

Destroy Previous Editions

CRASH DATE (MO. DAY YEAR) 10/31/2024			CRASH TIME (2400) 0125			NCIC # 9266			OFFICER ID 018365			NUMBER 9266-2024-01013		
PROPERTY DAMAGE			OWNER'S NAME						OWNER'S ADDRESS					
PERSON NOTIFIED			<input type="checkbox"/> SAME AS OWNER			TELEPHONE NUMBER			METHOD OF NOTIFICATION <input type="checkbox"/> IN PERSON <input type="checkbox"/> PHONE <input type="checkbox"/> DISPATCH <input type="checkbox"/> CHP 422			LOG / INCIDENT NUMBER		
DESCRIPTION OF DAMAGE														
<b>SEATING POSITION</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>SAFETY EQUIPMENT</b> <b>CHILD RESTRAINT</b> Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE <b>M/C BICYCLE - HELMET</b> DRIVER V - NO X - NO W - YES PASSENGER X - NO 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 - 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.														
<b>PRIMARY CRASH FACTOR LIST NUMBER (#) OF PARTY AT FAULT</b>		<b>TRAFFIC CONTROL DEVICES</b>			<b>1</b>	<b>2</b>	<b>3</b>	<b>VEHICLE AUTOMATION LEVEL</b>			<b>1</b>	<b>2</b>	<b>3</b>	<b>MOVEMENT PRECEDING CRASH</b>
<b>1</b>	<b>A</b> CVC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>VC 22107</b>	<b>A</b> CONTROLS FUNCTIONING			<b>X</b>	<b>X</b>		<b>A</b> SAE LEVEL - 0						<b>A</b> STOPPED
	<b>B</b> OTHER IMPROPER DRIVING*:	<b>B</b> CONTROLS NOT FUNCTIONING*						<b>B</b> SAE LEVEL - 1						<b>B</b> PROCEEDING STRAIGHT
		<b>C</b> CONTROLS OBSCURED						<b>C</b> SAE LEVEL - 2						<b>C</b> RAN OFF ROAD
		<b>D</b> NO CONTROLS PRESENT / FACTOR* <b>X</b>						<b>D</b> SAE LEVEL - 3			<b>X</b>			<b>D</b> MAKING RIGHT TURN
<b>C</b> OTHER THAN DRIVER*		<b>TYPE OF CRASH</b>						<b>E</b> SAE LEVEL - 4						<b>E</b> MAKING LEFT TURN
<b>D</b> UNKNOWN*		<b>A</b> HEAD - ON						<b>F</b> SAE LEVEL - 5						<b>F</b> MAKING U TURN
		<b>X</b> <b>B</b> SIDE SWIPE						<b>G</b> UNKNOWN*						<b>G</b> BACKING
		<b>C</b> REAR END			<b>1</b>	<b>2</b>	<b>3</b>	<b>VEHICLE AUTOMATION ENGAGED</b>						<b>H</b> SLOWING / STOPPING
<b>WEATHER (MARK 1 TO 2 ITEMS)</b>		<b>D</b> BROADSIDE												<b>I</b> PASSING OTHER VEHICLE
<b>A</b> CLEAR		<b>E</b> HIT OBJECT			<b>X</b>	<b>X</b>		<b>A</b> NO AUTOMATION						<b>J</b> CHANGING LANES
<b>X</b> <b>B</b> CLOUDY		<b>F</b> OVERTURNED						<b>B</b> DRIVER ASSISTANCE						<b>K</b> PARKING MANEUVER
<b>X</b> <b>C</b> RAINING		<b>G</b> VEHICLE / PEDESTRIAN						<b>C</b> PARTIAL AUTOMATION						<b>L</b> ENTERING TRAFFIC
<b>D</b> SNOWING		<b>H</b> OTHER*:						<b>D</b> CONDITIONAL AUTOMATION						<b>M</b> OTHER UNSAFE TURNING
<b>E</b> FOG / VISIBILITY FT.		<b>MOTOR VEHICLE INVOLVED WITH (MARK 1 TO 2 ITEMS)</b>						<b>E</b> HIGH AUTOMATION						<b>N</b> XING INTO OPPOSING LANE
<b>F</b> OTHER*:								<b>F</b> FULL AUTOMATION				<b>X</b>		<b>O</b> PARKED
<b>G</b> WIND		<b>A</b> NONCOLLISION						<b>G</b> UNKNOWN*						<b>P</b> MERGING
<b>LIGHTING</b>		<b>B</b> PEDESTRIAN												<b>Q</b> TRAVELING WRONG WAY
<b>A</b> DAYLIGHT		<b>C</b> OTHER MOTOR VEHICLE			<b>1</b>	<b>2</b>	<b>3</b>	<b>OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)</b>						<b>R</b> OTHER * :
<b>B</b> DUSK - DAWN		<b>D</b> MOTOR VEHICLE ON OTHER ROADWAY												<b>S</b> LANE SPLITTING
