



SPECIAL CONDITIONS		NUMBER INJURED <b>2</b>	HIT & RUN FELONY <input type="checkbox"/>	CITY <b>UNINCORPORATED</b>	JUDICIAL DISTRICT <b>SAN BERNARDINO SUPERIOR COURT VICTORVILLE COURTHOUSE</b>	LOCAL REPORT NUMBER <b>9835-2024-01013</b>		
		NUMBER KILLED <b>0</b>	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY <b>SAN BERNARDINO</b>	REPORTING DISTRICT <b>077</b>	BEAT <b>077</b>	DAY OF WEEK <b>S M T W T F S</b>	
						TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
LOCATION	CRASH OCCURRED ON <b>INTERSTATE 15 SOUTHBOUND</b>		CRASH DATE <b>10/11/2024</b>	CRASH TIME (2400) <b>1014</b>	NOTIFICATION DATE <b>10/11/2024</b>	NOTIF. TIME (2400) <b>1015</b>	NCIC # <b>9835</b>	
	AT INTERSECTION WITH <input checked="" type="checkbox"/> OR: <b>2.3 MILES NORTH of BAILEY ROAD</b>				STATE HWY REL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DIGITAL MEDIA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	GPS COORDINATES FOR LOCATION (LOC.) AND AREA(S) OF IMPACT (AOI)		<input checked="" type="checkbox"/> SAME AS LOCATION		<input type="checkbox"/> REFER TO NARRATIVE			
	LOC.	LAT.	LONG.	AOI 1	LAT.	LONG.	AOI 2	LAT.
	<b>35.470525</b>	<b>-115.500309</b>	<b>1</b>	<b>35.470525</b>	<b>-115.500309</b>	<b>2</b>		
	AOI 3	LAT.	LONG.	AOI 4	LAT.	LONG.	AOI 5	
	<b>3</b>			<b>4</b>			<b>5</b>	
PARTY 1	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	
	[REDACTED]	<b>NV</b>	<b>F</b>	<b>L</b>	<b>G</b>	<b>2023</b>	<b>FORD F150 WHI</b>	
DRIVER	NAME (FIRST, MIDDLE, LAST) <b>JESSICA ROSE MARKLE</b>						OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER	
PEDESTRIAN	STREET ADDRESS [REDACTED]						OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER	
PARKED VEHICLE	CITY/STATE/ZIP [REDACTED]						DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER	
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	
	<b>F</b>	<b>BRN</b>	<b>BRN</b>	<b>5' 2"</b>	<b>130</b>	<b>06/23/1978</b>	<b>W</b>	
OTHER	HOME PHONE [REDACTED]		BUSINESS PHONE <b>NONE</b>					VEHICLE IDENTIFICATION NUMBER: <b>1FTFW1E89PKD59746</b>
OPERATOR	INSURANCE CARRIER <b>RENTAL VEHICLE</b>		POLICY NUMBER <b>N/A</b>					VEHICLE TYPE <b>22</b>
	DIR OF TRAVEL	ON STREET OR HIGHWAY	LANE	THRU LANES	TOTAL LANES	SPEED LIMIT	CA _____ DOT _____	
	<b>S</b>	<b>INTERSTATE 15</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>70</b>	CAL-T _____ TCP/PSC _____ MCMX _____	
PARTY 2	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	
	[REDACTED]	<b>CA</b>	<b>A</b>	<b>P</b>	<b>G</b>	<b>2016</b>	<b>FRHT CASCADIA WHI</b>	
DRIVER	NAME (FIRST, MIDDLE, LAST) <b>VARNADO DAVISJR</b>						OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER	
PEDESTRIAN	STREET ADDRESS [REDACTED]						<b>SPARTAN TRANSPORT INC</b>	
PARKED VEHICLE	CITY/STATE/ZIP [REDACTED]						OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER	
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	
	<b>M</b>	<b>BLK</b>	<b>BRN</b>	<b>5' 9"</b>	<b>180</b>	[REDACTED]	<b>B</b>	
OTHER	HOME PHONE [REDACTED]		BUSINESS PHONE <b>NONE</b>					VEHICLE IDENTIFICATION NUMBER: <b>3AKJGLD55GSHS6498</b>
OPERATOR	INSURANCE CARRIER <b>PROGRESSIVE</b>		POLICY NUMBER <b>981234253</b>					VEHICLE TYPE <b>25</b>
	DIR OF TRAVEL	ON STREET OR HIGHWAY	LANE	THRU LANES	TOTAL LANES	SPEED LIMIT	CA _____ DOT <b>4208171</b>	
	<b>S</b>	<b>INTERSTATE 15</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>55</b>	CAL-T _____ TCP/PSC _____ MCMX <b>1624605</b>	
PARTY 3	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	
	[REDACTED]							
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	
OTHER	HOME PHONE		BUSINESS PHONE					VEHICLE IDENTIFICATION NUMBER:
OPERATOR	INSURANCE CARRIER		POLICY NUMBER					VEHICLE TYPE
	DIR OF TRAVEL	ON STREET OR HIGHWAY	LANE	THRU LANES	TOTAL LANES	SPEED LIMIT	CA _____ DOT _____	
							CAL-T _____ TCP/PSC _____ MCMX _____	
PREPARER'S NAME <b>L. PURTHER, 022612</b>		DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			REVIEWER'S NAME <b>M VARGAS</b>			DATE REVIEWED <b>10/14/2024</b>

