DEPARTMENT OF MOTOR VEHICLES
LEGAL AFFAIRS DIVISION
Driver Safety Branch
Fresno Driver Safety
247 E Nees Ave
Fresno, California 93720
Email: laddsfresnooffice@dmv.ca.gov
Telephone: (833) 543-7703 FAX: (559) 445-6396

REQUEST FOR APS RECORDS

DRIVER LICENSE NUMBER
F5244243

DSMS234
San Bernardino Police Department
710 North D St
San Bernardino, Ca 92401
Email: martin_th@sbcity.org
Fax: 909-384-5601

CASE NUMBER	DRIVER'S NAME	DRIVER'S DATE OF BIRTH	ARREST/INCIDENT DATE
202600034514	Garrett Daniel Cuellar	2/16/1995	03/26/2026

Upon review of the Officer's Statement or other related document(s), it has been determined that additional information is required pursuant to §13557 of the Vehicle Code.

ONLY THOSE BOXES CHECKED BELOW APPLY.

Submit the following document(s) to the above address for the case indicated:

- ☐ Officer's Statement (DS 367/DS 367M)
- ☐ Copy of the test results
- ☐ Arrest/Supplemental Report ☐ Completed by Officer:
- ☒ Collision Report
- ☐ Audio/Video Evidence (Body Cams/MVARS)
- ☒ Other: Please email response to: Sierra.Chavez@dmv.ca.gov

Submit the requested information within ten (10) ordinary business days from the date shown below.

DATE	NAME OF AUTHORIZED DMV EMPLOYEE	SIGNATURE OF AUTHORIZED DMV EMPLOYEE
4/30/2026	Sierra R. Chavez	X Sierra R. Chavez

California Relay Telephone Service for the deaf or hard of hearing from TDD Phones: 1-800-735-2929; from Voice Phones: 1-800-735-2922

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

TRAFFIC CRASH REPORT

CHP 555 Page 1 (Rev. 2-22) OPI 060

SPECIAL CONDITIONS	NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER
	2	☐	SAN BERNARDINO	SB SUP	2026-00034514
	NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY / REPORTING DISTRICT	BEAT	DAY OF WEEK / TOW AWAY
	0	☐	SAN BERNARDINO	Charlie	S M T W T F S ☒ YES ☐ NO

LOCATION

CRASH OCCURRED ON	CRASH DATE MO. DAY YEAR	CRASH TIME (2400)	NOTIFICATION DATE MO. DAY YEAR	NOTIF. TIME (2400)	NCIC #	OFFICER ID
N DEL ROSA AVE	03/26/2026	2029	03/26/2026	2029	3610	51574

☒ AT INTERSECTION WITH: E MARSHALL BLVD E
☐ OR: FEET/MILES OF

STATE HWY REL: ☐ YES ☒ NO
DIGITAL MEDIA: ☒ Yes ☐ No

GPS COORDINATES FOR LOCATION (LOC) AND AREA(S) OF IMPACT (AOI)

LOC. LAT. / LONG.	AOI 2 LAT. / LONG.	AOI 3 LAT. / LONG.	AOI 4 LAT. / LONG.	AOI 5 LAT. / LONG.
34.1494605486874 – -117.252412888222	☐ SAME AS LOCATION			☐ REFER TO NARRATIVE

ADDTL AOI(s) ☐

PARTY 01

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.
F5244243	CA	C	L	G

DRIVER ☒ — NAME (FIRST, MIDDLE, LAST): GARRET DANIEL CUELLAR

PEDESTRIAN ☐ — STREET ADDRESS: 3994 N OXFORD LN

PARKED VEHICLE ☐ — CITY/STATE/ZIP: SAN BERNARDINO CA 92404

BICYCLIST ☐

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE
M	BRO	BRO			02/16/1995	H

OTHER ☐ — HOME PHONE: (951)456-8431 — BUSINESS PHONE:

OPERATOR ☐ — INSURANCE CARRIER: NOT PROVIDED — POLICY NUMBER: NA

DIR OF TRAVEL	ON STREET OR HIGHWAY	LANE	THRU LANES	TOTAL LANES	SPEED LIMIT
S	N DEL ROSA AVENUE				40

VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
2005	CHEVROLET SILVERADO BROWN	7X24622	CA

