



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

400 Seventh Street, S.W.
Washington, D.C. 20590

Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

*** **



AUTO SAFETY HOTLINE
(800) 424-9393
Wash. D.C. Area 366-0123

DYNAMIC SCIENCE, INC.
In-Depth Accident Investigation

Contract DTNH22-94-D-27058
Case DSI-94-SP-18

TECHNICAL SUMMARY

CONTRACTOR: Dynamic Science, Inc.
CONTRACT NUMBER: DTNH22-94-D-27058
CASE NUMBER: Case DSI-94-SP-18

We first became aware of this case via the local news-broadcast. Information obtained at that time indicated that a child was run over by a bus. We obtained the local news-broadcast and local newspaper article concerning this accident. We have also obtained the police accident report. An examination-only autopsy was performed on the four year old female child and a request for copy of that report has been made.

The accident occurred 1994 at 1505 hours in unincorporated County. The bus is a 91 foot Gillig Phantom Transit bus owned by the Transit Zone and operated by the contract services of Contract Services, Inc. The bus has a passenger capacity of 63, and there were ten passengers on the bus at the time of the accident.

The bus was being driven by a 26 year old female northbound on a six lane north/south roadway. The bus driver was notified by passengers that they needed to be let off at the next designated bus stop. The driver pulled the bus to the right curb and the front and rear doors, located on the right side of the bus, opened to let the passengers exit the bus. The mother held the door open to allow the children to exit. The mother let go of the door after the children had exited. The bus driver of reported that she saw that the woman and children were walking a couple of steps towards the front of the bus. The driver started to leave the curb at about five to ten miles per hour when she felt a thump. Everyone on the bus started to scream and the driver looked back in the rear view mirror and saw the woman with the little girl.

The four year old female child was standing next to the bus and for some unknown reason slipped off the right curb into the gutter and underneath the right rear dual tires of the bus. As the bus was pulling away the right rear tires of the bus rolled over the child. The child was pronounced dead at the scene due to fatal injuries to the head.

As we were trying to obtain permission to inspect the bus, i.e., measurements, photographs and Field of View tests, we were directed by Director of Safety and Training, at the Transit Zone to contact Claims Attorney, Contract Services, Inc. requested that we send further information for the authority to continue with our pursuit for the bus inspection (letter included). We contacted NHTSA with this information and requested a letter of verification/authorization. At that time reviewed the case with NHTSA was not available at that time). Upon further review of this case the NHTSA notified us to drop the case due to the fact that it was a transit bus and there was nothing indicating that the door played a role in this accident.

This research was supported by the National Highway Traffic Safety Administration (NHTSA), U.S. Department of Transportation, under contract number DTNH22-94-D-27058. The opinions, findings, and conclusions expressed in this publication are those of the authors and not necessarily those of the NHTSA.

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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

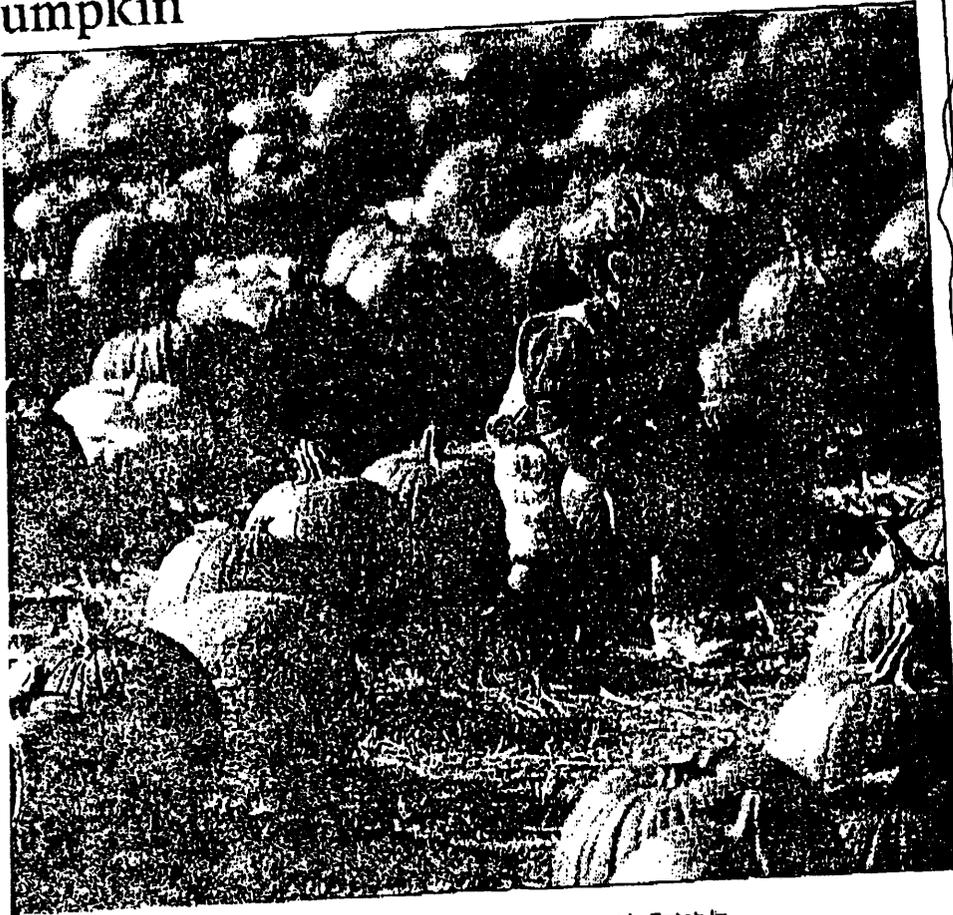
**DYNAMIC SCIENCE, INC.
ACCIDENT INVESTIGATION
CASE NUMBER: DSI-94-SP-18**

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IN BRIEF

umpkin



... to pick up the smallest pumpkin he could find at Pumpkin Patch in

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rested two
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chen of his
said they
ing in the
th, 24, and
re two men

found at duplex, Police said the suspects apparently selected home at random and ransacked the place, taking cash, a cellular phone and credit cards after killing him.

Couple Charged With Filing False Claims in Flood, Quake

A couple have pleaded not guilty in federal court to charges that they filed fraudulent damage claims with the

and last after both the 1992 flood earthquake.
"This is the first incident of someone who has taken advantage of two natural disasters," said Assistant U.S. Atty
After the flood of 1992, 53, and 44, applied for compensation for damage to their home. They sent forged rental receipts and received 18 months of rental assistance from FEMA totaling \$11,268, said.
After the earthquake, the three FEMA applications for disaster re-

...ief, claiming they had lost \$34,380. In personal belongings. They also submitted four false disaster home loan applications with the ... said. Their trial is set to begin

4-Year-Old Girl Falls Under Bus Tires, Is Killed

A 4-year-old girl was run over and killed by a Transit bus in ... on ... The accident occurred about 3:45 p.m. at ... Drive, according to ... and Highway Patrol. He said the child identified as ... of ... felt under the tires as she and her mother were getting off the bus and the driver was beginning to pull away. The child died at the scene ... said.

