

24 MAR -5 PM 12: 23

RECEIVED
THE CLERK OF THE BOARD OF SUPERVISORS
BY _____

CLAIM AGAINST THE COUNTY OF KERN

(Government Code §§ 910, 910.2 & 910.4)

This claim must be filed with the Clerk of the Board of Supervisors, 1115 Truxtun Ave., 5th Floor, Bakersfield, California 93301. If it is a claim for death, injury to person, injury to personal property or injury to growing crops, it must be filed within **six months after the accident or event giving rise to the claim**. If it is a claim for any other cause of action, it must be filed within one year after the event(s) giving rise to the claim. You must complete both sides and sign the claim form for the claim to be valid. Complete information must be provided. If the space provided is inadequate, please use additional paper and identify information by paragraph number.

1. State the name and mailing address of claimant:

Charlotte Ann Daniel OBO Melissa Marie Hardiman (Deceased)

813 Washington Avenue Bakersfield, CA 93308

2. State the mailing address to which claimant desires notices from the County to be sent:

Same as above

3. State the date, place and other circumstances of the accident or event(s) giving rise to the claim.

On 09/19/2023 at 6:13 a.m the decedent was fatally injured due to County of Kern's dangerous road condition and failing to have adequate signs, traffics lights, warning, etc

4. Provide a general description of the injury, damage or loss incurred so far as it may be known:

Decedent was pronounced deceased at the scene.

5. Provide the name or names of the public employee or employees causing the injury, damage or loss, if known:

County of Kern

6. Regarding the amount claimed (including estimated amount of any prospective injury, damage or loss known as of the time the claim is filed):

If less than ten thousand dollars (\$10,000), state the amount: \$ _____.

If more than ten thousand dollars, would the claim be a limited civil case (less than \$25,000)? (Circle one)

Yes

NO

7. Please state any additional information which may be helpful in considering this claim:

See Attachment A and Traffic Collision Report

Claimant must date and sign below.

8. Signed this 4th day of March, 2024.

Charlotte Ann Daniel by Wilshire Law Firm
CLAIMANT'S SIGNATURE

Code No _____
BY ORDER OF THE BD/SUPV _____
Referred To County Counsel
23 pages
Hand delivered on 3/5/2024
Copies Furnished Risk Management

Filed by BD Supv 3/5/2024
KATHLEEN KRAUSE
Clerk of the Board of Supervisors
By Laura Belder

WARNING! IT IS A CRIMINAL OFFENSE
TO FILE A FALSE CLAIM (Penal Code §72)

1 ATTACHMENT A

2 Claimant Charlotte Ann Daniel on behalf of decedent Melissa Marie Hardiman, hereby
3 presents the following information in support of her claims against the COUNTY OF KERN:

4 **How did the Damage or Injury Occur?**

5 On September 19, 2023, Decedent was seriously injured and ultimately passed away
6 while traveling on her bicycle westbound on South Union Avenue. At the same time,
7 Defendant Mayra Graciela Mojica was traveling northbound on South Union Avenue when she
8 struck the Decedent. Additional information regarding the facts and circumstances of the
9 Subject Collision are included in the attached Traffic Collision Report which is incorporated
10 herein by reference.

11 **Why is the Government Entity Responsible?**

12 Claimant contends that the physical condition of the area where the Subject Incident
13 occurred and the surrounding area played a substantial role in causing the Subject Incident.
14 Claimant further contends that the COUNTY OF KERN, its employees, agents and contractors
15 improperly and negligently controlled, designed, constructed, repaired, and maintained the area
16 where the subject incident occurred, including the area surrounding the location where the
17 subject incident occurred. This failure to properly control, design, construct, repair, and
18 maintain said roadway led to the existence of dangerous conditions for individuals such as the
19 Decedent using the subject area with due care and in a reasonably foreseeable manner,
20 including but not limited to an increase in motor vehicle collisions along the roadway, an
21 increase in the speed of traffic along the roadway, a decrease in driver reaction times, a
22 decrease in motor vehicle stability for traffic along the roadway, and a decrease in the visibility
23 of vehicles moving along the roadway. These defects included, but were not limited to a lack
24 of adequate lighting, traffic control devices, traffic signals, roadway markings, signage,
25 warnings, speed restrictions, and other traffic safety devices, as well as the presence of hidden
26 conditions not known to a reasonably prudent individual using the subject premises, sightline
27 restrictions, and implementation of an improper and excessive speed limit given the other
28

1 factors and conditions of the roadway. Furthermore, the curvature, slope, lack of uniformity,
2 lack of roadway design, and angle of the roadway caused and/or contributed to the ability of
3 the parties to see and appreciate the presence of each other on the subject roadway. Claimant
4 also contends that the COUNTY OF KERN was aware and had notice that said subject
5 roadway was dangerous and in a defective condition and failed to do anything to improve and
6 remedy said dangerous conditions, or to warn those using the subject area of such dangers.

