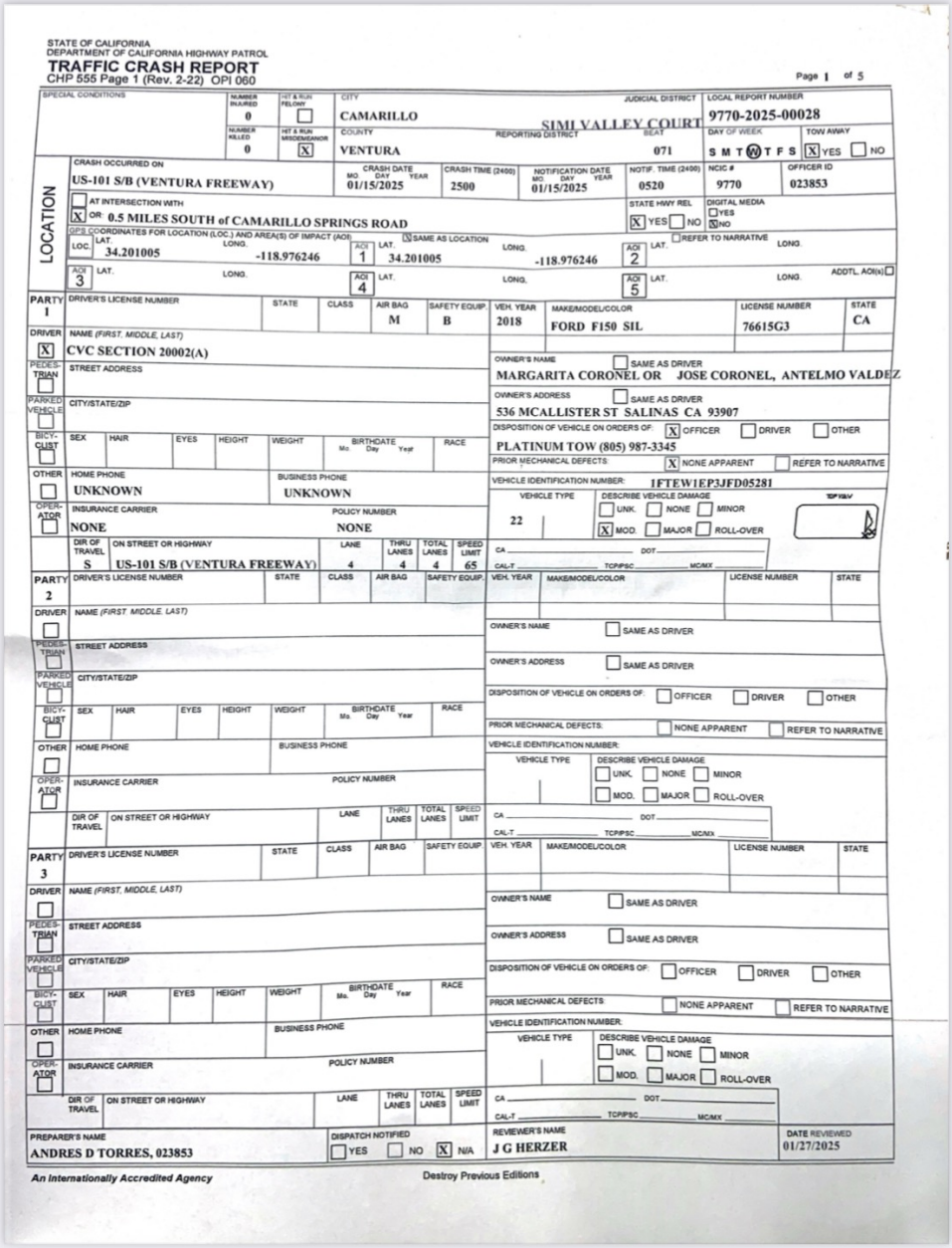

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

TRAFFIC CRASH REPORT

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SPECIAL CONDITIONS	
NUMBER INJURED	0
HIT & RUN FELONY	
NUMBER KILLED	0
HIT & RUN MISDEMEANOR	X
CITY	CAMARILLO
JUDICIAL DISTRICT	SIMI VALLEY COURT
COUNTY	VENTURA
REPORTING DISTRICT	
BEAT	071
LOCAL REPORT NUMBER	9770-2025-00028
DAY OF WEEK	S M T W T F S
TOW AWAY	X YES NO

