------------------------------------------|----------------------------------|-----------------------|-----------------------------|----------------------------------|

| | | | |
|------------------------------------------------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 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


| | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SEATING POSITION  <p>1 TO 9 - STANDARD SEATING POSITION 10 - REAR OCC. TRIC, VAN, STATION WAGON, ETC.* 11 - POSITION UNKNOWN* 10 0 - OTHER*</p> | OCCUPANTS A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP/SHOULDER HARNESS USED H - LAP/SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED P - NOT REQUIRED | 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 | 2 | 3 | | 1 | 2 | 3 | | |
| 1 A CVC SECTION VIOLATED: VC 22350 CITED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | A CONTROLS FUNCTIONING | X | X | | A SAE LEVEL - 0 | | | | A STOPPED | |
| | B CONTROLS NOT FUNCTIONING* | | | | B SAE LEVEL - 1 | X | | | B PROCEEDING STRAIGHT | |
| B OTHER IMPROPER DRIVING* | C CONTROLS OBSCURED | | | | C SAE LEVEL - 2 | | | | C RAN OFF ROAD | |
| C OTHER THAN DRIVER* | D NO CONTROLS PRESENT / FACTOR* | | | | D SAE LEVEL - 3 | | | | D MAKING RIGHT TURN | |
| D UNKNOWN* | 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 | | | | J CHANGING LANES | |
| B CLOUDY | F OVERTURNED | | | | B DRIVER ASSISTANCE | | | | K PARKING MANUEVER | |
| 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 | | PEDESTRIAN'S ACTIONS | | | OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS) | | | R OTHER*: | | |
| X A DAYLIGHT | X C OTHER MOTOR VEHICLE | 1 | 2 | 3 | A CVC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO | 1 | 2 | 3 | S SOBRIETY - DRUG - PHYSICAL (MARK ALL THAT APPLY) | |
| B DUSK - DAWN | D MOTOR VEHICLE ON OTHER ROADWAY | | | | B CVC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO | X | X | | A HAD NOT BEEN DRINKING | |
| C DARK - STREET LIGHTS | E PARKED MOTOR VEHICLE | | | | C CVC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | B HBD - UNDER INFLUENCE | |
| D DARK - NO STREET LIGHTS | F TRAIN | | | | D CVC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | C HBD - NOT UNDER INFLUENCE* | |
| E DARK - STREET LIGHTS NOT FUNCTIONING* | G BICYCLE | | | | E VISION OBSCUREMENT: | | | | D HBD - IMPAIRMENT UNKNOWN* | |
| ROADWAY SURFACE | | J OTHER OBJECT: | | | F INATTENTION*: | | | | E UNDER DRUG INFLUENCE*: | |
| X A DRY | J OTHER OBJECT: | | | | G STOP & GO TRAFFIC | | | | DRE EXAM. CONDUCTED | |
| B WET | K ADDITIONAL OBJECT(S) STRUCK | | | | H ENTERING / LEAVING RAMP | | | | STIMULANT | |
| C SNOWY - IICY | | | | | I PREVIOUS CRASH | | | | HALLUCINOGEN | |
| D SLIPPERY (MUDDY, OILY, ETC.) | | | | | J UNFAMILIAR WITH ROAD | | | | DISSOCIATIVE ANESTHETICS | |
| ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS) | | X A NO PEDESTRIANS INVOLVED | | | K DEFECTIVE VEH. EQUIP., CITED <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | NARCOTIC ANALGESIC | |
| A HOLES, DEEP RUT* | B CROSSING IN CROSSWALK AT INTERSECTION | | | | L UNINVOLVED VEHICLE | | | | INHALANT | |
| B LOOSE MATERIAL ON ROADWAY* | C CROSSING IN CROSSWALK - NOT AT INTERSECTION | | | | M OTHER*: | | | | CANNABIS | |
| C OBSTRUCTION ON ROADWAY* | D CROSSING - NOT IN CROSSWALK | | | | N NONE APPARENT | | | | DEPRESSANT | |
| D CONSTRUCTION - REPAIR ZONE | E IN ROAD - INCLUDES SHOULDER | | | | O RUNAWAY VEHICLE | | | | F IMPAIRMENT - PHYSICAL* | |
| E REDUCED ROADWAY WIDTH | F NOT IN ROAD | X | X | | | | | | G IMPAIRMENT NOT KNOWN | |
| F FLOODED* | G APPROACHING / LEAVING SCHOOL BUS | | | | | | | | H NOT APPLICABLE | |
| G OTHER*: | | | | | | | | | I SLEEPY / FATIGUED* | |
| X H NO UNUSUAL CONDITIONS | | | | | | | | | | |

