



SPECIAL CONDITIONS		NUMBER INJURED <b>2</b>	HIT & RUN FELONY <input type="checkbox"/>	CITY <b>UNINCORPORATED</b>		JUDICIAL DISTRICT	LOCAL REPORT NUMBER <b>9390-2022-00670</b>		
		NUMBER KILLED <b>0</b>	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY <b>ALAMEDA</b>		REPORTING DISTRICT	BEAT <b>440</b>	DAY OF WEEK <b>THURSDAY</b>	
								TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<b>LOCATION</b>	CRASH OCCURRED ON <b>DEL VALLE RD (7000 BLOCK)</b>					MO. DAY YEAR <b>04/07/2022</b>	TIME (2400) <b>1915</b>	NCIC # <b>9390</b>	OFFICER ID <b>021452</b>
	MILEPOST INFORMATION <b>30 FEET SOUTH of MPM 1.25</b>			GPS COORDINATES LATITUDE <b>37.607651</b> LONGITUDE <b>-121.693165</b>			PHOTOGRAPHS BY: <input checked="" type="checkbox"/> NONE		
	<input type="checkbox"/> AT INTERSECTION WITH					STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
<input checked="" type="checkbox"/> OR: <b>1.25 MILES SOUTH of MINES ROAD</b>									
<b>PARTY 1</b>	DRIVER'S LICENSE NUMBER <b>D2499741</b>	STATE <b>CA</b>	CLASS <b>M1</b>	AIR BAG <b>P</b>	SAFETY EQUIP. <b>W</b>	VEH. YEAR <b>2016</b>	MAKE/MODEL/COLOR <b>YAMA FZ09 BLK</b>	LICENSE NUMBER <b>22Y8068</b>	STATE <b>CA</b>
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> <b>ARTHUR ALEXANDER DRUCKER</b>					OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER			
PEDESTRIAN	STREET ADDRESS <input type="checkbox"/> <b>1347 2ND ST</b>					OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER			
PARKED VEHICLE	CITY/STATE/ZIP <input type="checkbox"/> <b>LIVERMORE CA 94550</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"/> <b>M</b>	HAIR <input type="checkbox"/> <b>BRN</b>	EYES <input type="checkbox"/> <b>BRN</b>	HEIGHT <input type="checkbox"/> <b>6' 2"</b>	WEIGHT <input type="checkbox"/> <b>180</b>	BIRTHDATE Mo. Day Year <input type="checkbox"/> <b>08/20/1984</b>	RACE <input type="checkbox"/> <b>W</b>	<b>CENTRAL TOWING - LIVERMORE - (800)686-4869</b>	
OTHER	HOME PHONE <input type="checkbox"/> <b>(925) 487-4796</b>		BUSINESS PHONE <input type="checkbox"/> <b>NONE</b>			VEHICLE IDENTIFICATION NUMBER: <b>JYARN33YXGA002625</b>			
OPERATOR	INSURANCE CARRIER <input type="checkbox"/> <b>FARMERS</b>		POLICY NUMBER <input type="checkbox"/> <b>UNKNOWN</b>			VEHICLE TYPE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> ROLL-OVER	SHADE IN DAMAGED AREA MOTORCYCLE - RIGHT 		
	DIR OF TRAVEL <input type="checkbox"/> <b>N</b>	ON STREET OR HIGHWAY <input type="checkbox"/> <b>DEL VALLE ROAD</b>		LANE <input type="checkbox"/> <b>N/B</b>	THRU LANES <input type="checkbox"/> <b>1</b>	TOTAL LANES <input type="checkbox"/> <b>1</b>	SPEED LIMIT <input type="checkbox"/> <b>45</b>	CA _____ DOT _____ CAL-T _____ TCP/PSC _____ MC/MX _____	
<b>PARTY 2</b>	DRIVER'S LICENSE NUMBER <b>Y8470328</b>	STATE <b>CA</b>	CLASS <b>C</b>	AIR BAG <b>L</b>	SAFETY EQUIP. <b>G</b>	VEH. YEAR <b>2013</b>	MAKE/MODEL/COLOR <b>HYUN ELANTRA SIL</b>	LICENSE NUMBER <b>7BOJ162</b>	STATE <b>CA</b>
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> <b>MARA GREENE ST AMANT</b>					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER <b>SHERI GREENE</b>			
PEDESTRIAN	STREET ADDRESS <input type="checkbox"/> <b>1902 HENRY ST APT C</b>					OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER <b>9548 WELLINGTON CIR WINDSOR CA 95492</b>			
PARKED VEHICLE	CITY/STATE/ZIP <input type="checkbox"/> <b>BERKELEY CA 94704</b>					DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER			
BICYCLIST	SEX <input type="checkbox"/> <b>F</b>	HAIR <input type="checkbox"/> <b>BRN</b>	EYES <input type="checkbox"/> <b>BRN</b>	HEIGHT <input type="checkbox"/> <b>5' 0"</b>	WEIGHT <input type="checkbox"/> <b>125</b>	BIRTHDATE Mo. Day Year <input type="checkbox"/> <b>02/14/2002</b>	RACE <input type="checkbox"/> <b>W</b>	<b>NORM'S TOW SERVICE - (925)455-4466</b>	
OTHER	HOME PHONE <input type="checkbox"/> <b>(707) 318-0533</b>		BUSINESS PHONE <input type="checkbox"/> <b>NONE</b>			VEHICLE IDENTIFICATION NUMBER: <b>KMHD35LE7DU129473</b>			
OPERATOR	INSURANCE CARRIER <input type="checkbox"/> <b>GEICO</b>		POLICY NUMBER <input type="checkbox"/> <b>4116892151</b>			VEHICLE TYPE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER	SHADE IN DAMAGED AREA TOP VIEW 		
	DIR OF TRAVEL <input type="checkbox"/> <b>N</b>	ON STREET OR HIGHWAY <input type="checkbox"/> <b>DEL VALLE RD</b>		LANE <input type="checkbox"/> <b>N/B</b>	THRU LANES <input type="checkbox"/> <b>1</b>	TOTAL LANES <input type="checkbox"/> <b>1</b>	SPEED LIMIT <input type="checkbox"/> <b>45</b>	CA _____ DOT _____ CAL-T _____ TCP/PSC _____ MC/MX _____	
<b>PARTY 3</b>	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
DRIVER	NAME (FIRST, MIDDLE, LAST)					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER			
PEDESTRIAN	STREET ADDRESS					OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER			
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	DESCRIBE VEHICLE DAMAGE	SHADE IN DAMAGED AREA	
	DIR OF TRAVEL	ON STREET OR HIGHWAY		LANE	THRU LANES	TOTAL LANES	SPEED LIMIT	CA _____ DOT _____ CAL-T _____ TCP/PSC _____ MC/MX _____	
PREPARER'S NAME <b>SHAWN M LANDERS, 021452</b>			DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			REVIEWER'S NAME <b>D. A FINDLEY, 015135</b>			DATE REVIEWED <b>04/14/2022</b>