CRASH DATE (MO. DAY YEAR) <b>10/11/2024</b>		CRASH TIME (2400) <b>1014</b>	NCIC # <b>9835</b>	OFFICER ID <b>022612</b>	NUMBER <b>9835-2024-01013</b>					
<b>PROPERTY 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) <input type="checkbox"/> IN PERSON <input type="checkbox"/> PHONE <input type="checkbox"/> DISPATCH <input type="checkbox"/> CHP 422	LOG / INCIDENT NUMBER					
<b>DESCRIPTION OF DAMAGE</b>										
<b>SEATING POSITION</b>  <p>1 TO 9 - STANDARD SEATING POSITION 10 - REAR OCC. TRK., VAN, STATION WAGON, ETC.* 11 - POSITION UNKNOWN* 0 - OTHER*</p>		<b>SAFETY EQUIPMENT</b> <b>OCCUPANTS</b> A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP/SHOULDER HARNESS USED H - LAP/SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED P - NOT REQUIRED <b>CHILD RESTRAINT</b> Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE <b>M/C BICYCLE-HELMET</b> DRIVER PASSENGER V - NO X - NO W - YES Y - YES		<b>AIR BAG</b> B - UNKNOWN L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED <b>EJECTED FROM VEHICLE</b> 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN		<b>INATTENTION CODES</b> A - 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				
<b>ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.</b>										
<b>PRIMARY CRASH FACTOR LIST NUMBER (#) OF PARTY AT FAULT</b>		<b>TRAFFIC CONTROL DEVICES</b>			<b>VEHICLE AUTOMATION LEVEL</b>			<b>MOVEMENT PRECEDING CRASH</b>		
1 <b>A</b> CVC SECTION VIOLATED: <b>VC 22350</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<b>A</b> CONTROLS FUNCTIONING			<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> SAE LEVEL - 4			<b>E</b> MAKING LEFT TURN					
		<b>F</b> SAE LEVEL - 5			<b>F</b> MAKING U TURN					
		<b>G</b> UNKNOWN*			<b>G</b> BACKING					
<b>WEATHER (MARK 1 TO 2 ITEMS)</b>		<b>TYPE OF CRASH</b>			<b>VEHICLE AUTOMATION ENGAGED</b>			<b>H</b> SLOWING / STOPPING		
<b>X</b> <b>A</b> CLEAR		<b>A</b> HEAD - ON			<b>A</b> NO AUTOMATION			<b>I</b> PASSING OTHER VEHICLE		
<b>B</b> CLOUDY		<b>B</b> SIDE SWIPE			<b>B</b> DRIVER ASSISTANCE			<b>J</b> CHANGING LANES		
<b>C</b> RAINING		<b>C</b> REAR END			<b>C</b> PARTIAL AUTOMATION			<b>K</b> PARKING MANEUVER		
<b>D</b> SNOWING		<b>D</b> BROADSIDE			<b>D</b> CONDITIONAL AUTOMATION			<b>L</b> ENTERING TRAFFIC		
<b>E</b> FOG / VISIBILITY FT.		<b>E</b> HIT OBJECT			<b>E</b> HIGH AUTOMATION			<b>M</b> OTHER UNSAFE TURNING		
<b>F</b> OTHER*		<b>F</b> OVERTURNED			<b>F</b> FULL AUTOMATION			<b>N</b> XING INTO OPPOSING LANE		
<b>G</b> WIND		<b>G</b> VEHICLE / PEDESTRIAN			<b>G</b> UNKNOWN*			<b>O</b> PARKED		
		<b>H</b> OTHER*						<b>P</b> MERGING		
<b>LIGHTING</b>		<b>MOTOR VEHICLE INVOLVED WITH (MARK 1 TO 2 ITEMS)</b>						<b>Q</b> TRAVELING WRONG WAY		
<b>X</b> <b>A</b> DAYLIGHT		<b>A</b> NONCOLLISION						<b>R</b> OTHER *		
