

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

ABC 211 (6/99)

TO: Department of Alcoholic Beverage Control
570 RANCHEROS DRIVE
SUITE 240
SAN MARCOS, CA 92069
(760) 471-4237

File Number: **667480**
Receipt Number: **2979509**
Geographical Code: **3700**
Copies Mailed Date: **March 11, 2025**
Issued Date:

DISTRICT SERVING LOCATION: **SAN MARCOS**

CDSB CLERK OF THE BOARD
2025 MAR 14 AM 11:24

First Owner: **CALIFORNIA DREAMIN RE LLC**

Name of Business:

Location of Business: **41322 DE LUZ RD
FALLBROOK, CA 92028-8561**

County **SAN DIEGO**Is Premises inside city limits **No** Census Tract: **0190.01**

Mailing Address:(If different
from
premises address) **1301 S CATALINA AVE
UNIT E
REDONDO BEACH, CA 90277-5057**

Type of license(s): **20** Dropping Partner: Yes ☐ No ☒Transferor's license/name: **423672 / M & L FINANCIAL PROPERTIES INC**

<u>License Type</u>	<u>Transaction Type</u>	<u>Master</u>	<u>Secondary LT And Count</u>		
20 - Off-Sale Beer And Wine	PER	Y			
<u>License Type</u>	<u>Transaction Description</u>	<u>Fee Code</u>	<u>Dup</u>	<u>Date</u>	<u>Fee</u>
Application Fee	FEDERAL FINGERPRINTS	NA	2	03/11/25	\$48.00
Application Fee	STATE FINGERPRINTS	NA	2	03/11/25	\$78.00
Application Fee	PERSON TO PERSON TRF	NA	0	03/11/25	\$410.00
20 - Off-Sale Beer And Wine	ANNUAL FEE	NA	0	03/11/25	\$490.00
Total					\$1,026.00

Have you ever been convicted of a felony? **No**

Have you ever violated any provisions of the Alcoholic Beverage Control Act, or regulations of the
Department pertaining to the Act? **No**

STATE OF CALIFORNIA County of **SAN DIEGO**Date: **March 11, 2025**

Applicant Name(s)

CALIFORNIA DREAMIN RE LLC

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

ABC 211 (6/99)

TO: Department of Alcoholic Beverage Control
8620 SPECTRUM CENTER BLVD
STE 302
SAN DIEGO, CA 92123
(858) 300-6855

File Number: **667268**
Receipt Number: **2977410**
Geographical Code: **3700**
Copies Mailed Date: **March 4, 2025**
Issued Date:

DISTRICT SERVING LOCATION: **SAN DIEGO**

COSD ASSESSMENT APPEALS
2025 MAR 11 PM 12:29

First Owner: **CHIROY'S CAFE & RESTAURANT LLC**Name of Business: **CHIRO'S CAFE & RESTAURANT**

Location of Business: **9683 CAMPO RD
STE A & B
SPRING VALLEY, CA 91977-1255**

County **SAN DIEGO**Is Premises inside city limits **Yes** Census Tract: **0135.03**

Mailing Address: (If different
from
premises address) **7317 EL CAJON BLVD
STE 103
LA MESA, CA 91942**

Type of license(s): **41** Dropping Partner: Yes ☐ No ☒

Transferor's license/name:

<u>License Type</u>	<u>Transaction Type</u>	<u>Master</u>	<u>Secondary LT And Count</u>		
41 - On-Sale Beer And Wine - Eating	ORI	Y			
<u>License Type</u>	<u>Transaction Description</u>	<u>Fee Code</u>	<u>Dup</u>	<u>Date</u>	<u>Fee</u>
Application Fee	FEDERAL FINGERPRINTS	NA	1	03/04/25	\$24.00
Application Fee	STATE FINGERPRINTS	NA	1	03/04/25	\$39.00
Application Fee	ADD PRIMARY LICENSE TYPE	NA	0	03/04/25	\$1,105.00
41 - On-Sale Beer And Wine - Ea	ANNUAL FEE	NA	0	03/04/25	\$550.00
Total					\$1,718.00

Have you ever been convicted of a felony? **No**

Have you ever violated any provisions of the Alcoholic Beverage Control Act, or regulations of the
Department pertaining to the Act? **No**

STATE OF CALIFORNIA County of **SAN DIEGO**Date: **March 4, 2025**

Applicant Name(s)