SKETCH

REFER TO SKETCH PAGE(S)



INDICATE NORTH

REFER TO NARRATIVE FOR ADDITIONAL INFORMATION

| MISCELLANEOUS | | 1 | 2 | 3 |
|---------------------|---------------------------------|---|---|---|
| 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 | | | |
| 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* | | | |

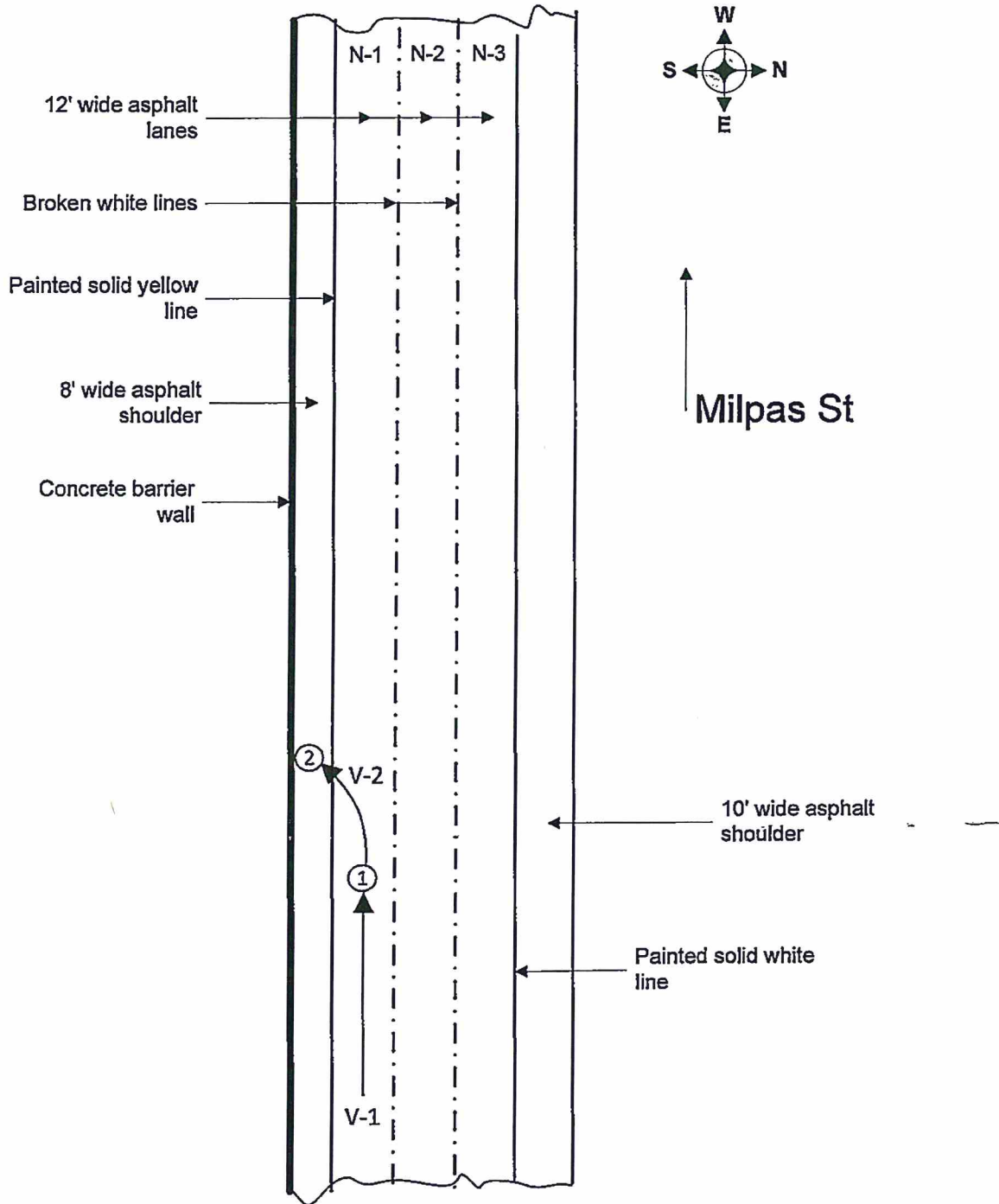
| | | | | | | | | | | | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------|--------------------------|-----|-----|----------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------------------------------------------------|--------------------------|-----------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--|
| CRASH DATE (MO. DAY YEAR) 04/07/2023 | | | | CRASH TIME (2400) 1510 | | | | NCIC # 9760 | | | | OFFICER ID 015830 | | | | NUMBER 9760-2023-00332 | | | |
| 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"/> | 39 | F | <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"/> | 2 | 1 | L | G | 0 | |
| NAME / D. O. B. / ADDRESS LAURA KINSINGER JOHNSON (05/21/1983) 960 ROBLE LANE SANTA BARBARA CA 93103 | | | | | | | | | | | | | | TELEPHONE (805) 252-3389 | | | | | |
| (INJURED ONLY) TRANSPORTED BY: AMR - (805)688-6550 | | | | | | | | EMS RUN NUMBER: | | | | TAKEN TO: SANTA BARBARA COTTAGE HOSPITAL SAN... | | | | | | | |
| DESCRIBE INJURIES COMPLAINT OF PAIN TO NECK, HEAD, AND LOWER BACK | | | | | | | | | | | | | | | | | | | |
| <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"/> | <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"/> | <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"/> | <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"/> | <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 B. ALLEN | | | | ID NUMBER 015830 | | | | MO. DAY YEAR 04/07/2023 | | | | REVIEWER'S NAME M. SANCHEZ, 017314 | | | | MO. DAY YEAR 04/17/2023 | | | |