<b>B</b> DUSK - DAWN		<b>B</b> PEDESTRIAN						<b>S</b> LANE SPLITTING		
<b>C</b> DARK - STREET LIGHTS		<b>X</b> <b>C</b> OTHER MOTOR VEHICLE						<b>SOBRIETY - DRUG - PHYSICAL (MARK ALL THAT APPLY)</b>		
<b>D</b> DARK - NO STREET LIGHTS		<b>D</b> MOTOR VEHICLE ON OTHER ROADWAY			<b>A</b> CVC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO			<b>A</b> HAD NOT BEEN DRINKING		
<b>E</b> DARK - STREET LIGHTS NOT FUNCTIONING*		<b>E</b> PARKED MOTOR VEHICLE			<b>B</b> CVC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO			<b>B</b> HBD - UNDER INFLUENCE		
		<b>F</b> TRAIN			<b>C</b> CVC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO			<b>C</b> HBD - NOT UNDER INFLUENCE*		
<b>ROADWAY SURFACE</b>		<b>G</b> BICYCLE			<b>D</b>			<b>D</b> HBD - IMPAIRMENT UNKNOWN*		
<b>X</b> <b>A</b> DRY		<b>H</b> ANIMAL:			<b>E</b> VISION OBSCUREMENT:			<b>E</b> UNDER DRUG INFLUENCE* :		
<b>B</b> WET		<b>I</b> FIXED OBJECT:			<b>F</b> INATTENTION* :			<b>DRE EXAM. CONDUCTED</b>		
<b>C</b> SNOWY - ICY		<b>J</b> OTHER OBJECT:			<b>G</b> STOP & GO TRAFFIC			<b>STIMULANT</b>		
<b>D</b> SLIPPERY (MUDDY, OILY, ETC.)		<b>K</b> ADDITIONAL OBJECT(S) STRUCK			<b>H</b> ENTERING / LEAVING RAMP			<b>HALLUCINOGEN</b>		
<b>ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)</b>		<b>PEDESTRIAN'S ACTIONS</b>			<b>I</b> PREVIOUS CRASH			<b>DISSOCIATIVE ANESTHETICS</b>		
<b>A</b> HOLES, DEEP RUT*		<b>X</b> <b>A</b> NO PEDESTRIANS INVOLVED			<b>J</b> UNFAMILIAR WITH ROAD			<b>NARCOTIC ANALGESIC</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 type="checkbox"/> NO			<b>INHALANT</b>		
<b>C</b> OBSTRUCTION ON ROADWAY*		<b>C</b> CROSSING IN CROSSWALK - NOT AT INTERSECTION			<b>L</b> UNINVOLVED VEHICLE			<b>CANNABIS</b>		
<b>D</b> CONSTRUCTION - REPAIR ZONE		<b>D</b> CROSSING - NOT IN CROSSWALK			<b>M</b> OTHER*:			<b>DEPRESSANT</b>		
<b>E</b> REDUCED ROADWAY WIDTH		<b>E</b> IN ROAD - INCLUDES SHOULDER			<b>N</b> NONE APPARENT			<b>F</b> IMPAIRMENT - PHYSICAL*		
<b>F</b> FLOODED*		<b>F</b> NOT IN ROAD			<b>O</b> RUNAWAY VEHICLE			<b>G</b> IMPAIRMENT NOT KNOWN		
<b>G</b> OTHER*:		<b>G</b> APPROACHING / LEAVING SCHOOL BUS						<b>H</b> NOT APPLICABLE		
<b>X</b> <b>H</b> NO UNUSUAL CONDITIONS								<b>I</b> SLEEPY / FATIGUED*		
<b>SKETCH</b>					<b>MISCELLANEOUS</b>			<b>SPECIAL INFORMATION</b>		
<b>REFER TO SKETCH PAGE(S)</b>		 INDICATE NORTH			<b>V-2A R/O - UNIQUE VAN LINES INC.</b> <b>20262 NE 15TH CT, MIAMI, FL 33179.</b> <b>VIN #1KKVF48251L205997</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>D</b> CELL PHONE NOT IN USE		
								<b>E</b> CELL PHONE USE UNKNOWN		
								<b>F</b> SCHOOL BUS RELATED		
								<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*		
								<b>X</b> REFER TO NARRATIVE FOR ADDITIONAL INFORMATION		

CRASH DATE (MO DAY YEAR) <b>10/11/2024</b>			CRASH TIME (2400) <b>1014</b>		NCIC # <b>9835</b>			OFFICER ID <b>022612</b>				NUMBER <b>9835-2024-01013</b>						
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	<b>EXTENT OF INJURY ("X" ONE)</b>				<b>INJURED WAS ("X" ONE)</b>					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"/>	46	F	<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"/>	1	1	L	G	0
NAME / D. O. B. / ADDRESS <b>JESSICA ROSE MARKLE</b>															TELEPHONE [REDACTED]			
(INJURED ONLY) TRANSPORTED BY: <b>WILL SEEK OWN AID</b>					EMS RUN NUMBER: <b>N/A</b>					TAKEN TO: <b>N/A</b>								
DESCRIBE INJURIES																		
<b>COMPLAINT OF PAIN TO CHEST.</b>																		
															<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED			
<input type="checkbox"/> #	<input type="checkbox"/>	44	M	<input type="checkbox"/>	<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"/>	1	3	L	G	0
NAME / D. O. B. / ADDRESS <b>JOSH HENRY MARKLE (08/10/1980) 2605 S DECATUR BLVD STE 123 PMB 1011 LAS VEGAS NV 89102</b>															TELEPHONE [REDACTED]			
(INJURED ONLY) TRANSPORTED BY: <b>MERCY AIR</b>					EMS RUN NUMBER: <b>24-254671</b>					TAKEN TO: <b>UNIVERSITY MEDICAL CENTER LAS VEGAS</b>								
DESCRIBE INJURIES																		
<b>COMPLAINT OF PAIN TO BACK AND CHEST.</b>																		
															<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED			
<input checked="" type="checkbox"/> # 1	<input type="checkbox"/>	50	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 <b>CHRISTOPHER DOTY</b>															TELEPHONE [REDACTED]			
(INJURED ONLY) TRANSPORTED BY:					EMS RUN NUMBER:					TAKEN TO:								
DESCRIBE INJURIES																		
															<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED			
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D. O. B. / ADDRESS															TELEPHONE			
(INJURED ONLY) TRANSPORTED BY:					EMS RUN NUMBER:					TAKEN TO:								
DESCRIBE INJURIES																		
															<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED			
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D. O. B. / ADDRESS															TELEPHONE			
(INJURED ONLY) TRANSPORTED BY:					EMS RUN NUMBER:					TAKEN TO:								
DESCRIBE INJURIES																		
															<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED			
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D. O. B. / ADDRESS															TELEPHONE			
(INJURED ONLY) TRANSPORTED BY:					EMS RUN NUMBER:					TAKEN TO:								
DESCRIBE INJURIES																		
															<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED			
PREPARER'S NAME <b>L. PURTHER</b>			ID NUMBER <b>022612</b>			MO. DAY YEAR <b>10/11/2024</b>			REVIEWER'S NAME <b>M VARGAS</b>			MO. DAY YEAR <b>10/14/2024</b>						

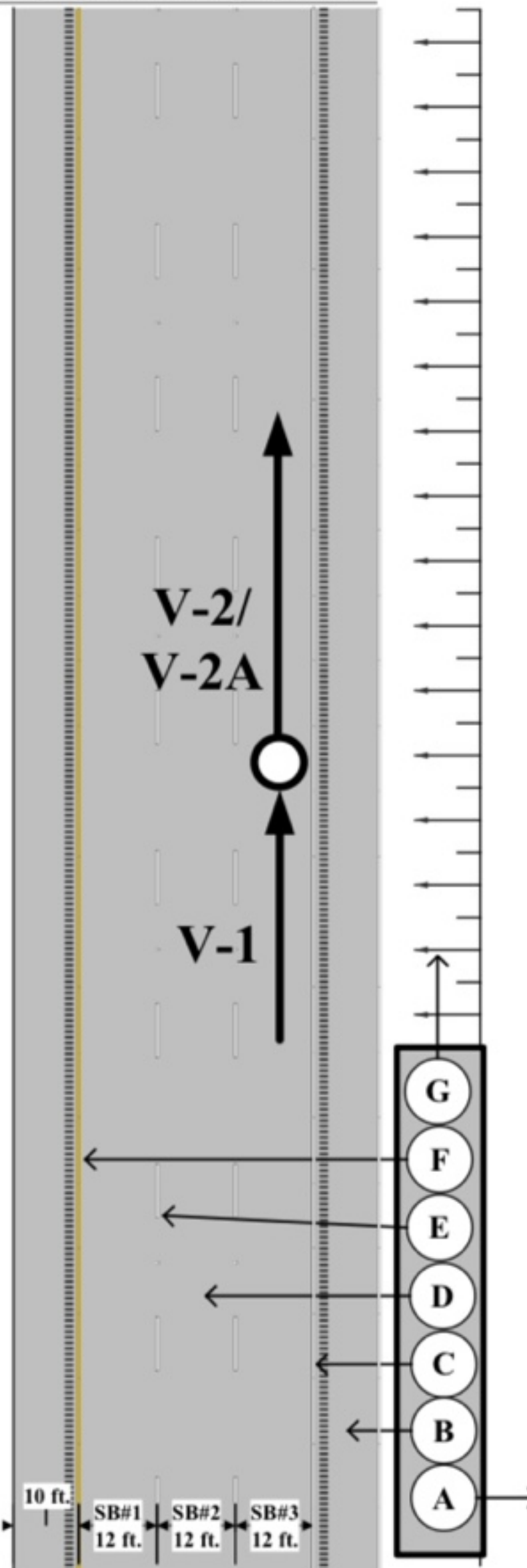
**SKETCH DIAGRAM**

CRASH DATE (MO. DAY YEAR)	CRASH TIME (2400)	NCIC #	OFFICER ID	NUMBER
10/11/2024	1014	9835	022612	9835-2024-01013

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

**INTERSTATE 15  
SOUTHBOUND**

↑  
**BAILEY ROAD**



**LEGEND**

- A-OPEN DESERT
- B-ASPHALT SHOULDER WITH RUMBLE STRIP INDENTATIONS
- C-SOLID WHITE LINE
- D-ASPHALT ROADWAY
- E-BROKEN WHITE LINES WITH RAISED CERAMIC MARKERS
- F-SOLID YELLOW LINE
- G-ASCENDING DIRT EMBANKMENT