<b>X</b> <b>C</b> DARK - STREET LIGHTS		<b>X</b> <b>E</b> PARKED MOTOR VEHICLE						<b>A</b> CVC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<b>1</b>	<b>2</b>	<b>3</b>	<b>SOBRIETY - DRUG - PHYSICAL (MARK ALL THAT APPLY)</b>
<b>D</b> DARK - NO STREET LIGHTS		<b>F</b> TRAIN						<b>B</b> CVC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<b>X</b>	<b>X</b>		<b>A</b> HAD NOT BEEN DRINKING
<b>E</b> DARK - STREET LIGHTS NOT FUNCTIONING*		<b>G</b> BICYCLE						<b>C</b> CVC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						<b>B</b> HBD - UNDER INFLUENCE
		<b>H</b> ANIMAL:												<b>C</b> HBD - NOT UNDER INFLUENCE*
<b>ROADWAY SURFACE</b>		<b>I</b> FIXED OBJECT:						<b>D</b>						<b>D</b> HBD - IMPAIRMENT UNKNOWN*
<b>A</b> DRY		<b>J</b> OTHER OBJECT:						<b>E</b> VISION OBSCUREMENT:						<b>E</b> UNDER DRUG INFLUENCE* :
<b>X</b> <b>B</b> WET								<b>F</b> INATTENTION* :						<b>DRE</b> EXAM. CONDUCTED
<b>C</b> SNOWY - ICY		<b>K</b> ADDITIONAL OBJECT(S) STRUCK						<b>G</b> STOP & GO TRAFFIC						<b>HALLUCINOGEN</b>
<b>D</b> SLIPPERY (MUDDY, OILY, ETC.)								<b>H</b> ENTERING / LEAVING RAMP						<b>DISSOCIATIVE ANESTHETICS</b>
<b>ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)</b>		<b>PEDESTRIAN'S ACTIONS</b>						<b>I</b> PREVIOUS CRASH						<b>NARCOTIC ANALGESIC</b>
<b>A</b> HOLES, DEEP RUT*		<b>X</b> <b>A</b> NO PEDESTRIANS INVOLVED						<b>J</b> UNFAMILIAR WITH ROAD						<b>INHALANT</b>
<b>B</b> LOOSE MATERIAL ON ROADWAY*		<b>B</b> CROSSING IN CROSSWALK AT INTERSECTION						<b>K</b> DEFECTIVE VEH. EQUIP.: CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						<b>CANNABIS</b>
<b>C</b> OBSTRUCTION ON ROADWAY*		<b>C</b> CROSSING IN CROSSWALK - NOT AT INTERSECTION						<b>L</b> UNINVOLVED VEHICLE						<b>DEPRESSANT</b>
<b>D</b> CONSTRUCTION - REPAIR ZONE		<b>D</b> CROSSING - NOT IN CROSSWALK						<b>M</b> OTHER*:						<b>F</b> IMPAIRMENT - PHYSICAL*
<b>E</b> REDUCED ROADWAY WIDTH		<b>E</b> IN ROAD - INCLUDES SHOULDER						<b>N</b> NONE APPARENT						<b>G</b> IMPAIRMENT NOT KNOWN
<b>F</b> FLOODED*		<b>F</b> NOT IN ROAD			<b>X</b>	<b>X</b>		<b>O</b> RUNAWAY VEHICLE						<b>H</b> NOT APPLICABLE
<b>G</b> OTHER*:		<b>G</b> APPROACHING / LEAVING SCHOOL BUS												<b>I</b> SLEEPY / FATIGUED*
<b>X</b> <b>H</b> NO UNUSUAL CONDITIONS														
<b>SKETCH</b>  REFER TO SKETCH PAGE(S)    <b>MISCELLANEOUS</b> V-1 TRAILER INFO: R/O INFO: GBTI INC., 3619 S FOWLER, FRESNO, CA 93725, VIN: 1UYVS253XGU717704. V-2 TRAILER INFO: DMI LOGISTICS INC., 7595 POINSETTIA DR, SACRAMENTO, CA 95829, VIN: 1GRAAA0628HW702222  <input type="checkbox"/> REFER TO NARRATIVE FOR ADDITIONAL INFORMATION					<b>1</b>	<b>2</b>	<b>3</b>	<b>SPECIAL INFORMATION</b>						
								<b>A</b> HAZARDOUS MATERIAL						
								<b>B</b> CELL PHONE HANDHELD IN USE						
								<b>C</b> CELL PHONE HANDSFREE IN USE						
					<b>X</b>	<b>X</b>		<b>D</b> CELL PHONE NOT IN USE						
								<b>E</b> CELL PHONE USE UNKNOWN						
								<b>F</b> SCHOOL BUS RELATED						
					<b>1</b>	<b>2</b>	<b>3</b>	<b>BIKEWAY FACILITY</b>						
								<b>A</b> SHARED ROADWAY						
								<b>B</b> CLASS I - BIKE PATH*						
								<b>C</b> CLASS II - BIKE LANE*						
								<b>D</b> CLASS III - BIKE ROUTE*						
								<b>E</b> CLASS IV - SEPARATED BIKEWAY*						

