



## Sworn Statement in Proof of Loss

\$As per form  
AMOUNT OF POLICY AT TIME OF LOSS  
07/01/2019  
DATE ISSUED  
07/01/2020  
DATE EXPIRES

2019/2020

POLICY NUMBER  
N/A  
AGENCY AT  
N/A  
AGENT

To the **PLAN JPA**

At time of loss, by the above indicated policy of insurance you insured

City of Milpitas

against loss by all risk of physical damage to the property described under, according to the terms and conditions of the said policy of and all forms, endorsements, transfers and assignments attached thereto.

1. **Time and origin:** A vehicle loss occurred about the hour of 11 o'clock A M.  
STATE KIND

on the 28th day of April, 2020. The cause and origin of the said loss were: Collision

2. **Occupancy:** The building described, or containing the property described, was occupied at the time of loss as follows, and for no other purpose whatever: 2015 Ford Explorer Police Unit #PT-11, license plate 1478501, VIN 1FM5K8AR7FGC51718

3. **Title and Interest:** At the time of the loss the interest of your insured in the property described therein was sole and unconditional ownership. No other person or persons had any interest therein or encumbrance thereon, except: NO EXCEPTIONS

4. **Changes:** Since the said policy was issued there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described, except: NO EXCEPTIONS

5. <b>Total Insurance:</b> The total amount of insurance upon the property described by this policy was, at the time of the loss	\$ As per form
6. <b>Full Replacement Cost</b> of said property at the time of the loss was.....	\$N/A
7. <b>Full Cost of Repair or Replacement</b> is.....	\$63,544.78
8. <b>Applicable Salvage</b> is.....	\$ 1,216.00
9. <b>Actual Cash Value Loss</b> is (Line 7 minus Line 8).....	\$ 62,328.78
10. <b>Less Amount of Deductible</b> and/or participation by the insured.....	\$ 5,000.00
11. <b>Actual Cash Value Claim</b> is (Line 9 minus Line 10).....	\$57,328.78

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

State of California

Insured:

Jane Corpus Asst Finance Director

County of

Notary Public:

Subscribed and sworn before me this

day of

,

Notary Seal

## ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
County of Santa Clara

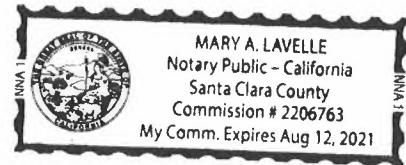
On July 30, 2020 before me, Mary A. Lavelle, Notary Public  
(insert name and title of the officer)

personally appeared Jane Corpus,  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are  
subscribed to the within instrument and acknowledged to me that he/she/they executed the same in  
his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the  
person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Mary A Lavelle (Seal)





PROPERTY LOSS REPORT-VEHICLE DAMAGE

Use this form to report loss or damage to property owned or used by the City, including buildings, furniture, equipment, supplies, boilers and heavy machinery.

FROM: Milpitas

TO: abagclaims@yorkrsg.com Date: 5/18/2020  
York Risk Services Group

Attn: PLAN JPA Claims Submitted by: Rosanne Yamashita

1390 Willow Pass Road; Ste 1030

Concord, CA 94520

Phone: (925) 349-3800 Phone: 408.586.3162

Date & Time of Incident: 4/28/2020

Driver's Name: Officer Derek Yamamura

Department: Police

Vehicle: PT11 2015 Ford Explorer 1478501

Number	Year	Make/Model	License#
<u>1325 E. Calaveras Blvd</u>			

Loss Location: 1325 E. Calaveras Blvd

Accident Description: Office failed to see parking ballard and drove into it.

Vehicle Damage: front end damage

Other Vehicle: 

Number	Year	Make/Model	License#
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Other Driver: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Other Vehicle Damage: \_\_\_\_\_

Witnesses/Passengers: \_\_\_\_\_

Police or FD Report: Report#: 20-119-047

Contact Person: Robert DeLong

Phone#: 408.586.2651 Location: DPW

Please attach any loss documentation including reports, estimates and/or photographs of the damage in your possession with this Loss Report.

MILPITAS POLICE DEPARTMENT  
TELEPHONE (408) 586-2400

ON CITY  
EMERGENCY VEHICLE COLLISION REPORT

1275 N. MILPITAS BLVD  
MILPITAS, CALIFORNIA 95035

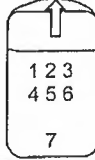
<b>SPECIAL CONDITIONS</b> <input type="checkbox"/> COUNTER REPORT <input checked="" type="checkbox"/> EMERGENCY VEHICLE <input type="checkbox"/> PRIVATE PROPERTY		NO INJURED 0	H&R FELONY <input type="checkbox"/>	CITY MILPITAS	CLASS 44B00	CASE NUMBER 20-119-047	
		NO. KILLED 0	H&R MISD. <input type="checkbox"/>	COUNTY SANTA CLARA	BEAT 4	DAY OF WEEK Tuesday	TOW AWAY Yes
<b>LOCATION</b>	COLLISION OCCURRED ON 1325(B) E Calaveras Blvd				MO. DAY YEAR 4/28/2020	TIME (2400) 1102	NCIC 4308
	GPS COORDINATES LATITUDE 37.437147 LONGITUDE 121.884180				STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PHOTOGRAPHS BY: <input type="checkbox"/> NONE 225	
	<input type="checkbox"/> AT INTERSECTION WITH <input checked="" type="checkbox"/> OR: FEET/MILES OF						
	parking lot Milpitas Sports Complex						
<b>PARTY 1</b>	DRIVER'S LICENSE NUMBER C3315722	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP G	VEH. YEAR 2015	MAKE/MODEL/COLOR Ford Explorer Blk/Wht
<b>DRIVER</b> <input checked="" type="checkbox"/>	NAME (FIRST, MIDDLE, LAST) Derek Kaneto Yamamura					PT-11	
<b>PEDES- TRIAN</b> <input type="checkbox"/>	STREET ADDRESS 1275 N Milpitas Blvd					OWNER'S NAME City of Milpitas <input type="checkbox"/> SAME AS DRIVER	
<b>PARKED VEHICLE</b> <input type="checkbox"/>	CITY/STATE/ZIP Milpitas CA 95035					OWNER'S ADDRESS 1265 N Milpitas Blvd, Milpitas CA 95035 <input type="checkbox"/> SAME AS DRIVER	
<b>BICY- CLUST</b> <input type="checkbox"/>	SEX M	HAIR BLK	EYES BRN	HEIGHT 5-5	WEIGHT 194	BIRTHDATE MO DAY YEAR 11/7/1966	RACE J
<b>OTHER</b> <input type="checkbox"/>	HOME PHONE 408-586-2400					DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER Towed by Economy Towing	
INSURANCE CARRIER City of Milpitas						POLICY NUMBER Self Insured	
DIR OF TRAVEL W						ON STREET OR HIGHWAY Parking Lot	
VEHICLE TYPE 48						DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER	
CA						DOT	
SHADE IN DAMAGED AREAS							
<b>PARTY 2</b>	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP	VEH. YEAR	MAKE/MODEL/COLOR
<b>DRIVER</b> <input type="checkbox"/>	NAME (FIRST, MIDDLE, LAST)						
<b>PEDES- TRIAN</b> <input type="checkbox"/>	STREET ADDRESS					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER	
<b>PARKED VEHICLE</b> <input type="checkbox"/>	CITY/STATE/ZIP					OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER	
<b>BICY- CLUST</b> <input type="checkbox"/>	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE MO DAY YEAR	RACE
<b>OTHER</b> <input type="checkbox"/>	HOME PHONE BUSINESS PHONE					DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER	
INSURANCE CARRIER POLICY NUMBER						VEHICLE TYPE	
DIR OF TRAVEL ON STREET OR HIGHWAY						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	
CA						DOT	
SHADE IN DAMAGED AREAS							
<b>PARTY 3</b>	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP	VEH. YEAR	MAKE/MODEL/COLOR
<b>DRIVER</b> <input type="checkbox"/>	NAME (FIRST, MIDDLE, LAST)						
<b>PEDES- TRIAN</b> <input type="checkbox"/>	STREET ADDRESS					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER	
<b>PARKED VEHICLE</b> <input type="checkbox"/>	CITY/STATE/ZIP					OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER	
<b>BICY- CLUST</b> <input type="checkbox"/>	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE MO DAY YEAR	RACE
<b>OTHER</b> <input type="checkbox"/>	HOME PHONE BUSINESS PHONE					DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER	
INSURANCE CARRIER POLICY NUMBER						VEHICLE TYPE	
DIR OF TRAVEL ON STREET OR HIGHWAY						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	
CA						DOT	
SHADE IN DAMAGED AREAS							
PREPARER'S NAME Chris Nicholas #225				REVIEWER'S NAME #225		DATE REVIEWED	

FORM NO. S4380\_S (REVISED 9/11)



DATE OF COLLISION (MO DAY YEAR) <b>4/28/2020</b>		TIME (2400) <b>1102</b>	CASE # <b>4308</b>	OFFICER ID <b>225</b>	CASE NUMBER <b>20-119-047</b>
PROPERTY DAMAGE	OWNER'S NAME	OWNER'S ADDRESS			NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIPTION OF DAMAGE					

<b>SEATING POSITIONS OCCUPANTS</b>  	<b>AIR BAG/SAFETY EQUIPMENT</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 L - AIR BAG DEPLOYED M - AIRBAG NOT DEPLOYED N - OTHER P - NOT REQUIRED CHILD RESTRAINT Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USED UNKNOWN U - NONE IN VEHICLE	<b>M/C BICYCLE HELMET</b> DRIVER PASSENGER V - NO X - NO W - YES Y - YES <b>EJECTED FROM VEHICLE</b> 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	<b>INATTENTION CODES</b> A - CELLPHONE HANDHELD B - CELLPHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO/CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONAL HYGIENE J - READING K - OTHER
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ITEMS MARKED BELOW WHICH ARE FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE									
PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT		TRAFFIC CONTROL DEVICES			SPECIAL INFORMATION			MOVEMENT PROCEEDING COLLISION	
1	<input type="checkbox"/> A VC SECTION VIOLATED CITED <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> A CONTROLS FUNCTIONING	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> A HAZARDOUS MATERIAL	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	<input type="checkbox"/> B OTHER IMPROPER DRIVING *: Turning	<input type="checkbox"/> B CONTROLS NOT FUNCTIONING*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> B CELL PHONE HANDHELD IN USE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> C OTHER THAN DRIVER*	<input type="checkbox"/> C CONTROLS OBSCURED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> C CELL PHONE HANDSFREE IN USE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> D UNKNOWN*	<input checked="" type="checkbox"/> D NO CONTROLS PRESENT / FACTOR*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> D CELL PHONE NOT IN USE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		TYPE OF COLLISION			<input type="checkbox"/> E SCHOOL BUS RELATED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> A HEAD ON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> F 75 FT MOTORTRUCK COMBO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> B SIDESWIPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> G 32 FT TRAILER COMBO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> C REAR END	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H SLOWING / STOPPING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> D BROADSIDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I PASSING OTHER VEHICLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/> E HIT OBJECT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> J CHANGING LANES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>WEATHER (MARK 1 TO 2 ITEMS)</b>		<input type="checkbox"/> F OVERTURNED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> K PARKING MANEUVER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> A CLEAR	<input type="checkbox"/> G VEHICLE / PEDESTRIAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> L ENTERING TRAFFIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> B CLOUDY	<input type="checkbox"/> H OTHER*:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> M OTHER UNSAFE TURNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> C RAINING	<b>MOTOR VEHICLE INVOLVED WITH</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> D SNOWING	<input type="checkbox"/> A NON-COLLISION	<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"/> E FOG / VISIBILITY FT.	<input type="checkbox"/> B PEDESTRIAN	<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"/> F OTHER*	<input type="checkbox"/> C OTHER MOTOR VEHICLE	<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"/> G WIND	<input type="checkbox"/> D MOTOR VEHICLE ON OTHER ROADWAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>LIGHTING</b>		<input type="checkbox"/> E PARKED MOTOR VEHICLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> A DAYLIGHT	<input type="checkbox"/> F TRAIN	<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"/> B DUSK/DAWN	<input type="checkbox"/> G BICYCLE	<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"/> C DARK - STREET LIGHTS	<input type="checkbox"/> H ANIMAL:	<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"/> D DARK - NO STREET LIGHTS	<input type="checkbox"/> I FIXED OBJECT: ballard	<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"/> E DARK - STREET LIGHTS NOT FUNCTIONING*	<input type="checkbox"/> J OTHER OBJECT:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ROADWAY SURFACE</b>		<b>PEDESTRIAN'S ACTIONS</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> A DRY	<input type="checkbox"/> A NO PEDESTRIAN INVOLVED	<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"/> B WET	<input type="checkbox"/> B CROSSING IN CROSSWALK - AT INTERSECTION	<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"/> C SNOWY - ICY	<input type="checkbox"/> C CROSSING IN CROSSWALK - NOT AT INTERSECTION	<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"/> D SLIPPERY (MUDDY,OILY,ETC)	<input type="checkbox"/> D CROSSING - NOT IN CROSSWALK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS)</b>		<input type="checkbox"/> E IN ROAD - INCLUDES SHOULDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> A HOLES, DEEP RUT*	<input type="checkbox"/> F NOT IN ROAD	<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"/> B LOOSE MATERIAL ON ROADWAY*	<input type="checkbox"/> G APPROACHING / LEAVING SCHOOL BUS	<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"/> C OBSTRUCTION ON ROADWAY*		<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"/> D CONSTRUCTION - REPAIR ZONE		<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"/> E REDUCED ROADWAY WIDTH		<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"/> F FLOODED		<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"/> G OTHER*		<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 checked="" type="checkbox"/> H NO UNUSUAL CONDITIONS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

See attached sketch ☒

INDICATE NORTH

SKETCH LEGEND		<input type="checkbox"/> SEE DIAGRAM	<input checked="" type="checkbox"/> CONT. ATTACHED
POINT OF IMPACT		BROADSIDE	<input type="checkbox"/> CONT. RECORDED
VEHICLE (NOTPARKED)		APPROACH TURN	<input type="checkbox"/> SEE CHP180
PEDESTRIAN		OVERTAKING TURN	REFER:
TRAIN		OUT OF CONTROL	
PARKED VEHICLE		OVERTURNED	<input checked="" type="checkbox"/> TRAFFIC FOR INFO
FIXED OBJECT		VEHICLE BACKING	<input type="checkbox"/> TRAFFIC FOR F/U
HEAD-ON		MOTORCYCLE BICYCLE	<input type="checkbox"/> SIU FOR INFO
HEAD-ON SIDESWIPE		VICTIM (POR)	<input type="checkbox"/> DISTRICT ATTORNEY
REAR END		OVERTAKING SIDESWIPE	<input checked="" type="checkbox"/> OTHER: <b>A-229</b>

REPORT TYPE	<input type="checkbox"/> SUPPLEMENTAL	<b>NARRATIVE</b>	CASE NO.
Property Damage Collision – PD Vehicle		MILPITAS POLICE DEPT. 1275 N. MILPITAS BLVD., MILPITAS, CA 95035 (408) 586-2400	20-119-047
DATE OF ORIGINAL REPORT: 04/28/20		DATE AND TIME OF CONTINUATION: 04/28/20 1250 hr	
LOCATION: 1325 E Calaveras Blvd Parking Lot Sports Complex			

**Notification:**

On April 28, 2020, I was working full uniform and riding a fully marked police motorcycle. At 1105 hours, I was notified of a property damage collision involving a police vehicle in the parking lot of the Milpitas Sports Complex. I responded to the sports complex from the police station. All measurements and times are approximate.

**Summary:**

I arrived and met with Officer Yamamura, #197, who provided me with the following statement. Officer Yamamura said he was driving his assigned police vehicle, PT-11, 2015 Ford Explorer License Plate 1478501. Officer Yamamura was in the parking lot of the sports complex and was driving westbound preparing to drive towards the exit. Officer Yamamura said he started forward and made a left turn towards the exit. Officer Yamamura said he did not know what happened, but he hit a ballard near the north end of the parking row. Officer Yamamura was not injured in the collision. I asked Officer Yamamura if he was using a cell phone or his mobile computer terminal, and Officer Yamamura said that he was not.


I examined the damage to the ballard but could not determine if there was any new damage due to the extent of previous damage on the pole. I examined the damage to PT11 and saw crush damage to the center of the front of the vehicle. The push bar was bent back, and the hood was buckled. I noted the radiator was punctured and grill was damaged. I took photographs of the damage to the vehicle, and later downloaded them to the MPD photo database.

I examined the area of impact. I noted a scuffmark on the pavement about a foot long in front of the right front tire and another mark in front of the right rear tire. The scuffmark was post collision as a result of the vehicle coming to a stop. I noted the scuff was in a straight line and in line with the tires, as the vehicle was backed away from the pole. I did not see any scuffed indicating the vehicle yawed as a result of the collision. Based on these observations, I believe the collision occurred at a low speed.

**Cause:**

Based on the statement provided by Officer Yamamura, the damage to the vehicle, and other evidence, I determined that Officer Yamamura failed to see the parking ballard in the parking lot as he started his turning movement. It was this other improper driving that caused the collision.

**Refer Traffic**

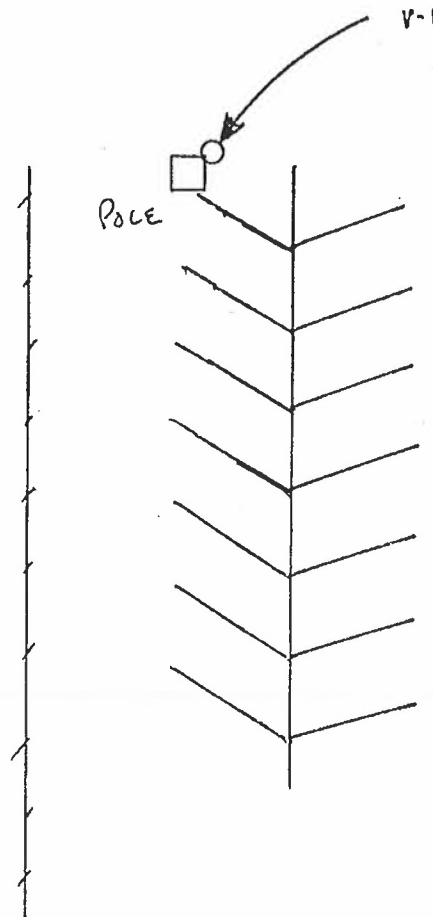
OFFICER'S NAME	ID NO.	DATE/TIME	SHIFT/DAYS OFF	SUPERVISOR REVIEW	ID NO.	DATE	PG
Chris Nicholas	225	04/28/20	W2	 #258			1

DATE OF COLLISION (MO. DAY YEAR) 4/28/20	TIME (2400) 1102	NCIC # 4308	OFFICER I.D. 225	NUMBER 20-119-047
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE = )

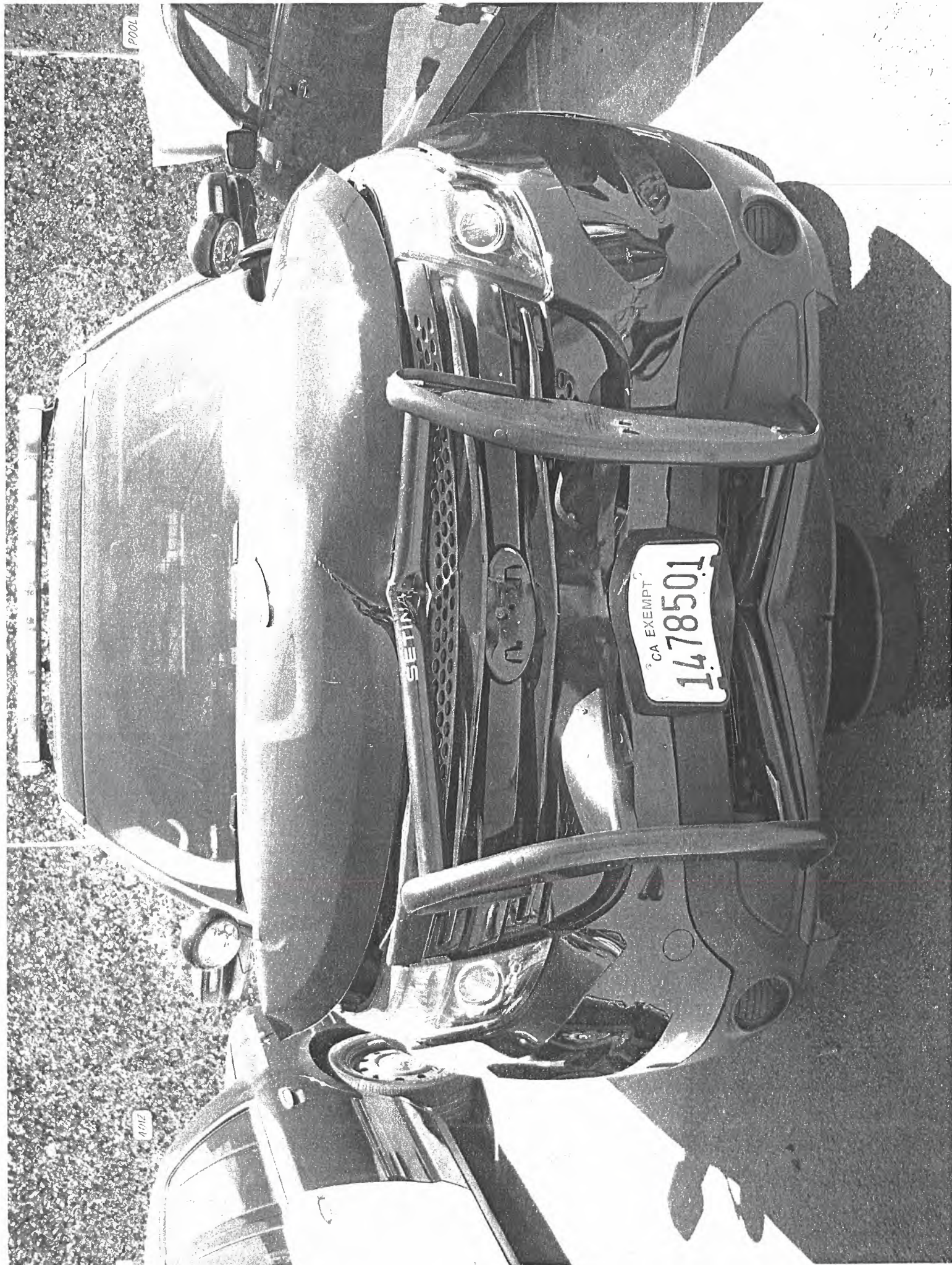


Parking Lot 1325 E CALAVERAS BLVD.  
Sports Complex



PREPARED BY CHRIS NICHOLSON	I.D. NUMBER 225	MO. DAY YEAR 4/28/20	REVIEWER'S NAME [Signature] #253	MO. DAY YEAR
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