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DATED: March 4, 2024

By: Charlotte Ann Daniel by Wilshire Law Firm
Charlotte Ann Daniel
Claimant

COUNTER RECEIPT

CHP 251 (Rev. 9-18) OPI 071

NO. 634783

Reference number(s): 9420 2023 02956

Cash Check

DATE 12-29-23

Money order/Cashier's check

LOCATION CODE
210


RECEIVED FOR	AMOUNT
Crash report(s) <u>1 @ 10⁰⁰</u>	<u>10⁰⁰</u> 00
Publication(s) <u>PICS</u>	
Other (specify) <u>1 @ 500</u>	<u>5⁰⁰</u> 00
Sales tax	
TOTAL	15 00

Received from:
Mrs LOMELI (ADAMSON AH0008)
1150 S. ROBERTSON BLVD
LOS ANGELES CA 90035

RECEIVED BY SCOTT

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
TRAFFIC CRASH REPORT
CHP 555 Page 1 (Rev. 2-22) OPI 060

SPECIAL CONDITIONS FATAL		NUMBER INJURED 0	HIT & RUN FELLOW <input type="checkbox"/>	CITY UNINCORPORATED	JUDICIAL DISTRICT KERN SUPERIOR COURT METROPOLITAN	LOCAL REPORT NUMBER 9420-2023-02956				
		NUMBER KILLED 1	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY KERN	REPORTING DISTRICT 075	BEAT 075	DAY OF WEEK S M W T F S <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
LOCATION	CRASH OCCURRED ON SOUTH UNION AVENUE		CRASH DATE MO. DAY YEAR 09/19/2023	CRASH TIME (2400) 0610	NOTIFICATION DATE MO. DAY YEAR 09/19/2023	NOTIF. TIME (2400) 0613	NCIC # 9420	OFFICER ID 019868		
	<input checked="" type="checkbox"/> AT INTERSECTION WITH OR: GARDEN DRIVE		STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DIGITAL MEDIA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		AREA PHOTO FILE			
	GPS COORDINATES FOR LOCATION (LOC.) AND AREA(S) OF IMPACT (AOI)		<input checked="" type="checkbox"/> SAME AS LOCATION		REFER TO NARRATIVE		LONG.			
	LOC. LAT.	LONG.	AOI 1 LAT.	LONG.	AOI 2 LAT.	LONG.	AOI 3 LAT.	LONG.		
	35.306051	-119.003025	1	35.306051	2	-119.003025	3	35.306142		
ADDTL. AOI(S)	LONG.	AOI 4 LAT.	LONG.	AOI 5 LAT.	LONG.					
AOI 3		AOI 4		AOI 5						
PARTY 1	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE	
<input type="checkbox"/>	MELISSA MARIE HARDIMAN			P	P		HUFFY ROCK CREEK PLE			
<input type="checkbox"/>	STREET ADDRESS 49 GARDEN DRIVE		CITY/STATE/ZIP BAKERSFIELD CA 93307		OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER		OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER			
<input type="checkbox"/>	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE	DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
<input checked="" type="checkbox"/>	F	BRN	HZL	4' 11"	82	09/18/1984	W	JENNIFER ANN JONES, 661-546-4373		
<input type="checkbox"/>	HOME PHONE	BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER: SNHBT2360362		VEHICLE TYPE				
<input type="checkbox"/>	UNKNOWN	UNKNOWN		INSURANCE CARRIER N/A		POLICY NUMBER N/A		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		
<input type="checkbox"/>	DIR OF TRAVEL W	ON STREET OR HIGHWAY SOUTH UNION AVENUE	LANE 1	THRU LANES 2	TOTAL LANES 2	SPEED LIMIT 45	CA _____ DOT _____ CAL-T _____ TCP/PSC _____ MCMX _____			
PARTY 2	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE	
<input checked="" type="checkbox"/>	B6444757	CA	C	M	G	2010	TOYT COROLLA WHI	6NSN492	CA	
<input type="checkbox"/>	STREET ADDRESS 6902 CORK HILL COURT		CITY/STATE/ZIP BAKERSFIELD CA 93307		OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER		OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER			
<input type="checkbox"/>	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
<input type="checkbox"/>	F	BRN	BRN	5' 6"	160	06/19/1976	H	DRIVEN AWAY		
<input type="checkbox"/>	HOME PHONE (661) 332-3820	BUSINESS PHONE NONE		VEHICLE IDENTIFICATION NUMBER: 2T1BU4EE3AC443016		VEHICLE TYPE				
<input type="checkbox"/>	INSURANCE CARRIER 21ST CENTURY	POLICY NUMBER 82465589		INSURANCE CARRIER 21ST CENTURY		POLICY NUMBER 82465589		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		
<input type="checkbox"/>	DIR OF TRAVEL N	ON STREET OR HIGHWAY SOUTH UNION AVENUE	LANE 1	THRU LANES 2	TOTAL LANES 2	SPEED LIMIT 45	CA _____ DOT _____ CAL-T _____ TCP/PSC _____ MCMX _____			
PARTY 3	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE	
<input type="checkbox"/>										
<input type="checkbox"/>	STREET ADDRESS		CITY/STATE/ZIP		OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER			
<input type="checkbox"/>	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
<input type="checkbox"/>								PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
<input type="checkbox"/>	HOME PHONE	BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE				
<input type="checkbox"/>								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		
<input type="checkbox"/>	DIR OF TRAVEL	ON STREET OR HIGHWAY	LANE	THRU LANES	TOTAL LANES	SPEED LIMIT	CA _____ DOT _____ CAL-T _____ TCP/PSC _____ MCMX _____			
PREPARER'S NAME M LIVESAY, 019868		DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		REVIEWER'S NAME A LUCAS, 020484		DATE REVIEWED 11/02/2023				

