

**DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**

Garberville Area 126  
30 West Coast Rd.  
Redway, CA 95560  
(707) 923-2155  
(707)923-2159 (Fax)



November 4, 2021

File No.: 126.15859.19116

NOV 8 '21 PM3:46  
REC'D BOARD OF SUPERVI

Mendocino County Board of Supervisors

501 Low Gap Road, Room 1090

Ukiah, CA. 95482

Subject: Hazardous Materials Release

The enclosed report is submitted pursuant to Health and Safety Code Section 25180.7 (Proposition 65). The reports 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 California Highway Patrol. Sincerely,

*Tami McCanless*

T. MCCANLESS, Lieutenant  
Commander



# HAZARDOUS MATERIALS INCIDENT REPORT

CHP 407E (Rev. 3-15) OPI 062 Refer to HPM 84.2, Chapter 2

OES CONTROL NUMBER

21-5806

COLLISION REPORT

☒ Yes NUMBER 9126-2021-10344

☐ No

HAZMAT CASUALTIES	NO. EXPOSED/ DECONNED	NO. INJURED	NO. KILLED	CITY	JUDICIAL DISTRICT	PHOTOGRAPHS BY <input type="checkbox"/> NONE
AGENCY PERSONNEL	0	0	0	Unincorporated	Ukiah	Sgt M. Harvey #19116
OTHERS	0	0	0	COUNTY	NCIC	HAZMAT PLACARDS DISPLAYED
				Mendocino	9126	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
INCIDENT DATE (MM/DD/YYYY)	INCIDENT TIME	TIME CALTRANS/COUNTY ROADS NOTIFIED	TIME O.E.S. NOTIFIED	STATE HIGHWAY RELATED		
10/19/2021	0615 HOURS	0720 HOURS	0723 HOURS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

INCIDENT OCCURRED ON	<input type="checkbox"/> AT INTERSECTION WITH	<input checked="" type="checkbox"/> OR	North of	Branscomb Rd
US-101				

MILEPOST INFORMATION	GPS COORDINATES
20.00 feet North of 101 MEN 75.93	LATITUDE LONGITUDE

NAME (FIRST, MIDDLE, LAST)	DRIVER'S LICENSE NUMBER	STATE	VEH. YEAR	MAKE	LICENSE NUMBER	STATE
James Anthony Hinson	000045717293	NC	2013	Ford	92232S2	CA
STREET ADDRESS	VEH. YEAR	MAKE	LICENSE NUMBER	STATE		
536 Jackson Springs Rd						
CITY/STATE/ZIP CODE	VEH. YEAR	MAKE	LICENSE NUMBER	STATE		
Jackson Springs NC, 27281						

HOME PHONE	BUSINESS PHONE	CARRIER NAME
(910) 691-1210	NONE	James Hinson

HAZMAT IDENTIFICATION SOURCES (CHECK ALL THAT APPLY)	REGISTERED OWNER <input type="checkbox"/> SAME AS DRIVER		
<input type="checkbox"/> On-site fire services <input type="checkbox"/> Chemtrec	Thomas Joseph Mcgettigan		
<input type="checkbox"/> Private info source <input type="checkbox"/> Poison Control Center	OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		
<input type="checkbox"/> Off-site fire services <input type="checkbox"/> Safety Data Sheet	2512 Telegraph Ave Ste 153 Berkeley, Ca 947041		
<input type="checkbox"/> On-site non-fire services <input type="checkbox"/> Placards/Signs	VEHICLE IDENTIFICATION NUMBER		
<input type="checkbox"/> Off-site non-fire services <input type="checkbox"/> Shipping papers	1ftss3esxdda09981		
<input type="checkbox"/> Computer software <input type="checkbox"/> Emergency Response Guidebook	VEHICLE TYPE CA NUMBER DOT NUMBER		
<input type="checkbox"/> Chemist <input checked="" type="checkbox"/> No reference material used	22		
<input type="checkbox"/> Other			

CHEMICAL/TRADE NAME	UN NUMBER	DOT HAZARD CLASS	QUANTITY RELEASED (LBS., GAL., ETC.)	EXTENT OF RELEASE	PHYSICAL STATE STORED	PHYSICAL STATE RELEASED
Nitrous Oxide	1070	2.2	15 lbs	Inside vehicle	Gas	Gas

CONTAINER TYPE	CONTAINER CAPACITY (LBS., GAL., ETC.)	CONTAINER MATERIAL	LEVEL OF CONTAINER
Cylinder	26 lbs	Iron/Iron alloys	Above ground

CHEMICAL/TRADE NAME	UN NUMBER	DOT HAZARD CLASS	QUANTITY RELEASED (LBS., GAL., ETC.)	EXTENT OF RELEASE	PHYSICAL STATE STORED	PHYSICAL STATE RELEASED

CONTAINER TYPE	CONTAINER CAPACITY (LBS., GAL., ETC.)	CONTAINER MATERIAL	LEVEL OF CONTAINER

PROPERTY USE	SURROUNDING AREA	PROPERTY MANAGEMENT
State Highway	Open land	State

RELEASE FACTORS	EQUIPMENT TYPE INVOLVED	HAZMAT CONFIRMED
Collision/Overturn	No equipment involved	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

CITATION ISSUED OR COMPLAINT TO BE FILED	PRIMARY CAUSE OF INCIDENT	OTHER HAZARDOUS MATERIALS VIOLATIONS (NON-CAUSATIVE)
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined	<input checked="" type="checkbox"/> Violation 23152 (a)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 34506 (b) VC

<input checked="" type="checkbox"/> Other Code violation 22107	DID WEATHER CONTRIBUTE TO CAUSE OR SEVERITY OF INCIDENT?
<input type="checkbox"/> Other cause	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No WEATHER Fog

ELEMENTS (OUTLINE THE FOLLOWING ON A CHP 556. INCLUDE ADDITIONAL INFORMATION AS NECESSARY)			
<input checked="" type="checkbox"/> Sequence of events	<input checked="" type="checkbox"/> Evacuation details	<input type="checkbox"/> Cleanup actions	<input checked="" type="checkbox"/> CHP On-scene Personnel (name, rank, ID number, function, exposure, hours)
<input checked="" type="checkbox"/> Road closures	<input checked="" type="checkbox"/> Environmental impact	<input checked="" type="checkbox"/> Actions of other agencies	

COMPLETE THE FOLLOWING
<input checked="" type="checkbox"/> Incident Action Plan <input checked="" type="checkbox"/> Site Safety Plan <input checked="" type="checkbox"/> Proposition 65 Letters: County Health/County Board of Supervisors

DATE AND TIME SCENE DECLARED SAFE	BY WHOM (NAME, TITLE AND AGENCY)
10/19/2021 0957 HOURS	Will Nalty, MSHS-PH

PREPARER'S NAME, RANK, AND ID NUMBER	DATE	REVIEWER'S NAME, RANK, AND ID NUMBER	DATE
T Babcock, Officer #17824	10/19/2021	M. HARVEY / SERGEANT, ID 19116	11/3/21



# INCIDENT ACTION PLAN/SITE SAFETY PLAN

CHP 4071 (New 5-15) OPI 062 Refer to HPM 84.2, Chapter 2

OES CONTROL NUMBER

21-5806

INCIDENT DATE (MM/DD/YYYY)

10/19/2021

INCIDENT TIME (HOURS)

0615

INCIDENT OCCURRED ON

US-101

☐ AT INTERSECTION WITH

Branscomb Rd

☒ OR North of

AREA DESCRIPTION

Two-way, two lane, north/south asphalt paved roadway, with narrow shoulders, small drainage ditch and steep upsloping embankment

INCIDENT COMMANDER

Sergeant M. Harvey #19116

SITE SAFETY OFFICER

Officer Jessup #14469

## INCIDENT ACTION PLAN

- GENERAL INFORMATION:
- PROTECT LIFE, ENVIRONMENT, AND PROPERTY.
  - COMPLY WITH SECTION 5192(q), TITLE 8, CALIFORNIA CODE OF REGULATIONS.
  - IDENTIFY THE INCIDENT COMMANDER AND SAFETY OFFICER.

### PROCEDURES FOR HANDLING EMERGENCY INCIDENTS:

- ☒ Identify all hazardous substances or conditions present.
- ☒ Based upon identification, implement appropriate operations, and assure use of proper personal protective equipment.
- ☒ Ensure personnel exposed to inhalation hazard wear a self contained breathing apparatus.
- ☒ Limit the number of personnel on-site, but use the buddy system.
- ☒ Ensure back-ups and standby emergency medical services are available.
- ☒ Designate a safety officer with knowledge of safety operations.
- ☒ Implement appropriate decontamination.

## SITE SAFETY PLAN

- GENERAL INFORMATION:
- PROTECTION OF LIFE IS THE HIGHEST PRIORITY.
  - ENSURE ALL PERSONNEL ARE BRIEFED ON OPERATIONS AND SAFETY BEFORE WORK BEGINS.
  - NO PERSON SHALL EXCEED THEIR LEVEL OF TRAINING, CAPABILITIES, OR RESOURCES.

CHEMICAL/TRADE NAME	UN NUMBER	DOT HAZARD CLASS	QUANTITY RELEASED (LBS., GAL., ETC.)	EXTENT OF RELEASE	PHYSICAL STATE STORED	PHYSICAL STATE RELEASED
Nitrous Oxide	1070	2.2	15 lbs	Inside vehicle	Gas	Gas
CONTAINER TYPE		CONTAINER CAPACITY (LBS., GAL., ETC.)		CONTAINER MATERIAL	LEVEL OF CONTAINER	
Cylinder		26 lbs		Iron/Iron alloys	Above ground	
CHEMICAL/TRADE NAME	UN NUMBER	DOT HAZARD CLASS	QUANTITY RELEASED (LBS., GAL., ETC.)	EXTENT OF RELEASE	PHYSICAL STATE STORED	PHYSICAL STATE RELEASED
CONTAINER TYPE		CONTAINER CAPACITY (LBS., GAL., ETC.)		CONTAINER MATERIAL	LEVEL OF CONTAINER	

### MEDICAL SIGNS OF EXPOSURE:

- ☐ Nausea/Vomiting
- ☐ Dehydration
- ☐ Trouble breathing
- ☐ Skin irritation
- ☒ Dizziness
- ☒ Confusion
- ☐ Other symptoms: \_\_\_\_\_
- ☐ Coughing
- ☐ Tingling/Numbness of extremities
- ☐ Diarrhea
- ☐ Unconsciousness
- ☐ Anxiety
- ☒ Blurred/Double vision

**CONTROL ZONES (ESTABLISH AS APPROPRIATE):**

☒ Hot (Exclusion) Zone: 330 feet all directions

☐ Warm (Contamination reduction) Zone:

☐ Cold (Support) Zone:

**WHEN REQUIRED, ADDRESS THE FOLLOWING:**

☐ Decontamination Plan:

☐ Evacuation Plan:

☐ Demobilization Plan:

☐ Communications Plan:

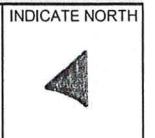
☐ Medical Assistance Plan:

☐ Emergency Procedures Plan:

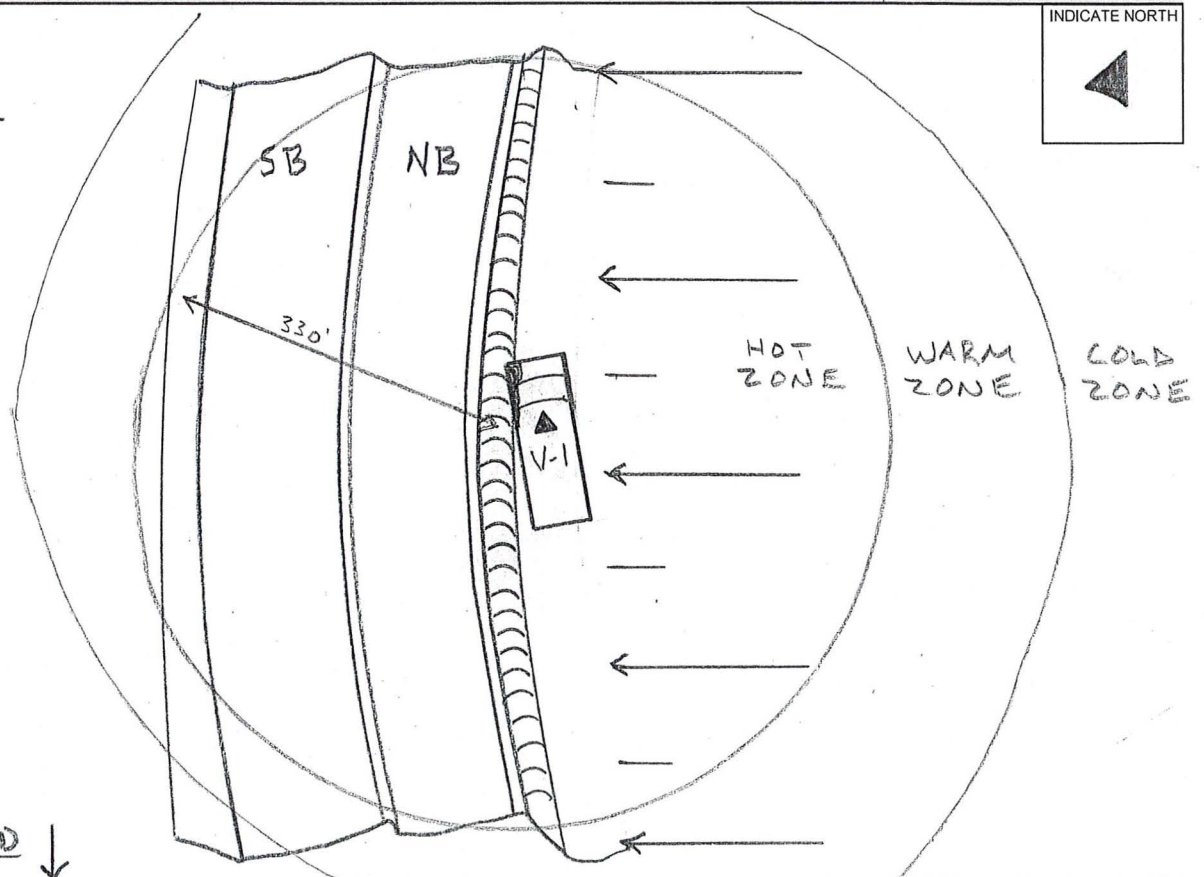
(Drawing not to scale)

**SKETCH**

(Factual diagram is not required)



US-101



BRANSCOMB RD

SAFETY BRIEFING COMPLETED (TIME)

0820

HOURS

INCIDENT COMMANDER NAME, RANK, AND ID NUMBER

Sgt M. Harvey #19116

DATE

10/19/2021



DATE OF INCIDENT/OCCURRENCE 10-19-2021	TIME (2400) 0615	NCIC NUMBER 9126	OFFICER I.D. NUMBER 17824	NUMBER 9126-2021-10344
*X* ONE <input checked="" type="checkbox"/> Narrative <input type="checkbox"/> Supplemental	*X* ONE <input type="checkbox"/> Collision report <input checked="" type="checkbox"/> Other: <b>CHP 202</b>	TYPE SUPPLEMENTAL (*X* APPLICABLE) <input type="checkbox"/> BA update <input checked="" 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 xYes <input type="checkbox"/> No	

### Sequence of Events

On October 19, 2019, at approximately 0615 hours, a commercial vehicle Driven by James Anthony Hinson northbound on US-101 south of Spy Rock Rd. Hinson lost control of his vehicle and allowed his vehicle to drift across the east roadway edge, the narrow asphalt shoulder, onto the dirt/gravel shoulder and steep up-sloping embankment. Hinson's vehicle climbed the steep embankment and collided with a large rock. Hinson's vehicle continued in a northerly direction and came to rest partially on its left side in the drainage ditch.

As a result of the collision, the load of cylinders shifted and a valve was compromised resulting in a release of gas.

At 0623 hours, CHP was notified of the incident. Officers J. Gonzales, #22425, J. Jessup # 14469, J. Taylor #20706 and T. Babcock, #17824, responded. Sgt M. Harvey, #19116, was notified at approximately 0700 hours. Sergeant Harvey responded to the scene.

California Department of Transportation and Mendocino County Environmental Health were notified. Mendocino County Environmental Health arrived on scene at approximately 0710 hours. REHIT responded to the scene to make entry into the vehicle and stop the gas leak.

The vehicle was removed by Mc Caffery's Towing.

The scene was declared safe at 0957 hours by Mendocino County Hazardous Materials Operations Specialist Will Nalty.

Notification was made to OES at 0720 hours and OES number 21-5806 was assigned. Officer Gonzalez investigated the collision.

### Road Closure Information

US-101 was reduced to one way traffic control for approximately 1 hour and 40 minutes.

### Evacuations

There were no evacuations.

### Environmental Impact

Approximately 15 lbs of gas was released and dissipated.

### Clean-up Action

None.

W. Nalty of Mendocino County Health Department took possession of the cylinders and they were transported from the scene.

PREPARER'S NAME AND I.D. NUMBER T. Babcock 17824	DATE 10-19-2021	REVIEWER'S NAME M. HARVEY / SGT.	DATE 11/3/21
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DATE OF INCIDENT/OCCURRENCE 10-19-2021		TIME (2400) 0615	NCIC NUMBER 9126	OFFICER I.D. NUMBER 17824	NUMBER 9126-2021-10344
*X* ONE <b>X Narrative</b> <input type="checkbox"/> Supplemental	*X* ONE <input type="checkbox"/> Collision report <b>X Other: CHP 202</b>	TYPE SUPPLEMENTAL ("X" APPLICABLE) <input type="checkbox"/> BA update <input checked="" 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 xYes <input type="checkbox"/> No		

**Actions of Other Agencies**

The Laytonville Volunteer Fire Department and CalFire crews initially responded to the scene. Caltrans crews responded and provided one-way traffic control. Will Nalty of Mendocino County Environmental Health, declared the scene safe at approximately 0957.

**CHP Personnel on Scene**

Sgt M. Harvey #19116 4.0 hrs  
 Officer J. Gonzales, #22425 5.5 hrs  
 Officers T. Babcock, #17824 3.0 hrs  
 Officer J. Jessup, #14469 4.5 hrs  
 Officer J. Taylor #20706 2.0 hrs

**Additional Information**

None.





SPECIAL CONDITIONS		NUMBER INJURED <b>0</b>	HIT & RUN FELONY <input type="checkbox"/>	CITY <b>UNINCORPORATED MENDOCINO SUPERIOR COURT MAIN COURTHOUSE</b>		JUDICIAL DISTRICT	LOCAL REPORT NUMBER <b>9126-2021-10344</b>				
		NUMBER KILLED <b>0</b>	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY <b>MENDOCINO</b>		REPORTING DISTRICT	BEAT <b>055</b>	DAY OF WEEK <b>TUESDAY</b>	TOWAWAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
LOCATION	CRASH OCCURRED ON <b>US-101</b>				MO. DAY YEAR <b>10/19/2021</b>	TIME (2400) <b>0615</b>	NCIC # <b>9126</b>	OFFICER ID <b>022425</b>			
	MILEPOST INFORMATION <b>11 FEET SOUTH of 101 MEN 75.93</b>				GPS COORDINATES LATITUDE <b>39.764300</b> LONGITUDE <b>-123.543350</b>		PHOTOGRAPHS BY: <input type="checkbox"/> NONE <b>SERGEANT HARVEY, ID 19116</b>				
	<input type="checkbox"/> AT INTERSECTION WITH				STATE HWY REL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
	<input checked="" type="checkbox"/> OR: <b>6.12 MILES NORTH of BRANSCOMB ROAD</b>										
PARTY 1	DRIVER'S LICENSE NUMBER <b>000045717293</b>		STATE <b>NC</b>	CLASS <b>F</b>	AIR BAG <b>M</b>	SAFETY EQUIP. <b>G</b>	VEH. YEAR <b>2013</b>	MAKE/MODEL/COLOR <b>FORD E-250 WHI</b>	LICENSE NUMBER <b>92232S2</b>	STATE <b>CA</b>	
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> <b>JAMES ANTHONY HINSON</b>						OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER <b>THOMAS JOSEPH MCGETTIGAN</b>				
PEDESTRIAN	STREET ADDRESS <input type="checkbox"/> <b>536 JACKSON SPRINGS ROAD</b>						OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER <b>2512 TELEGRAPH AVE STE 153 BERKELEY CA 94704</b>				
PARKED VEHICLE	CITY/STATE/ZIP <input type="checkbox"/> <b>JACKSON SPRINGS NC 272818104</b>						DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER				
BICYCLIST	SEX <input type="checkbox"/> <b>M</b>	HAIR <input type="checkbox"/> <b>BRN</b>	EYES <input type="checkbox"/> <b>BLU</b>	HEIGHT <input type="checkbox"/> <b>6' 3"</b>	WEIGHT <input type="checkbox"/> <b>200</b>	BIRTHDATE Mo. Day Year <input type="checkbox"/> <b>07/28/1999</b>	RACE <input type="checkbox"/> <b>W</b>	MCCAFFREY'S AUTO WRECKERS - (707)984-6566			
OTHER	HOME PHONE <input type="checkbox"/> <b>(910) 691-1210</b>		BUSINESS PHONE <input type="checkbox"/> <b>NONE</b>		PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE						
OPERATOR	INSURANCE CARRIER <input type="checkbox"/> <b>KEMPER</b>		POLICY NUMBER <b>CCFIPS4756449-02</b>		VEHICLE IDENTIFICATION NUMBER: <b>1FTSS3ESXDDA09981</b>						
	DIR OF TRAVEL <b>N</b>	ON STREET OR HIGHWAY <b>US-101</b>		LANE <b>N/B</b>	THRU LANES <b>1</b>	TOTAL LANES <b>1</b>	SPEED LIMIT <b>55</b>	VEHICLE TYPE <b>08</b>		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER	
	CA _____ DOT _____		CAL-T _____ TCP/PSC _____ MC/MX _____		SHADE IN DAMAGED AREA TOP VIEW						
PARTY 2	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE	
DRIVER	NAME (FIRST, MIDDLE, LAST) <input type="checkbox"/>						OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER				
PEDESTRIAN	STREET ADDRESS <input type="checkbox"/>						OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE	CITY/STATE/ZIP <input type="checkbox"/>						DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER				
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 <input type="checkbox"/>	RACE <input type="checkbox"/>	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE			
OTHER	HOME PHONE <input type="checkbox"/>		BUSINESS PHONE <input type="checkbox"/>		VEHICLE IDENTIFICATION NUMBER:						
OPERATOR	INSURANCE CARRIER <input type="checkbox"/>		POLICY NUMBER <input type="checkbox"/>		VEHICLE TYPE <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"/>	CA _____ DOT _____		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"/> ROLL-OVER	
	CAL-T _____ TCP/PSC _____ MC/MX _____				SHADE IN DAMAGED AREA						
PARTY 3	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE	
DRIVER	NAME (FIRST, MIDDLE, LAST) <input type="checkbox"/>						OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER				
PEDESTRIAN	STREET ADDRESS <input type="checkbox"/>						OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE	CITY/STATE/ZIP <input type="checkbox"/>						DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER				
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 <input type="checkbox"/>	RACE <input type="checkbox"/>	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE			
OTHER	HOME PHONE <input type="checkbox"/>		BUSINESS PHONE <input type="checkbox"/>		VEHICLE IDENTIFICATION NUMBER:						
OPERATOR	INSURANCE CARRIER <input type="checkbox"/>		POLICY NUMBER <input type="checkbox"/>		VEHICLE TYPE <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"/>	CA _____ DOT _____		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"/> ROLL-OVER	
	CAL-T _____ TCP/PSC _____ MC/MX _____				SHADE IN DAMAGED AREA						
PREPARER'S NAME <b>JOSE E GONZALEZ, 022425</b>				DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				REVIEWER'S NAME <b>RICHARD J FOWLER, 020988</b>		DATE REVIEWED <b>11/04/2021</b>	





DATE OF CRASH (MO. DAY YEAR) <b>10/19/2021</b>		TIME (2400) <b>0615</b>	NCIC # <b>9126</b>	OFFICER ID <b>022425</b>	NUMBER <b>9126-2021-10344</b>
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					
<b>SEATING POSITION</b>  1 TO 9 - STANDARD SEATING POSITION 10 - REAR OCC. TRK, VAN, STATION WAGON, ETC.* 11 - POSITION UNKNOWN* 0 - OTHER*		<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>MC / 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 - CELL PHONE HANDHELD B - CELL PHONE 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 (*) SHOULD BE EXPLAINED IN THE NARRATIVE.					
<b>PRIMARY CRASH FACTOR LIST NUMBER (#) OF PARTY AT FAULT</b>		<b>TRAFFIC CONTROL DEVICES</b>		<b>VEHICLE AUTOMATION LEVEL</b>	
<b>1</b> A CVC SECTION VIOLATED: CITED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO VC 23152(f)		A CONTROLS FUNCTIONING <b>X</b>		A SAE LEVEL - 0	
B OTHER IMPROPER DRIVING*		B CONTROLS NOT FUNCTIONING*		B SAE LEVEL - 1	
C OTHER THAN DRIVER*		C CONTROLS OBSCURED		C SAE LEVEL - 2 <b>X</b>	
D UNKNOWN*		D NO CONTROLS PRESENT / FACTOR*		D SAE LEVEL - 3	
WEATHER (MARK 1 TO 2 ITEMS)		TYPE OF CRASH		E SAE LEVEL - 4	
A CLEAR		A HEAD - ON		F SAE LEVEL - 5	
<b>X</b> B CLOUDY		B SIDE SWIPE		G UNKNOWN*	
C RAINING		C REAR END		VEHICLE AUTOMATION ENGAGED	
D SNOWING		D BROADSIDE		A NO AUTOMATION	
E FOG / VISIBILITY FT.		E HIT OBJECT <b>X</b>		B DRIVER ASSISTANCE	
F OTHER*		F OVERTURNED		C PARTIAL AUTOMATION	
G WIND		G VEHICLE / PEDESTRIAN		D CONDITIONAL AUTOMATION	
LIGHTING		H OTHER*		E HIGH AUTOMATION	
A DAYLIGHT		MOTOR VEHICLE INVOLVED WITH (MARK 1 TO 2 ITEMS)		F FULL AUTOMATION	
B DUSK - DAWN		A NONCOLLISION		G UNKNOWN*	
C DARK - STREET LIGHTS		B PEDESTRIAN		OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)	
<b>X</b> D DARK - NO STREET LIGHTS		C OTHER MOTOR VEHICLE		A CVC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO VC 22107	
E DARK - STREET LIGHTS NOT FUNCTIONING*		D MOTOR VEHICLE ON OTHER ROADWAY		B CVC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO	
ROADWAY SURFACE		E PARKED MOTOR VEHICLE		C CVC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>X</b> A DRY		F TRAIN <b>X</b>		D <b>X</b>	
B WET		G BICYCLE		E VISION OBSCUREMENT:	
C SNOWY - ICY		H ANIMAL:		F INATTENTION*:	
D SLIPPERY (MUDDY, OILY, ETC.)		I FIXED OBJECT: <b>EMBANKMENT</b>		G STOP & GO TRAFFIC	
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)		J OTHER OBJECT:		H ENTERING / LEAVING RAMP	
A HOLES, DEEP RUT*		K ADDITIONAL OBJECT(S) STRUCK		I PREVIOUS CRASH	
B LOOSE MATERIAL ON ROADWAY*		PEDESTRIAN'S ACTIONS		J UNFAMILIAR WITH ROAD	
C OBSTRUCTION ON ROADWAY*		<b>X</b> A NO PEDESTRIANS INVOLVED		K DEFECTIVE VEH. EQUIP.: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO	
D CONSTRUCTION - REPAIR ZONE		B CROSSING IN CROSSWALK - AT INTERSECTION		L UNINVOLVED VEHICLE	
E REDUCED ROADWAY WIDTH		C CROSSING IN CROSSWALK - NOT AT INTERSECTION		M OTHER*:	
F FLOODED*		D CROSSING - NOT IN CROSSWALK		N NONE APPARENT	
G OTHER*:		E IN ROAD - INCLUDES SHOULDER		O RUNAWAY VEHICLE	
<b>X</b> H NO UNUSUAL CONDITIONS		F NOT IN ROAD			
		G APPROACHING / LEAVING SCHOOL BUS			
SKETCH		MISCELLANEOUS		1 2 3 SPECIAL INFORMATION	
REFER TO SKETCH PAGE(S)				A HAZARDOUS MATERIAL	
				B CELL PHONE HANDHELD IN USE	
				C CELL PHONE HANDSFREE IN USE	
				<b>X</b> D CELL PHONE NOT IN USE	
				E CELL PHONE USE UNKNOWN	
				F SCHOOL BUS RELATED	
				1 2 3 BIKEWAY FACILITY	
				A SHARED ROADWAY	
				B CLASS I - BIKE PATH*	
				C CLASS II - BIKE LANE*	
D CLASS III - BIKE ROUTE*					
E CLASS IV - SEPARATED BIKEWAY*					



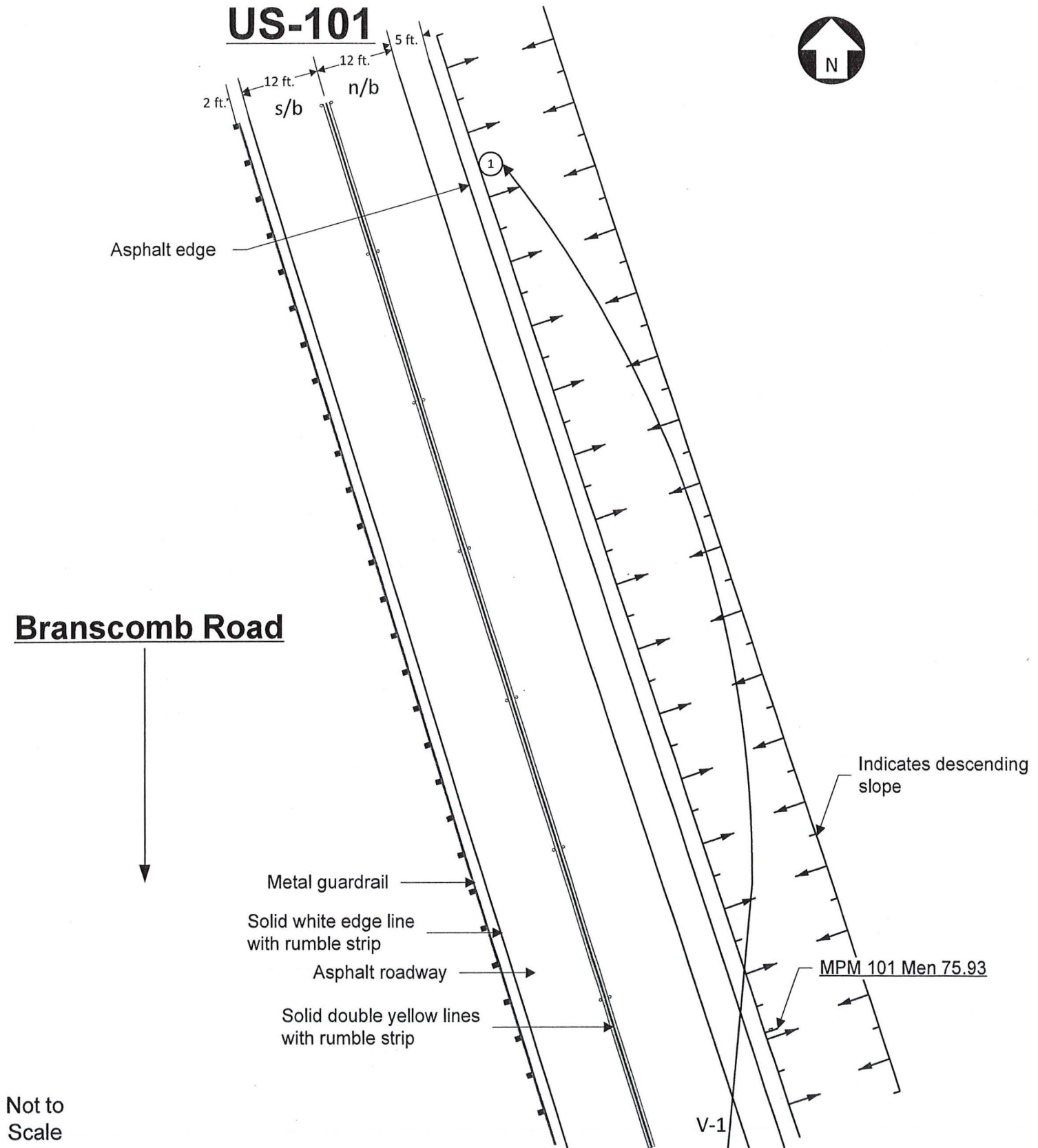
**SKETCH DIAGRAM**

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DATE OF CRASH (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER ID	NUMBER
10/19/2021	0615	9126	022425	9126-2021-10344

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



PREPARED BY	ID NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
JOSE E GONZALEZ	022425	10/19/2021	RICHARD J FOWLER, 020988	11/04/2021

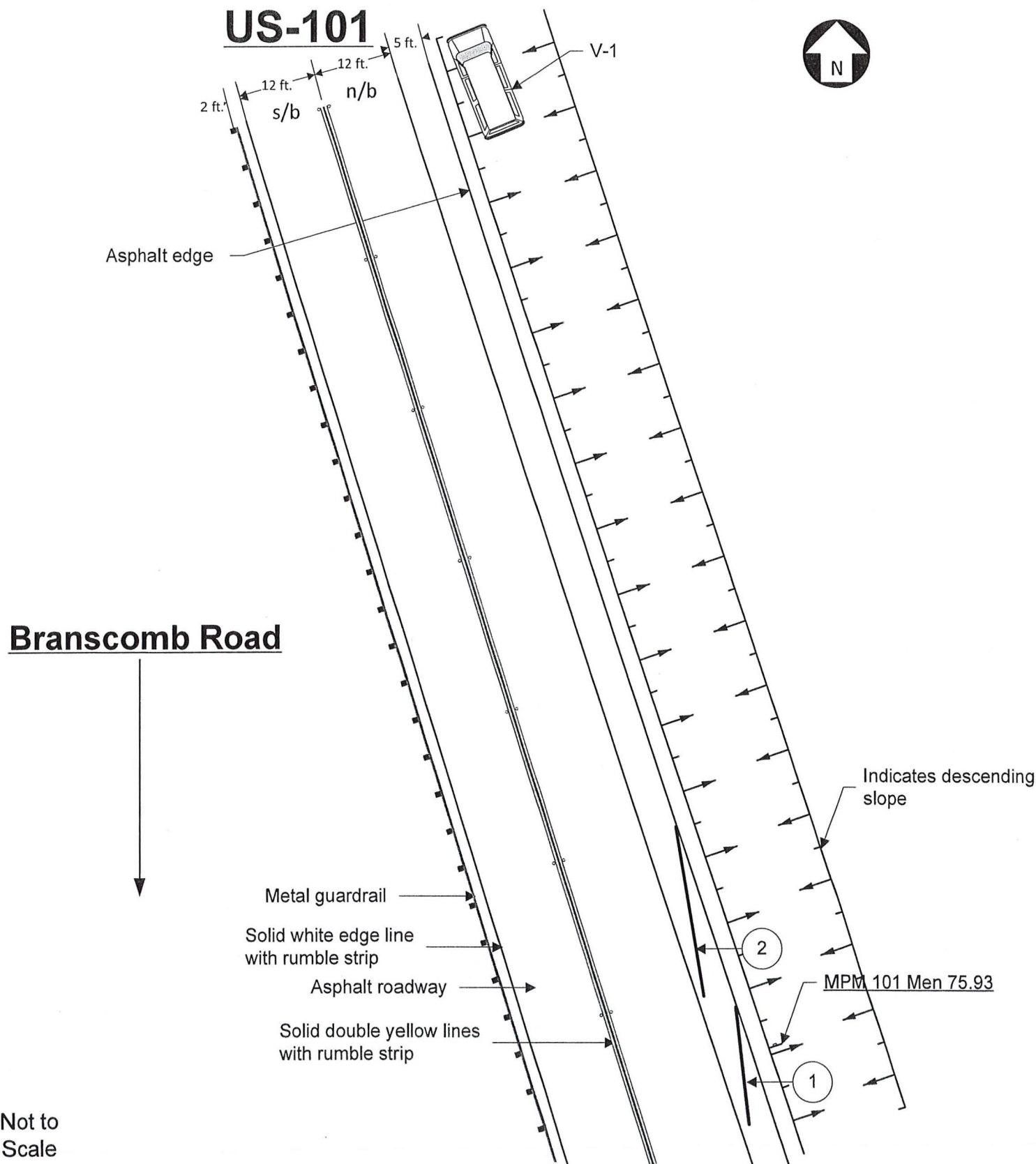
# FACTUAL DIAGRAM

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



Not to  
Scale

PREPARED BY	ID NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
JOSE E GONZALEZ	022425	10/19/2021	RICHARD J FOWLER, 020988	11/04/2021



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**1 FACTUAL DIAGRAM LEGEND:****2 REFERENCE LINE:**

3  
4 A reference line was established along the east roadway edge line of Us-101. Reference  
5 0+00 was established 20 feet south of at mile post marker (MPM) 101 MEN 75.93. 101 MEN  
6 75.93 is located approximately 6.3 miles north of Branscomb Road. The reference line increases  
7 as you proceed north. All measurements were taken at right angles to the right of the reference  
8 line.

**10 VEHICLE POINTS OF REST:****12 Vehicle #1 (V-1, Ford)**

14 V-1 came to rest on its wheels, facing northerly direction, east of the east roadway edge of US-  
15 101.

17 <u>Tire:</u>	<u>Reference:</u>	<u>Distance:</u>
19 Left rear:	1+59	10-Feet right of the reference line
20 Right rear:	1+59	15- feet right of the reference line

**22 PHYSICAL EVIDENCE DESCRIPTION:**

24 <u>Item</u>	<u>Description</u>
25 1	Tire friction mark
26 2	Tire friction mark

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**1 PHYSICAL EVIDENCE LOCATION:**

2

3 <u>Item</u>	<u>Description</u>	<u>Offset</u>	<u>Direction</u>	<u>Reference line</u>
4 1	Begin	2.8'	Right	0+10
5 1	End	5'	Right	0+30
6 2	Begin	1'	Right	0+32
7 2	End	5'	Right	0+55

8



DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
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1 **FACTS**

2

3 **NOTIFICATION:**

4

5 On October 19, 2021, at approximately 0625 hours, I was notified by CHP Dispatch of a vehicle  
6 collision with unknown injuries that occurred on US-101 north of mile post marker 75.93. CHP  
7 dispatch advised me Vehicle #1 (V-1, Ford) had its hazard lights on. I responded from the CHP  
8 Laytonville Residence Post Office and arrived on scene at approximately 0636 hours. Upon my  
9 arrival and on scene investigation I determined this collision to involve property damage only. All  
10 times, speeds and distances are approximate. All measurements were obtained using roll-meter,  
11 vehicle odometer and visual estimation.

12

13 **SCENE:**

14

15 US-101 is an north/south designated roadway, US-101 at this location is a relatively straight and  
16 flat asphalt paved highway, maintained by the State of California. There are two twelve-foot-wide  
17 lanes that are divided by a solid double yellow line. There is one lane for southbound traffic and  
18 one lane for northbound traffic. The west roadway edge is defined by a painted solid white line. To  
19 the west of the west roadway edge is a four-foot wide asphalt paved shoulder, followed by dirt  
20 ditch and an ascending dirt and rock embankment. The east roadway edge is defined by a painted  
21 solid white line. East of the east roadway edge is a four-foot wide asphalt paved shoulder,  
22 followed by a descending dirt and vegetation embankment. The posted speed limit for this portion  
23 of US-101 is 55 miles per hour. At the time of this collision, this area of US-101 was dry. This  
24 collision occurred during the night.

25

26 Refer to the factual diagram for further details.

27

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
JOSE E GONZALEZ	022425	10/19/2021	RICHARD J FOWLER,	0209881/04/2021

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
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1 **PARTIES:**

2  
3 **Party #1 (P-1, Hinson)** was located at the Leggett Cal Fire Station. P-1 was identified by his  
4 North Carolina driver's license as James Anthony Hinson with a date of birth of July 28, 1999. P-1  
5 was placed as the driver of V-1 by his statements.

6  
7 **Vehicle #1 (V-1, Ford)** was located at the collision scene on its wheels facing a northerly direction  
8 just east of the east roadway edge of US-101. V-1's damage included but was not limited to:  
9 dented left front fender, left front bumper, left front door, dented left front roof, displaced right front  
10 bumper trim, and dented left rear fender. Upon an inspection of the driver's seatbelt, I concluded  
11 P-1 was wearing his seatbelt at the time of the collision.

12

13 **AGENCIES INVOLVED:**

14

15 **California Highway Patrol (CHP) Garberville Area:**

16 30 West Coast Road

17 Redway, CA 95560

18 (707) 923-2155

19

- 20 • Sergeant M. Harvey, ID 19116- Supervisor, took digital images, incident commander.  
21 • Officer J. Jessup, ID 14469- Measurements.  
22 • Officer T. Babcock, ID 17824- Commercial vehicle inspector.

23

24 **California Department of Transportation:**

25 1656 Union Street

26 Eureka, CA 95501

27 -Traffic control

28

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**1 OTHER FACTUAL INFORMATION:**

2  
3 Sergeant Harvey, ID 19116 completed CHP 180 (inventory Report). Vehicle #1 (V-1, Ford) was  
4 taken to McCaffery's Auto storage facility for safe keeping. Sergeant Harvey took 11 photographs  
5 of the collision and Vehicle #1 (V-1, Ford). The photographs were burned to a compact disc and  
6 was placed into the Garberville Area traffic collision photo log.

**8 HAZARDOUS MATERIAL:**

9  
10 Vehicle #1 (V-1, Ford) was involved in a traffic collision, as a result of the collision a nitrous oxide  
11 cylinder shifted, and a valve was compromised resulting in a release of gas. The California  
12 Department of Transportation and Mendocino County Environmental Health were notified. REHIT  
13 responded to the scene and made entry into V-1 and stopped the leak. Upon inspection of the  
14 cylinders, I observed all cylinders were proper labeled. They cylinders were then taken to the  
15 Mendocino's Sheriff's Office impound yard where they were stored in a secure and ventilated  
16 area.

**18 STATEMENTS:****20 Party #1 (P-1, Hinson):**

21  
22 P-1 was contacted at the Leggett Cal Fire Station. P-1 related the following: P-1 was driving  
23 Vehicle #1 (V-1, Ford) northbound on US-101 north of mile post marker 75.00 at an approximate  
24 speed of 55 to 60 miles per hour (MPH). P-1 related a deer crossed the roadway in a westerly  
25 direction in front of his location. P-1 related he turned his steering wheel to the right, left, and right  
26 again in an attempt to avoid colliding with the deer. P-1 related he traveled off the roadway and  
27 collided with an ascending embankment.

28

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**1 STATEMENTS (CONTINUED):**

2

3 After the collision P-1 related he exited V-1 and began asking for help. P-1 related he was given a  
4 ride by an unknown person to the Leggett Cal Fire Station.

5

**6 OPINIONS AND CONCLUSIONS:**

7

**8 SUMMARY:**

9

10 Party #1 (P-1, Hinson) was driving Vehicle #1 (V-1, Ford) northbound on US-101 north of 101  
11 MEN 75.93 at 60 miles per hour. Due to P-1's level of intoxication, P-1 made an unsafe turning  
12 movement causing V-1 to travel east of the east roadway edge of US-101 and collide into an  
13 ascending embankment. V-1 came to rest on its wheels on the ascending embankment facing a  
14 northerly direction. P-1 exited V-1 and asked for assistance, P-1 was then given a ride to the  
15 Leggett Cal Fire Station.

16

17 The summary was established by statements, damage to V-1 and physical evidence.

18

**19 AREA OF IMPACT (AOI):**

20

21 AOI #1 (V-1 vs Embankment) was located 180 feet north of 101 MEN 75.93 and 8.8 feet east of  
22 the east roadway edge line of US-101.

23

24 The AOI is based on the statements, damage to V-1 and physical evidence.

25

**26 INTOXICATION NARRATIVE:**

27

28 Upon my arrival to the scene, I observed Vehicle #1 (V-1, Ford) on an ascending embankment  
29 with its hazard lights activated. Upon approaching V-1 I was unable to locate any parties in V-1.

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**1 INTOXICATION NARRATIVE (CONTINUED):**

2

3 I proceeded to check the rear of the V-1 and observed multiple nitrous oxide tanks and a hissing  
4 sound coming from the tanks. I requested CHP dispatch start the fire department. Upon  
5 Laytonville fire department's arrival and Officer Jessup's arrival on scene, I was informed by CHP  
6 dispatch that the driver of the V-1 was located at the Leggett CAL Fire Station. I proceeded to  
7 travel to the CAL Fire Station. Upon my arrival to the CAL Fire Station I observed a white male  
8 adult with brown hair approximately six-feet-tall standing next to Officer Taylor, ID 20706. While  
9 speaking to Party #1 (P-1, Hinson) I observed his pupils were abnormally dilated, I asked P-1 if  
10 he consumed any drugs at which time, P-1 related he smoked marijuana. I asked P-1 if he was  
11 injured at which time, he related he was not. Due to P-1 being involved in a traffic collision, P-1  
12 stating that he smoked marijuana, P-1 stating he was driving V-1 pre collision, my observation P-  
13 1's pupils, P-1's rapid pulse, I had P-1 complete a series of Standardized Field Sobriety Tests of  
14 which he did not complete as explained and/or demonstrated.

15

16 I arrested P-1 at approximately 0805 hours, for driving in violation of California Vehicle Code  
17 Section 23152(f), per California Vehicle Code Section 40300.5. P-1 was handcuffed, searched  
18 and seated in the rear right seat of my patrol vehicle. I advised P-1 of California Vehicle Code  
19 Section 23612, Implied Consent, and P-1 chose a blood draw. I transported P-1 to Howard  
20 Memorial Hospital in Willits, for the requested blood draw and medical clearance due P-1's  
21 involvement in a traffic collision. Lab assistant Bishop drew blood from P-1's right arm at  
22 approximately 1006 hours. Upon completion of requested blood draw, I transported P-1 to the  
23 Mendocino County Jail Facility where a suspected LSD patch was found within P-1's wallet.

24

**25 CAUSE:**

26

27 Party #1 (P-1, Hinson) caused this collision by driving Vehicle #1 (V-1, Ford) in violation of 23152  
28 (f) CVC which states: It is unlawful for a person who is under the influence of any drug to drive a  
29 vehicle.

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1 **CAUSE (CONTINUED):**

2 An associated factor in this collision was P-1's violation of California Vehicle Code (CVC) section  
3 22107 which states: "No person shall turn a vehicle from a direct course or move right or left upon  
4 a roadway until such movement can be made with reasonable safety and then only after the giving  
5 of an appropriate signal in the manner provided in this chapter in the event any other vehicle may  
6 be affected by the movement."

7

8 The cause was determined by P-1's level of intoxication, statements, vehicle damage, and  
9 physical evidence.

10

11 **RECOMMENDATIONS:**

12

13 I recommend a copy of this report be forwarded to the Mendocino County District Attorney's Office  
14 to assist in the prosecution of James Anthony Hinson for the following charges:

15

16 - 23152(f) CVC- DUI

17

18

19

20

21

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