Woman Pleads Guilty in Accident Involving Children

A woman whose 2-year-old son knocked her idling car into gear, causing it to run over five children in her driveway, pleaded guilty to a misdemeanor child-endangerment charge and was sentenced to 2 months' probation and 150 hours of community service.
... entered her plea in Municipal Court as part of an agreement with prosecutors. She originally had been charged with two child endangerment counts in connection with the freak accident and, if convicted, faced up to a year in jail and a \$1,000 fine.
Four of the neighborhood children ages 5 to 10, were hospitalized in serious or critical condition after the car struck a sofa on which they were playing, driving it into a wall.
Police said witnesses told them they left her child in the car with the engine running while she ran inside the house to get her purse. ... maintain that her son somehow opened the door and climbed in on his own.
Initially, the district attorney's office declined to file charges. Later, however, the city attorney's office decided to file the misdemeanor charges, questioning the account of what happened.

[REDACTED] an

Company [REDACTED]

1994

Transit Zone

Attention: Director of Safety and Training
RE: Bus fatality, 1994

Dear

Dynamic Science, Inc. works under contract to the Department of Transportation, National Highway Traffic Safety Administration to gather automobile/bus accident information. The contract number is [REDACTED] Our contact with the NHTSA is [REDACTED]

The purpose of this correspondence is to schedule a time to inspect the bus, 1991 Gillig phantom transit bus license number [REDACTED] that was involved in the tragic accident where [REDACTED] was fatally injured. Myself, [REDACTED] and [REDACTED] would like to arrange the bus inspection for [REDACTED] 1994 at your location. We want to conduct a Field of View test, photograph the bus and take various measurements.

Please contact me at [REDACTED] or FAX [REDACTED] to confirm a time best for you and the location of the bus to conduct the inspection.

Thank you.

Traffic Safety Investigator

1994

Traffic Safety Investigator
Dynamic Science, Inc.

RE: Bus Fatality-
D.O.L.: 94
MCS Claim No.:

Dear Ms.

Your letter dated 1994, addressed to has been forwarded to my attention. The Highway Patrol made a complete investigation of the accident, including a detailed inspection of the vehicle involved. I would suggest you obtain a copy of the report which has all the information available.

As we discussed in our recent phone call, if you need further information you will need to send the Statutory Authority which allows for the requested inspection.

Should you need further assistance, please contact me directly as I am responsible for this claim.

Sincerely,

CONTRACT SERVICES, INC.

Sr. Claims Attorney

1994

County Coroner's Office

Dear Sirs:

Dynamic Science is currently conducting transportation safety under contract to the National Highway Traffic Safety Administration. I would like to obtain a Coroner's report on the following accident victim:

Accident Date: 1994

Accident location:

Name: pedestrian

Report number

I have enclosed a check for \$18.17 to cover the cost of the report. I have also enclosed a return address label for your use.

Sincerely,

Traffic Safety Investigator

Enc:

STATE OF CALIFORNIA
TRAFFIC COLLISION REPORT

559 PAGE 1 (Rev 2-82) OPI 042

92 63763

BEST AVAILABLE

PAGE 1 of 15

SPECIAL CONDITIONS FATAL		NUMBER INJURED 0	MT & RUN FELONY <input type="checkbox"/>	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER 10-535			
		NUMBER KILLED 1	MT & RUN Misd. <input type="checkbox"/>	COUNTY	REPORTING DISTRICT	BEAT			
LOCATION	COLLISION OCCURRENCE (c/r)				MO. DAY YEAR 1 94	TIME (2400) 1505	INC #	OFFICER I.D.	
	MILEPOST INFORMATION				DAY OF WEEK	TOW AWAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PHOTOGRAPHS BY: SGT		
	FEET / MILES OF					STATE HWY REL. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	<input type="checkbox"/> AT INTERSECTION WITH				<input type="checkbox"/> NONE				
<input checked="" type="checkbox"/> OR: 100 FEET / MILES S OF				(c/r)					
PARTY 1	DRIVER'S LICENSE NUMBER	STATE	CLASS B	SAFETY EQUIP. C	VEH. YEAR 91	MAKE / MODEL / COLOR PHANTOM TRANSIT BUS / WHITE	LICENSE NUMBER	STATE	
DRIVER	NAME (FIRST, MIDDLE, LAST)								
<input checked="" type="checkbox"/> PEDESTRIAN	STREET ADDRESS				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER TRANSIT ZONE				
<input type="checkbox"/> PARKED VEHICLE	CITY / STATE / ZIP				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER				
<input type="checkbox"/> BICYCLIST	SEX F	HAIR BRN	EYES BRN	HEIGHT 5-0	WEIGHT 120	MO. BIRTHDATE DAY YEAR 68	RACE	DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER	
<input type="checkbox"/> OTHER	HOME PHONE	BUSINESS PHONE		PRIOR MECHANICAL DEFECTS: NONE APPARENT <input checked="" type="checkbox"/> REFER TO NARRATIVE <input type="checkbox"/>					
INSURANCE CARRIER		POLICY NUMBER CH NKA		VEH. YEAR 20	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> TOTAL		SHADED IN DAMAGED AREA		
DIR. OF TRAVEL N		ON STREET OR HIGHWAY		SPEED LIMIT 40	PCF C	DOT <input type="checkbox"/>	CA <input type="checkbox"/>	ICC <input type="checkbox"/>	PUC <input type="checkbox"/>
PARTY 2	DRIVER'S LICENSE NUMBER NONE	STATE	CLASS	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE	
DRIVER	NAME (FIRST, MIDDLE, LAST)								
<input type="checkbox"/> PEDESTRIAN	STREET ADDRESS				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER				
<input type="checkbox"/> PARKED VEHICLE	CITY / STATE / ZIP				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER				
<input type="checkbox"/> BICYCLIST	SEX F	HAIR BRN	EYES H ZL	HEIGHT 3	WEIGHT 40	MO. BIRTHDATE DAY YEAR 89	RACE	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER	
<input type="checkbox"/> OTHER	HOME PHONE () UNK	BUSINESS PHONE		PRIOR MECHANICAL DEFECTS: NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE <input type="checkbox"/>					
INSURANCE CARRIER NIA		POLICY NUMBER		VEH. YEAR 60	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> TOTAL		SHADED IN DAMAGED AREA		
DIR. OF TRAVEL N		ON STREET OR HIGHWAY		SPEED LIMIT 40	PCF C	DOT <input type="checkbox"/>	CA <input type="checkbox"/>	ICC <input type="checkbox"/>	PUC <input type="checkbox"/>
PARTY 3	DRIVER'S LICENSE NUMBER	STATE	CLASS	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE	
DRIVER	NAME (FIRST, MIDDLE, LAST)								
<input type="checkbox"/> PEDESTRIAN	STREET ADDRESS DATA PROG. /				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER				
<input type="checkbox"/> PARKED VEHICLE	CITY / STATE / ZIP CO. PDS. /				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER				
<input type="checkbox"/> BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	MO. BIRTHDATE DAY YEAR	RACE	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER	
<input type="checkbox"/> OTHER	HOME PHONE ()	BUSINESS PHONE ATTY ()		PRIOR MECHANICAL DEFECTS: NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE <input type="checkbox"/>					
INSURANCE CARRIER OTHER		POLICY NUMBER		VEH. YEAR	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> TOTAL		SHADED IN DAMAGED AREA		
DIR. OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT	PCF	DOT <input type="checkbox"/>	CA <input type="checkbox"/>	ICC <input type="checkbox"/>	PUC <input type="checkbox"/>
DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA					REVIEWER'S NAME		DATE REVIEWED 1/94		