CRASH DATE (MO. DAY YEAR) 09/19/2023		CRASH TIME (2400) 0610		NCIC # 9420		OFFICER ID 019868		NUMBER 9420-2023-02956				
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  <p>1 TO 9 - STANDARD SEATING POSITION 10 - REAR OCC. TRK., VAN, STATION WAGON, ETC.* 11 - POSITION UNKNOWN* 0 - OTHER*</p>		OCCUPANTS A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP/SHOULDER HARNESS USED H - LAP/SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED P - 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		
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				
1 A CVC SECTION VIOLATED: VC 21802(a) CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		A CONTROLS FUNCTIONING			1 A SAE LEVEL - 0			A STOPPED				
B OTHER IMPROPER DRIVING*		B CONTROLS NOT FUNCTIONING*			2 B SAE LEVEL - 1			B PROCEEDING STRAIGHT				
C OTHER THAN DRIVER*		C CONTROLS OBSCURED			3 C SAE LEVEL - 2			C RAN OFF ROAD				
D UNKNOWN*		D NO CONTROLS PRESENT / FACTOR*			4 D SAE LEVEL - 3			D MAKING RIGHT TURN				
		E TYPE OF CRASH			5 E SAE LEVEL - 4			E MAKING LEFT TURN				
		A HEAD - ON			6 F SAE LEVEL - 5			F MAKING U.TURN				
		B SIDE SWIPE			7 G UNKNOWN*			G BACKING				
		C REAR END			8 VEHICLE AUTOMATION ENGAGED			H SLOWING / STOPPING				
WEATHER (MARK 1 TO 2 ITEMS)		D BROADSIDE			9 A NO AUTOMATION			I PASSING OTHER VEHICLE				
A CLEAR		E HIT OBJECT			0 B DRIVER ASSISTANCE			J CHANGING LANES				
X B CLOUDY		F OVERTURNED			1 C PARTIAL AUTOMATION			K PARKING MANEUVER				
C RAINING		G VEHICLE / PEDESTRIAN			2 D CONDITIONAL AUTOMATION			L ENTERING TRAFFIC				
D SNOWING		H OTHER*			3 E HIGH AUTOMATION			M OTHER UNSAFE TURNING				
E FOG / VISIBILITY FT.		MOTOR VEHICLE INVOLVED WITH (MARK 1 TO 2 ITEMS)			4 F FULL AUTOMATION			N XING INTO OPPOSING LANE				
F OTHER*		A NONCOLLISION			5 G UNKNOWN*			O PARKED				
G WIND		B PEDESTRIAN			6 OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)			P MERGING				
LIGHTING		C OTHER MOTOR VEHICLE			7 A CVC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			Q TRAVELING WRONG WAY				
A DAYLIGHT		D MOTOR VEHICLE ON OTHER ROADWAY			8 B CVC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			R OTHER*				
B DUSK - DAWN		E PARKED MOTOR VEHICLE			9 C CVC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			S LANE SPLITTING				
C DARK - STREET LIGHTS		F TRAIN			0 A HAD NOT BEEN DRINKING			SOBRIETY - DRUG - PHYSICAL (MARK ALL THAT APPLY)				
X D DARK - NO STREET LIGHTS		G BICYCLE			1 B HBD - UNDER INFLUENCE			A HAD NOT BEEN DRINKING				
E DARK - STREET LIGHTS NOT FUNCTIONING*		H ANIMAL:			2 C HBD - NOT UNDER INFLUENCE*			B HBD - UNDER INFLUENCE				
ROADWAY SURFACE		I FIXED OBJECT:			3 D HBD - IMPAIRMENT UNKNOWN*			C HBD - NOT UNDER INFLUENCE*				
X A DRY		J OTHER OBJECT:			4 E UNDER DRUG INFLUENCE*			D HBD - IMPAIRMENT UNKNOWN*				
B WET		K ADDITIONAL OBJECT(S) STRUCK			5 F VISION OBSCUREMENT:			E UNDER DRUG INFLUENCE*				
C SNOWY - ICY		PEDESTRIAN'S ACTIONS			6 F INATTENTION* :			DRE EXAM. CONDUCTED				
D SLIPPERY (MUDDY, OILY, ETC.)		X A NO PEDESTRIANS INVOLVED			7 G STOP & GO TRAFFIC			STIMULANT				
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)		B CROSSING IN CROSSWALK AT INTERSECTION			8 H ENTERING / LEAVING RAMP			HALLUCINOGEN				
A HOLES, DEEP RUT*		C CROSSING IN CROSSWALK - NOT AT INTERSECTION			9 I PREVIOUS CRASH			DISSOCIATIVE ANESTHETICS				
B LOOSE MATERIAL ON ROADWAY*		D CROSSING - NOT IN CROSSWALK			0 J UNFAMILIAR WITH ROAD			NARCOTIC ANALGESIC				
C OBSTRUCTION ON ROADWAY*		E IN ROAD - INCLUDES SHOULDER			1 K DEFECTIVE VEH. EQUIP. CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			INHALANT				
D CONSTRUCTION - REPAIR ZONE		F NOT IN ROAD			2 L UNINVOLVED VEHICLE			CANNABIS				
E REDUCED ROADWAY WIDTH		G APPROACHING / LEAVING SCHOOL BUS			3 M OTHER*			DEPRESSANT				
F FLOODED*					4 N NONE APPARENT			F IMPAIRMENT - PHYSICAL*				
G OTHER*					5 O RUNAWAY VEHICLE			G IMPAIRMENT NOT KNOWN				
X H NO UNUSUAL CONDITIONS					6 SPECIAL INFORMATION			H NOT APPLICABLE				
SKETCH		MISCELLANEOUS			7 A HAZARDOUS MATERIAL			I SLEEPY / FATIGUED*				
REFER TO SKETCH PAGE(S)		INDICATE NORTH			8 B CELL PHONE HANDHELD IN USE							
					9 C CELL PHONE HANDSFREE IN USE							
					0 D CELL PHONE NOT IN USE							
					1 E CELL PHONE USE UNKNOWN							
					2 F SCHOOL BUS RELATED							
					3 BIKWAY FACILITY							
					4 A SHARED ROADWAY							
					5 B CLASS I - BIKE PATH*							
					6 C CLASS II - BIKE LANE*							
					7 D CLASS III - BIKE ROUTE*							
					8 E CLASS IV - SEPARATED BIKWAY*							
					9 REFER TO NARRATIVE FOR ADDITIONAL INFORMATION							