CHIROY'S CAFE & RESTAURANT LLC

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

ABC 211 (6/99)

TO: Department of Alcoholic Beverage Control
8620 SPECTRUM CENTER BLVD
STE 302
SAN DIEGO, CA 92123
(858) 300-6855

File Number: **663007**
Receipt Number: **2974330**
Geographical Code: **3700**
Copies Mailed Date: **February 21, 2025**
Issued Date:

DISTRICT SERVING LOCATION: **SAN DIEGO**First Owner: **STEELE CANYON FUEL INC**Name of Business: **CIRCLE K**Location of Business: **12868 CAMPO RD
SPRING VALLEY, CA 91978-2326**

COSD CLERK OF THE BOARD
2025 FEB 25 AM 10:43

County **SAN DIEGO**Is Premises inside city limits **Yes** Census Tract: **0213.05**Mailing Address:(If different
from
premises address)Type of license(s): **21** Dropping Partner: Yes ☐ No ☒

Transferor's license/name:

<u>License Type</u>	<u>Transaction Type</u>	<u>Master</u>	<u>Secondary LT And Count</u>		
21 - Off-Sale General	ORI	Y			
<u>License Type</u>	<u>Transaction Description</u>	<u>Fee Code</u>	<u>Dup</u>	<u>Date</u>	<u>Fee</u>
Application Fee	ADD PRIMARY LICENSE TYPE	NA	0	09/20/24	\$18,635.00
21 - Off-Sale General	ANNUAL FEE	NA	0	02/19/25	\$984.00
Total					\$19,619.00

Have you ever been convicted of a felony? **No**Have you ever violated any provisions of the Alcoholic Beverage Control Act, or regulations of the
Department pertaining to the Act? **No**STATE OF CALIFORNIA County of **SAN DIEGO**Date: **September 20, 2024**

Applicant Name(s)

STEELE CANYON FUEL INC

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

ABC 211 (6/99)

TO: Department of Alcoholic Beverage Control
8620 SPECTRUM CENTER BLVD
STE 302
SAN DIEGO, CA 92123
(858) 300-6855

File Number: **667407**
Receipt Number: **2978671**
Geographical Code: **3700**
Copies Mailed Date: **March 7, 2025**
Issued Date:

COSD ASSESSMENT APPEALS
2025 MAR 11 PM 12:29

DISTRICT SERVING LOCATION: **SAN DIEGO**

First Owner: **DJNCK LLC**

Name of Business: **FRUITY LOCO**

Location of Business: **9505 JAMACHA BLVD
SPRING VALLEY, CA 91977-5141**

County **SAN DIEGO**

Is Premises inside city limits **Yes** Census Tract: **0139.03**

Mailing Address:(If different
from
premises address)

Type of license(s): **41** Dropping Partner: Yes ☐ No ☒

Transferor's license/name:

<u>License Type</u>	<u>Transaction Type</u>	<u>Master</u>	<u>Secondary LT And Count</u>		
41 - On-Sale Beer And Wine - Eating	ORI	Y			
<u>License Type</u>	<u>Transaction Description</u>	<u>Fee Code</u>	<u>Dup</u>	<u>Date</u>	<u>Fee</u>
Application Fee	ADD PRIMARY LICENSE TYPE	NA	0	03/07/25	\$1,105.00
Application Fee	FEDERAL FINGERPRINTS	NA	1	03/07/25	\$24.00
Application Fee	STATE FINGERPRINTS	NA	1	03/07/25	\$39.00
41 - On-Sale Beer And Wine - Ea	ANNUAL FEE	NA	0	03/07/25	\$550.00
Total					\$1,718.00

Have you ever been convicted of a felony? **No**

Have you ever violated any provisions of the Alcoholic Beverage Control Act, or regulations of the Department pertaining to the Act? **No**

STATE OF CALIFORNIA County of **SAN DIEGO**

Date: **March 7, 2025**

Applicant Name(s)

DJNCK LLC

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

ABC 211 (6/99)

CSD CLERK OF THE BOARD

2025 MAR 3 PM 1:38

TO: Department of Alcoholic Beverage Control
8620 SPECTRUM CENTER BLVD
STE 302
SAN DIEGO, CA 92123
(858) 300-6855

File Number: **667204**
Receipt Number: **2976586**
Geographical Code: **3700**
Copies Mailed Date: **February 28, 2025**
Issued Date:

DISTRICT SERVING LOCATION: SAN DIEGO**First Owner: ZION LYONS VALLEY LLC****Name of Business: JAMUL TRADING POST****Location of Business: 17608 LYONS VALLEY RD
JAMUL, CA 91935****County: SAN DIEGO****Is Premises inside city limits: No** **Census Tract: 0213.02****Mailing Address:(If different
from
premises address) 17305 LYONS CREEK RD
JAMUL, CA 91935****Type of license(s): 20** **Dropping Partner: Yes___ No ☒****Transferor's license/name: 613144 / RJF LLC**

<u>License Type</u>	<u>Transaction Type</u>	<u>Master</u>	<u>Secondary LT And Count</u>		
20 - Off-Sale Beer And Wine	PER	Y			
<u>License Type</u>	<u>Transaction Description</u>	<u>Fee Code</u>	<u>Dup</u>	<u>Date</u>	<u>Fee</u>
Application Fee	FEDERAL FINGERPRINTS	NA	2	02/28/25	\$48.00
Application Fee	STATE FINGERPRINTS	NA	2	02/28/25	\$78.00
Application Fee	PERSON TO PERSON TRF	NA	0	02/28/25	\$410.00
20 - Off-Sale Beer And Wine	ANNUAL FEE	NA	0	02/28/25	\$490.00
Total					\$1,026.00

Have you ever been convicted of a felony? No**Have you ever violated any provisions of the Alcoholic Beverage Control Act, or regulations of the
Department pertaining to the Act? No****STATE OF CALIFORNIA County of SAN DIEGO****Date: February 28, 2025****Applicant Name(s)****ZION LYONS VALLEY LLC**

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

ABC 211 (6/99)

TO: Department of Alcoholic Beverage Control
570 RANCHEROS DRIVE
SUITE 240
SAN MARCOS, CA 92069
(760) 471-4237

File Number: **568245**
Receipt Number: **2977059**
Geographical Code: **3700**
Copies Mailed Date: **March 3, 2025**
Issued Date:

DISTRICT SERVING LOCATION: **SAN MARCOS**

COST ASSESSMENT APPEALS

2025 MAR 5 AM 10:42

First Owner: **VDD INC**Name of Business: **PETES BBQ**Location of Business: **977 MAIN ST
RAMONA, CA 92065-1933**County **SAN DIEGO**Is Premises inside city limits **No**Census Tract: **0208.12**Mailing Address:(If different
from
premises address)Type of license(s): **41**Dropping Partner: Yes___ No **X**

Transferor's license/name:

<u>License Type</u>	<u>Transaction Type</u>	<u>Master</u>	<u>Secondary LT And Count</u>		
41 - On-Sale Beer And Wine - Eating	STK	Y			
<u>License Type</u>	<u>Transaction Description</u>	<u>Fee Code</u>	<u>Dup</u>	<u>Date</u>	<u>Fee</u>
Application Fee	STOCK TRANSFER	NA	0	03/03/25	\$410.00
Total					\$410.00

Have you ever been convicted of a felony? **No**Have you ever violated any provisions of the Alcoholic Beverage Control Act, or regulations of the
Department pertaining to the Act? **No**STATE OF CALIFORNIA County of **SAN DIEGO**Date: **February 25, 2025**

Applicant Name(s)

VDD INC

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

ABC 211 (6/99)

TO:Department of Alcoholic Beverage Control
570 RANCHEROS DRIVE
SUITE 240
SAN MARCOS, CA 92069
(760) 471-4237

File Number: **391834**
Receipt Number: **2977059**
Geographical Code: **3700**
Copies Mailed Date: **March 3, 2025**
Issued Date:

DISTRICT SERVING LOCATION: **SAN MARCOS**

First Owner: **VDD INC**
Name of Business: **RAMONA OLD TIME COUNTRY STORE**
Location of Business: **977 MAIN ST
RAMONA, CA 92065-1933**

COSD ASSESSMENT APPEALS
2025 MAR 5 AM 10:42

County **SAN DIEGO**
Is Premises inside city limits **No** Census Tract: **0208.12**
Mailing Address:(If different
from
premises address) **1150 N 2ND ST
EL CAJON, CA 92021-5023**

Type of license(s): **21** Dropping Partner: Yes ☐ No ☒

Transferor's license/name:

<u>License Type</u>	<u>Transaction Type</u>	<u>Master</u>	<u>Secondary LT And Count</u>		
21 - Off-Sale General	STK	Y			
<u>License Type</u>	<u>Transaction Description</u>	<u>Fee Code</u>	<u>Dup</u>	<u>Date</u>	<u>Fee</u>
Application Fee	STOCK TRANSFER	NA	0	03/03/25	\$975.00
Total					\$975.00

Have you ever been convicted of a felony? **No**Have you ever violated any provisions of the Alcoholic Beverage Control Act, or regulations of the Department pertaining to the Act? **No**STATE OF CALIFORNIA County of **SAN DIEGO**Date: **March 3, 2025**

Applicant Name(s)

VDD INC

CALIFORNIA COASTAL COMMISSION

SAN DIEGO COAST DISTRICT OFFICE
7575 METROPOLITAN DRIVE, SUITE 103
SAN DIEGO, CALIFORNIA 92108-4402

(619) 767-2370
WWW.COASTAL.CA.GOV



Page: 1

Date: February 28, 2025

IMPORTANT PUBLIC HEARING NOTICE LOCAL COASTAL PROGRAM

LCP AMENDMENT NO. LCP-6-CAR-24-0058-2 TIME EXTENSION 2024 Zone Code Clean Up

DESCRIPTION:

Public hearing and action to extend the 60-day time limit for Commission action for up to one year on the request by City of Carlsbad to amend its certified LCP Implementation Plan to provide consistency with state law, codify interpretations and department policies, and improve usability of the code.

HEARING DATE AND LOCATION:

DATE **3/13/2025**

TIME **9:00 AM**

ITEM NO: **Th18b**

PLACE Courtyard Marriott Santa Cruz
313 Riverside Drive Santa Cruz, CA 95060

PHONE (562) 477-9089

HEARING PROCEDURES:

PLEASE NOTE THAT THIS WILL BE A HYBRID MEETING, WITH BOTH VIRTUAL AND IN PERSON PARTICIPATION ALLOWED. Please see the Coastal Commission's Hybrid Hearing Procedures posted on the Coastal Commission's webpage at www.coastal.ca.gov for details on the procedures of this hearing. If you would like to receive a paper copy of the Coastal Commission's Hybrid Hearing Procedures, please call 415-904-5202. If you would like to speak during the hearing virtually, you must complete a speaker request form online prior to the hearing date. The speaker request form can be found on our website, at the top of the monthly agenda.

This item has been scheduled for a public hearing and vote. People wishing to testify on this matter may appear at the hearing or may present their concerns by letter to the Commission on or before the hearing date.

IMPORTANT PUBLIC HEARING NOTICE

LOCAL COASTAL PROGRAM

AVAILABILITY OF STAFF REPORT:

A copy of the staff report on this matter will be available no later than 10 days before the hearing on the Coastal Commission's website at www.coastal.ca.gov/mtgcurr.html. Alternatively, you may request a paper copy of the report from Chelsea Jander, Coastal Program Analyst at the San Diego Coast District Office.

SUBMISSION OF WRITTEN MATERIALS:

If you wish to submit written materials for review by the Commission, please observe the following:

- Submit your written materials to the Commission staff no later than 5:00 p.m. on the Friday before the hearing (staff will then distribute your materials to the Commission). Note that materials received after this time will not be distributed to the Commission.
- Mark the agenda number of your item, the application number, your name and your position in favor or opposition to the project on the upper right-hand corner of the first page of your submission. If you do not know the agenda number, contact the Commission staff person listed on page 2.
- A current list of Commissioners' names and addresses is available on the Coastal Commission's website at <http://www.coastal.ca.gov/roster.html>. If you wish to submit materials directly to Commissioners, we request that you mail the materials so that the Commissioners receive the materials no later than Thursday of the week before the Commission meeting. You must provide Commission staff with a copy of any materials that you provide to Commissioners. Please mail the same materials to all Commissioners, alternates for Commissioners, and the three non-voting members on the Commission with a copy to the Commission staff person listed on page 2.
- You are requested to summarize the reasons for your position in no more than two or three pages, if possible.

Please note: While you are not prohibited from doing so, you are discouraged from submitting written materials to the Commission on the day of the hearing, unless they are visual aids, as it is more difficult for the Commission to carefully consider late materials. The Commission requests that if you submit written copies of comments to the Commission on the day of the hearing, that you provide 20 copies.