**TRAFFIC CRASH CODING**

CHP 555 Page 2 (Rev. 3-20) OPI 060



DATE OF CRASH (MO. DAY YEAR) <b>04/07/2022</b>		TIME (2400) <b>1915</b>	NCIC # <b>9390</b>	OFFICER ID <b>021452</b>	NUMBER <b>9390-2022-00670</b>	
PROPERTY <b>DAMAGE</b>	OWNER'S NAME	OWNER'S ADDRESS				
PERSON NOTIFIED	<input type="checkbox"/> SAME AS OWNER	TELEPHONE NUMBER	METHOD OF NOTIFICATION (MARK ALL THAT APPLY)		LOG / INCIDENT NUMBER	
			<input type="checkbox"/> IN PERSON	<input type="checkbox"/> PHONE	<input type="checkbox"/> DISPATCH	<input type="checkbox"/> CHP 422

DESCRIPTION OF DAMAGE

<p><b>SEATING POSITION</b></p> <p>1 TO 9 - STANDARD SEATING POSITION 10 - REAR OCC. TRK, VAN, STATION WAGON, ETC.* 11 - POSITION UNKNOWN* 0 - OTHER*</p>	<p><b>SAFETY EQUIPMENT</b></p> <p><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</p> <p><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</p> <p><b>MC / BICYCLE - HELMET</b> DRIVER PASSENGER V - NO X - NO W - YES Y - YES</p>	<p><b>AIR BAG</b> B - UNKNOWN L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED</p> <p><b>EJECTED FROM VEHICLE</b> 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN</p>	<p><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</p>
--	---	---	---