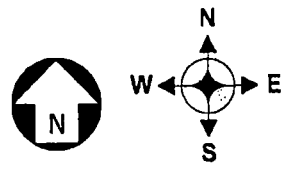
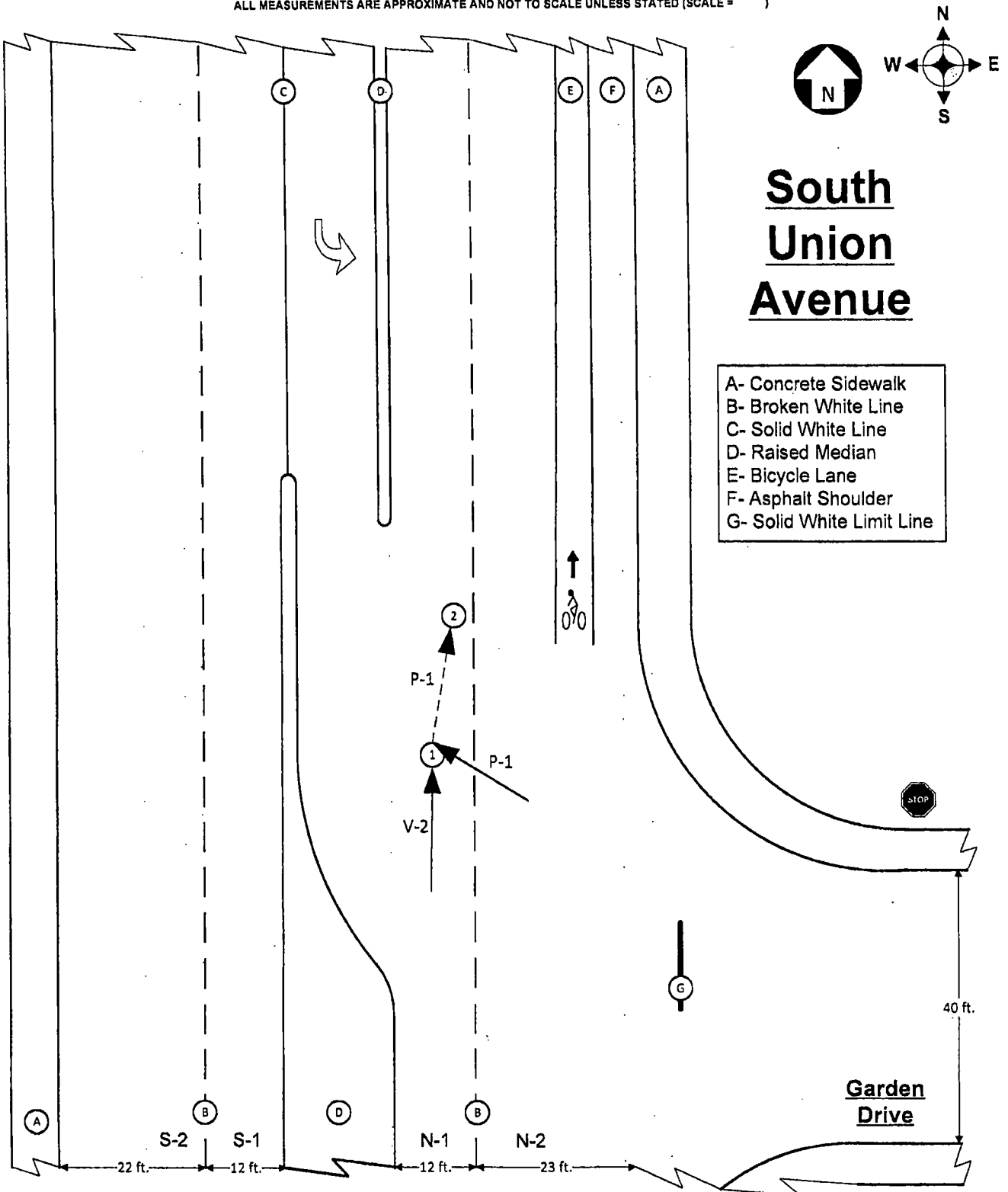
CRASH DATE (MO. DAY YEAR) 09/19/2023				CRASH TIME (2400) 0610				NCIC # 9420				OFFICER ID 019868				NUMBER 9420-2023-02956								
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)				PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED								
		39	F	<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	P	P	1					
NAME / D. O. B. / ADDRESS MELISSA MARIE HARDIMAN (09/18/1984) 49 GARDEN DRIVE BAKERSFIELD CA 93307															TELEPHONE UNKNOWN/UNKNOWN									
(INJURED ONLY) TRANSPORTED BY: KERN COUNTY CORONER								EMS RUN NUMBER: N/A				TAKEN TO: KERN COUNTY CORONER'S OFFICE												
DESCRIBE INJURIES COMPOUND FRACTURES TO BOTH LEGS AND LEFT ARM, BLUNT FORCE TRAUMA, PRONOUNCED DECEASED AT 0625 HOURS BY BAKERSFIELD FIREFIGHTER A. RICHARDS, IDS75, CORONER CASE NUMBER 2023-02642																								
																			<input type="checkbox"/>	VICTIM OF VIOLENT CRIME NOTIFIED				
<input checked="" type="checkbox"/>	# 1		39	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D. O. B. / ADDRESS JENNIFER ANN JONES (01/13/1984) 500 PRICE ST BAKERSFIELD CA 93307															TELEPHONE (661) 546-4373/NONE									
(INJURED ONLY) TRANSPORTED BY:								EMS RUN NUMBER:				TAKEN TO:												
DESCRIBE INJURIES																								
																			<input type="checkbox"/>	VICTIM OF VIOLENT CRIME NOTIFIED				
<input checked="" type="checkbox"/>	# 2		62	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D. O. B. / ADDRESS DOLLEY SCOTT (12/25/1960) 49 GARDEN DR BAKERSFIELD CA 93307															TELEPHONE (661) 288-5552/NONE									
(INJURED ONLY) TRANSPORTED BY:								EMS RUN NUMBER:				TAKEN TO:												
DESCRIBE INJURIES																								
																			<input type="checkbox"/>	VICTIM OF VIOLENT CRIME NOTIFIED				
<input type="checkbox"/>	#				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D. O. B. / ADDRESS															TELEPHONE									
(INJURED ONLY) TRANSPORTED BY:								EMS RUN NUMBER:				TAKEN TO:												
DESCRIBE INJURIES																								
																			<input type="checkbox"/>	VICTIM OF VIOLENT CRIME NOTIFIED				
<input type="checkbox"/>	#				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D. O. B. / ADDRESS															TELEPHONE									
(INJURED ONLY) TRANSPORTED BY:								EMS RUN NUMBER:				TAKEN TO:												
DESCRIBE INJURIES																								
																			<input type="checkbox"/>	VICTIM OF VIOLENT CRIME NOTIFIED				
<input type="checkbox"/>	#				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D. O. B. / ADDRESS															TELEPHONE									
(INJURED ONLY) TRANSPORTED BY:								EMS RUN NUMBER:				TAKEN TO:												
DESCRIBE INJURIES																								
																			<input type="checkbox"/>	VICTIM OF VIOLENT CRIME NOTIFIED				
PREPARER'S NAME M LIVESAY					ID NUMBER 019868					MO. DAY YEAR 09/19/2023					REVIEWER'S NAME A LUCAS, 020484					MO. DAY YEAR 11/02/2023				