ALLOTTED TIME FOR TESTIMONY:

Oral testimony may be limited to 3 minutes or less for each speaker depending on the number of persons wishing to be heard.

Questions regarding the report or hearing should be directed to Chelsea Jander, Coastal Program Analyst at the San Diego Coast District Office.

CALIFORNIA COASTAL COMMISSION

SAN DIEGO COAST DISTRICT OFFICE

7575 METROPOLITAN DRIVE, SUITE 103
SAN DIEGO, CALIFORNIA 92108-4402

(619) 767-2370

WWW.COASTAL.CA.GOV



Page: 1

Date: February 28, 2025

**IMPORTANT PUBLIC HEARING NOTICE
LOCAL COASTAL PROGRAM**COAST CLERK OF THE BOARD
2025 MAR 3 PM12:54**LCP AMENDMENT NO. LCP-6-CVR-23-0051-1****Village & Barrio Master Plan Objective Design Standards****AMENDMENT DESCRIPTION:**

Public hearing and action on the request by City of Carlsbad to amend its Village & Barrio Master Plan (part of certified Land Use Plan and Implementation Plan) to establish objective design standards for multifamily housing and mixed-use housing projects in the Village and Barrio neighborhoods.

HEARING DATE AND LOCATION:

DATE 3/13/2025

TIME 9:00 AM

ITEM NO: Th18a

PLACE Courtyard Marriott Santa Cruz
313 Riverside Drive Santa Cruz, CA 95060

PHONE (562) 477-9089

HEARING PROCEDURES:

PLEASE NOTE THAT THIS WILL BE A HYBRID MEETING, WITH BOTH VIRTUAL AND IN PERSON PARTICIPATION ALLOWED. Please see the Coastal Commission's Hybrid Hearing Procedures posted on the Coastal Commission's webpage at www.coastal.ca.gov for details on the procedures of this hearing. If you would like to receive a paper copy of the Coastal Commission's Hybrid Hearing Procedures, please call 415-904-5202. If you would like to speak during the hearing virtually, you must complete a speaker request form online prior to the hearing date. The speaker request form can be found on our website, at the top of the monthly agenda.

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IMPORTANT PUBLIC HEARING NOTICE LOCAL COASTAL PROGRAM

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- Mark the agenda number of your item, the application number, your name and your position in favor or opposition to the project on the upper right-hand corner of the first page of your submission. If you do not know the agenda number, contact the Commission staff person listed on page 2.
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ALLOTTED TIME FOR TESTIMONY:

Oral testimony may be limited to 3 minutes or less for each speaker depending on the number of persons wishing to be heard.

Questions regarding the report or hearing should be directed to Chelsea Jander, Coastal Program Analyst at the San Diego Coast District Office.

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

5902 Kearny Villa Road
San Diego, CA 92123
(858) 293-6000
(800) 735-2929 (TT/TDD)
(800) 735-2922 (Voice)



COSED CLERK OF THE COURT
2025 MAR 15 PM 2:0

March 14, 2025

File No.: 645.16448.17916

San Diego County Board of Supervisors
County Administrative Center
1600 Pacific Highway, Room 335
San Diego, CA 92101

To whom it may concern:

The enclosed report is submitted pursuant to Health and Safety Code Section 25180.7 (Proposition 65). The report documents information regarding the illegal discharge (or threatened illegal discharge) of hazardous waste, which could cause substantial injury to the public health or safety. The report is submitted on behalf of all designated employees of the Department of the California Highway Patrol.

Sincerely,

A handwritten signature in blue ink that reads "Paul D. Gullish" followed by a small flourish.