CRASH DATE (MO. DAY YEAR) 10/31/2024				CRASH TIME (2400) 0125		NCIC # 9266		OFFICER ID 018365				NUMBER 9266-2024-01013						
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 checked="" type="checkbox"/> # 1	<input type="checkbox"/>	31	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D. O. B. / ADDRESS SUKHJEET SINGH CHEEMA (07/06/1993) 3441 DATA DR APT 532 RANCHO CORDOVA CA 95670															TELEPHONE (916) 512-5621/UNKNOWN			
(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																		
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<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"/>					
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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																		
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<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 SEAN M MALOY																		
ID NUMBER 018365				MO. DAY YEAR 10/31/2024				REVIEWER'S NAME ANTHONY COLEMAN						MO. DAY YEAR 11/12/2024				

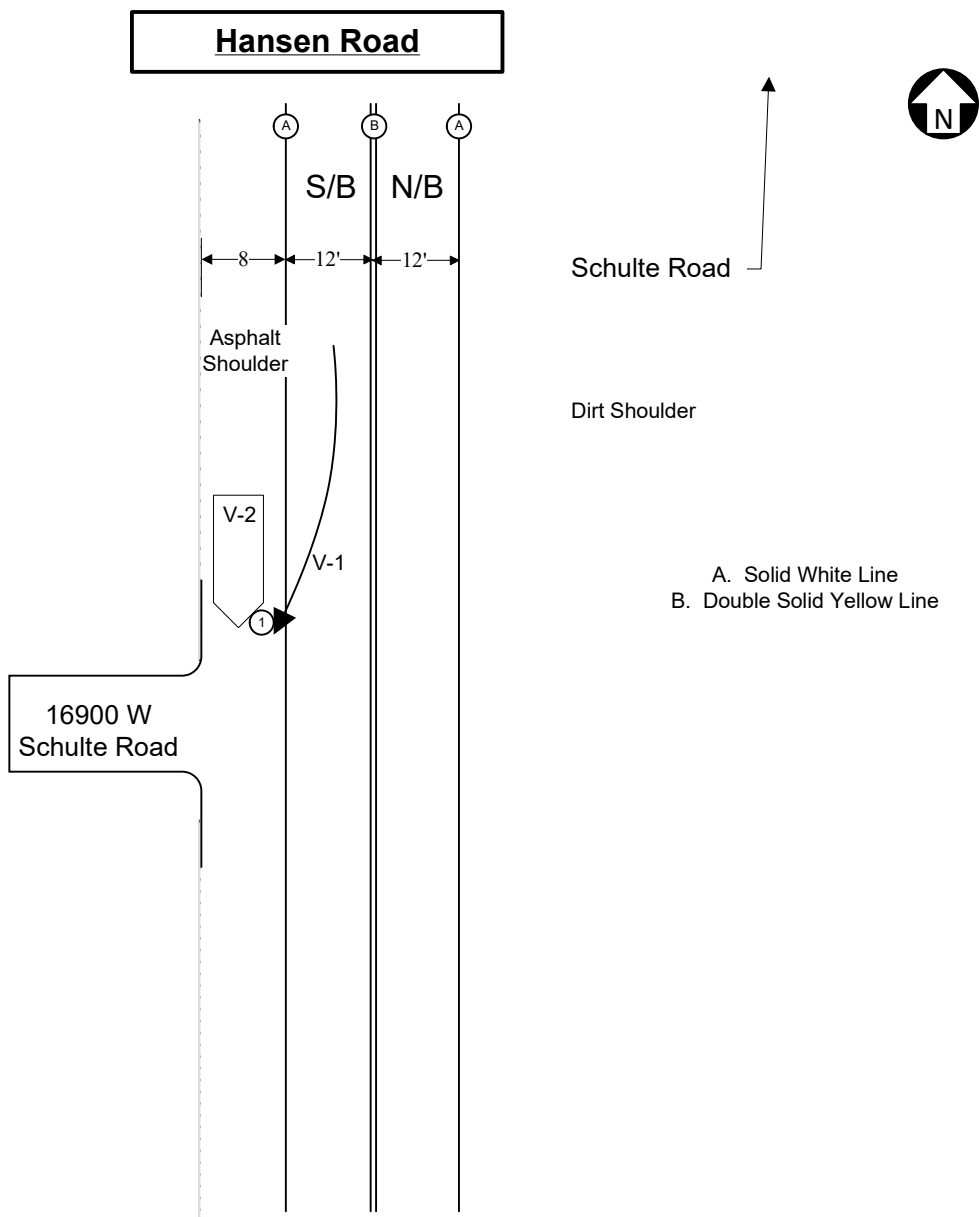
# SKETCH DIAGRAM

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DATE OF CRASH (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER ID	NUMBER
10/31/2024	0125	9266	018365	9266-2024-01013