SKETCH DIAGRAM

| | | | | |
|------------------------------|-------------|--------|------------|-----------------|
| DATE OF CRASH (MO. DAY YEAR) | TIME (2400) | NCIC # | OFFICER ID | NUMBER |
| 04/07/2023 | 1510 | 9760 | 015830 | 9760-2023-00332 |

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

US-101 N/B



| | | | | |
|-------------|-----------|--------------|--------------------|--------------|
| PREPARED BY | ID NUMBER | MO. DAY YEAR | REVIEWER'S NAME | MO. DAY YEAR |
| B. ALLEN | 015830 | 04/07/2023 | M. SANCHEZ, 017314 | 04/17/2023 |

| DATE OF INCIDENT | TIME | NCIC NUMBER | OFFICER I.D. | NUMBER |
|------------------|------|-------------|--------------|-----------------|
| 04/07/2023 | 1510 | 9760 | 015830 | 9760-2023-00332 |

1 All times, speeds, and measurements throughout this report are approximate. Measurements were
 2 obtained using visual estimation and GPS unless otherwise stated. All opinions and conclusions were
 3 based on evidence and/or statements.

4
 5

6 **STATEMENTS (IN ESSENCE):**

7

8 Party #1 (P-1, Hesterberg) related he was driving Vehicle #1 (V-1, MCI) n/b on US-101, s/of
 9 Milpas St u/c, in the #1 lane, 50-55 mph, directly behind V-2 (Toyota). P-1 suddenly observed V-2
 10 stopping for traffic ahead as the front of V-1 approached the rear of V-2. P-1 applied V-1's brakes
 11 but was unable to stop in time and the front of V-1 struck the rear of V-2.

12

13 Party #2 (P-2, Johnson) related she was driving Vehicle #2 (V-2, Toyota Scion) n/b on US-101,
 14 s/of Milpas St u/c, in the #1 lane, at 40-50 mph. P-2 observed traffic suddenly stopping directly
 15 ahead as P-2 applied V-2's brakes and began stopping V-2. P-2 looked in the rear view mirror
 16 and observed V-1 directly behind, quickly approaching the rear of V-2. V-1 was unable to stop
 17 and the front of V-1 struck the rear of V-2. That impact propelled V-2 forward and to the left, into
 18 the center divider, as the front of V-2 struck a center divider wall.