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	
<b>1</b> A CVC SECTION VIOLATED CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>VC 21460(A)</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> OTHER THAN DRIVER*	<b>C</b> CONTROLS OBSCURED				<b>C</b> SAE LEVEL - 2				<b>C</b> RAN OFF ROAD
<b>D</b> UNKNOWN*	<b>D</b> NO CONTROLS PRESENT / FACTOR*				<b>D</b> SAE LEVEL - 3				<b>D</b> MAKING RIGHT TURN
	<b>E</b> HIT OBJECT				<b>E</b> SAE LEVEL - 4			<b>X</b>	<b>E</b> MAKING LEFT TURN
	<b>F</b> OVERTURNED				<b>F</b> SAE LEVEL - 5				<b>F</b> MAKING U TURN
	<b>G</b> VEHICLE / PEDESTRIAN				<b>G</b> UNKNOWN*				<b>G</b> BACKING
	<b>H</b> OTHER*								<b>H</b> SLOWING / STOPPING
<b>X</b> A CLEAR	<b>D</b> BROADSIDE	<b>1</b>	<b>2</b>	<b>3</b>	<b>A</b> NO AUTOMATION				<b>I</b> PASSING OTHER VEHICLE
<b>B</b> CLOUDY	<b>E</b> HIT OBJECT	<b>X</b>	<b>X</b>		<b>B</b> DRIVER ASSISTANCE				<b>J</b> CHANGING LANES
<b>C</b> RAINING	<b>F</b> OVERTURNED				<b>C</b> PARTIAL AUTOMATION				<b>K</b> PARKING MANEUVER
<b>D</b> SNOWING	<b>G</b> VEHICLE / PEDESTRIAN				<b>D</b> CONDITIONAL AUTOMATION				<b>L</b> ENTERING TRAFFIC
<b>E</b> FOG / VISIBILITY FT.	<b>H</b> OTHER*				<b>E</b> HIGH AUTOMATION			<b>X</b>	<b>M</b> OTHER UNSAFE TURNING
<b>F</b> OTHER*	<b>A</b> NONCOLLISION				<b>F</b> FULL AUTOMATION				<b>N</b> XING INTO OPPOSING LANE
<b>G</b> WIND	<b>B</b> PEDESTRIAN				<b>G</b> UNKNOWN*				<b>O</b> PARKED
<b>A</b> DAYLIGHT	<b>C</b> OTHER MOTOR VEHICLE								<b>P</b> MERGING
<b>X</b> B DUSK - DAWN	<b>D</b> MOTOR VEHICLE ON OTHER ROADWAY	<b>1</b>	<b>2</b>	<b>3</b>	<b>A</b> CVC SECTION VIOLATION CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				<b>Q</b> TRAVELING WRONG WAY
<b>C</b> DARK - STREET LIGHTS	<b>E</b> PARKED MOTOR VEHICLE				<b>B</b> CVC SECTION VIOLATION CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				<b>R</b> OTHER*
<b>D</b> DARK - NO STREET LIGHTS	<b>F</b> TRAIN				<b>C</b> CVC SECTION VIOLATION CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				<b>S</b> LANE SPLITTING
<b>E</b> DARK - STREET LIGHTS NOT FUNCTIONING*	<b>G</b> BICYCLE				<b>D</b> [REDACTED]				<b>A</b> HAD NOT BEEN DRINKING
	<b>H</b> ANIMAL				<b>E</b> VISION OBSCUREMENT:				<b>B</b> HBD - UNDER THE INFLUENCE
	<b>I</b> FIXED OBJECT:				<b>F</b> INATTENTION*				<b>C</b> HBD - NOT UNDER INFLUENCE*
<b>X</b> A DRY	<b>J</b> OTHER OBJECT:				<b>G</b> STOP & GO TRAFFIC				<b>D</b> HBD - IMPAIRMENT UNKNOWN*
<b>B</b> WET	<b>K</b> ADDITIONAL OBJECT(S) STRUCK				<b>H</b> ENTERING / LEAVING RAMP				<b>E</b> UNDER DRUG INFLUENCE*
<b>C</b> SNOWY - ICY	<b>A</b> NO PEDESTRIANS INVOLVED				<b>I</b> PREVIOUS CRASH				DRE EXAM. CONDUCTED
<b>D</b> SLIPPERY (MUDDY, OILY, ETC.)	<b>B</b> CROSSING IN CROSSWALK - AT INTERSECTION				<b>J</b> UNFAMILIAR WITH ROAD				STIMULANT
	<b>C</b> CROSSING IN CROSSWALK - NOT AT INTERSECTION				<b>K</b> DEFECTIVE VEH. EQUIP. CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				HALLUCINOGEN
	<b>D</b> CROSSING - NOT IN CROSSWALK				<b>L</b> UNINVOLVED VEHICLE				DISSOCIATIVE ANESTHETICS
	<b>E</b> IN ROAD - INCLUDES SHOULDER				<b>M</b> OTHER*				NARCOTIC ANALGESIC
	<b>F</b> NOT IN ROAD				<b>N</b> NONE APPARENT				INHALANT
<b>X</b> H NO UNUSUAL CONDITIONS	<b>G</b> APPROACHING / LEAVING SCHOOL BUS	<b>X</b>	<b>X</b>		<b>O</b> RUNAWAY VEHICLE				CANNABIS

