RECOMMENDED ACTION AND JUSTIFICATION:  (Policy Item: Yes ___ No X)  
Pass and adopt this Resolution approving Claim No. C91-17 in the amount of $971.54 for reimbursement of repairs made to claimant's vehicle which was damaged by a vehicle driven by a Sheriff's Department employee. Additionally authorize Auditor to draw warrant in the amount of $971.54 made payable to Marion Jones, claimant, and Charles L. Davis, State Farm Insurance Field Claim Specialist. Warrant should be forwarded to County Counsel's office for processing to claimant. Based upon the CHP report, it appears that this is a reasonable claim and the County does have some liability in this matter.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
The Board usually approves repairs to vehicles damaged by County equipment/vehicles if there appears to be a reasonable claim.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
Claimant and the insurance company would not be reimbursed for cost of repairs.

COST: ( ) Not Applicable
A. Budgeted current FY $_________
B. Total anticipated costs $_________
C. Required add'l funding $_________
D. Source:________________________

SOURCE: ( ) 4/5ths Vote Required
A. Internal transfers $_________
B. Unanticipated revenues $_________
C. Reserve for contingency $_________
D. Description:___________________
Balance in Reserve for Contingencies, if approved: $_________

SPECIAL INSTRUCTIONS:
List the attachments and number the pages consecutively:
Claim No. C91-17 with attachments (estimates, copies of photos of damaged vehicle, CHP report)

CLERK'S USE ONLY:
Resolution No. 91-558
Ordinance No. 
Vote: Ayes: 5  Noes: 
Absent:  Abstained:  
Approved ( ) Denied  
( ) Minute Order Attached

The foregoing instrument is a correct copy of the original on file in this office.

DATE: ____________________________  ATTEST: MARGIE WILLIAMS 
Clerk of the Board of Supervisors  County of Mariposa, State of Calif.
By: ______________________________  Deputy

ADMINISTRATIVE OFFICER'S RECOMMENDATION:
This item on agenda as: 
X Recommended  
Not Recommended  
For Policy Determination  
Submitted with Comment  
Returned for Further Action

Comment: ____________________________  A.O. Initials:

Action Form Revised 12/89
FOLD—

We are writing you about the accident in which you were involved with our insured on the date shown. Our investigation of this accident indicates that you are responsible for this accident.

Please accept this letter as notice of a claim we have for

- [X] Vehicle Damage.
- [ ] Other: ________________________________
- [ ] Personal Injury Protection (PIP).
- [ ] Medical Payments Coverage (MPC).

Should we be called upon to make payment under our policy, we will be looking to you or your insurance company for reimbursement.

If you have insurance to protect you against such liability, please refer this letter to your insurance company.

Please send us the name of your insurance company, its address, and your policy number.

We have had no response to our previous letter concerning our claim. We assume you have overlooked writing us. Please let us hear from you at once.

We have made the following payments and request reimbursement as shown below:

<table>
<thead>
<tr>
<th>Name of Our Payee</th>
<th>Net Vehicle Damage Payment (Less Salvage)</th>
<th>PIP/MPC</th>
<th>Other Payment/Expense*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lon's Body Shop</td>
<td>$ 721.54</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Net Amount Paid
By Company $ 721.54
Insured Vehicle Deductible $ 250.00 TOTAL $ 971.54

Enc: Supporting Documents

We have enclosed a return envelope for your assistance in replying.
County of Mariposa Claim Form

Claim of  

(MARION J JONES) 

(Claimant) 

v.  

COUNTY OF MARIPOSA  

CLAIM FOR PERSONAL 
INJURIES AND/OR PROPERTY 
DAMAGES 
(SECTION 910 OF THE 
GOVERNMENT CODE)

To the BOARD OF SUPERVISORS OF MARIPOSA COUNTY:

You are hereby notified that: (Please print)

Claimant: MARION J. JONES 

Whose address is: 4442 CHRIST RD. 

City and State: MARIPosa, CA Zip: 95338-9706 

claims damages from the COUNTY OF MARIPOSA in the amount, computed as 
of the date of presentation of this claim, of $ 971.54 

This claim is based on (check appropriate box or boxes) 

[ ] Property Damage  [ ] Other (list) 

[ ] Personal Injury  

[ ] Contract  

which occurred on 9/12/1991, in the vicinity of: MIDWAYS SUMMIT SR 140 

(place where incident occurred) 

Describe generally the facts and circumstances that give rise to 
the claim: (Please use back of this page if more space is needed.) 