SKETCH DIAGRAM

CHP 555 Page 4 (Rev. 2-22) OPI 060

CRASH DATE (MO. DAY YEAR)	CRASH TIME (2400)	NCIC #	OFFICER ID	NUMBER
09/19/2023	0610	9420	019868	9420-2023-02956

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



**South
Union
Avenue**

- A- Concrete Sidewalk
- B- Broken White Line
- C- Solid White Line
- D- Raised Median
- E- Bicycle Lane
- F- Asphalt Shoulder
- G- Solid White Limit Line

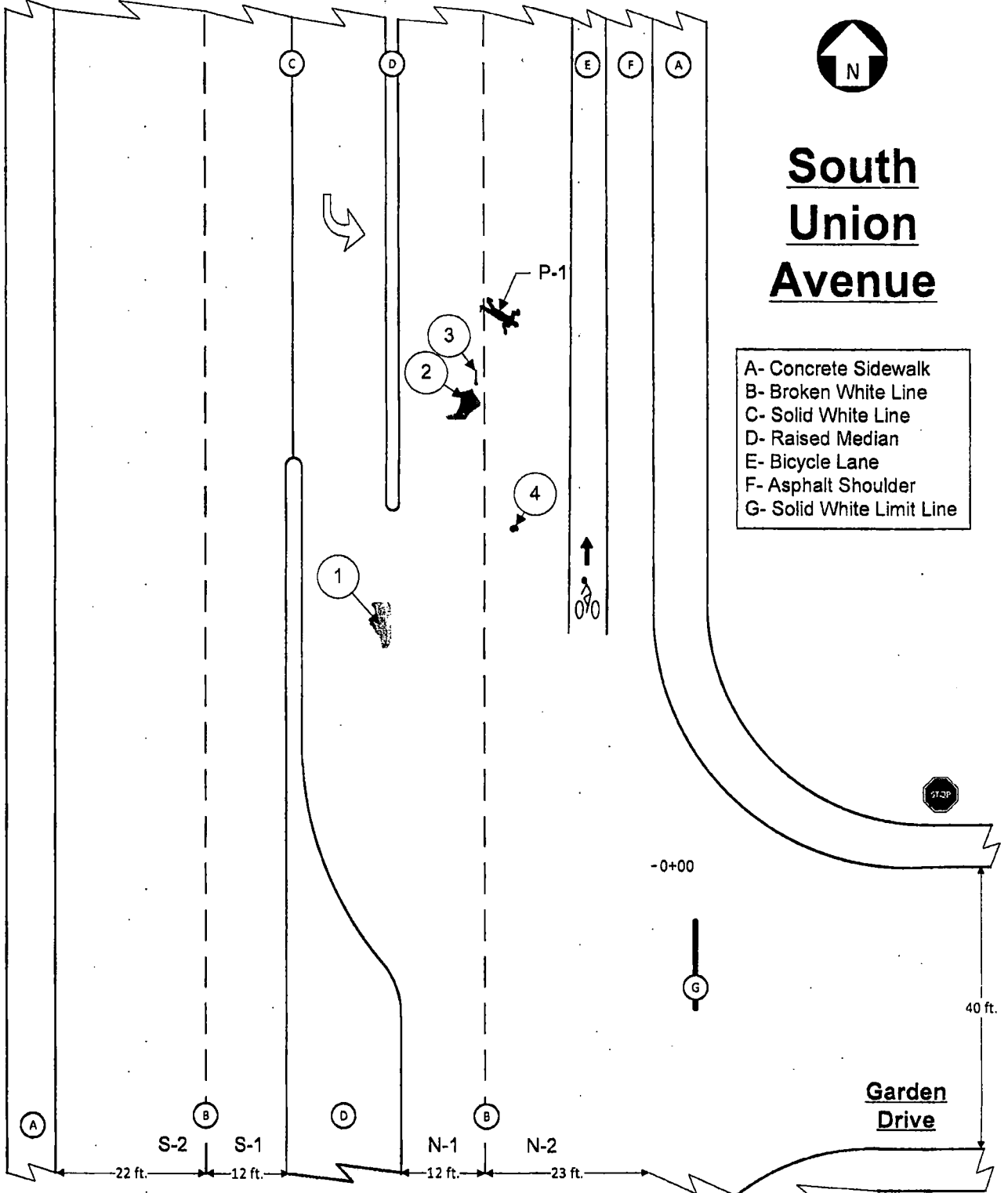
PREPARED BY	ID NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
M LIVESAY	019868	09/19/2023	A LUCAS, 020484	11/02/2023

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
FACTUAL DIAGRAM

CHP 555 Page 4 (Rev. 2-22) OPI 060

CRASH DATE (MO. DAY YEAR)	CRASH TIME (2400)	NCIC #	OFFICER ID	NUMBER
09/19/2023	0610	9420	019868	9420-2023-02956

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



PREPARED BY	IQ NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
09/19/2023	0610	9420	019868	9420-2023-02956

1 All times, speeds, and measurements throughout this report are approximate. Measurements were
 2 obtained using visual estimation and GPS unless otherwise stated. All opinions and conclusions were
 3 based on evidence and/or statements.

4

5 **PHYSICAL EVIDENCE LEGEND**

6

7 **Reference Line**

8

9 A reference line was established on South Union Avenue, at Garden Drive, to document physical
 10 evidence, and Party #1 (Hardiman)'s position of rest. All physical evidence was located north of
 11 Garden Drive, and reference 0+00 was established on the east road edge of South Union Avenue,
 12 at the north road edge prolongation of Garden Drive. Reference line measurements and offset
 13 measurements were taken using a roll meter. The reference line increases from south to north,
 14 with offset measurements taken left and right at a 90-degree angle to the reference line.

15

16 **POSITION OF REST:**