19

20 **SUMMARY / CAUSE:**

21

22 P-1 (Hesterberg) was driving V-1 (MCI) n/b on US-101, s/of Milpas St u/c, in the #1 lane, at 50-55
 23 mph. P-2 (Johnson) was driving V-2 (Toyota) n/b on US-101, in the #1 lane, at 40-50 mph,
 24 directly in front of V-1. P-2 applied V-2 brakes and began stopping V-2 for stopping traffic ahead.
 25 P-1 observed V-2 directly ahead as V-1 quickly approached the rear of V-2. P-1 applied V-1's
 26 brakes but due to the unsafe speed at which P-1 was driving at (22350 VC), P-1 was unable to
 27 stop in time. The front of V-1 struck the rear of V-2 [AOI #1]. That impact propelled V-2 forward
 28 and to the left, into the center divider, and the front of V-2 struck the center divider wall [AOI #2].

| PREPARED BY | I.D. NUMBER | DATE | REVIEWER'S NAME | DATE |
|-------------|-------------|------------|--------------------|------------|
| B. ALLEN | 015830 | 04/07/2023 | M. SANCHEZ, 017314 | 04/17/2023 |

| |
|-------------------|
| PARTY NUMBER 1 |
|-------------------|

| | | | | |
|--------------------------|---------------------------|----------------|----------------------|----------------------------------------|
| CRASH DATE 04/07/2023 | CRASH TIME (2400) 1510 | NCIC # 9760 | OFFICER ID 015830 | LOCAL REPORT NUMBER 9760-2023-00332 |
|--------------------------|---------------------------|----------------|----------------------|----------------------------------------|

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

QUALIFYING INFORMATION

THIS FORM IS BEING COMPLETED BECAUSE THIS VEHICLE IS:

- A truck or truck combination with a gross vehicle weight rating (GVWR) or gross combination weight rating (GCWR) greater than 10,000 pounds
- A bus with seats for 9 or more persons, including driver
- A vehicle of any type displaying hazardous materials (HM) placards (includes auto, light truck, van, 10,000 lbs. or less)

| | |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TOTAL INVOLVED VEHICLES IN THE CRASH 2 | AT THE TIME OF THE CRASH, THIS VEHICLE WAS: <input checked="" type="checkbox"/> Operating on a trafficway open to the public (in-transport) <input type="checkbox"/> Parked on or off the trafficway |
| NUMBER OF PERSONS SUSTAINING FATAL INJURIES 0 | COMMERCIAL DRIVER LICENSE (CDL): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| NUMBER OF INJURED PERSONS TRANSPORTED FOR IMMEDIATE MEDICAL TREATMENT 1 | CDL CLASS (Check only one): <input type="checkbox"/> Class A <input checked="" type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input type="checkbox"/> Class M |
| NUMBER OF VEHICLES TOWED FROM SCENE DUE TO DISABLING DAMAGE 1 | |

VEHICLE INFORMATION

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>VEHICLE CONFIGURATION (Enter one code from below)</p> <p style="text-align: center;">4</p> <p>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)</p> <p>GVWR / GCWR (Enter one code from below. Use GCWR for truck combinations)</p> <p style="text-align: center;">3</p> <p>1 - 10,000 lbs. or Less 2 - 10,001 - 26,000 lbs. 3 - Greater than 26,000 lbs.</p> <p>Bus Use (Enter one code from below)</p> <p style="text-align: center;">5</p> <p>0 - Not a Bus 1 - School (Public or Private) 2 - Transit 3 - Intercity 4 - Charter 5 - Other</p> | <p>CARGO BODY TYPE (Enter one code from below)</p> <p style="text-align: center;">2</p> <p>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)</p> <p>HAZARDOUS MATERIALS INVOLVEMENT (Excluding vehicle fuel system)</p> <p>WAS THE VEHICLE DISPLAYING HM PLACARDS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>IF YES, INCLUDE THE FOLLOWING INFORMATION FROM ONE OF THE PLACARDS: 4-Digit UN/NA identification number or placard name, if none: _____ Hazard Class or Division from bottom of placard: _____</p> <p>Was HM released from this vehicle's cargo? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