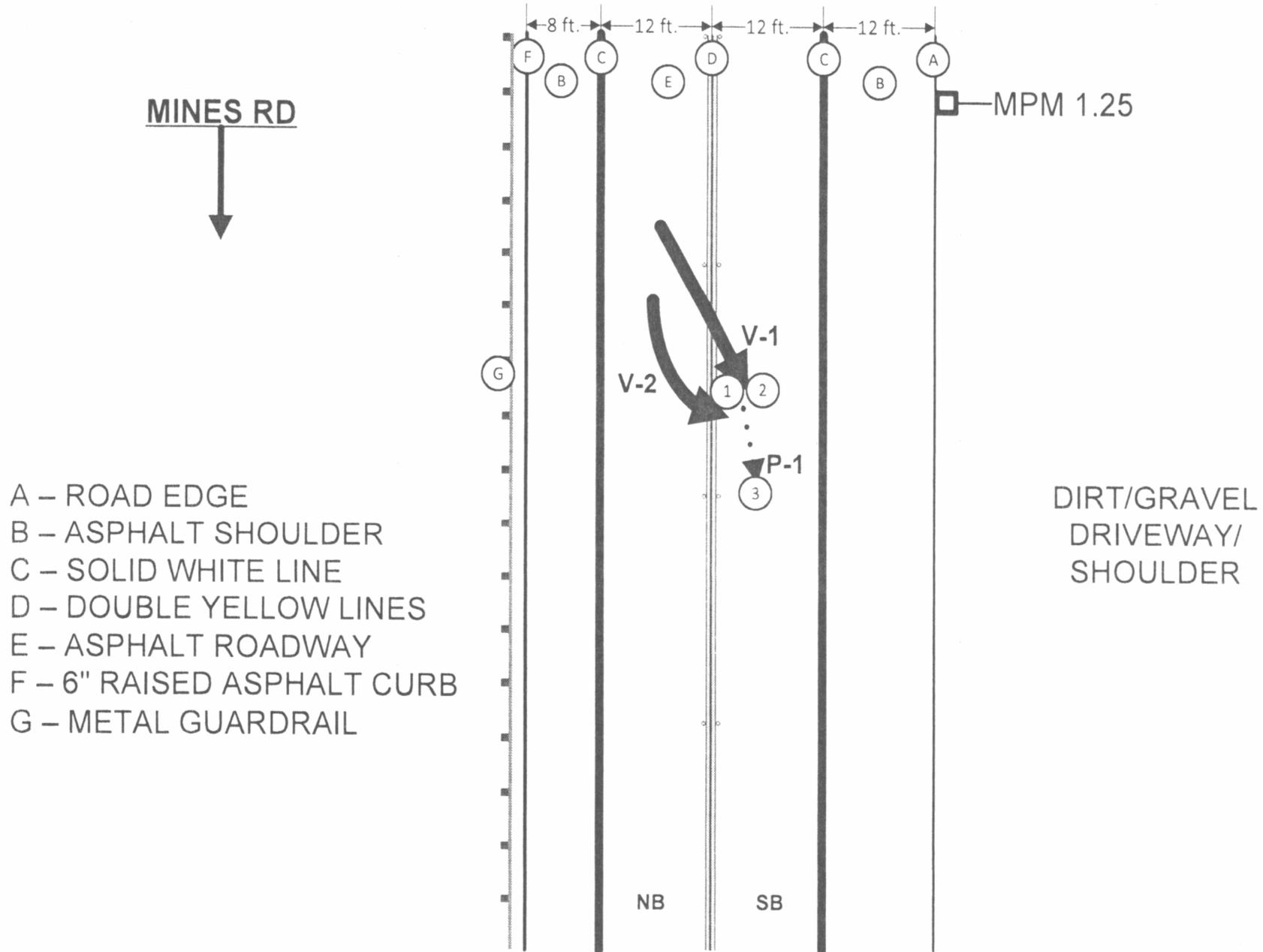
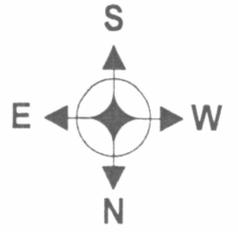
<p>SKETCH</p> <p>REFER TO SKETCH PAGE(S)</p>	<p>MISCELLANEOUS</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>1</th> <th>2</th> <th>3</th> <th>SPECIAL INFORMATION</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td><b>A</b> HAZARDOUS MATERIAL</td> </tr> <tr> <td></td> <td></td> <td></td> <td><b>B</b> CELL PHONE HANDHELD IN USE</td> </tr> <tr> <td></td> <td></td> <td></td> <td><b>C</b> CELL PHONE HANDSFREE IN USE</td> </tr> <tr> <td><b>X</b></td> <td><b>X</b></td> <td></td> <td><b>D</b> CELL PHONE NOT IN USE</td> </tr> <tr> <td></td> <td></td> <td></td> <td><b>E</b> CELL PHONE USE UNKNOWN</td> </tr> <tr> <td></td> <td></td> <td></td> <td><b>F</b> SCHOOL BUS RELATED</td> </tr> <tr> <th>1</th> <th>2</th> <th>3</th> <th>BIKEWAY FACILITY</th> </tr> <tr> <td></td> <td></td> <td></td> <td><b>A</b> SHARED ROADWAY</td> </tr> <tr> <td></td> <td></td> <td></td> <td><b>B</b> CLASS I - BIKE PATH*</td> </tr> <tr> <td></td> <td></td> <td></td> <td><b>C</b> CLASS II - BIKE LANE*</td> </tr> <tr> <td></td> <td></td> <td></td> <td><b>D</b> CLASS III - BIKE ROUTE*</td> </tr> <tr> <td></td> <td></td> <td></td> <td><b>E</b> CLASS IV - SEPARATED BIKEWAY*</td> </tr> </tbody> </table>	1	2	3	SPECIAL INFORMATION				<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	1	2	3	BIKEWAY FACILITY				<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*
1	2	3	SPECIAL INFORMATION																																																			
			<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																																																			
1	2	3	BIKEWAY FACILITY																																																			
			<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*																																																			