STATE OF
TRAFFIC COLLISION CODING

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2

DATE OF COLLISION		TIME (2400)	NCIC NUMBER	OFFICER I.D.	NUMBER
MO.	DAY	YEAR			
		94	1505		
PROPERTY DAMAGE	OWNER'S NAME / ADDRESS				NOTIFIED
	DESCRIPTION OF DAMAGE				YES <input type="checkbox"/> NO <input type="checkbox"/>

<p>SEATING POSITION</p>	<p>SAFETY EQUIPMENT</p> <p>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> <p>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</p> <p>L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED</p> <p>M/C BICYCLE - HELMET DRIVER V - NO W - YES PASSENGER X - NO Y - YES</p>	<p>EJECTED FROM VEHICLE</p> <p>0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN</p>
--------------------------------	--	--

ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	TYPE OF VEHICLE			MOVEMENT PRECEDING COLLISION
		1	2	3	
# A VC SECTION VIOLATED: <input type="checkbox"/> CITED <input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> A CONTROLS FUNCTIONING			<input checked="" type="checkbox"/> A PASSENGER CAR / STATION WAGON	<input type="checkbox"/> A STOPPED
# B OTHER IMPROPER DRIVING *:	<input type="checkbox"/> B CONTROLS NOT FUNCTIONING *			<input checked="" type="checkbox"/> B PASSENGER CAR W / TRAILER	<input type="checkbox"/> B PROCEEDING STRAIGHT
<input checked="" type="checkbox"/> C OTHER THAN DRIVER *	<input type="checkbox"/> C CONTROLS OBSCURED			<input checked="" type="checkbox"/> C MOTORCYCLE / SCOOTER	<input type="checkbox"/> C RAN OFF ROAD
D UNKNOWN *	<input type="checkbox"/> D NO CONTROLS PRESENT / FACTOR *			<input checked="" type="checkbox"/> D PICKUP OR PANEL TRUCK	<input type="checkbox"/> D MAKING RIGHT TURN
# E FELL ASLEEP *	TYPE OF COLLISION			<input checked="" type="checkbox"/> E PICKUP / PANEL TRUCK W / TRAILER	<input type="checkbox"/> E MAKING LEFT TURN
	<input type="checkbox"/> A HEAD - ON			<input checked="" type="checkbox"/> F TRUCK OR TRUCK TRACTOR	<input type="checkbox"/> F MAKING U TURN
	<input type="checkbox"/> B SIDESWIPE			<input checked="" type="checkbox"/> G TRUCK / TRUCK TRACTOR W / TRLR.	<input type="checkbox"/> G BACKING
	<input type="checkbox"/> C REAR END			<input checked="" type="checkbox"/> H SCHOOL BUS	<input type="checkbox"/> H SLOWING / STOPPING
	<input type="checkbox"/> D BROADSIDE			<input checked="" type="checkbox"/> I OTHER BUS	<input type="checkbox"/> I PASSING OTHER VEHICLE
WEATHER (MARK 1 TO 2 ITEMS)	<input type="checkbox"/> E HT OBJECT			<input checked="" type="checkbox"/> J EMERGENCY VEHICLE	<input type="checkbox"/> J CHANGING LANES
<input checked="" type="checkbox"/> A CLEAR	<input type="checkbox"/> F OVERTURNED			<input checked="" type="checkbox"/> K HIGHWAY CONST. EQUIPMENT	<input type="checkbox"/> K PARKING MANEUVER
<input type="checkbox"/> B CLOUDY	<input checked="" type="checkbox"/> G VEHICLE / PEDESTRIAN			<input checked="" type="checkbox"/> L BICYCLE	<input type="checkbox"/> L ENTERING TRAFFIC
<input type="checkbox"/> C RAINING	<input type="checkbox"/> H OTHER *:			<input checked="" type="checkbox"/> M OTHER VEHICLE	<input type="checkbox"/> M OTHER UNSAFE TURNING
<input type="checkbox"/> D SNOWING	MOTOR VEHICLE INVOLVED WITH			<input checked="" type="checkbox"/> N PEDESTRIAN	<input type="checkbox"/> N XING INTO OPPOSING LANE
<input type="checkbox"/> E FOG / VISIBILITY FT.	<input type="checkbox"/> A NON-COLLISION			<input checked="" type="checkbox"/> O MOPED	<input type="checkbox"/> O PARKED
<input type="checkbox"/> F OTHER *:	<input checked="" type="checkbox"/> B PEDESTRIAN				<input type="checkbox"/> P MERGING
<input type="checkbox"/> G WIND	<input type="checkbox"/> C OTHER MOTOR VEHICLE				<input type="checkbox"/> Q TRAVELING WRONG WAY
LIGHTING	<input type="checkbox"/> D MOTOR VEHICLE ON OTHER ROADWAY	1	2	3	<input type="checkbox"/> R OTHER *:
<input checked="" type="checkbox"/> A DAYLIGHT	<input type="checkbox"/> E PARKED MOTOR VEHICLE				
<input type="checkbox"/> B DUSK - DAWN	<input type="checkbox"/> F TRAIN				
<input type="checkbox"/> C DARK - STREET LIGHTS	<input type="checkbox"/> G BICYCLE				
<input type="checkbox"/> D DARK - NO STREET LIGHTS	<input type="checkbox"/> H ANIMAL:				
<input type="checkbox"/> E DARK - STREET LIGHTS NOT FUNCTIONING *	<input type="checkbox"/> I FIXED OBJECT:				
ROADWAY SURFACE	<input type="checkbox"/> J OTHER OBJECT:				
<input checked="" type="checkbox"/> A DRY					
<input type="checkbox"/> B WET					
<input type="checkbox"/> C SNOWY - ICY					
<input type="checkbox"/> D SLIPPERY (MUDDY, OILY, ETC.)					
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)	PEDESTRIAN'S INVOLVED				
<input type="checkbox"/> A HOLES, DEEP RUT *	<input type="checkbox"/> A NO PEDESTRIAN INVOLVED				
<input type="checkbox"/> B LOOSE MATERIAL ON ROADWAY *	<input type="checkbox"/> B CROSSING IN CROSSWALK AT INTERSECTION				
<input type="checkbox"/> C OBSTRUCTION ON ROADWAY *	<input type="checkbox"/> C CROSSING IN CROSSWALK - NOT AT INTERSECTION				
<input type="checkbox"/> D CONSTRUCTION - REPAIR ZONE	<input type="checkbox"/> D CROSSING - NOT IN CROSSWALK				
<input type="checkbox"/> E REDUCED ROADWAY WIDTH	<input type="checkbox"/> E IN ROAD - INCLUDES SHOULDER				
<input type="checkbox"/> F FLOODED *	<input checked="" type="checkbox"/> F NOT IN ROAD				
<input type="checkbox"/> G OTHER *:	<input type="checkbox"/> G APPROACHING / LEAVING SCHOOL BUS				
<input checked="" type="checkbox"/> H NO UNUSUAL CONDITIONS					
OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)					
<input type="checkbox"/> A VC SECTION VIOLATION: <input type="checkbox"/> CITED <input type="checkbox"/> YES <input type="checkbox"/> NO					
<input type="checkbox"/> B VC SECTION VIOLATION: <input type="checkbox"/> CITED <input type="checkbox"/> YES <input type="checkbox"/> NO					
<input type="checkbox"/> C VC SECTION VIOLATION: <input type="checkbox"/> CITED <input type="checkbox"/> YES <input type="checkbox"/> NO					
<input type="checkbox"/> D					
<input type="checkbox"/> E VISION OBSCUREMENT:					
<input type="checkbox"/> F INATTENTION *:					
<input type="checkbox"/> G STOP & GO TRAFFIC					
<input type="checkbox"/> H ENTERING / LEAVING RAMP					
<input type="checkbox"/> I PREVIOUS COLLISION					
<input type="checkbox"/> J UNFAMILIAR WITH ROAD					
<input type="checkbox"/> K DEFECTIVE VEH. EQUIP.: <input type="checkbox"/> CITED <input type="checkbox"/> YES <input type="checkbox"/> NO					
<input type="checkbox"/> L UNINVOLVED VEHICLE					
<input type="checkbox"/> M OTHER *:					
<input type="checkbox"/> N NONE APPARENT					
<input type="checkbox"/> O RUNAWAY VEHICLE					