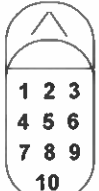
R. WILLIAMS, Captain
Commander
San Diego Area

Enclosure



SPECIAL CONDITIONS HAZARDOUS MATERIAL		NUMBER INJURED 0	HIT & RUN FELONY <input type="checkbox"/>	CITY SAN DIEGO		JUDICIAL DISTRICT SAN DIEGO SUPERIOR COURT HALL OF JUSTICE		LOCAL REPORT NUMBER 9645-2025-00983		
		NUMBER KILLED 0	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY SAN DIEGO		REPORTING DISTRICT 027		DAY OF WEEK S M T W T F S	TOWAWAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
LOCATION	CRASH OCCURRED ON I-15 S/B TO I-8 CON			CRASH DATE MO. 03 DAY 13 YEAR 2025	CRASH TIME (2400) 0605	NOTIFICATION DATE MO. 03 DAY 13 YEAR 2025	NOTIF. TIME (2400) 0615	NCIC # 9645	OFFICER ID 023910	
	<input type="checkbox"/> AT INTERSECTION WITH <input checked="" type="checkbox"/> OR: 150 FEET SOUTH of FRIARS ROAD					STATE HWY REL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DIGITAL MEDIA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EMBEDDED		
	GPS COORDINATES FOR LOCATION (LOC.) AND AREA(S) OF IMPACT (AOI) LAT. 32.787635 LONG. -117.114352 AOI 1 LAT. 32.787635 LONG. -117.114352					AOI 2 LAT. 32.787301 LONG. -117.114526		AOI 5 LAT. LONG. ADDTL AOI(s) <input type="checkbox"/>		
	AOI 3 LAT. LONG. AOI 4 LAT. LONG.									
	AOI 5 LAT. LONG.									
PARTY 1	DRIVER'S LICENSE NUMBER 057062237		STATE GA	CLASS F	AIR BAG L	SAFETY EQUIP. G	VEH. YEAR 2021	MAKE/MODEL/COLOR TOYT TACOMA BLU	LICENSE NUMBER TFH6760	STATE GA
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> KARIBBE ASUNCION RODRIGUEZ ORTIZ					OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER				
PEDESTRIAN	STREET ADDRESS <input type="checkbox"/> 10161 VOGUE STREET					OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE	CITY/STATE/ZIP <input type="checkbox"/> SAN DIEGO CA 92124					DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER				
BICYCLIST	SEX <input type="checkbox"/> F	HAIR <input type="checkbox"/> BLK	EYES <input type="checkbox"/> BRN	HEIGHT <input type="checkbox"/> 5' 2"	WEIGHT <input type="checkbox"/> 164	BIRTHDATE Mo. 06 Day 03 Year 1992	RACE <input type="checkbox"/> H	ROAD ONE - (619)492-5252		
OTHER	HOME PHONE <input type="checkbox"/> (706) 876-8502		BUSINESS PHONE <input type="checkbox"/> UNKNOWN		PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE					
OPERATOR	INSURANCE CARRIER <input type="checkbox"/> USAA		POLICY NUMBER 045766519G 7105 8		VEHICLE IDENTIFICATION NUMBER:					
	DIR OF TRAVEL <input type="checkbox"/> S	ON STREET OR HIGHWAY <input type="checkbox"/> I-15	LANE <input type="checkbox"/> 1	THRU LANES <input type="checkbox"/> 5	TOTAL LANES <input type="checkbox"/> 5	SPEED LIMIT <input type="checkbox"/> 65	VEHICLE TYPE 22	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		