MARIPOSA COUNTY VEHICLE MADE AN UNSAFE 
"U" TURN / IMPROPER TURNING MOVEMENT. 

MARIPOSA VEHICLE APPARENTLY HAD NOT 
SEEN JONES VEHICLE TRAVELING ALONGSIDE 
IN SAME DIRECTION 

SEE ALSO POLICE REPT., DOCUMENTS OF SUBROGATION 

The name(s) of the public employee(s) causing claimant's injuries 
or damages under the above described circumstances (is) (are):

JOE FRANK RODRIGUEZ
The injuries sustained by claimant, as far as known, as of the date of presentation of this claim consist of: (describe generally claimant's injuries or damages:) SEE ATTACHED ESTIMATE & PAYMENT PHOTO COPY

The amount claimed, as of the date of presentation of this claim is computed as follows:

Damages incurred to date

Expenses for medical and hospital care $________
Loss of earnings $________
Specific damages (itemize)
REPAIRS AT WNS BODY SHOP $971.54
$________
Other damages (itemize)
$________
$________
Total damages incurred to date: $________

Estimated future damages as far as known from this incident:

Total estimated prospective damages: $________

TOTAL AMOUNT CLAIMED AS OF DATE OF PRESENTATION OF THIS CLAIM: $971.54

All notices or other communications with regard to this claim should be sent to claimant at: STATE FARM CLAIMS
1180 W OLIVE AVE #K, MERced, CA 95348 (address to which notices are to be sent)

Dated: 11/12/91 Signed: FOR MARVIN J. JOSE (claimant/agent for claimant)

Time of or presentation of claims
A cause of action for death or for injury to property or growing crops shall be presented (commencing with Section 915) of this chapter five days after the accrual of the cause of action. Other cause of action shall be presented as commencing with Section 915) of this chapter after the accrual of the cause of action.
CLAIM NO 75-8773-050  POLICY NO P201-469-75  LOSS DATE 09/12/91  DRAFT NO 1 23 151090 J
PAYEE LON'S BODY SHOP
POB 182
MARIPOSA CA 95338
TIN 75-942303188
REMARKS INVOICE #002490

REQUESTED BY PATRICIA L GOUGH

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY
WESTLAKE VILLAGE OFFICE
WESTLAKE VILLAGE, CA

1 23 151090 J
DATE 09/25/91

COVERED
COVERAGE
CLAIM UNIT 310
LOSS DATE 09/12/91
INSURED JONES, MARION

EXACTLY SEVEN HUNDRED TWENTY-ONE AND 54/100 DOLLARS $721.54

Pay to the Order of: LON'S BODY SHOP
POB 182
MARIPOSA CA 95338
TIN 75-942303188

APPROVED BY
**Estimate Report**

**Claim #** 76-81733-050  
**Date** 9/13/19

**Name:** Jack Jones  
**Address:** 4442 Grist Rd.  
**City:** Mariposa  
**State:** CA  
**Zip:** 95338

**Year:** 86  
**Make:** Toyota  
**Model:** 4X4 Custom  
**License No.:** 2W5D963  
**Mileage:** 11,766  
**VIN No.:** JTCRN63P3GD054939

**Body Code:** 5386  
**Paint:**  
**Trim:**  

<table>
<thead>
<tr>
<th>Line No.</th>
<th>Part Details</th>
<th>Repair Place</th>
<th>Parts Index</th>
<th>Labor Hours</th>
<th>Parts</th>
<th>Sublet/Misc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Left Fender</td>
<td>R</td>
<td>A</td>
<td>1.0</td>
<td></td>
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<tr>
<td>2</td>
<td>Radiator Support</td>
<td>R</td>
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<td>3</td>
<td>Hood</td>
<td>R</td>
<td>A</td>
<td>2.5</td>
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<tr>
<td>4</td>
<td>Bumper</td>
<td>R</td>
<td>A</td>
<td>2.5</td>
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<tr>
<td>5</td>
<td>Front Bumper</td>
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<td>A</td>
<td>1.6</td>
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<tr>
<td>6</td>
<td>Front End</td>
<td>R</td>
<td>A</td>
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<td>7</td>
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<td>A</td>
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<td>8</td>
<td>Rear Bumper</td>
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<td>A</td>
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<td>A</td>
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<tr>
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<td>A</td>
<td>1.0</td>
<td>1.0</td>
<td></td>
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<tr>
<td>11</td>
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<td>A</td>
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<td>16</td>
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<td>A</td>
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<td></td>
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**Labor Costs:**
- Body: $38.00  
- Paint: $38.00  
- Frame: $38.00  
- Mechanical: $38.00  
- Parts: $38.00  
- Subtotal: $151.00  
- Tax: 35%  
- Total: $197.14