DATE OF CRASH (MO. DAY YEAR) <b>04/07/2022</b>				TIME (2400) <b>1915</b>		NCIC # <b>9390</b>			OFFICER ID <b>021452</b>			NUMBER <b>9390-2022-00670</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>37</b>	<b>M</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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>P</b>	<b>W</b>	<b>1</b>	
NAME / D.O.B. / ADDRESS <b>ARTHUR ALEXANDER DRUCKER (08/20/1984) 1347 2ND ST LIVERMORE CA 94550</b>												TELEPHONE <b>(925) 487-4796</b>							
(INJURED ONLY) TRANSPORTED BY: <b>FALCK</b>						EMS RUN NUMBER <b>9822039150</b>			TAKEN TO: <b>EDEN MEDICAL CENTER CASTRO VALLEY</b>										
DESCRIBE INJURIES  <b>POSSIBLE BROKEN RIBS, FULL BODY DISCOMFORT</b>																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/> #	<input type="checkbox"/>	<b>20</b>	<b>F</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"/>	<input type="checkbox"/>	<b>2</b>	<b>1</b>	<b>L</b>	<b>G</b>	<b>0</b>
NAME / D.O.B. / ADDRESS <b>MARA GREENE ST AMANT (02/14/2002) 1902 HENRY ST APT C BERKELEY CA 94704</b>												TELEPHONE <b>(707) 318-0533</b>							
(INJURED ONLY) TRANSPORTED BY: <b>NOT TRANSPORTED</b>									TAKEN TO: <b>WILL SEEK OWN AID</b>										
DESCRIBE INJURIES  <b>CUT ON FINGER</b>																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/> #	<input checked="" type="checkbox"/>	<b>20</b>	<b>F</b>	<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"/>	<b>2</b>	<b>3</b>	<b>M</b>	<b>G</b>	<b>0</b>
NAME / D.O.B. / ADDRESS <b>LAYLA NALANGAN (02/28/2002) 1902 HENRY ST APT C BERKELEY CA 94704</b>												TELEPHONE <b>(707) 318-0533</b>							
(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"/>					
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"/>					
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"/>					
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>SHAWN M LANDERS</b>						ID NUMBER <b>021452</b>		MO. DAY YEAR <b>04/07/2022</b>		REVIEWER'S NAME <b>D. A FINDLEY, 015135</b>					MO. DAY YEAR <b>04/14/2022</b>				