SKETCH

INDICATE NORTH

PLEASE SEE PG. 8

MSCELLANEOUS

STATE OF
INJURED / WITNESSES / PASSENGERS

BEST AVAILABLE COPY

DATE OF COLLISION		TIME (2400)		NCIC NUMBER				OFFICER I.D.		NUMBER							
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)					PARTY NUMBER	SEAT POS.	SAFETY EQUIP.	EJECTED	
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	15	F	<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"/>	1	7	A	<input type="checkbox"/>
NAME / D.O.B. / ADDRESS: <u>1 797</u> TELEPHONE:																	
(INJURED ONLY) TRANSPORTED BY: TAKEN TO:																	
DESCRIBE INJURIES: <u>W-NONE</u>																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	10	F	<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"/>	1	7	A	0
NAME / D.O.B. / ADDRESS: TELEPHONE:																	
(INJURED ONLY) TRANSPORTED BY: TAKEN TO:																	
DESCRIBE INJURIES: <u>W-NONE</u>																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20	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: TELEPHONE:																	
(INJURED ONLY) TRANSPORTED BY: TAKEN TO:																	
DESCRIBE INJURIES:																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/>	<input type="checkbox"/>	30	F	<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: <u>SAME AS P-2.</u>																	
(INJURED ONLY) TRANSPORTED BY: 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: TAKEN TO:																	
DESCRIBE INJURIES: <u>W-NONE</u> <u>W-NONE</u>																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	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"/>	1	7	A	<input type="checkbox"/>
NAME / D.O.B. / ADDRESS: TELEPHONE:																	
(INJURED ONLY) TRANSPORTED BY: TAKEN TO:																	
DESCRIBE INJURIES: <u>W-NONE</u>																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	

FATE OF
INJURED / WITNESSES / PASSENGERS

DATE OF COLLISION		TIME (2400)		NCC NUMBER				OFFICER I.D.		NUMBER							
94		1305															
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)					PARTY NUMBER	SEAT POS.	SAFETY EQUIP.	EJECTED	
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER					
<input type="checkbox"/>	<input checked="" 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"/>	1	7	A	<input type="checkbox"/>