**Notes:**
- Old parts will be carded unless otherwise instructed.
- SOMETIMES AFTER THE WORK IS COMPLETED, ADDITIONALLY DAMAGE OR WORN PARTS ARE DISCOVERED WHICH WERE NOT EVIDENT ON PRESENTATION. THIS DAMAGE REPORT DOES NOT COVER OR INCLUDE ADDITIONAL PARTS OR LABOR. IT MAY BE REQUIRED. All additional charges are subject to invoice.

I hereby authorize the above work and acknowledge receipt of copy.

Signed: [Signature]  
[Date]

**Lon's Body Shop**
Old Highway & 49 South  
P.O. Box 182  
Mariposa, CA 95338  
Phone (209) 966-3065

**Written By:**

**Acknowledged:** 9/21/19

**Receipt:** SEP 199

**Receivable:** 11/4/91

**Account:** 3589
### Estimate Report

**NAME:** Jack Jones  
**DATE:** 9-15-91  
**ADDRESS:**  
**CITY:**  
**STATE:**  
**PHONE:** 966-3051  
**YEAR:** 86  
**MODEL:** 86, ext. cab 4 up  
**PAINT CODE:**  
**PROD DATE:**  
**TRIM:**  
**MILEAGE:**  
**LICENSE NO.:**  
**DATE OF LOSS:**  
**WRITTEN BY:**  
**INS CO.:**  
**INS NO.:**  
**FILE NO.:**  
**CLAIM NO.:**  
**ADJUSTER:**  
**LIC NO.:**  
**PHONE:**  
**INSURANCE CO.:**  
**REDUCTION:**

<table>
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<tr>
<th>LINE</th>
<th>REPAIR/PLACE</th>
<th>DETAILS OF REPAIR</th>
<th>PARTS INDEX</th>
<th>PI</th>
<th>PARTS</th>
<th>LABOR</th>
<th>PAINT</th>
<th>SUBLET MISC.</th>
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<tr>
<td>1</td>
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<td>F/R + Valence</td>
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</tr>
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<td>F/R + Bumper</td>
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<td>End + L/R</td>
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<td>L/R + M/L Door</td>
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<td>Filter Core Support</td>
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<td>Inner Fender + Core Support</td>
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</tr>
<tr>
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<td>Hood</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Refinish**

**Received:** SEP 25 1991  

I hereby authorize the above work and acknowledge receipt of copy.

**TOTALS:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Parts Price subject to invoice</td>
<td>$529.44</td>
</tr>
<tr>
<td>Labor 70 hrs @ .35</td>
<td>$700.00</td>
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<td>Shop Supplies</td>
<td>$96.00</td>
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<td>Paint 64 hrs @ .15</td>
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<tr>
<td>Paint Supplies</td>
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<td>Towing/Storage</td>
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<tr>
<td>Sublet/Miscellaneous</td>
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<tr>
<td>EPA/Waste Disposal Charge</td>
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<tr>
<td>Subtotal</td>
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<tr>
<td>Tax</td>
<td>$45.34</td>
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<td>Total</td>
<td>$1,379.28</td>
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</table>

**ALFA CLASSICS**  
**AUTO BODY & FRAME**  
2659 East Westfall Road  
Mariposa, California 95338  
Phone (209) 966-4453  
B.A.R. #AA122646
### TRAFFIC COLLISION REPORT

**STATE OF CALIFORNIA**

**LOCATION:**
- **Collision Occurred On:** SR 140
- **Milepost Information:** 5.5 M.P. M of 140
- **P.O. Box:** 125
- **City:** MARIPOSA
- **County:** MARIPOSA
- **Reporting District:** 1
- **District:** 2