OWNER'S NAME: ☒ SAME AS DRIVER

OWNER'S ADDRESS: ☒ SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: ☒ OFFICER ☐ DRIVER ☐ OTHER
TOWED

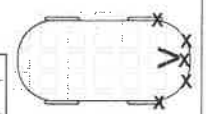
PRIOR MECHANICAL DEFECTS: ☒ NONE APPARENT ☐ REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER: 2GCEC19V651326057

VEHICLE TYPE: 22

DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ☐ MOD. ☒ MAJOR ☐ ROLL-OVER

SHADE IN DAMAGED AREA



CA ____ DOT ____
CAL-T ____ TCP/PSC ____ MC/MX ____

PARTY 02

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.
Y1366951	CA	C	L	G

DRIVER ☒ — NAME (FIRST, MIDDLE, LAST): GWENDOLYN DANIELLA RUIZ-GONZALEZ

PEDESTRIAN ☐ — STREET ADDRESS: 720 N LINCOLN ST

PARKED VEHICLE ☐ — CITY/STATE/ZIP: REDLANDS CA 92374

BICYCLIST ☐

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE
F	BRO	BRO	5 – 03	140	02/14/2003	H

OTHER ☐ — HOME PHONE: (000)000-0000 — BUSINESS PHONE:

OPERATOR ☐ — INSURANCE CARRIER: AAA — POLICY NUMBER: CAA 184166695

DIR OF TRAVEL	ON STREET OR HIGHWAY	LANE	THRU LANES	TOTAL LANES	SPEED LIMIT
S	N DEL ROSA AVENUE				40

VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
2020	NISSAN JUKE BLACK	8PDR182	CA

OWNER'S NAME: ☒ SAME AS DRIVER

OWNER'S ADDRESS: ☒ SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☒ DRIVER ☐ OTHER
TOWED OWNERS REQUEST

PRIOR MECHANICAL DEFECTS: ☒ NONE APPARENT ☐ REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER: 3N1CP5CV0LL484517

VEHICLE TYPE: 01

DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ☐ MOD. ☒ MAJOR ☐ ROLL-OVER

SHADE IN DAMAGED AREA



CA ____ DOT ____
CAL-T ____ TCP/PSC ____ MC/MX ____

PARTY

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.

DRIVER ☐ — NAME (FIRST, MIDDLE, LAST):

PEDESTRIAN ☐ — STREET ADDRESS:

PARKED VEHICLE ☐ — CITY/STATE/ZIP:

BICYCLIST ☐

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE
			–			

OTHER ☐ — HOME PHONE: — BUSINESS PHONE:

OPERATOR ☐ — INSURANCE CARRIER: — POLICY NUMBER:

DIR OF TRAVEL	ON STREET OR HIGHWAY	LANE	THRU LANES	TOTAL LANES	SPEED LIMIT

VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE

OWNER'S NAME: ☐ SAME AS DRIVER

OWNER'S ADDRESS: ☐ SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☐ DRIVER ☐ OTHER

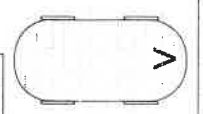
PRIOR MECHANICAL DEFECTS: ☐ NONE APPARENT ☐ REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER:

VEHICLE TYPE:

DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☐ ROLL-OVER

SHADE IN DAMAGED AREA



CA ____ DOT ____
CAL-T ____ TCP/PSC ____ MC/MX ____

PREPARER'S NAME	DISPATCH NOTIFIED	REVIEWER'S NAME	DATE REVIEWED
Jones	☐ YES ☐ NO ☒ N/A	Holgate, Chad	07/02/2026

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

TRAFFIC CRASH CODING

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

CRASH DATE (MO. DAY YEAR)	CRASH TIME (2400)	NCIC #	OFFICER ID	NUMBER
03/26/2026	2029	3610	51574	2026-00034514

PROPERTY DAMAGE	OWNER'S NAME	OWNER'S ADDRESS

PERSON NOTIFIED	☐ SAME AS OWNER	TELEPHONE NUMBER	METHOD OF NOTIFICATION (MARK ALL THAT APPLY) ☐ IN PERSON ☐ PHONE ☐ DISPATCH ☐ CHP 422	LOG / INCIDENT NUMBER

DESCRIPTION OF DAMAGE

SEATING POSITION



1 TO 9 - STANDARD SEATING POSITION
10 - REAR OCC. TRK, VAN, STATION WAGON, ETC.*
11 - POSITION UNKNOWN*
0 - OTHER*

SAFETY EQUIPMENT

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

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

MC / BICYCLE - HELMET
DRIVER: V - NO, W - YES
PASSENGER: X - NO, 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 - 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.