WUNK

VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/>	<input checked="" type="checkbox"/>	67	M	<input type="checkbox"/>	1	7	A	<input type="checkbox"/>									
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VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/>	<input checked="" type="checkbox"/>	49	M	<input type="checkbox"/>	1	7	A	<input type="checkbox"/>									
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VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/>	<input checked="" type="checkbox"/>	UNK.	F	<input type="checkbox"/>	1	7	A	<input type="checkbox"/>									
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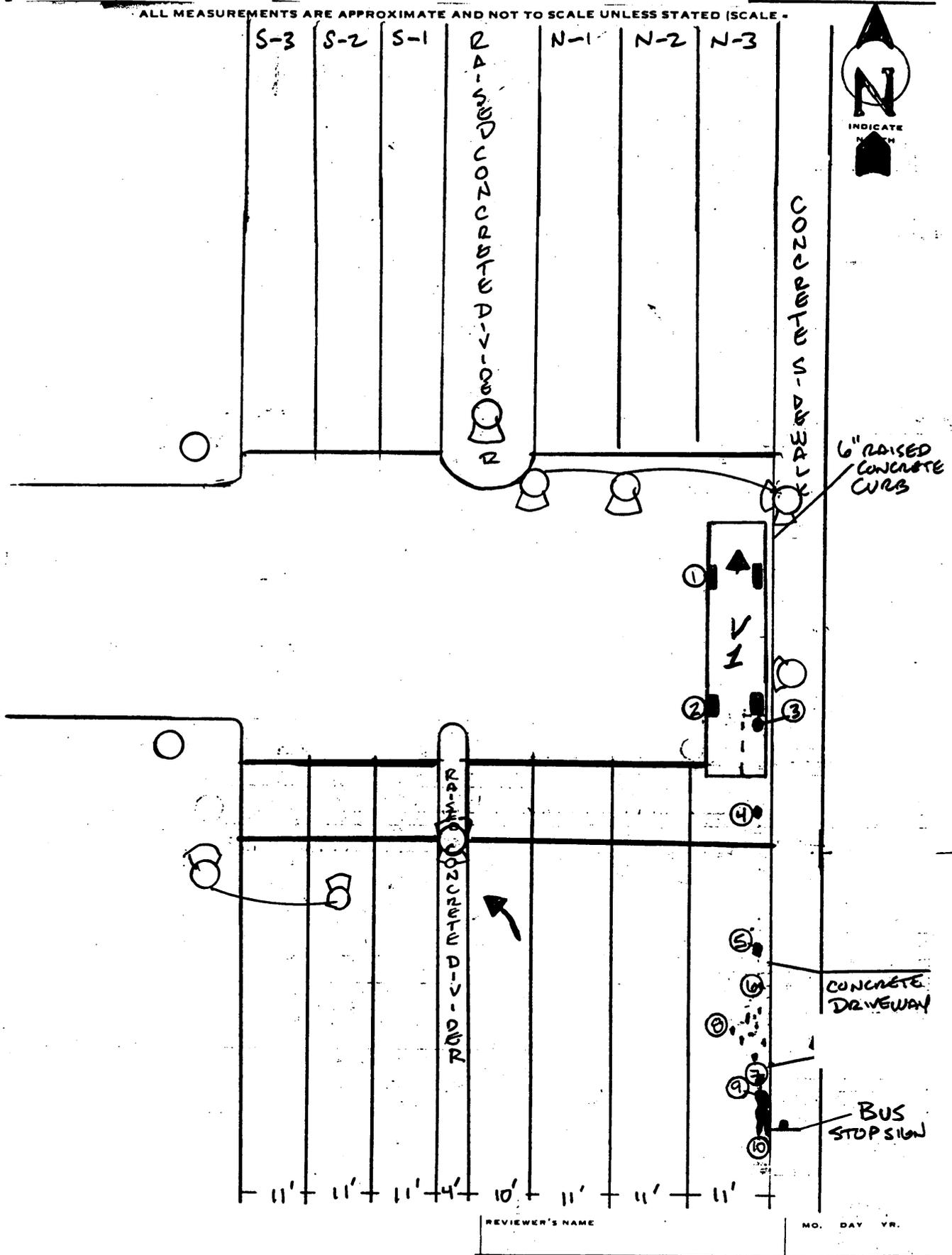
VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/>	<input checked="" type="checkbox"/>	30	F	<input type="checkbox"/>	1	7	A	<input type="checkbox"/>									
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VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	M	<input type="checkbox"/>	1	7	A	<input type="checkbox"/>									
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE -



REVIEWER'S NAME

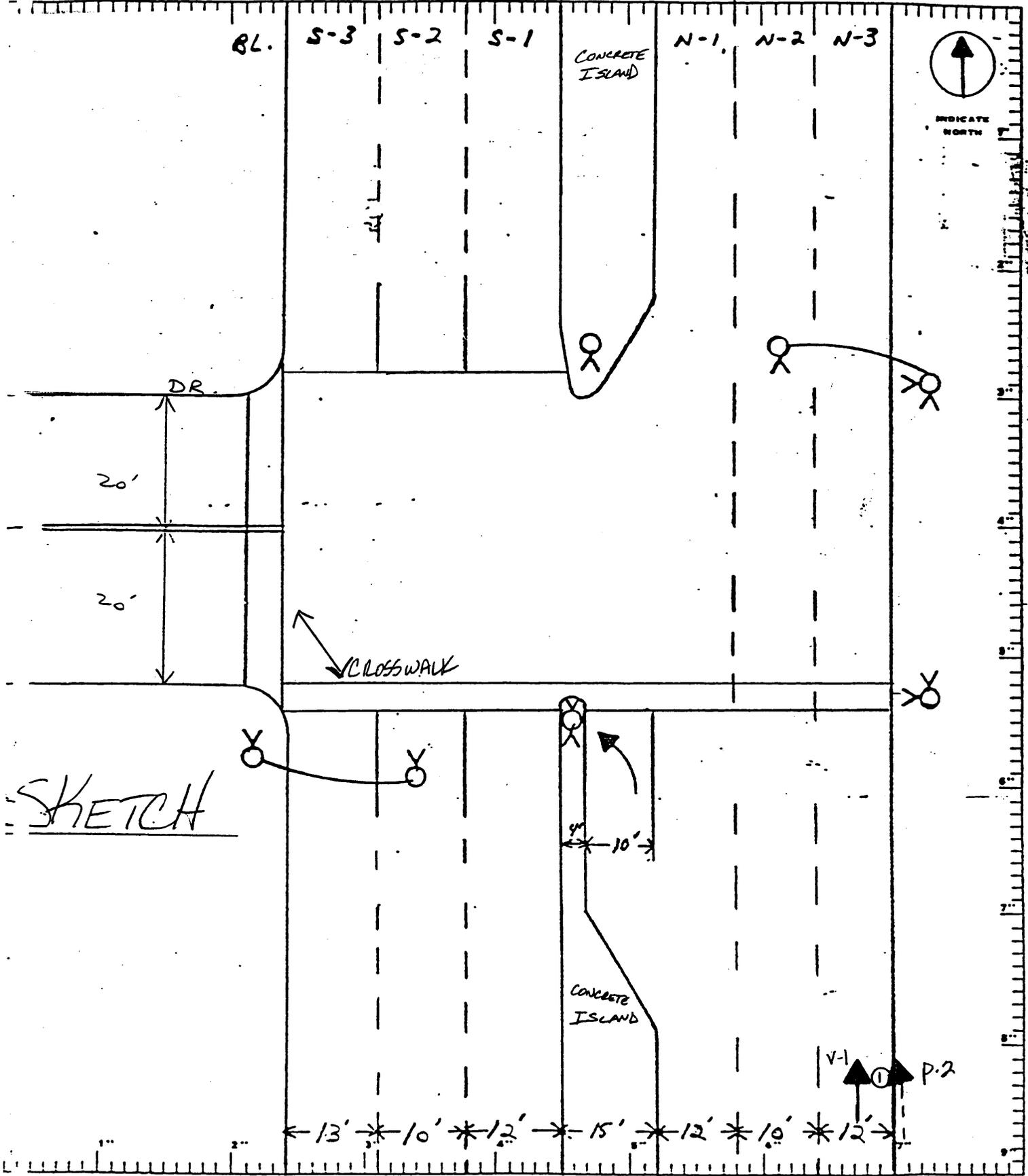
MO. DAY YR.