**PARTY 1**
- **Driver:** JOSE FRANK RODRIGUEZ
  - **License Number:** J0741314
  - **State:** CA
  - **Class:** C
  - **Safety Equip.:** C
  - **Veh. Year:** 91
  - **Make/Model/Color:** CHRY. CARAVAN. WHT.
  - **License Number:** C3421244
  - **Policy Number:** 48
  - **Dir. of Travel:** ON STREET OR HIGHWAY
  - **Speed Limit:** 55
  - **On:** SR 140

**PARTY 2**
- **Driver:** MARION JACKSON JONES
  - **License Number:** N4665884
  - **State:** CA
  - **Class:** C
  - **Safety Equip.:** C
  - **Veh. Year:** 91
  - **Make/Model/Color:** TOYOTA, PLU. BU. 2WS80763.
  - **Policy Number:** 22
  - **Dir. of Travel:** ON STREET OR HIGHWAY
  - **Speed Limit:** 55
  - **On:** SR 140

**PARTY 3**
- **Driver:** (Name not legible)
  - **License Number:** (Name not legible)
  - **State:** CA
  - **Class:** C
  - **Safety Equip.:** C
  - **Veh. Year:** SEP 23 1991
  - **Make/Model/Color:** (Name not legible)
  - **Policy Number:** (Name not legible)
  - **Dir. of Travel:** ON STREET OR HIGHWAY
  - **Speed Limit:** 55
  - **On:** SR 140

**PREPARED BY:**
- **Preparer's Name:** D. Huerta

**DISPATCH NOTIFIED:**
- **Date:** 9-9-91

**REVIEWER'S NAME:**
- **Date:** 9-19-91

**CHP 55 PAGE 1 (Rev 1-88) OPI 042**

**DISPATCH NOTIFIED:**
- **YES**

**REVIEWER'S NAME:**
- **DAY**

**DATE REVIEWED:**
- **9-19-91**
### Traffic Collision Coding

**Date of Collision:** Day 12, Year 91

**Time:** 22:01

**NCHC Number:** 9545

**Officer ID:** 9326

### Seating Position

<table>
<thead>
<tr>
<th>Occupants</th>
<th>Safety Equipment</th>
<th>Ejected From Vehicle</th>
</tr>
</thead>
<tbody>
<tr>
<td>A - None in Vehicle</td>
<td>L - Air Bag Deployed</td>
<td>0 - Not Ejected</td>
</tr>
<tr>
<td>B - Unknown</td>
<td>M - Air Bag Not Deployed</td>
<td>1 - Fully Ejected</td>
</tr>
<tr>
<td>C - Lap Belt Used</td>
<td>P - Not Required</td>
<td>2 - Partially Ejected</td>
</tr>
<tr>
<td>D - Lap Belt Not Used</td>
<td>W - Yes</td>
<td>3 - Unknown</td>
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<tr>
<td>E - Shoulder Harness Used</td>
<td>Child Restraint</td>
<td>*</td>
</tr>
<tr>
<td>F - Shoulder Harness Not Used</td>
<td>Passenger</td>
<td>*</td>
</tr>
<tr>
<td>G - Lap / Shoulder Harness Used</td>
<td>Q - In Vehicle Used</td>
<td>*</td>
</tr>
<tr>
<td>H - Lap / Shoulder Harness Not Used</td>
<td>R - In Vehicle Not Used</td>
<td>*</td>
</tr>
<tr>
<td>J - Passive Restraint Used</td>
<td>S - In Vehicle Use Unknown</td>
<td>*</td>
</tr>
<tr>
<td>K - Passive Restraint Not Used</td>
<td>T - In Vehicle Improper Use</td>
<td>*</td>
</tr>
<tr>
<td>L - None in Vehicle</td>
<td>U - None in Vehicle</td>
<td>*</td>
</tr>
</tbody>
</table>

### Primary Collision Factor

**List Number (X) of Party at Fault:**

- # A/C Section Violated:
- # Other Improper Driving: *
- # Other Than Driver: *
- # Unknown: *
- # Fell Asleep: *

### Primary Collision Factor Devices

<table>
<thead>
<tr>
<th>List Number (X) of Party at Fault</th>
<th>Traffic Control Devices</th>
<th>Type of Vehicle</th>
<th>Movement Preceding Collision</th>
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<td>A Controls Functioning</td>
<td>1 2 3</td>
<td>A Stopped</td>
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<tr>
<td>B Controls Not Functioning:</td>
<td>B Controls Not Functioning</td>
<td>A 2 3</td>
<td>B Proceeding Straight</td>
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<td>C Controls Obstructed</td>
<td>C Motorcycle / Scooter</td>
<td>A 2 3</td>
<td>C Rear Off Road</td>
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<tr>
<td>D No Controls Present / Factor:</td>
<td>D Pickup / Panel Truck</td>
<td>A 2 3</td>
<td>D Making Right Turn</td>
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<tr>
<td>E Controls Obstructed:</td>
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<td>A 2 3</td>
<td>E Making Left Turn</td>
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<td>F Controls Functioning:</td>
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<td>G Other</td>
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<td>K Other</td>
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<td>Y Other</td>
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<td>Z Control / Panel Truck</td>
<td>A 2 3</td>
<td>Z Other</td>
</tr>
</tbody>
</table>

### Weather (Mark 1 to 2 Items)

- # Clear
- # Cloudy
- # Rain
- # Snow
- # Wind

### Lighting (Mark 1 to 2 Items)

- # Daylight
- # Dusk - Dawn
- # Dark - Street Lights
- # Dark - No Street Lights
- # Dark - Street Lights Not Functioning

### Roadway Surface (Mark 1 to 2 Items)

- # Dry
- # Wet
- # Snowy - Icy
- # Slippery (Muddy, Oily, etc.)

### Roadway Condition(s) (Mark 1 to 2 Items)

- # Holes, Deep Rut
- # Loose Material on Roadway
- # Obstruction on Roadway
- # Construction - Repair Zone
- # Reduced Roadway Width
- # Flooded
- # Other

### Sketch

*Indicate North*
<table>
<thead>
<tr>
<th>WITNESS ONLY</th>
<th>PASSENGER ONLY</th>
<th>AGE</th>
<th>SEX</th>
<th>EXTENT OF INJURY (&quot;X&quot; ONE)</th>
<th>INJURED WAS (&quot;X&quot; ONE)</th>
<th>PARTY NUMBER</th>
<th>SEAT POS.</th>
<th>SAFETY EQUIP.</th>
<th>EJECTED</th>
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<tr>
<td></td>
<td>X</td>
<td>47</td>
<td>F</td>
<td>FATAL INJURY</td>
<td>COMPLAINT OF PAIN</td>
<td>DRIVER</td>
<td>PASS.</td>
<td>PED.</td>
<td>BICYCLIST</td>
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</table>

**NAME / D.O.B. / ADDRESS:**

KATHI SAKINO MARIPOSA, O.

**INJURED ONLY, TRANSPORTED BY:**

**TAKEN TO:**

**DESCRIBE INJURIES:**

☐ VICTIM OF VIOLENT CRIME NOTIFIED

**NAME / D.O.B. / ADDRESS:**

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**PREPARER'S NAME:**

D. HANSON

**I.D. NUMBER:**

**MO.**

112

**DAY**

91

**YEAR**

91

**REVIEWER'S NAME:**

**MO.**

9

**DAY**

19

**YEAR**

91
ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE -)

INDICATE NORTH

SR140

Slight Uphill
STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT/occurrence: 9-12-91
TIME (END): 2201
INCIDENT NUMBER: 9457
OFFICER ID: SEO

"X" ONE
NARRATIVE

"X" ONE
SUPPLEMENTAL

TIME SUPPLEMENTAL (IF APPLICABLE)

CITY/COUNTY/JUDICIAL DISTRICT

LOCATION/subject:
SR 140 E/W Approx 12'

1. FACTS: NOTIFICATION: WHILE I WAS ADVISED OF AN 11:52 (PROPERTY
2. DAMAGE ACCIDENT) INVOLVING MARIBYDA V-1, I RESPONDED & APPROX
3. 2200 HRS & I ARRIVED AT THE SCENE & APPROX 2215 HRS. ALL MEASURE-
4. MENT-TAKEN & THE SCENE AREA APPROX & WERE OBTAINED WITH A
5. ROLL-TAPE BY OPCR SAVAGE.

6. SCENE: SR 140 & THIS LOCATION IS AN EAST/WEST ROADWAY CONSITING OF
7. TWO LHS & TWO RHS LOCATED IN RURAL MARIBYDA COUNTY. THIS
8. POITION OF SR 140 HAS A SLIGHT CURVATURE TO THE RIGHT & IS UPHILL
9. WHEN TRAVELLING RHS.

10. PARTIES:
11. D-I (RODRIGUEZ) WAS LOCATED STANDING AT THE SCENE & HE IDENTIFIED
12. HIMSELV WITH A VALID CAL DRIVER'S LICENSE & STATED THAT HE HAD BEEN
13. THE DRIVER OF V-1, V-1 WAS LOCATED PARKED ALONG THE MIDDLE OF THE
14. ROADWAY & APPEARED TO HAVE MODERATE DAMAGE TO THE L/F RERI END.
15. E-WARD.
16. D-J (JOHNS) WAS ALSO LOCATED STANDING AT THE SCENE & HE IDENTIFIED
17. HIMSELF AS THE DRIVER OF V-2 & WHICH TIME HE GAVE ME HIS VALID
18. CAL DRIVERS LICENSE. V-2 WAS ALSO PARKED ALONG THE MIDDLE OF SR 140
19. & APPEARED TO HAVE MODERATE DAMAGE TO THE R/F FRONT END.
20. PHYSICAL EVIDENCE: PHYSICAL EVIDENCE CONSISTED OF (1) SKIDMARKS BEGIN-
21. NING IN THE W/L END OF SR 140 & TERMINATING IN THE W-2 L/H, (2) BROKEN
22. TAILLAMP & HEADLAMP GLASS SCATTERED IN BOTH W/L & RHS BUT APPEARING TO
23. BE CENTERED ON THE W/L LANE DIVISION LINE & (3) DAMAGE TO V-1 & V-2.
24. OTHER FACTUAL INFO: NONE.

25. STATEMENTS:
26. D-I (RODRIGUEZ) STATED IN SUBSTANCE THAT HE WAS TRAVELING RHS
27. SR 140 IN THE W-L END WHEN HE OBSERVED TWO PEDESTRIANS WALKING.

PREPARES SIGNED: D MUSICAL
F.D. NUMBER: SEO
MONTH/DAY/YEAR: 9-19-91
REVIEWER'S NAME: [Signature]

CHP 556 (REV 9-87) OPI 042
Use previous editions until depleted
1. Along the side of SR 140, D-1 then entered the W-2 lane and turned.
2. On his U-turn signal, to prepare for a "U" turn, as he judged.
3. Started his "U" turn, he observed V-2 approaching from behind.
4. Attempted to take evasive action by straightening out his vehicle.
5. But was unable to avoid being struck by V-2.

6. D-2 (Jones) stated in substance that he was traveling W on SR 140.
7. In the W lane behind V-1, when V-1 began braking, as it started to.
8. Straddle the W lane at the same time its U-turn signal came on.
9. Unsure of what D-1 was going to do, D-1 stated that he began.
10. To straddle the lanes, V-1 was then observed to make an abrupt.
11. U-turn directly in front of V-2 at which time D-2 braked but was.
12. Unable to avoid striking V-1.

13. Unavoidable.

14. Opinions & Conclusions:
15. Summary: This accident occurred when V-1 was traveling W on SR 140.
16. In the W lane, when D-1 observed two pedestrians walking along the.
17. Side of the roadway, D-1 then swung wide to the right & turned.
18. On the U-turn signal, to prepare for a "U" turn, D-1 then began to.
19. Make a "U" turn from the W lane, not realizing the close proximity.
20. Of V-2 that was approaching from behind, as V-1 started to turn to the.
21. Left D-2 braked but was unable to avoid striking V-1.

22. Point of impact determined by physical evidence to be across the lane.
23. Division line of the W lanes & across SR 140 off Allied Rd.

24. Cause: D-1 (Rodriguez) is at fault for this accident & in violation of.
25. J 1294 - Improper U-turn when making a left turn.

26. Recommendations: None.