PARTY 2	DRIVER'S LICENSE NUMBER C2725037		STATE CA	CLASS A	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 2022	MAKE/MODEL/COLOR INTL TRUCK TRACTOR, DIESEL WHI	LICENSE NUMBER 3212449	STATE IN
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> ARISTIDES DE LEON					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER				
PEDESTRIAN	STREET ADDRESS <input type="checkbox"/> 12531 TONIKAN ROAD					RYDER TRUCK RENTAL INC				
PARKED VEHICLE	CITY/STATE/ZIP <input type="checkbox"/> APPLE VALLEY CA 92308					OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER				
BICYCLIST	SEX <input type="checkbox"/> M	HAIR <input type="checkbox"/> GRY	EYES <input type="checkbox"/> BRN	HEIGHT <input type="checkbox"/> 5' 8"	WEIGHT <input type="checkbox"/> 162	BIRTHDATE Mo. 04 Day 23 Year 1966	RACE <input type="checkbox"/> H	6000 WINDWARD PARKWAY ALPHARETTA GA 30005		
OTHER	HOME PHONE <input type="checkbox"/> (760) 953-6755		BUSINESS PHONE <input type="checkbox"/> UNKNOWN		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
OPERATOR	INSURANCE CARRIER <input type="checkbox"/> ACORD		POLICY NUMBER HDOG48926368		PRIVATE TOW					
	DIR OF TRAVEL <input type="checkbox"/> S	ON STREET OR HIGHWAY <input type="checkbox"/> I-15	LANE <input type="checkbox"/> 5	THRU LANES <input type="checkbox"/> 5	TOTAL LANES <input type="checkbox"/> 5	SPEED LIMIT <input type="checkbox"/> 65	VEHICLE TYPE 25	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
PARTY 3	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEHICLE IDENTIFICATION NUMBER: 3HSDZAPRXNN459009			
DRIVER	NAME (FIRST, MIDDLE, LAST) <input type="checkbox"/>					VEHICLE TYPE 31				
PEDESTRIAN	STREET ADDRESS <input type="checkbox"/>					DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR				
PARKED VEHICLE	CITY/STATE/ZIP <input type="checkbox"/>					MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER				
BICYCLIST	SEX <input type="checkbox"/>	HAIR <input type="checkbox"/>	EYES <input type="checkbox"/>	HEIGHT <input type="checkbox"/>	WEIGHT <input type="checkbox"/>	BIRTHDATE Mo. Day Year	RACE <input type="checkbox"/>	CA 608223 DOT 299073		
OTHER	HOME PHONE <input type="checkbox"/>		BUSINESS PHONE <input type="checkbox"/>		CAL-T 191394					
OPERATOR	INSURANCE CARRIER <input type="checkbox"/>		POLICY NUMBER <input type="checkbox"/>		VEH. YEAR <input type="checkbox"/>					
	DIR OF TRAVEL <input type="checkbox"/>	ON STREET OR HIGHWAY <input type="checkbox"/>	LANE <input type="checkbox"/>	THRU LANES <input type="checkbox"/>	TOTAL LANES <input type="checkbox"/>	SPEED LIMIT <input type="checkbox"/>	MAKE/MODEL/COLOR <input type="checkbox"/>	LICENSE NUMBER <input type="checkbox"/>	STATE <input type="checkbox"/>	
PREPARER'S NAME JOSEPH LO MEDICO, 023910		DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		REVIEWER'S NAME E. MENDOZA		DATE REVIEWED 03/13/2025				

CRASH DATE (MO. DAY YEAR) 03/13/2025		CRASH TIME (2400) 0605	NCIC # 9645	OFFICER ID 023910	NUMBER 9645-2025-00983
PROPERTY DAMAGE		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					
DESCRIPTION OF DAMAGE					


SEATING POSITION  1 TO 9 - STANDARD SEATING POSITION 10 - REAR OCC. TRK., VAN, STATION WAGON, ETC.* 11 - POSITION UNKNOWN* 0 - OTHER*	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	SAFETY EQUIPMENT 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
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ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY CRASH FACTOR LIST NUMBER (#) OF PARTY AT FAULT		TRAFFIC CONTROL DEVICES			VEHICLE AUTOMATION LEVEL			MOVEMENT PRECEDING CRASH		
I	A CVC SECTION VIOLATED CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	A CONTROLS FUNCTIONING	1	2	3	A SAE LEVEL - 0	1	2	3	A STOPPED
	B OTHER IMPROPER DRIVING*	B CONTROLS NOT FUNCTIONING*				B SAE LEVEL - 1	X	X		B PROCEEDING STRAIGHT
	C OTHER THAN DRIVER*	C CONTROLS OBSCURED				C SAE LEVEL - 2				C RAN OFF ROAD
	D UNKNOWN*	D NO CONTROLS PRESENT / FACTOR*				D SAE LEVEL - 3				D MAKING RIGHT TURN
		TYPE OF CRASH				E SAE LEVEL - 4				E MAKING LEFT TURN
		A HEAD - ON				F SAE LEVEL - 5				F MAKING U TURN
		B SIDE SWIPE	X	X		G UNKNOWN*				G BACKING
		C REAR END				VEHICLE AUTOMATION ENGAGED				H SLOWING / STOPPING
	WEATHER (MARK 1 TO 2 ITEMS)	D BROADSIDE	1	2	3	A NO AUTOMATION				I PASSING OTHER VEHICLE
	A CLEAR	E HIT OBJECT				B DRIVER ASSISTANCE				J CHANGING LANES
	B CLOUDY	F OVERTURNED				C PARTIAL AUTOMATION				K PARKING MANEUVER
	X C RAINING	G VEHICLE / PEDESTRIAN				D CONDITIONAL AUTOMATION				L ENTERING TRAFFIC
	D SNOWING	H OTHER*				E HIGH AUTOMATION				M OTHER UNSAFE TURNING
	E FOG / VISIBILITY FT.	MOTOR VEHICLE INVOLVED WITH (MARK 1 TO 2 ITEMS)				F FULL AUTOMATION				N XING INTO OPPOSING LANE
	F OTHER*	A NONCOLLISION	X	X		G UNKNOWN*				O PARKED
	G WIND	B PEDESTRIAN				OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)				P MERGING
	LIGHTING	C OTHER MOTOR VEHICLE	1	2	3	A CVC SECTION VIOLATION CITED <input type="checkbox"/> YES <input type="checkbox"/> NO	1	2	3	Q TRAVELING WRONG WAY
	A DAYLIGHT	D MOTOR VEHICLE ON OTHER ROADWAY				B CVC SECTION VIOLATION CITED <input type="checkbox"/> YES <input type="checkbox"/> NO	X	X		R OTHER *
	B DUSK - DAWN	E PARKED MOTOR VEHICLE				C CVC SECTION VIOLATION CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				S LANE SPLITTING
	C DARK - STREET LIGHTS	F TRAIN				D				SOBRIETY - DRUG - PHYSICAL (MARK ALL THAT APPLY)
	X D DARK - NO STREET LIGHTS	G BICYCLE				E VISION OBSCUREMENT				A HAD NOT BEEN DRINKING
	E DARK - STREET LIGHTS NOT FUNCTIONING*	H ANIMAL				F INATTENTION*				B HBD - UNDER INFLUENCE
	ROADWAY SURFACE	I FIXED OBJECT				G STOP & GO TRAFFIC				C HBD - NOT UNDER INFLUENCE*
	A DRY	J OTHER OBJECT				H ENTERING / LEAVING RAMP				D HBD - IMPAIRMENT UNKNOWN*
	X B WET	K ADDITIONAL OBJECT(S) STRUCK				I PREVIOUS CRASH				E UNDER DRUG INFLUENCE*
	C SNOWY - ICY	PEDESTRIAN'S ACTIONS				J UNFAMILIAR WITH ROAD				DRE EXAM. CONDUCTED
	D SLIPPERY (MUDDY, OILY, ETC.)	X A NO PEDESTRIANS INVOLVED				K DEFECTIVE VEH. EQUIP. CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				STIMULANT
	ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)	B CROSSING IN CROSSWALK AT INTERSECTION				L UNINVOLVED VEHICLE				HALLUCINOGEN
	A HOLES, DEEP RUT*	C CROSSING IN CROSSWALK - NOT AT INTERSECTION				M OTHER*				DISSOCIATIVE ANESTHETICS
	B LOOSE MATERIAL ON ROADWAY*	D CROSSING - NOT IN CROSSWALK				N NONE APPARENT				NARCOTIC ANALGESIC
	C OBSTRUCTION ON ROADWAY*	E IN ROAD - INCLUDES SHOULDER				O RUNAWAY VEHICLE				INHALANT
	D CONSTRUCTION - REPAIR ZONE	F NOT IN ROAD	X	X						CANNABIS
	E REDUCED ROADWAY WIDTH	G APPROACHING / LEAVING SCHOOL BUS								DEPRESSANT
	F FLOODED*									F IMPAIRMENT - PHYSICAL*
	G OTHER*									G IMPAIRMENT NOT KNOWN
	X H NO UNUSUAL CONDITIONS									H NOT APPLICABLE

SKETCH

REFER TO SKETCH PAGE(S)



INDICATE NORTH

MISCELLANEOUS

☐ REFER TO NARRATIVE FOR ADDITIONAL INFORMATION

SPECIAL INFORMATION				
1	2	3		
			X	A HAZARDOUS MATERIAL
				B CELL PHONE HANDHELD IN USE
				C CELL PHONE HANDSFREE IN USE
			X	D CELL PHONE NOT IN USE
			E CELL PHONE USE UNKNOWN	
			F SCHOOL BUS RELATED	
BIKEWAY FACILITY				
1	2	3		
				A SHARED ROADWAY
				B CLASS I - BIKE PATH*
				C CLASS II - BIKE LANE*
				D CLASS III - BIKE ROUTE*
			E CLASS IV - SEPARATED BIKEWAY*	