PRIMARY CRASH FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	01	02	VEHICLE AUTOMATION LEVEL	01	02	MOVEMENT PRECEDING CRASH
01							
A CVC SECTION VIOLATED: CITED ☒YES ☐NO 23152(A) VC-M	A CONTROLS FUNCTIONING			A SAE LEVEL - 0		X	A STOPPED
B OTHER IMPROPER DRIVING*:	B CONTROLS NOT FUNCTIONING*			B SAE LEVEL - 1	X		B PROCEEDING STRAIGHT
	C CONTROLS OBSCURED			C SAE LEVEL - 2			C RAN OFF ROAD
C OTHER THAN DRIVER*	X D NO CONTROLS PRESENT / FACTOR*			D SAE LEVEL - 3			D MAKING RIGHT TURN
D UNKNOWN*	**TYPE OF CRASH**			E SAE LEVEL - 4			E MAKING LEFT TURN
	A HEAD - ON			F SAE LEVEL - 5			F MAKING U TURN
	B SIDE SWIPE			G UNKNOWN*			G BACKING
WEATHER (MARK 1 TO 2 ITEMS)	X C REAR END			**VEHICLE AUTOMATION ENGAGED**			H SLOWING / STOPPING
	D BROADSIDE						I PASSING OTHER VEHICLE
X A CLEAR	E HIT OBJECT	X	X	A NO AUTOMATION			J CHANGING LANES
B CLOUDY	F OVERTURNED			B DRIVER ASSISTANCE			K PARKING MANEUVER
C RAINING	G VEHICLE / PEDESTRIAN			C PARTIAL AUTOMATION			L ENTERING TRAFFIC
D SNOWING	H OTHER*:			D CONDITIONAL AUTOMATION			M OTHER UNSAFE TURNING
E FOG / VISIBILITY FT.	**MOTOR VEHICLE INVOLVED WITH (MARK 1 TO 2 ITEMS)**			E HIGH AUTOMATION			N XING INTO OPPOSING LANE
F OTHER*:				F FULL AUTOMATION			O PARKED
G WIND	A NONCOLLISION			G UNKNOWN*			P MERGING
LIGHTING	B PEDESTRIAN						Q TRAVELING WRONG WAY
A DAYLIGHT	X C OTHER MOTOR VEHICLE			**OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)**			R OTHER*:
B DUSK - DAWN	D MOTOR VEHICLE ON OTHER ROADWAY						S LANE SPLITTING
X C DARK - STREET LIGHTS	E PARKED MOTOR VEHICLE	X		A CVC SECTION VIOLATION: CITED ☐YES ☒NO 22350 VC-I			**SOBRIETY - DRUG - PHYSICAL (MARK ALL THAT APPLY)**
D DARK - NO STREET LIGHTS	F TRAIN						
E DARK - STREET LIGHTS NOT FUNCTIONING*	G BICYCLE			B CVC SECTION VIOLATION: CITED ☐YES ☐NO		X	A HAD NOT BEEN DRINKING
	H ANIMAL:				X		B HBD - UNDER THE INFLUENCE
ROADWAY SURFACE	I FIXED OBJECT:			C CVC SECTION VIOLATION: CITED ☐YES ☐NO			C HBD - NOT UNDER INFLUENCE*
X A DRY							D HBD - IMPAIRMENT UNKNOWN*
B WET	J OTHER OBJECT:			D			E UNDER DRUG INFLUENCE*
C SNOWY - ICY				E VISION OBSCUREMENT:			DRE EXAM. CONDUCTED
D SLIPPERY (MUDDY, OILY, ETC.)	K ADDITIONAL OBJECT(S) STRUCK			F INATTENTION*:			STIMULANT
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)	**PEDESTRIAN'S ACTIONS**			G STOP & GO TRAFFIC			HALLUCINOGEN
	X A NO PEDESTRIANS INVOLVED			H ENTERING / LEAVING RAMP			DISSOCIATIVE ANESTHETICS
A HOLES, DEEP RUT*	B CROSSING IN CROSSWALK - AT INTERSECTION			I PREVIOUS CRASH			NARCOTIC ANALGESIC
B LOOSE MATERIAL ON ROADWAY*				J UNFAMILIAR WITH ROAD			INHALANT
C OBSTRUCTION ON ROADWAY*	C CROSSING IN CROSSWALK - NOT AT INTERSECTION			K DEFECTIVE VEH. EQUIP.: CITED ☐YES ☐NO			CANNABIS
D CONSTRUCTION - REPAIR ZONE							DEPRESSANT
E REDUCED ROADWAY WIDTH	D CROSSING - NOT IN CROSSWALK			L UNINVOLVED VEHICLE			F IMPAIRMENT - PHYSICAL*
F FLOODED*	E IN ROAD - INCLUDES SHOULDER			M OTHER*:			G IMPAIRMENT NOT KNOWN
G OTHER*:	F NOT IN ROAD		X	N NONE APPARENT			H NOT APPLICABLE
X H NO UNUSUAL CONDITIONS	G APPROACHING / LEAVING SCHOOL BUS			O RUNAWAY VEHICLE			I SLEEPY / FATIGUED*