TATE OF
NARRATIVE/SUPPLEMENTAL

556 (Rev 7-90) OPI 042

		NUMBER	
X ONE <input checked="" type="checkbox"/> Narrative <input type="checkbox"/> Supplemental		*X* ONE <input checked="" type="checkbox"/> Collision report <input type="checkbox"/> Other:	
TYPE SUPPLEMENTAL (*X* APPLICABLE) <input type="checkbox"/> BA update <input type="checkbox"/> Hazardous materials		<input type="checkbox"/> Fatal <input type="checkbox"/> School bus <input type="checkbox"/> Hit and run update <input type="checkbox"/> Other:	
CITY/COUNTY/JUDICIAL DISTRICT		REPORTING DISTRICT/BEAT	CITATION NUMBER
LOCATION/SUBJECT		STATE HIGHWAY RELATED <input type="checkbox"/> Yes <input type="checkbox"/> No	
1.			
2. <u>LEGEND</u>			
3.			
4. <u>VEHICLE POINTS OF REST (P.O.R.)</u>			
5.			
6. <u>VH</u>			
7. <u>① LF APPROX 9' W/E CURB OF</u>		<u>BWD, 22' N/E CURB OF</u>	
8. <u>② 4R " 9' " " "</u>		<u>" " , 2' " " "</u>	
9.			
10. <u>RED</u>			
11. <u>HEAD AT THE E. CURB OF</u>		<u>BWD, 50' N/S CURB OF</u>	
12. <u>FEET " " " " "</u>		<u>" " , 60" " " " "</u>	
13.			
14. <u>PHYSICAL EVIDENCE:</u>			
15.			
16. <u>③ ④ ⑤ ⑥ TO ⑦ TO ⑧, BRAIN MATTER, BLOOD, AND SKULL</u>			
17. <u>FRAGMENTS.</u>			
18.			
19. <u>LOCATION OF PHYSICAL EVIDENCE:</u>			
20.			
21. <u>③ APPROX 13' W/E CURB OF</u>		<u>BWD, AT THE S. CURB OF</u>	
22. <u>④ " 1' " " "</u>		<u>" " , 14' S/S " " "</u>	
23. <u>⑤ " 1' " " "</u>		<u>" " , 35' " " " "</u>	
24. <u>⑥ " AT THE E. " " "</u>		<u>" " , 40' " " " "</u>	
25. <u>⑦ " " " " " "</u>		<u>" " , 56' " " " "</u>	
26. <u>⑧ " 9' W/E " " "</u>		<u>" " , 46' " " " "</u>	
27.			
28. <u>NOTE:</u>			
29. <u>BRAIN, SKULL, AND BLOOD ARE SCATTERED WITHIN 9' x 16'</u>			
30. <u>AREA BEGIN FROM ⑥ TO ⑦ AND FROM THE E. CURB OF</u>			
<u>BWD TO ⑧</u>			
		REVIEWER'S NAME	DATE

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



ACTSNOTIFICATION

I RECEIVED AN ACCIDENT WITH INJURIES CALL AT 1508 HRS. I RESPONDED FROM THE OFFICE AND ARRIVED AT 1529 HRS.
 ALL SPEEDS AND MEASUREMENTS ARE APPROXIMATE.
 ALL MEASUREMENTS WERE MADE BY A ROLLMETER.

SCENE

BLVD IS A NORTH, SOUTH, TWO-WAY WITH THREE LANES IN EACH DIRECTION AT THIS LOCATION. THE NORTHBOUND BLVD LANES AT DR HAS A LEFT TURN POCKET AND IS CONTROLLED BY A TRI-PHASE TRAFFIC SIGNAL. THE NORTH AND SOUTH BOUND LANES ARE DIVIDED BY A RAISED CONCRETE ISLAND. THE LANES ARE DIVIDED BY BROKEN WHITE LINES. AT THE INTERSECTION OF BLVD AND DR, THE INTERSECTION IS CONTROLLED BY TRI-PHASE TRAFFIC SIGNALS. CONCRETE SIDEWALKS AND CURBS BORDER BLVD BLVD IS A COUNTY ROAD. A FOOTHILL BUS SIGN IS ON THE EAST CURB OF BLVD JUST SOUTH OF A DR.

PARTIES/VEHICLES

-1 WAS CONTACTED AT THE SCENE SITTING IN V-1. P-1 WAS IDENTIFIED BY HER VALID CDL. P-1 HOLDS A CLASS B LICENSE WITH A RESTRICTION FOR AUTOMATIC TRANSMISSION, CLASS A\1 - B\2 AND AN ENDORSEMENT FOR "P". P-1 ALSO HAD A VERIFICATION OF TRANSIT DOCUMENT WHICH WAS ISSUED ON 94 AND AUTHORIZED BY P-1 MEDICAL CARD WAS APPROVED BY DR. M.D. AND ISSUED ON 1993. V-1 WAS FOUND AT REST ON ALL FOUR WHEELS AND WAS FACING IN A NORTHERLY DIRECTION AGAINST THE EAST BLVD CURB IN THE INTERSECTION OF DR. V-1 DID NOT SUSTAIN ANY DAMAGE. NO PRIOR DEFECTS WERE NOTED OR CLAIMED.

-2 WAS FOUND LAYING ON HER STOMACH, IN THE GUTTER, NEXT TO THE EAST CURB OF BLVD, FACING IN A NORTHERLY DIRECTION, JUST SOUTH OF DR. P-2 WAS IDENTIFIED BY HER MOTHER P-2 WAS PROVIDED BY THE COUNTY CORONER

PHYSICAL EVIDENCE

THE PHYSICAL EVIDENCE IS THE INJURIES FROM P-2, THE BRAIN MATTER, BLOOD, SKULL FRAGMENTS AND PHOTOS TAKEN BY SGT.

STATEMENTS CONT'D

P-1 SAW THE BACK DOOR CLOSE. AFTER THE BACK DOOR CLOSED, SHE LOOKED IN HER REAR VIEW MIRROR. WHEN SHE LOOKED IN HER REAR VIEW MIRROR, SHE SAW THE WOMAN AND THE GIRLS WALKING A COUPLE OF STEPS TOWARDS THE FRONT OF THE BUS. P-1 STARTED TO LEAVE THE CURB AT APPROXIMATELY 5 TO 10 MPH. AS SHE LEFT THE CURB, SHE FELT A BUMP AND EVERYONE ON THE BUS STARTED TO SCREAM. SHE LOOKED IN THE REAR VIEW MIRROR AND SAW THE WOMAN WITH THE LITTLE GIRL. P-1 STOPPED THE BUS AND TRIED TO USE THE PHONE ON THE BUS TO CALL FOR HELP BUT THE PHONE DID NOT WORK. SHE RAN OUT OF THE BUS AND ACROSS THE STREET TO CALL FOR HELP. SHE SAW A LADY IN THE PARKING LOT WITH A PORTABLE PHONE AND TOLD THE LADY TO CALL 911. P-1 THEN WENT TO USE THE PHONE AT _____ HAIR SALON TO CALL HER SUPERVISOR.

WIT #1 _____ RELATED THE FOLLOWING STATEMENT TO ME OVER THE PHONE. WIT #1 IDENTIFIED HIMSELF OVER THE PHONE AND A INITIAL STATEMENT WAS TAKEN FROM HIM AT THE SCENE FROM OFFICER _____ WIT#1 HAD BEEN ON THE BUS SINCE _____ AND _____ AND WAS TAKING THE BUS HOME. HE USUALLY TAKES THE EARLIER BUS BUT HAD MISSED IT AND HE HAD TO TAKE THIS BUS. WHEN HE GOT ON THE BUS, HE SAT IN THE BACK, ON THE LEFT SIDE OF THE BUS, DIRECTLY NEXT TO THE BACK DOOR OF THE BUS. A WOMAN AND 5 GIRLS GOT ON THE BUS AFTER HE HAD BEEN ON THE BUS AND THEY SAT BEHIND HIM. WHEN HE REACHED HIS STOP, HE RANG THE BELL AND GOT OFF. HE WAS THE FIRST PERSON OFF THE BACK OF THE BUS ON _____ BLVD JUST SOUTH OF _____ DR. WHILE HE WAS GETTING OFF THE BUS, ANOTHER MAN WAS GETTING OFF AT THE FRONT OF THE BUS. AS HE WAS GETTING OFF THE BACK OF THE BUS, THE BUS DRIVER HAD PULLED THE BUS APPROXIMATELY 1' OF LESS NEXT TO THE CURB. HE FELT THE BUS WAS CLOSE ENOUGH TO STEP OFF SAFELY. AFTER HE GOT OFF THE BUS, WIT#1 STARTED TO WALK NORTH ON THE SIDEWALK ON _____ AS HE WAS WALKING ALONGSIDE THE BUS, THE BUS STARTED TO LEAVE THE CURB. WHEN THE BUS WAS LEAVING THE CURB, HE HEARD A BUMP. WIT #1 HEARD THE BUMP AND TURNED AROUND AT THE SAME TIME. WHEN HE TURNED AROUND TO LOOK BACK AT THE BACK OF THE BUS, HE SAW A WOMAN AND A COUPLE OF LITTLE GIRLS WALKING AWAY FROM THE BUS. HE THEN SAW THE LITTLE GIRL IN THE STREET, LAYING IN THE GUTTER, NEXT TO THE CURB WITH MAJOR HEAD INJURIES.

AFTER THE ACCIDENT, WIT #1 WAS TALKING TO ONE OF THE SISTER'S OF THE LITTLE GIRL. HE DESCRIBED THE LITTLE GIRL AS MAYBE THE SECOND TO THE OLDEST AND WEARING _____ CLASSES. WIT#1 ASKED THE LITTLE GIRL WHAT HAD HAPPENED AND SHE STATED THAT HER SISTER HAD TRIPPED AND FELL INTO THE STREET.

STATEMENTS CONT'D

WIT #1 ALSO SAW ANOTHER WITNESS ON THE BUS. WIT#1 SAW ON THE BUS AND STATED THAT HAD BEEN SLEEPING HALF WAY THROUGH THE BUS RIDE.

IT APPEARED TO WIT#1 THAT SOTO WAS UNDER THE INFLUENCE OF EITHER ALCOHOL OR DRUGS BECAUSE HE WAS MUMBLING TO HIMSELF AND HITTING AND TAPPING ON THE SEAT.

DID NOT SEEM TO BE VERY COHERENT. WIT#1 SAW LEAVE THE BUS THROUGH THE FRONT DOOR AS WIT #1 WAS LEAVING THE BUS.

IT #1 DID NOT THINK THE DRIVER OF THE BUS HAD BEEN SPEEDING OR DRIVING RECKLESSLY. HE ALSO DID NOT HEAR ANY MUSIC COMING FROM A RADIO UP BY THE DRIVER'S SEAT OR THROUGHOUT THE BUS.

WIT#2 RELATED THE FOLLOWING STATEMENT TO ME IN THE BACK YARD OF HER RESIDENCE.

IT #2 WAS ON THE BUS COMING HOME FROM PICKING UP HER CHILDREN FROM SCHOOL. THIS WAS THEIR FIRST DAY ON THE BUS BECAUSE THEY HAD JUST MOVED TO HTS FROM . THEY HAD CAUGHT THE BUS AT AT AND THEY WERE ON THEIR WAY HOME. WHEN THEY HAD REACHED THEIR STOP, WIT #2 GOT OFF THE BUS AND WAS STANDING ON THE SIDEWALK, HOLDING THE BACK BUS DOOR OPEN FOR HER CHILDREN TO GET OFF THE BUS. AS SHE WAS HOLDING THE DOOR, SHE WAS FACING TO THE BACK OF THE BUS. AFTER ALL HER CHILDREN WERE OFF THE BUS, SHE LET THE DOOR CLOSE AND TURNED AROUND TO WALK HOME. WIT #2 LOST SIGHT OF HER DAUGHTER AFTER THEY HAD EXITED THE BUS. AS SHE TURNED AROUND TO WALK AWAY FROM THE BUS, WIT #2 HEARD A NOISE. WHEN SHE HEARD THE NOISE, SHE TURNED AROUND AND SAW LAYING AGAINST THE CURB IN THE STREET. WIT #2 THEN STARTED TO SCREAM.

BECAUSE WIT #2 WAS VERY UPSET AT THIS TIME, I DID NOT CONTINUE WITH THE INTERVIEW.

WIT#3 RELATED THE FOLLOWING STATEMENT TO OFFICER AT THE SCENE.

WIT #3 WAS SITTING IN THE BACK OF THE BUS. THE MOTHER AND THE LITTLE GIRL WERE STANDING ON THE SIDEWALK APPROXIMATELY 1' AWAY FROM THE CURB NEXT TO THE BUS.

IT #3 SAW THE LITTLE GIRL NEXT TO THE BUS. THE BUS STARTED TO MOVE AWAY AND WIT #3 SAW THE LITTLE GIRL SLIP OFF THE CURB. HE THEN SAW HER ARMS GO UP IN THE AIR AND SHE THEN DISAPPEARED. HE HEARD THE MOTHER SCREAM AND A MAN WAS BANGING ON THE DOOR. THE BUS THEN STOPPED.

STATEMENTS CONT'D

WIT #4 RELATED THE FOLLOWING STATEMENT TO OFFICER AT THE SCENE.

WIT #4 HAD BEEN SITTING IN THE BACK OF THE BUS. HE GOT OFF THE BUS AT BLVD JUST SOUTH OF DR. AT THE FRONT OF THE BUS. AS HE WAS WALKING AWAY FROM THE BUS, HE LOOKED BACK AND SAW A LITTLE GIRL ON THE CURB. HE THEN SAW THE LITTLE GIRL IN THE STREET NEXT TO THE CURB. HE RAN UP TO THE BUS AND STARTED TO BANG ON THE DOOR. THE BUS THEN STOPPED. WIT #4 RELATED THAT SINCE HE HAD BEEN ON THE BUS, THE DRIVER HAD BEEN DRIVING VERY FAST AND RECKLESS.

WIT #5 WAS AT THE SCENE BUT DID NOT SEE ANYTHING BECAUSE SHE WAS RUNNING TOWARD THE HOUSE WHEN THE ACCIDENT HAPPENED.

WIT #6 WAS AT THE SCENE BUT DID NOT SEE ANYTHING BECAUSE SHE WAS RUNNING TOWARD THE HOUSE WHEN THE ACCIDENT HAPPENED.

WIT #7 WAS AT THE SCENE AND RELATED TO OFFICER THAT SHE HAD HEARD FALL BUT WIT #7 WAS WALKING TOWARD THE HOUSE. SHE DID NOT SEE LL DOWN.

WIT #8 WAS AT THE SCENE BUT DID NOT SEE ANYTHING BECAUSE SHE WAS BY THE FRONT DOOR WHEN THE ACCIDENT HAPPENED.

OPINIONS AND CONCLUSIONSSUMMARY

P-1 WAS NORTHBOUND ON BLVD IN THE #3 LANE AT 35 - 40 MPH JUST SOUTH OF DR. A BUS STOP WAS AHEAD OF HER AND PASSENGERS HAD RANG THE BELL TO GET OFF AT THE BUS STOP SO P-1 PULLED OVER TO THE RIGHT CURB. P-1 HAD PULLED NEXT TO THE RIGHT CURB ON BLVD JUST SOUTH OF DR. P-2 WAS EXITING THE BUS THROUGH THE BACK DOOR WITH HER SISTERS AND OTHER AFTER P-2 HAD EXITED THE BUS, P-2 WAS STANDING NEXT TO THE RIGHT CURB, NEXT TO THE BUS. AS THE BUS WAS PULLING AWAY FROM THE CURB, P-2 FOR UNKNOWN REASONS FELL OFF THE CURB, INTO THE GUTTER AND UNDERNEATH THE RIGHT REAR DUAL TIRES OF V-1. AS P-2 FELL OFF THE CURB INTO THE GUTTER AND UNDER THE RIGHT REAR TIRES OF V-1, V-1 ROLLED OVER P-2. AS V-1 ROLLED OVER P-2, P-2 RECEIVED FATAL INJURIES. BASED ON STATEMENTS AND PHYSICAL EVIDENCE.

POINTS OF IMPACT

V-1 VS P-2 WAS AT THE EAST ROADWAY EDGE CURB OF
THE SOUTH ROADWAY EDGE CURB OF DR.

BLVD AND 60' SOUTH OF

CAUSE

BECAUSE P-2 FELL OFF THE CURB INTO THE GUTTER AND UNDERNEATH THE RIGHT REAR DUAL TIRES OF V-1, P-1 IS NOT IN VIOLATION OF ANY VEHICLE CODE. INSUFFICIENT EVIDENCE FOR PROSECUTION.

ADDITIONAL INFORMATION

AT THE SCENE, I EXAMINED V-1 AT IT'S POINT OF REST. I HAD THE FLEET MAINTENANCE MANAGER FROM TRANSIT SHOW ME HOW THE FRONT AND BACK DOORS OPERATE ON BUS. I CLOSED THE FRONT AND BACK DOORS. WHEN HE CLOSED BOTH DOORS, I DID NOT SEE ANY WARNING LIGHTS ACTIVATE ON EITHER THE FRONT OR BACK TO INDICATED THE DOORS COULD BE OPENED. THEN OPENED THE FRONT AND BACK DOORS. WHEN HE ACTIVATED THE SWITCH TO OPEN THE DOORS, I SAW A GREEN LIGHT OVER THE BACK DOOR COME ON. THE GREEN LIGHT THAT CAME ON OVER THE BACK DOOR INDICATED THE BACK DOOR COULD BE PUSHED OPEN. I THEN PUSHED OPEN THE BACK DOOR. WHILE I HELD THE BACK DOOR OPEN, I HAD OFFICER HOLD THE BACK DOOR OPEN SO I COULD SEE IF THE GREEN LIGHT WAS STILL ON OVER THE BACK DOOR. THE LIGHT WAS STILL ON AS HE HELD THE DOOR OPEN. WHILE OFFICER HELD THE DOOR OPEN, I HAD CLOSE THE FRONT DOOR. THEN OPENED THE PANEL OVER THE BACK DOOR TO SHOW ME HOW THE SAFETY SWITCH OPERATED. THE SAFETY SWITCH OPERATES WHEN EITHER THE FRONT OR BACK DOOR IS OPENED, THE SOLENOID SWITCH SENDS A SIGNAL TO THE BRAKE AND ACCELERATOR PEDALS AND LOCKS THE BRAKE AND ACCELERATOR PEDALS IN PLACE. WHILE THE DOORS ARE OPEN, THE ACCELERATOR AND BRAKE PEDALS ARE LOCKED INTO PLACE SO IF THE BUS DRIVER WOULD ACCIDENTALLY HIT THE BRAKE OR ACCELERATOR PEDALS THE BUS REMAINS IN PARK. THE BUS CAN NOT MOVE WHILE THE DOORS ARE IN THE OPEN POSITION. AFTER SHOWED ME THE SOLENOID SWITCH, I HAD OFFICER CLOSE THE BACK DOOR. I SAW THE SWITCH OPERATE ABOVE THE BACK DOOR AND THE GREEN LIGHT WENT INTO THE OFF POSITION. AFTER THE DOORS ARE CLOSED ON THE BUS, THE DRIVER NOW HAS POWER TO THE BRAKE AND ACCELERATOR PEDAL. I FOUND THIS TO BE OPERATING NORMALLY ON THIS BUS AFTER THE ACCIDENT.