LOCATION

CRASH OCCURRED ON	US-101 S/B (VENTURA FREEWAY)
CRASH DATE (MO. DAY YEAR)	01/15/2025
CRASH TIME (2400)	2500
NOTIFICATION DATE (MO. DAY YEAR)	01/15/2025
NOTIF. TIME (2400)	0520
NCIC #	9770
OFFICER ID	023853
AT INTERSECTION WITH	
X OR:	0.5 MILES SOUTH of CAMARILLO SPRINGS ROAD
STATE HWY REL	X YES NO
DIGITAL MEDIA	YES X NO
GPS COORDINATES FOR LOCATION (LOC.) AND AREA(S) OF IMPACT (AOI)	
LOC. LAT.	34.201005
LOC. LONG.	-118.976246
AOI 1 LAT.	34.201005
AOI 1 LONG.	-118.976246
SAME AS LOCATION	X
REFER TO NARRATIVE	
AOI 2 LAT. / LONG.	
AOI 3 LAT. / LONG.	
AOI 4 LAT. / LONG.	
AOI 5 LAT. / LONG.	
ADDTL. AOI(s)	

PARTY 1

DRIVER'S LICENSE NUMBER	
STATE	
CLASS	
AIR BAG	M
SAFETY EQUIP	B
DRIVER	X
NAME (FIRST, MIDDLE, LAST)	CVC SECTION 20002(A)
PEDESTRIAN	
STREET ADDRESS	
PARKED VEHICLE	
CITY/STATE/ZIP	
BICYCLIST	
SEX / HAIR / EYES / HEIGHT / WEIGHT / BIRTHDATE (Mo. Day Year) / RACE	
OTHER	
HOME PHONE	UNKNOWN
BUSINESS PHONE	UNKNOWN
OPERATOR	
INSURANCE CARRIER	NONE
POLICY NUMBER	NONE
DIR OF TRAVEL	S
ON STREET OR HIGHWAY	US-101 S/B (VENTURA FREEWAY)
LANE	4
THRU LANES	4
TOTAL LANES	4
SPEED LIMIT	65

VEHICLE

VEH. YEAR	2018
MAKE/MODEL/COLOR	FORD F150 SIL
LICENSE NUMBER	76615G3
STATE	CA
OWNER'S NAME	MARGARITA CORONEL OR JOSE CORONEL, ANTELMO VALDEZ
SAME AS DRIVER	
OWNER'S ADDRESS	536 MCALLISTER ST SALINAS CA 93907
DISPOSITION OF VEHICLE ON ORDERS OF:	X OFFICER DRIVER OTHER
	PLATINUM TOW (805) 987-3345
PRIOR MECHANICAL DEFECTS:	X NONE APPARENT REFER TO NARRATIVE
VEHICLE IDENTIFICATION NUMBER:	1FTEW1EP3JFD05281
VEHICLE TYPE	22
DESCRIBE VEHICLE DAMAGE	UNK. NONE MINOR X MOD. MAJOR ROLL-OVER
CA / DOT / CAL-T / TCP/PSC / MC/MX	

PARTY 2

DRIVER'S LICENSE NUMBER / STATE / CLASS / AIR BAG / SAFETY EQUIP.	
DRIVER	
NAME (FIRST, MIDDLE, LAST)	
PEDESTRIAN	
STREET ADDRESS	
PARKED VEHICLE	
CITY/STATE/ZIP	
BICYCLIST	
SEX / HAIR / EYES / HEIGHT / WEIGHT / BIRTHDATE (Mo. Day Year) / RACE	
OTHER	
HOME PHONE	
BUSINESS PHONE	
OPERATOR	
INSURANCE CARRIER	
POLICY NUMBER	
DIR OF TRAVEL / ON STREET OR HIGHWAY / LANE / THRU LANES / TOTAL LANES / SPEED LIMIT	

VEHICLE

VEH. YEAR / MAKE/MODEL/COLOR / LICENSE NUMBER / STATE	
OWNER'S NAME	SAME AS DRIVER
OWNER'S ADDRESS	SAME AS DRIVER
DISPOSITION OF VEHICLE ON ORDERS OF:	OFFICER DRIVER OTHER
PRIOR MECHANICAL DEFECTS:	NONE APPARENT REFER TO NARRATIVE
VEHICLE IDENTIFICATION NUMBER:	
VEHICLE TYPE / DESCRIBE VEHICLE DAMAGE	UNK. NONE MINOR MOD. MAJOR ROLL-OVER
CA / DOT / CAL-T / TCP/PSC / MC/MX	

PARTY 3

DRIVER'S LICENSE NUMBER / STATE / CLASS / AIR BAG / SAFETY EQUIP.	
DRIVER	
NAME (FIRST, MIDDLE, LAST)	
PEDESTRIAN	
STREET ADDRESS	
PARKED VEHICLE	
CITY/STATE/ZIP	
BICYCLIST	
SEX / HAIR / EYES / HEIGHT / WEIGHT / BIRTHDATE (Mo. Day Year) / RACE	
OTHER	
HOME PHONE	
BUSINESS PHONE	
OPERATOR	
INSURANCE CARRIER	
POLICY NUMBER	
DIR OF TRAVEL / ON STREET OR HIGHWAY / LANE / THRU LANES / TOTAL LANES / SPEED LIMIT	