SKETCH

INDICATE NORTH

MISCELLANEOUS

☐ REFER TO NARRATIVE FOR ADDDITIONAL INFORMATION

			SPECIAL INFORMATION
			A HAZARDOUS MATERIAL
			B CELL PHONE HANDHELD IN USE
			C CELL PHONE HANDSFREE IN USE
X	X		D CELL PHONE NOT IN USE
			E CELL PHONE USE UNKNOWN
			F SCHOOL BUS RELATED
			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*

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

INJURED / WITNESS / PASSENGERS

CHP 555 Page 3 (Rev. 2-22) OPI 060

CRASH DATE (MO. DAY YEAR)	CRASH TIME (2400)	NCIC #	OFFICER ID	NUMBER
03/26/2026	2029	3610	51574	2026-00034514

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)						PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
				FATAL INJURY	SUSPECTED SERIOUS INJURY	SUSPECTED MINOR INJURY	POSSIBLE INJURY	DRIVER	PASS.	PED.	BICYCLIST	OTHER	OPER.					
#		23	F				X	X						02	1	L	G	0

NAME / D.O.B. / ADDRESS: GWENDOLYN DANIELLA RUIZ-GONZALEZ 02/14/2003
720 N LINCOLN ST REDLANDS CA 92374
TELEPHONE: (909)653-3238

(INJURED ONLY) TRANSPORTED BY: Refused
EMS RUN NUMBER:
TAKEN TO:

DESCRIBE INJURIES
COMPLAINT OF PAIN - CHEST/BACK

VICTIM OF VIOLENT CRIME NOTIFIED

#		49	F				X		X					02	3	L	G	0

NAME / D.O.B. / ADDRESS: ANDREA MARIE GONZALEZ 01/02/1977
1850 MESA VERDE DR SAN BERNARDINO CA 92404
TELEPHONE: (909)652-3238

(INJURED ONLY) TRANSPORTED BY: Refused
EMS RUN NUMBER:
TAKEN TO: LLUMC

DESCRIBE INJURIES
COMPLAINT OF PAIN- RIGHT ARM/SHOULDER

VICTIM OF VIOLENT CRIME NOTIFIED

NAME / D.O.B. / ADDRESS
TELEPHONE

(INJURED ONLY) TRANSPORTED BY:
EMS RUN NUMBER:
TAKEN TO:

DESCRIBE INJURIES

VICTIM OF VIOLENT CRIME NOTIFIED

NAME / D.O.B. / ADDRESS
TELEPHONE

(INJURED ONLY) TRANSPORTED BY:
EMS RUN NUMBER:
TAKEN TO:

DESCRIBE INJURIES

VICTIM OF VIOLENT CRIME NOTIFIED

NAME / D.O.B. / ADDRESS
TELEPHONE

(INJURED ONLY) TRANSPORTED BY:
EMS RUN NUMBER:
TAKEN TO:

DESCRIBE INJURIES

VICTIM OF VIOLENT CRIME NOTIFIED

NAME / D.O.B. / ADDRESS
TELEPHONE

(INJURED ONLY) TRANSPORTED BY:
EMS RUN NUMBER:
TAKEN TO:

DESCRIBE INJURIES

VICTIM OF VIOLENT CRIME NOTIFIED

PREPARER'S NAME	ID NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
Jones	51574	03/26/2026		

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
03/26/2026	2029	3610	51574	2026-00034514

"X" ONE	"X" ONE	TYPE SUPPLEMENTAL ("X" APPLICABLE)		
☐ Narrative	☐ Collision report	☐ BA update	☐ Fatal	☐ Hit and run update
☐ Supplemental	☐ Other:	☐ Hazardous materials	☐ School bus	☐ Other:

CITY/COUNTY/JUDICIAL DISTRICT		REPORTING DISTRICT/BEAT	CITATION NUMBER
SAN BERNARDINO SUPERIOR	SAN BERNARDINO	Charlie	

LOCATION/SUBJECT	STATE HIGHWAY RELATED	
	☐ Yes	☒ No

NOTIFICATION:

On Thursday, 03/26/2026, I was working uniformed patrol assigned to the northern district of the City and County of San Bernardino. I was wearing my department issued body worn camera and driving a marked San Bernardino Police Department patrol unit with overhead emergency lights. At approximately 2039 hours I responded to a traffic collision involving two vehicles at the intersection of E. Marshall Boulevard and and N. Del Rosa Avenue.

I arrived on scene at approximately 2056 hours.

All times, speeds, and measurements are approximations. Measurements were obtained by physical evidence and Google maps.

STATEMENTS:

DRIVER 1: D1 GARRET CUELLAR

I made contact with Driver 1, Garret Cuellar, on scene and obtained a statement. Cuellar was identified by his California Driver's License and identified himself as the driver of V1. The following is a non-verbatim summary of his statement:

Cuellar stated he was traveling southbound on N. Del Rosa Avenue in the #1 approaching the intersection of N. Del Rosa Avenue and E. Marshall Boulevard. As Cuellar approached the intersection he stated he did not see V2 in front of him and suddenly rear ended the D2.

This concluded my interview.

DRIVER 2: D2 GWENDOLYN RUIZ-GONZALEZ

I made contact with Driver 2, Gwendolyn Ruiz-Gonzalez, on scene and obtained a statement. Gonzalez was identified by her California Driver's License and identified herself as the driver of V2. The following is a non-verbatim summary of her statement:

Gonzalez stated she just stopped at a stop sign facing southbound in the #1 lane at the intersection of N. Del Rosa Avenue and E. Marshall Boulevard. As Gonzalez was preparing to proceed straight through the intersection, she was suddenly rear ended by D1.

This concluded my interview.

SUMMARY:

PREPARER'S NAME AND I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
Jones 51574	03/26/2026		

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
03/26/2026	2029	3610	51574	2026-00034514

(Narrative Continued)

On Thursday, 03/26/2026, based on the statement provided and the physical observed on scene.

In summary, D1 was traveling southbound on N. Del Rosa Avenue toward the intersection of N. Del Rosa Avenue and E. Marshall Boulevard. At this time D2 was stopped at the intersection of N. Del Rosa Avenue and E. Marshal Boulevard preparing to proceed straight southbound through the intersection. Before D2 could proceed straight D1 rear ended D2 at a high rate of speed.

California Highway Patrol Officer J. Avalos #23645 responded first to the call for service and advised no party involved sustained serious injury. Although, D2 had a complaint of pain to her chest and back, and D2's passenger had a complaint of pain to her right arm.

Officers were notified by Ofc. Avalos that D1 may be under the influence of alcoholic beverages. Officer T. Lopez conducted a D.U.I. evaluation and determined D1 to be under the influence of alcoholic beverages, see case report #2026-34514 for further information.

Officer Lopez arrested and transported to the San Bernardino County Central Detention Center.

This concluded my investigation.

AOI:

AOI #1 (D1 vs D2) - 14 feet North of the North curbline prolongation of E. Marshall Boulevard and 23 feet East of the West curbline prolongation of N. Del Rosa Avenue.

The AOI was determined by statements obtained and Google maps.

CAUSE:

Based on the physical evidence at the scene and driver statements, I concluded the cause of the collision to be that D1 was in violation of CVC 23152(a) - D.U.I Alcohol and 23152(b) - D.U.I >.08, additionally a secondary violation factor of CVC 22350 - Unsafe Speed.

PREPARER'S NAME AND I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
Jones 51574	03/26/2026		