PREPARED BY	ID NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
L PURTHER	022612	10/11/2024	M VARGAS	10/14/2024

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
10/11/2024	1014	9835	022612	9835-2024-01013

1 All times, speeds, and measurements are approximate. Measurements were obtained by  
 2 visual estimation, patrol vehicle odometer, and GPS unless otherwise stated. All opinions  
 3 and conclusions were based on evidence and/or statements.

4

5 **STATEMENTS**

6

7 Statements are not verbatim and are written in summary form. The statements were read  
 8 back to the involved party for verification.

9

10 Party #1 (Markle) was contacted at the crash scene. Party #1 was identified by her name and  
 11 [REDACTED] as Jessica Rose Markle [REDACTED]. Party #1 related to  
 12 me, in essence, the following: Party #1 was driving Vehicle #1 (Ford), southbound on Interstate  
 13 15, north of Bailey Road, in the right lane, at a stated speed of 65 to 70 miles per hour. Party #1  
 14 looked down at her speedometer and when she looked up there was a semi going much slower  
 15 than what she thought. Party #1 applied the brakes to Vehicle #1 but had little to no time to react  
 16 and was unable to stop before crashing into the back of the semi.

17

18 Party #2 (Davisjr) was contacted at the crash scene. Party #2 was identified by a California  
 19 Driver License as Varnado Davisjr [REDACTED]. Party #2 related  
 20 to me, in essence, the following: Party #2 was driving Vehicle #2 (Freightliner) towing Vehicle  
 21 #2A (Kent), in combination on Interstate 15 southbound, north of Bailey Road, in the truck lane, at  
 22 a stated speed of 35 to 40 miles per hour. All of a sudden Party #2 felt a bump from behind.  
 23 Party #2 checked his mirrors to observe what happened when he saw debris in the roadway and  
 24 observed a white truck go up an embankment and come to a stop. Party #2 pulled to the right  
 25 shoulder and stopped and observed a male climb out of the truck and lay on the ground. Party #2  
 26 went to help.

27

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
L PURTHER	022612	10/11/2024	M VARGAS	10/14/2024

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
10/11/2024	1014	9835	022612	9835-2024-01013

1 **STATEMENTS (continued)**

2

3 **Witness #1 (Doty)** was contacted at the crash scene, Witness #1 **related to Officer C. Boatwright,**  
 4 **ID 19194, in essence,** the following: Witness #1 was driving southbound on Interstate 15, north of  
 5 Bailey Road, when he all of a sudden observed debris in the roadway along with a white pickup  
 6 that had just crashed into the back of a semi. Shortly after seeing the debris, Witness #1 related  
 7 the pickup then veered to the right and onto an embankment where it stopped. Witness #1  
 8 observed the driver of the pickup, a female, stumble outside of the pickup along with the male  
 9 passenger who also stumbled out and was lying flat on the ground. Witness #1 **stopped to help.**

10

11 **SUMMARY / CAUSE**

12

13 **Party #1 (Markle)** was driving **Vehicle #1 (Ford)**, southbound on Interstate 15, north of Bailey  
 14 Road, in the #3 lane, at a stated speed of 65 to 70 miles per hour, directly behind **Vehicle #2A**  
 15 **(Kent).** **Party #2 (Davisjr)** was driving **Vehicle #2 (Freightliner)** towing Vehicle #2A in  
 16 combination on Interstate 15 southbound, north of Bailey Road, directly ahead of Vehicle #1.

17

18 Party #1 was traveling at an unsafe speed for the prevailing conditions, that consisted of, but are  
 19 not limited to; The slower traffic upon the roadway **(a violation of California Vehicle Code**  
 20 **Section 22350).** Due to Party #1's unsafe speed, she failed to observe Vehicle #2A directly in  
 21 front of her traveling at a slower speed. Party #1 allowed Vehicle #1 to crash into the rear of  
 22 Vehicle #2A, **(AOI).**

23

24 After the crash, Vehicle #1 came to rest on its wheels, facing in a northwesterly direction, on an  
 25 ascending dirt embankment west of Interstate 15 southbound. Party #2 drove Vehicle #2/2A to  
 26 the right shoulder and stopped on Interstate 15 southbound, north of Bailey Road.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
L PURTHER	022612	10/11/2024	M VARGAS	10/14/2024

# TRUCK / BUS CRASH SUPPLEMENTAL REPORT

CHP 555D (Rev. 2-22) OPI 062

PARTY NUMBER

2

CRASH DATE <b>10/11/2024</b>	CRASH TIME (2400) <b>1014</b>	NCIC # <b>9835</b>	OFFICER ID <b>022612</b>	LOCAL REPORT NUMBER <b>9835-2024-01013</b>
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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 <b>2</b>	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 <b>0</b>	COMMERCIAL DRIVER LICENSE (CDL): <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER OF INJURED PERSONS TRANSPORTED FOR IMMEDIATE MEDICAL TREATMENT <b>1</b>	CDL CLASS (Check only one): <input checked="" type="checkbox"/> Class A <input 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 <b>1</b>	

### VEHICLE INFORMATION

VEHICLE CONFIGURATION (Enter one code from below) <b>9</b> 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 saddlemount) 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)	CARGO BODY TYPE (Enter one code from below) <b>3</b> 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)
GVWR / GCWR (Enter one code from below. Use GCWR for truck combinations) <b>3</b> 1 - 10,000 lbs. or Less 2 - 10,001 - 26,000 lbs. 3 - Greater than 26,000 lbs.	HAZARDOUS MATERIALS INVOLVEMENT (Excluding vehicle fuel system) WAS THE VEHICLE DISPLAYING HM PLACARDS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 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: _____ Was HM released from this vehicle's cargo? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Bus Use (Enter one code from below) <b>0</b> 0 - Not a Bus 1 - School (Public or Private) 2 - Transit 3 - Intercity 4 - Charter 5 - Other	

### 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 <b>ASAP MOVING AND STORAGE LLC</b>	PHONE NUMBER <b>(801) 600-2206</b>
CARRIER ADDRESS (NUMBER AND STREET/P.O. BOX) [REDACTED]	CITY <b>JORDAN</b>	STATE <b>UT</b>
CARRIER IDENTIFICATION NUMBERS <input type="checkbox"/> None	USDOT <b>4208171</b>	MC / MX <b>1624605</b>
		ZIP CODE <b>84081</b>
		CA

### SEQUENCE OF EVENTS

NOTE: FOR THIS VEHICLE, LIST UP TO FOUR EVENTS

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

<b>NON-COLLISIONS</b> 1 Ran Off Road 2 Jackknife 3 Overtum (Rollover) 4 Downhill Runaway 5 Cargo Loss or Shift 6 Explosion or Fire 7 Separation of Units 8 Cross Median / Centerline	<b>NON-COLLISIONS (continued)</b> 9 Equipment Failure (Tires, Brakes, Steering, etc.) 10 Other Non-Collision	<b>COLLISION INVOLVING / WITH (continued)</b> 15 Train 16 Pedalcycle 17 Animal 18 Fixed Object 19 Work Zone Maintenance Equipment 20 Other Moveable Object 98 Other (Describe):
<b>COLLISION INVOLVING / WITH</b> 12 Pedestrian 13 Motor Vehicle In-Transport 14 Parked Motor Vehicle		

PREPARED BY <b>L FURTHER, 022612</b>	REVIEWED BY <b>M VARGAS</b>	DATE <b>10/14/2024</b>
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