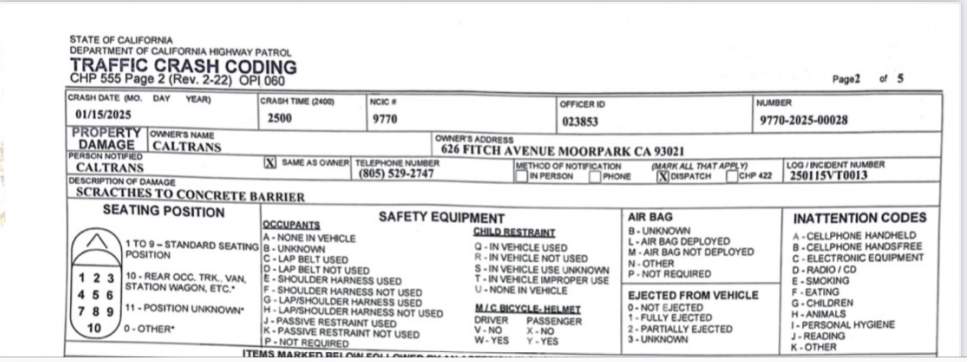
VEHICLE

VEH. YEAR / MAKE/MODEL/COLOR / LICENSE NUMBER / STATE	
OWNER'S NAME	SAME AS DRIVER
OWNER'S ADDRESS	SAME AS DRIVER
DISPOSITION OF VEHICLE ON ORDERS OF:	OFFICER DRIVER OTHER
PRIOR MECHANICAL DEFECTS:	NONE APPARENT REFER TO NARRATIVE
VEHICLE IDENTIFICATION NUMBER:	
VEHICLE TYPE / DESCRIBE VEHICLE DAMAGE	UNK. NONE MINOR MOD. MAJOR ROLL-OVER
CA / DOT / CAL-T / TCP/PSC / MC/MX	

PREPARER'S NAME	ANDRES D TORRES, 023853
DISPATCH NOTIFIED	YES NO X N/A
REVIEWER'S NAME	J G HERZER
DATE REVIEWED	01/27/2025

An Internationally Accredited Agency

Destroy Previous Editions



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

TRAFFIC CRASH CODING

CHP 555 Page 2 (Rev. 2-22) OPI 060

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CRASH DATE (MO. DAY YEAR)	CRASH TIME (2400)	NCIC #	OFFICER ID	NUMBER
01/15/2025	2500	9770	023853	9770-2025-00028

PROPERTY DAMAGE	
OWNER'S NAME	CALTRANS
OWNER'S ADDRESS	626 FITCH AVENUE MOORPARK CA 93021
PERSON NOTIFIED	CALTRANS
SAME AS OWNER	X
TELEPHONE NUMBER	(805) 529-2747
METHOD OF NOTIFICATION (MARK ALL THAT APPLY)	IN PERSON PHONE X DISPATCH CHP 422
LOG / INCIDENT NUMBER	250115VT0013
DESCRIPTION OF DAMAGE	SCRACTHES TO CONCRETE BARRIER

SEATING POSITION

1 TO 9 – STANDARD SEATING POSITION

1 2 3
4 5 6
7 8 9
10

10 - REAR OCC. TRK., VAN, STATION WAGON, ETC.*

11 - POSITION UNKNOWN*

0 - OTHER*

SAFETY EQUIPMENT

OCCUPANTS
A - NONE IN VEHICLE
B - UNKNOWN
C - LAP BELT USED
D - LAP BELT NOT USED
E - SHOULDER HARNESS USED
F - SHOULDER HARNESS NOT USED
G - LAP/SHOULDER HARNESS USED
H - LAP/SHOULDER HARNESS NOT USED
J - PASSIVE RESTRAINT USED
K - PASSIVE RESTRAINT NOT USED
P - NOT REQUIRED

CHILD RESTRAINT
Q - IN VEHICLE USED
R - IN VEHICLE NOT USED
S - IN VEHICLE USE UNKNOWN
T - IN VEHICLE IMPROPER USE
U - NONE IN VEHICLE

M/C BICYCLE- HELMET
DRIVER PASSENGER
V - NO X - NO
W - YES Y - YES

AIR BAG
B - UNKNOWN
L - AIR BAG DEPLOYED
M - AIR BAG NOT DEPLOYED
N - OTHER
P - NOT REQUIRED

EJECTED FROM VEHICLE
0 - NOT EJECTED
1 - FULLY EJECTED
2 - PARTIALLY EJECTED
3 - UNKNOWN

INATTENTION CODES
A - CELLPHONE HANDHELD
B - CELLPHONE HANDSFREE
C - ELECTRONIC EQUIPMENT
D - RADIO / CD
E - SMOKING
F - EATING
G - CHILDREN
H - ANIMALS
I - PERSONAL HYGIENE
J - READING
K - OTHER

ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK