

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

29449 Stockdale Highway
Bakersfield, CA 93314
(661) 764-5580
(800) 735-2929 (TT/TDD)
(800) 735-2922 (Voice)

CLERK OF
THE BD. OF SUPERVISORS
BY _____ DEPUTY



September 25, 2026

File No.: 426.15015.18030

Kern County Board of Supervisors
Administrative Center
1115 Truxton Avenue, 5th Floor
Bakersfield, CA 93301

The enclosed report is submitted pursuant to Health and Safety Code Section 25180.7
(Proposition 65). The report documents information regarding 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 California Highway Patrol.

Sincerely,

B. ZUNIGA, Lieutenant
Commander

Enclosure

BY ORDER OF THE BD/SUPV

Referred To _____

Copies Furnished FIRE, EHS

Date 10-1-26

Clerk of the Board of Supervisors
By Michelle J. [Signature], Deputy



HAZARDOUS MATERIALS INCIDENT REPORT

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

OES CONTROL NUMBER

26-4963

COLLISION REPORT

☒ Yes NUMBER 9426-2026-00518

☐ No

HAZMAT CASUALTIES	NO. EXPOSED/ DECONNED	NO. INJURED	NO. KILLED	CITY	JUDICIAL DISTRICT	PHOTOGRAPHS BY ☐ NONE
AGENCY PERSONNEL	0	0	0	BAKERSFIELD	LAMONT	Officer AVIS
OTHERS	0	0	0	COUNTY	NCIC	HAZMAT PLACARDS DISPLAYED
				Kern	9426	☐ Yes ☒ No
INCIDENT DATE (MM/DD/YYYY)	INCIDENT TIME	TIME CALTRANS/COUNTY ROADS NOTIFIED	TIME O.E.S. NOTIFIED	STATE HIGHWAY RELATED		
09/25/2026	0602 HOURS	0737 HOURS	0712 HOURS	☐ Yes ☒ No		

INCIDENT OCCURRED ON
OLD RIVER RD

☐ AT INTERSECTION WITH
☒ OR South of **VALPREDO RD**

MILEPOST INFORMATION

GPS COORDINATES
LATITUDE **35.072220°** LONGITUDE **-119.129409°**

NAME (FIRST, MIDDLE, LAST)	DRIVER'S LICENSE NUMBER	STATE	VEH. YEAR	MAKE	LICENSE NUMBER	STATE
PETER GARNICA	A9233415	CA	2015	KENWORTH	46447P1	CA
STREET ADDRESS	VEH. YEAR	MAKE	LICENSE NUMBER	STATE		
2209 OLEANDER ST	2006	RELIA	4SY3061	CA		
CITY/STATE/ZIP CODE	VEH. YEAR	MAKE	LICENSE NUMBER	STATE		
DELANO, CA 93215						

HOME PHONE	BUSINESS PHONE	CARRIER NAME
(661) 778-2893	(661) 778-2893	GARNICA TRANSFER TRUCKING LLC

HAZMAT IDENTIFICATION SOURCES (CHECK ALL THAT APPLY)

☒ On-site fire services	☐ Chemtrec
☐ Private info source	☐ Poison Control Center
☐ Off-site fire services	☐ Safety Data Sheet
☐ On-site non-fire services	☐ Placards/Signs
☐ Off-site non-fire services	☐ Shipping papers
☐ Computer software	☐ Emergency Response Guidebook
☐ Chemist	☐ No reference material used
☒ Other KERN COUNTY ENVIRONMENTAL HEALTH	

REGISTERED OWNER ☐ SAME AS DRIVER
GARNICA TRANSFER TRKG

OWNER'S ADDRESS ☐ SAME AS DRIVER
2209 OLEANDER ST, DELANO, CA 93215

VEHICLE IDENTIFICATION NUMBER
INKDLP9X7FJ444043

VEHICLE TYPE	CA NUMBER	DOT NUMBER
25 31	637261	4151619

CHEMICAL/TRADE NAME	UN NUMBER	DOT HAZARD CLASS	QUANTITY RELEASED (LBS., GAL., ETC.)	EXTENT OF RELEASE	PHYSICAL STATE STORED	PHYSICAL STATE RELEASED
DIESEL	1993	3	90 GAL	Outside vehicle	Liquid	Liquid

CONTAINER TYPE	CONTAINER CAPACITY (LBS., GAL., ETC.)	CONTAINER MATERIAL	LEVEL OF CONTAINER
Vehicular fuel tank	100 GAL	Aluminum/Aluminum 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
County/City road	Agricultural	County

RELEASE FACTORS	EQUIPMENT TYPE INVOLVED	HAZMAT CONFIRMED
Collision/Overturn	Vehicle fuel system	☒ Yes ☐ No

CITATION ISSUED OR COMPLAINT TO BE FILED	PRIMARY CAUSE OF INCIDENT	OTHER HAZARDOUS MATERIALS VIOLATIONS (NON-CAUSATIVE)
☐ Yes ☒ No ☐ Not determined	☒ Violation 22107 VC	☐ Yes ☒ No

☐ Other Code violation	DID WEATHER CONTRIBUTE TO CAUSE OR SEVERITY OF INCIDENT?
☐ Other cause	☐ Yes ☒ No WEATHER Clear

ELEMENTS (OUTLINE THE FOLLOWING ON A CHP 556. INCLUDE ADDITIONAL INFORMATION AS NECESSARY)

☒ Sequence of events	☒ Evacuation details	☒ Cleanup actions	☒ CHP On-scene Personnel (name, rank, ID number, function, exposure, hours)
☒ Road closures	☒ Environmental impact	☒ Actions of other agencies	

COMPLETE THE FOLLOWING

☒ Incident Action Plan	☒ Site Safety Plan	☒ Proposition 65 Letters: County Health/County Board of Supervisors
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DATE AND TIME SCENE DECLARED SAFE	BY WHOM (NAME, TITLE AND AGENCY)
09/25/2026 1400 HOURS	Gavin Pivovarovoff, Industrial Construction Enterprises, Inc. (ICE)

PREPARER'S NAME, RANK, AND ID NUMBER	DATE	REVIEWER'S NAME, RANK, AND ID NUMBER	DATE
J. WILSON, OFFICER, 19896	09/25/2026	B. ZUNIGA, LT 15015	9/28/2026

Destroy Previous Editions

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Chp407E_0515.pdf

INCIDENT ACTION PLAN/SITE SAFETY PLAN

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

OES CONTROL NUMBER

26-4963

INCIDENT DATE (MM/DD/YYYY)

09/25/2026

INCIDENT TIME (HOURS)

0602

INCIDENT OCCURRED ON

OLD RIVER RD

☐ AT INTERSECTION WITH

VALPREDO RD

☒ OR South of

AREA DESCRIPTION

PUBLIC HIGHWAY

INCIDENT COMMANDER

OFFICER AVIS

SITE SAFETY OFFICER

OFFICER McCracken

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.

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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: WEST SHOULDER OF OLD RIVER ROAD, IN DIRT CANAL☒ Warm (Contamination reduction) Zone: 20 FOOT PERIMETER FROM HOT ZONE☒ Cold (Support) Zone: 30 FOOT PERIMETER AROUND WARM ZONE**WHEN REQUIRED, ADDRESS THE FOLLOWING:**☐ Decontamination Plan: _____☒ Evacuation Plan: EVACUATE IMMEDIATELY☐ Demobilization Plan: _____☐ Communications Plan: _____☐ Medical Assistance Plan: _____☐ Emergency Procedures Plan: _____*(Drawing not to scale)***SKETCH***(Factual diagram is not required)*

INDICATE NORTH

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL			
SKETCH DIAGRAM			
CHP 555 Page 4 (Rev. 3-28) OPI 890	DATE	TIME	LOCATION
09/25/2026	0502	9426	021981

DATE PREPARER CAPTURED IMAGE: 09/25/2026
PROPRIETOR OF IMAGE: Google
COPYRIGHT YEAR OF IMAGE: 2026

THIS OVERHEAD IMAGE IS PROVIDED TO DEPICT THE CRASH SCENE ENVIRONMENT ONLY. ANY VEHICLES, PEDESTRIANS, OR OTHER ROAD USERS CAPTURED IN THE OVERHEAD IMAGE NOT DEPICTED IN THE SUMMARY/CAUSE WERE NOT ASSOCIATED WITH THIS CRASH.

ALL VEHICLE DIMENSIONS AND MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED.

PREPARED BY	CHLASSNO	REV. DATE	REVIEWER'S NAME	REV. DATE
J. WILSON	19896	09/25/2026		

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SAFETY BRIEFING COMPLETED (TIME)

0830

HOURS

INCIDENT COMMANDER NAME, RANK, AND ID NUMBER

AVIS, OFFICER 19442

DATE

09/25/2026