DATE OF CRASH (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER ID	NUMBER
04/07/2022	1915	9390	021452	9390-2022-00670

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

# DEL VALLE RD (7000 BLOCK)

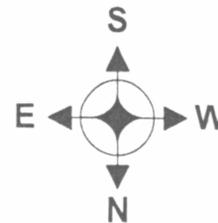


PREPARED BY	ID NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
SHAWN M LANDERS	021452	04/07/2022	D. A FINDLEY, 015135	04/14/2022

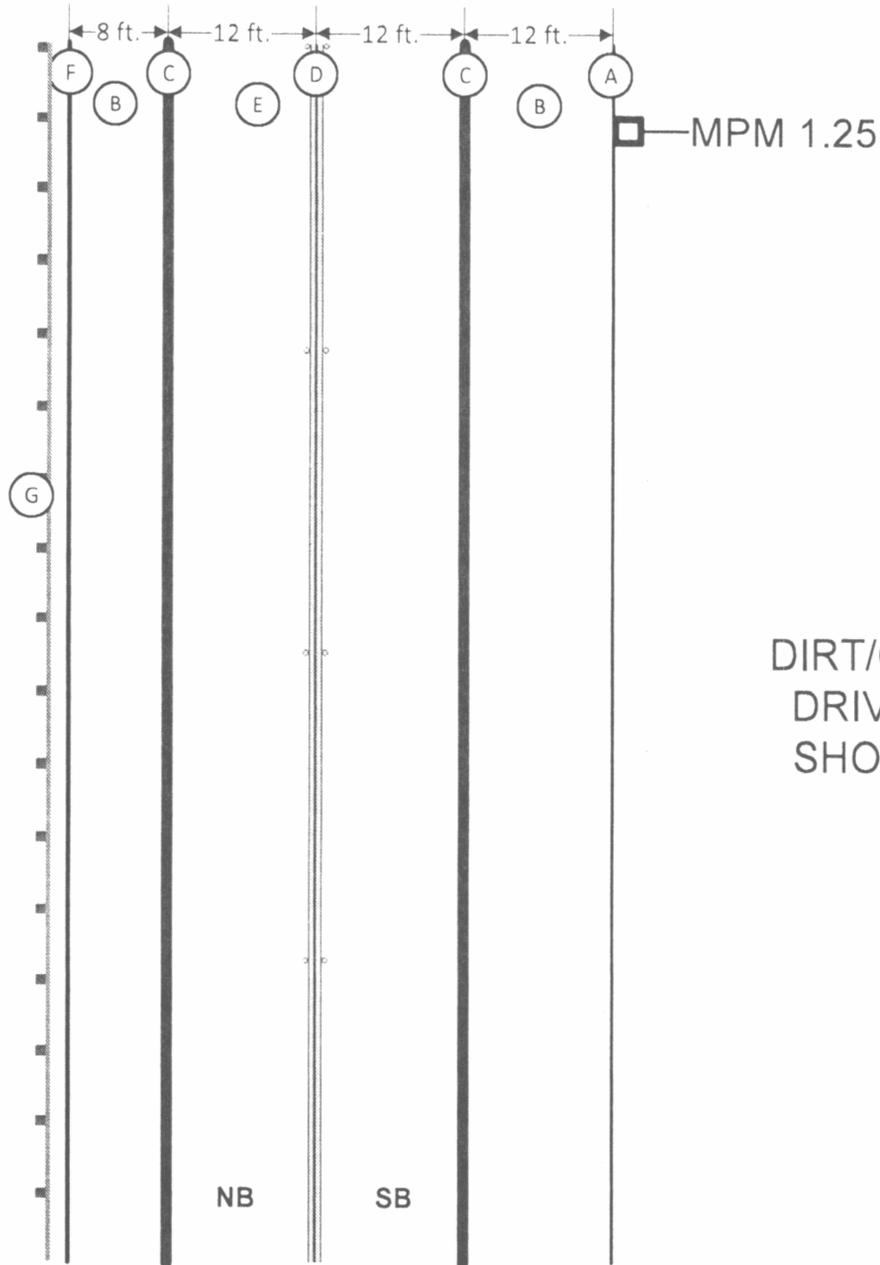
DATE OF CRASH (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER ID	NUMBER
04/07/2022	1915	9390	021452	9390-2022-00670