17

18 **Party #1 (Hardiman)**

ITEM	DISTANCE	DIRECTION	REFERENCE
Head	19' 8"	L	0+77' 3"
Groin	22' 2"	L	0+78' 0"

19

20 **Vehicle #1 (Huffy)**

21 Huffy was involved in a subsequent crash and moved out of the roadway by an unknown
 22 bystander, prior to CHP arrival.

23

24 **Vehicle #2 (Toyota)**

25 Party #2 (Mojica) moved Toyota out of the roadway prior to CHP arrival.

26

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1 **PHYSICAL EVIDENCE DESCRIPTION:**

2

ITEM	DESCRIPTION
1	Hardiman's left shoe
2	Hardiman's left sock
3	Small bicycle pump
4	Small blood pool

3

4 **PHYSICAL EVIDENCE LOCATION:**

5

ITEM	DISTANCE	DIRECTION	REFERENCE
1	38' 11"	L	0+35' 4"
2	25' 0"	L	0+65' 6"
3	25' 5"	L	0+69' 5"
4	19' 11"	L	0+47' 10"

6

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1 **FACTS**

2

3 **NOTIFICATION:**

4

5 On September 19, 2023, at approximately 0613 hours, California Highway Patrol (CHP) dispatch
6 received a call regarding a traffic crash with injuries, on South Union Avenue, at Garden Drive. I
7 responded from Panama Road, at South H Street, and arrived on scene at approximately 0620
8 hours. I determined this to be a two-vehicle traffic crash with fatal injuries. All times, speeds, and
9 distances are approximate. All measurements were obtained utilizing a roll meter.

10

11

12 **SCENE DESCRIPTION:**

13

14 This crash occurred in the intersection of Garden Drive, and South Union Avenue, in an
15 unincorporated area of Kern County. Garden Drive at this location is an eastbound/westbound
16 aligned roadway. The roadway consists of one lane in the eastbound direction, and one lane in
17 the westbound direction. The lanes are bordered to the north and south by concrete curbs. The
18 eastbound and westbound lanes are not separated. The roadway is straight and is composed of
19 primarily asphalt/concrete.