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



PREPARED BY	ID NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
SEAN M MALOY	018365	10/31/2024	ANTHONY COLEMAN	11/12/2024

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
10/31/2024	0125	9266	018365	9266-2024-01013

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 **OTHER FACTUAL INFORMATION:**

6 Once arriving on scene, I spoke to the head of Safeway security, Julie Rodriguez, who advised that one of her security  
7 guards told her that a semi-truck had been sideswiped just outside of the Safeway facility. Rodriguez advised that the  
8 only truck to enter the parking lot at that time was V-1. The security guard who heard the crash contacted the victim,  
9 who had been asleep inside of the truck parked on Hansen Road and told him what had occurred. That driver, (W-1)  
10 looked at his dash cam and saw the truck that had sideswiped his truck. W-1 went to speak to the party who had hit  
11 his truck to exchange information and that driver became aggressive, so Rodriguez called 911 and waited for CHP  
12 arrival. I viewed the dash cam footage at the scene which showed V-1 pulling into the parking lot at the time of the  
13 crash. I observed V-1 make a right turn, coming very close to the left front of W1's truck, however no collision could  
14 be seen in the footage due to the minor damage that actually occurred. While looking at V-1, I located red paint on  
15 the right-side tires of V-1's trailer as well as fresh damage to its right-side fender skirt. Refer to attached photos.

16

17 **STATEMENTS:**

18 Party #1 (P-1) (Barring): Tracy CHP Officer T. Allen spoke to P-1 at the scene of the crash. P-1 related, in essence,  
19 the following: P-1 was driving Vehicle #1 (V-1) (Volvo) southbound on Hansen Road, south of Schulte Road, in the  
20 #2 lane, at approximately 10-15 miles per hour, slowing to make a right turn. P-1 further related that he made a right  
21 turn into the north entrance of the Safeway parking lot and parked his truck. P-1 checked in between 0125 and 0135  
22 hours. P-1 advised that he never felt a "hit" when making a right turn. After the collision, P-1 remained in his truck  
23 in the parking lot.

24

25 Witness #1 (W-1) (Cheema): I spoke to W-1 at the scene of the crash. W-1 related, in essence, the following: W-1  
26 was stopped in Vehicle #2 (V-2) (Freightliner) on the right shoulder of Hansen Road, south of Schulte Road, just  
27 north of the driveway to the north entrance to the Safeway parking lot. W-1 further related that he had been sleeping  
28 in his sleeper berth since 1900 hours the previous evening. P-2 further advised that a security guard woke him up  
29 around 0130 hours and advised that another semi had crashed into his truck. P-2 looked at the damage and then  
30 checked his dash camera, which did show a truck making a right turn at the time of the alleged crash. After the  
31 collision, P-2 exited V-2 and waited for CHP arrival.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
SEAN M MALOY	018365	10/31/2024	ANTHONY COLEMAN	11/12/2024

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
10/31/2024	0125	9266	018365	9266-2024-01013

**1 SUMMARY/CAUSE:**

2 P-1 was driving V-1 southbound on Hansen Road, south of Schulte Road, in the #2 lane, at approximately 10-15 miles  
3 per hour, to the north of V-2. V-2 (Freightliner) was parked on the right shoulder of Hansen Road, south of Schulte  
4 Road, just north of the driveway to the north entrance to the Safeway parking lot, to the south of V-1. P-1 made an  
5 unsafe turning movement in V-1, to the right (22107 CVC), causing V-1's trailer to crash into the left front of V-2,  
6 which was parked on the right shoulder of Hansen Road. V-1's right side trailer skirt and trailer tires crashed into the  
7 left front portion of V-2's bumper (AOI #1). After the crash, both drivers drove their respective vehicles into the  
8 Safeway parking lot to await CHP arrival.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
SEAN M MALOY	018365	10/31/2024	ANTHONY COLEMAN	11/12/2024

## PHOTOS

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SEMI 1



SEMI 2



SEMI 3



SEMI 4



PREPARED BY	ID NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
SEAN M MALOY	018365	10/31/2024	ANTHONY COLEMAN	11/12/2024