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

# DEL VALLE RD (7000 BLOCK)



**MINES RD**



- A – ROAD EDGE
- B – ASPHALT SHOULDER
- C – SOLID WHITE LINE
- D – DOUBLE YELLOW LINES
- E – ASPHALT ROADWAY
- F – 6" RAISED ASPHALT CURB
- G – METAL GUARDRAIL

DIRT/GRAVEL  
 DRIVEWAY/  
 SHOULDER

NB

SB

**\*\*VEHICLES/PARTIES MOVED PRIOR TO CHP ARRIVAL\*\***

PREPARED BY	ID NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
SHAWN M LANDERS	021452	04/07/2022	D. A FINDLEY, 015135	04/14/2022

---

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
04/07/2022	1915	9390	021452	9390-2022-00670

---

1

**PHYSICAL EVIDENCE LEGEND:**

2

3 **STATION LINE:**

4 A station line was not established or used.

5

6 **VEHICLE POINTS OF REST:**

7 Vehicles were moved prior to CHP arrival.

8

9 **PHYSICAL EVIDENCE:**

10 None.

11

12

**FACTS**

13

14 **NOTIFICATION:**

15 On 4/7/2022 at approximately 1950 hours, I received a call from Golden Gate Communications  
16 Center of a crash with an ambulance already on scene requesting a Code-2 response from CHP. I  
17 responded from Altamont pass Road at Dyer Road and arrived on scene at approximately 2010  
18 hours. All times, speeds, and measurements are approximate. Measurements were obtained by  
19 visual estimation.

20

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
04/07/2022	1915	9390	021452	9390-2022-00670

**1 SCENE:**

2 Del Valle Road, south of Mines Road, is a slight downhill grade, smooth, two lane, divided  
3 highway with an asphalt roadway, in unincorporated Alameda County. Del Valle Road is  
4 designated north/south. The northbound lane and the southbound lane are divided by a painted  
5 double yellow solid line pattern. The east roadway edge line is delineated by a solid painted white  
6 line. Bordering the white line to the east is an asphalt shoulder followed to the east by an  
7 approximately six inch raised asphalt curb. Just east of the curb is metal guardrail. The west  
8 roadway edge line is delineated by a solid painted white line. Bordering the white line to the west  
9 is an asphalt shoulder followed by a dirt/gravel driveway/shoulder area. Del Valle is controlled by  
10 posted black and white 45 mph max speed regulatory signs with yellow and black advisory signs  
11 advising slower speeds as you maneuver through the periodic curves of the roadway. Please refer  
12 to the factual diagram for further information.

13

**14 OTHER FACTUAL INFORMATION:**

15 Officer Roberts, ID 20685, contacted Driver #1 and obtained his statement.

16

**17 PARTIES/VEHICLES:**

18 Driver #1 (Drucker) was contacted by Officer Roberts, at Eden Hospital. He was identified by  
19 verbal information as Arthur Alexander Drucker with a CA Driver License number of D2499741.

20

21 Vehicle #1 (Yamaha) was located on in wheels facing northbound, on the west shoulder of Del  
22 Valle Road. Vehicle #1 sustained damage which consists of, but is not limited to, front fender  
23 broken and detached from a front-end impact, windshield detached, damage to the handle bars,  
24 and scrapes to the right side.

25

26 Driver #2 (St Amant) was located on scene in close proximity to Vehicle #2 (Hyundai). She was  
27 identified with her CA Driver License (Y8470328) as Mara Greene St Amant.

28

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
SHAWN M LANDERS	021452	04/07/2022	D. A FINDLEY, 015135	04/14/2022

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
04/07/2022	1915	9390	021452	9390-2022-00670

1 Vehicle #2 (Hyundai) was located on its wheels facing northbound, on the west shoulder of Del  
 2 Valle Road. Vehicle #2 sustained damage which consisted of, but is not limited to, large dent and  
 3 scrapes to driver's door, driver's window shattered out, scrapes and dents to left front fender, and  
 4 left curtain airbag deployed.

5

6 **STATEMENTS:**

7 *Statements are not verbatim. Statements are written in summary form and were read back for*  
 8 *verification.*

9 Driver #1 (Drucker) related, in essence, he was driving Vehicle #1 at approximately 40-50 mph in  
 10 the northbound lane behind Vehicle #2. Vehicle #2 looked like it was going to pull to the right  
 11 shoulder and park, so he decided to pass on the left. As he was going around Vehicle #2, it turned  
 12 to the left, directly in front of him. He crashed into Vehicle #2 on the driver side and then  
 13 remembers flipping through the air. He recalled the roadway being only a two lane road but  
 14 claimed he did not recall if the center line was solid double yellows or broken yellow lines.