20

21 South Union Avenue at this location is a northbound/southbound aligned roadway. The roadway
22 consists of two lanes in the northbound direction, and two lanes in the southbound direction. The
23 lanes are bordered to the east and west by concrete curbs. The northbound and southbound
24 lanes are separated by a raised concrete median. There is a left turn lane for southbound traffic,
25 north of the intersection. The roadway is straight and is composed of primarily asphalt/concrete.

26

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09/19/2023	0610	9420	019868

1 **SCENE DESCRIPTION (Continued):**

2

3 Garden Drive, and South Union Avenue, intersect at an approximate 90-degree angle in a T style
 4 intersection with Garden Drive intersecting only to the east. Westbound traffic on Garden Drive is
 5 controlled by a red and white stop sign, and a solid white limit line. Northbound and southbound
 6 traffic on South Union Avenue is not controlled. The traffic condition, at the time of my arrival, was
 7 light traffic. The roadway was dry and the weather at the time of my arrival was cloudy and cool.

8 See factual diagram for further scene description.

9

10

11 **PARTIES:**

12

13 Party #1 (Hardiman), was located at the scene of the traffic crash, lying in the northbound #2 lane
 14 of South Union Avenue, north of Garden Drive. Hardiman was pronounced deceased by
 15 Bakersfield Firefighter F. Richards, #575, shortly after my arrival. Hardiman was determined to be
 16 the rider of Huffy based on her injuries, and the statement of Party #2 (Mojica). Hardiman was
 17 identified by her California Identification Card, which was provided by her sister, Witness #1
 18 (Jones).

19

20 Vehicle #1 (Huffy) was located at the scene near the east sidewalk of South Union Avenue, north
 21 of Garden Drive. Huffy had been involved in a subsequent crash and moved out of the roadway
 22 by an unknown bystander, prior to CHP arrival. Huffy sustained major contact damage as a result
 23 of both crashes. Both wheels were bent and broken, the handlebars were bent, the forks were
 24 bent, and the frame was bent.

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1 **PARTIES (Continued):**

2

3 Party #2 (Mojica) was located at the scene of the traffic crash by Officer F. Garcia, ID 21133,
4 standing next to Vehicle #2 (Toyota, Toyota). Mojica was identified by her California Driver
5 License. Mojica was determined to be the driver of Toyota by her statement, and she is the
6 registered owner.

7

8 Vehicle #2 (Toyota) was located at the scene. Mojica related she moved Toyota to this location
9 after the crash. Toyota sustained front-end contact damage as a result of the crash. The front
10 bumper was cracked and displaced, the hood was scraped and dented, and the front windshield
11 was broken.

12

13 No prior mechanical defects or damage was noted or claimed.

14

15

16 **PHYSICAL EVIDENCE:**

17

18 - Refer to factual diagram.

19 - Damage to the involved vehicles

20 - A compact disc (CD) containing digital photos of the crash scene.

21

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1 **OTHER FACTUAL INFORMATION:**

2

3 On scene California Highway Patrol (CHP) personnel:

4

5 Bakersfield Area CHP

6 9855 Compagnoni Street

7 Bakersfield, CA 93313

8 661-396-6600

9

10 Officer M. Livesay, ID 19868; Investigating officer / scene measurements

11 Officer B. Ellis, ID 18626; Traffic control

12 Officer J. Velasquez, ID 19901; Traffic control

13 Officer T. Martinez, ID 20672; Traffic control, public information

14 Officer F. Garcia, ID 21133; Party #2 (Mojica) information and statement

15 Sergeant B. Bookout, ID18555; Incident commander / photographs

16 Sergeant R. Pierce, ID 15119; Incident commander / traffic control

17

18 Other involved agencies:

19

20 Kern County Sheriff's Coroner

21 1832 Flower Street

22 Bakersfield, CA 93305

23 661-868-0100

24

25 Angela Smith; Deputy Coroner Investigator

26 Case #2023- 02642

27

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1 **OTHER FACTUAL INFORMATION (Continued):**

2

3 Bakersfield Fire Department (Engine 5)

4 106 East White Lane

5 Bakersfield, CA 93307

6 661-397-6305

7

8 C. Brillantes, ID 477, Captain

9 E. Erickson, ID 460, Engineer

10 F. Richards, ID 575, Firefighter

11

12 Hall Ambulance (Unit 508)

13 1001 21st Street

14 Bakersfield, CA 93301

15 661-322-8741

16

17 A. Webster, Paramedic

18 S. Agcaoili, Paramedic

19 A. Alba Cruz, EMT

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1 **DRIVER PROFILE – PARTY #1 (Hardiman):**

2

3 The following profile was established based on the statements of Witness #1 (Jones), who is
4 Hardiman's sister, and Witness #2 (Scott), who is Hardiman's family member.

5

6 Party #1 (Hardiman) lives with her father, Russell Hardiman, at 49 Garden Drive in Bakersfield.
7 Hardiman was at home the morning of September 18, 2023, and it was her birthday. At around
8 1100 hours, family and friends gathered at her home to celebrate her birthday. Friends and family
9 were at the home from around 1100 hours until approximately 2300 hours, the night before the
10 crash. It is unknown the whereabouts of Hardiman between the hours of 2300 and the time of the
11 crash. Hardiman rides Huffu to the Fastrip service station on South Union Avenue, and Pacheco
12 Road every morning, and was likely on her way there at the time of the crash.