MOTOR CARRIER INFORMATION

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------|----------------------------|
| CARRIER TYPE (Check only one): <input checked="" type="checkbox"/> Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/> Non-commerce - government <input type="checkbox"/> Non-commerce - other trucks > 10,000 lbs. GVWR / GCWR | | | |
| CARRIER NAME ROADRUNNER MANAGEMENT SERVICES, INC. | | PHONE NUMBER (805) 607-6246 | |
| CARRIER ADDRESS (NUMBER AND STREET/P.O. BOX) 240 S. GLENN DR | | CITY CAMARILLO | STATE ZIP CODE CA 93010 |
| CARRIER IDENTIFICATION NUMBERS <input type="checkbox"/> None | USDOT | MC / MX | CA 429604 |

SEQUENCE OF EVENTS

NOTE: FOR THIS VEHICLE, LIST UP TO FOUR EVENTS

Event 1: **13** Event 2: Event 3: Event 4:

- NON-COLLISIONS
- Ran Off Road
 - Jackknife
 - Overturn (Rollover)
 - Downhill Runaway
 - Cargo Loss or Shift
 - Explosion or Fire
 - Separation of Units
 - Cross Median / Centerline

- NON-COLLISIONS (continued)
- Equipment Failure (Tires, Brakes, Steering, etc.)
 - Other Non-Collision

- COLLISION INVOLVING / WITH
- Pedestrian
 - Motor Vehicle In-Transport
 - Parked Motor Vehicle

- COLLISION INVOLVING / WITH (continued)
- Train
 - Pedalcycle
 - Animal
 - Fixed Object
 - Work Zone Maintenance Equipment
 - Other Moveable Object
 - Other (Describe):

| | | |
|---------------------------------|---------------------------|--------------------|
| PREPARED BY B. ALLEN, 015830 | REVIEWED BY M. SANCHEZ | DATE 04/17/2023 |
|---------------------------------|---------------------------|--------------------|

1 **PROOF OF SERVICE**

2 STATE OF CALIFORNIA, COUNTY OF LOS ANGELES:

3 I am employed in the County of Los Angeles, State of California. I am over the age of
4 eighteen years and not a party to the within action. My business address is 6303
Owensmouth Ave, 10th Fl., Ste. 1014, Woodland Hills CA 91367.

5 On August 30, 2023, I served the document(s), described as **CLAIM FOR DAMAGES**
6 **AGAINST GOVERNMENTAL ENTITY** on the parties in this action by placing true copies
thereof in sealed envelopes addressed as follows:

7 (PLEASE SEE SERVICE LIST)

8 (BY MAIL) I am readily familiar with the firm's practice of collection and processing
9 correspondence for mailing. Under that practice it would be deposited with the U.S. Postal
10 Service on the same day with postage thereon fully prepaid at Beverly Hills, California in
11 the ordinary course of business. I am aware that on motion of the party served, service is
presumed invalid if postal collection date or postage meter date is more than one business
day after date of deposit for mailing in affidavit.

12 (BY ELECTRONIC MAIL) I caused the documents to be sent to the persons at the emails
13 listed in the attached service list. I did not receive, within a reasonable time after the
transmission, any electronic message or other indication that the transmission was
14 unsuccessful.

15 (BY FACSIMILE) I caused the above-named document to be transmitted by facsimile
16 transmission, from fax number 310-550-9051 to the office(s) of the addressee(s) at the
facsimile number(s) indicated above. The transmission was reported as complete and
17 without error. A copy of the transmission report properly issued by the transmitting
facsimile machine is attached hereto.

18 (BY OVERNIGHT COURIER) I caused the envelope to be deposited in a box regularly
19 maintained by Federal Express in Woodland Hills, CA, in an envelope designated by the
express carrier, with delivery fees pre-paid, for delivery on the next business day to the
20 office(s) of the addressee(s).

21 (STATE) I declare under penalty of perjury under the laws of the State of California that
the foregoing is true and correct.

22 Executed on August 30, 2023 at Los Angeles, California, 91367

23
24 

25
26 MARIA CLOOS

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

SERVICE LIST:

Ventura County Transportation Commission
Roxanna Ibarra
Clerk of the Board
751 E. Daily Dr. STE. 420
Camarillo, CA 93010

Clerk of the Board of Supervisors
County of Ventura
Hall of Administration Building, 4th Floor
800 South Victoria Avenue, L#1920
Ventura, CA 93009