15

16 Driver #2 (St Amant) related, in essence, she was driving Vehicle #2 northbound on Del Valle  
 17 Road at approximately 45-50 mph going downhill. She observed a driveway to her left and wanted  
 18 to pull over to watch the sunset over the hillside. She activated the left turn signal of Vehicle #2  
 19 and began to slow. She estimated she was at approximately 30 mph before she started turning  
 20 left into the driveway. She continued braking as she continued the turn and believed she was 2-3  
 21 feet into the southbound lane when there was a sudden crash into her driver side door. She  
 22 observed Driver #1 fly over her hood, and she stopped Vehicle #2 and checked on Driver #1.

23

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
SHAWN M LANDERS	021452	04/07/2022	D. A FINDLEY, 015135	04/14/2022

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
04/07/2022	1915	9390	021452	9390-2022-00670

1 **OPINIONS AND CONCLUSIONS**

2

3 **SUMMARY:**

4 *The summary was based upon statements and vehicle damage.*

5 Driver #1 (Drucker) was driving Vehicle #1 (Yamaha) northbound on Del Valle Road, south of  
 6 Mines Road, in the northbound lane at approximately 40-50 mph behind Vehicle #2 (Hyundai).  
 7 Driver #2 (St Amant) was driving Vehicle #2 northbound on Del Valle Road, south of Mines Road,  
 8 in the northbound lane at approximately 45-50 mph ahead of Vehicle #1. Driver #2 began slowing  
 9 Vehicle #2 in preparation to make a left turn. At that time, Driver #1 observed Vehicle #2 slowing,  
 10 and assumed it was going to pull to the right shoulder. Driver #1 made the decision to turn Vehicle  
 11 #1 to the left, crossing over solid double yellow lines, into oncoming lanes and began passing  
 12 Vehicle #2. Driver #2 began making her legal left turn into the driveway on the west side of Del  
 13 Valle Road and the front of Vehicle #1 crashed into the driver side of Vehicle #2. The crash  
 14 ejected Driver #1 from Vehicle #1. Vehicle #1 fell over into the roadway, and Driver #1 impacted  
 15 the roadway in front of Vehicle #2. After the crash, both parties remained on scene and waited for  
 16 assistance.

17

18 **AREAS OF IMPACT (AOI's):**

19 *The AOI was based upon statements and vehicle damage.*

20 AOI #1 (Vehicle #1 vs. Vehicle #2) was located approximately 1.25 mile south of the south  
 21 prolongation line of Mines Road 8 and approximately 9 feet east of the west roadway edge line of  
 22 Del Valle Road.

23

24 AOI #2 (Vehicle #1 vs. Roadway) was located approximately 1 foot north of AOI #1 and  
 25 approximately 6 feet east of the west roadway edge line of Del Valle Road.

26

27 AOI #3 (Driver #1 vs. Roadway) was located approximately 10 feet north of AOI #1 and  
 28 approximately 3 feet east of the west roadway edge line of Del Valle Road.

29

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
SHAWN M LANDERS	021452	04/07/2022	D. A FINDLEY, 015135	04/14/2022

**NARRATIVE/SUPPLEMENTAL**

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
04/07/2022	1915	9390	021452	9390-2022-00670

1 **CAUSE:**2 *The cause was based upon statements and vehicle damage.*

3 By deciding to overtake another vehicle, while passing over solid double yellow lines, Driver #1  
4 (Drucker) was found to be the cause of this collision and in violation of Vehicle Code (VC) section  
5 21460(a): *If double parallel solid yellow lines are in place, a person driving a vehicle shall not drive*  
6 *to the left of those lines, except as permitted in this section.* (d) The markings as specified in  
7 subdivision (a), (b), or (c) do not prohibit a driver from crossing the marking if (1) **turning to the**  
8 **left** at an intersection or into or out of a driveway or private road, or (2) **making a U-turn**. A driver  
9 may not cross over painted solid double yellow lines for the express purpose of passing other  
10 traffic.

11

12 **RECOMMENDATIONS:**

13 None.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
SHAWN M LANDERS	021452	04/07/2022	D. A FINDLEY, 015135	04/14/2022