13

14 **DRIVER PROFILE – PARTY #2 (Mojica):**

15

16 Party #2 (Mojica) was contacted at the scene by Officer Garcia. Mojica related the following in
17 essence: She awoke at about 0700 hours on September 18, 2023. She ate breakfast and
18 cleaned her yard and house. She had purchased a gazebo and was putting it together until
19 around 1030 hours when she went and put gas in her car. She returned home and continued
20 working on the gazebo and watering the plants in her yard. At about 1500 hours, she went and
21 ate Chinese food for lunch, and returned home and continued working on the gazebo. She spent
22 the evening working on the gazebo and watching television. She showered and got ready for bed
23 and went to sleep around 2100 hours. She awoke around 0500 hours the day of the crash. She
24 got ready for work and was on her way there when the crash occurred.

25

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1 **STATEMENTS:**

2

3 Party #1 (Hardiman) sustained fatal injuries as a result of this traffic collision, therefore no
4 statement was obtained.

5

6 Party #2 (Mojica) was contacted at the scene by Officer Garcia standing near Vehicle #2
7 (Toyota). Mojica related the following in essence: She was driving Toyota northbound on South
8 Union Avenue, at Garden Drive, within the #1 lane at about 45 mph. She was proceeding north
9 when Hardiman appeared directly in the path of her vehicle, riding Vehicle #1 (Huffy). Hardiman
10 was riding Huffy in a westerly direction across the lane. It appeared Hardiman panicked and tried
11 to make an abrupt turn but was unable to get out of the roadway. She had no time to react, and
12 the front of her vehicle crashed into Hardiman and Huffy. After the crash, she pulled to the right
13 shoulder and immediately called 911 and her husband.

14

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1 **OPINIONS AND CONCLUSIONS:**

2

3 **SUMMARY:**

4

5 Party #1 (Hardiman) was riding Vehicle #1 (Huffy) westbound on northbound South Union
6 Avenue, at Garden Drive, within the #1 lane, at an estimated speed of 5 mph, ahead of Vehicle #2
7 (Toyota). Party #2 (Mojica) was driving Toyota northbound on South Union Avenue, at Garden
8 Drive, within the #1 lane at a stated speed of 45 mph, approaching Hardiman and
9 Huffy.

10

11 Hardiman failed to yield right-of-way to Toyota which was approaching at a distance close enough
12 to constitute an immediate hazard. The front of Toyota crashed into Hardiman and Huffy, causing
13 Hardiman to be ejected and crash into the asphalt roadway.

14

15 After the crash, Hardiman came to rest within the northbound #2 lane of South Union Avenue,
16 north of Garden Drive. Huffy came to rest somewhere within the northbound #2 lane and was
17 involved in a subsequent crash and moved out of the roadway by an unknown bystander, prior to
18 CHP arrival. Mojica drove Toyota out of the roadway prior to CHP arrival.

19

20

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

22

23 AOI #1 (Toyota vs. Hardiman/Huffy) was located 20 feet north of the north road edge prolongation
24 of Garden Drive, and 25 feet west of the east road edge of South Union Avenue.

25

26 AOI #2 (Hardiman vs. asphalt roadway) was located 47 feet north of the north road edge
27 prolongation of Garden Drive, and 20 feet west of the east road edge of South Union Avenue.

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1 **CAUSE:**

2

3 Party #1 (Hardiman) caused this collision by driving Vehicle #1 (Huffy) in violation of California
4 Vehicle Code section 21802(a) which states: The driver of any vehicle approaching a stop sign at
5 the entrance to, or within an intersection shall stop as required by section 22450. The driver shall
6 then yield right-of-way to any vehicles which have approached from another highway, or which are
7 approaching so closely as to constitute an immediate hazard and shall continue to yield the right-
8 of-way to those vehicles until he or she can proceed with reasonable safety.

9

10 The summary, areas of impact, and cause were established by the statement of Mojica, the
11 damage to the involved vehicles, Hardiman's injuries, and the physical evidence.

12

13

14 **RECOMMENDATIONS:**

15

16 None.

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California Highway Patrol; Safety Services Program, Bakersfield Area

SUPPLEMENTAL

Case Number: 9420-2023-02956

SUPPLEMENTAL:

The purpose of this supplemental is to document my involvement with California Highway Patrol, Bakersfield Area, Traffic Crash number 9420-2023-02956. I assisted with the following:

- Obtaining surveillance video of the crash.

On September 19, 2023, at approximately 0745 hours, I was requested to assist with a fatal traffic crash that occurred on S. Union Avenue at Garden Drive. I was tasked with locating surveillance video of the crash.

I contacted an employee from a nearby restaurant named "Tacos el Karni" (located at 2760 S. Union Avenue, Bakersfield California 93307.) The employee provided me with the restaurant owners information. I contacted the owner, Cesar Gonzalez, he agreed to meet with me at the restaurant on September 22, 2023. On September 22, 2023, I met with Gonzalez at Tacos el Karni, Gonzalez located the video I requested and emailed the files to my work e-mail account. I later burned the video onto a compact disc and booked the compact disc into the California Highway Patrol, Bakersfield Area evidence locker. A CHP36 - Property Receipt was completed and is attached to this report. Evidence number E20230319-420 was assigned to this investigation. Item # 1 was assigned to the compact disc containing video of the crash.

ATTACHMENTS

- CHP36 – Property Receipt

END OF SUPPLEMENTAL

