

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

Page 1 of 13

|                                                                                                                                                                                                                                          |                                                                                                                                        |                            |                                                      |                                                 |                                                          |                                                                                       |                                               |                                                                                                                |                                             |                                  |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------|--------------------|
| SPECIAL CONDITIONS<br><b>ON-DUTY EMERGENCY VEHICLE</b>                                                                                                                                                                                   |                                                                                                                                        | NUMBER INJURED<br><b>1</b> | HIT & RUN<br>FELONY<br><input type="checkbox"/>      | CITY<br><b>REDDING</b>                          | JUDICIAL DISTRICT<br><b>SHASTA SUPERIOR COURT SHASTA</b> |                                                                                       | LOCAL REPORT NUMBER<br><b>9135-2025-00176</b> |                                                                                                                |                                             |                                  |                    |
|                                                                                                                                                                                                                                          |                                                                                                                                        | NUMBER KILLED<br><b>0</b>  | HIT & RUN<br>MISDEMEANOR<br><input type="checkbox"/> | COUNTY<br><b>SHASTA</b>                         | REPORTING DISTRICT<br><b>901</b>                         | BEAT<br><b>901</b>                                                                    | DAY OF WEEK<br><b>S M T W T F S</b>           | TOW AWAY<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                |                                             |                                  |                    |
| LOCATION                                                                                                                                                                                                                                 | CRASH OCCURRED ON<br><b>SR-273</b>                                                                                                     |                            |                                                      | CRASH DATE<br>MO. DAY YEAR<br><b>03/14/2025</b> | CRASH TIME (2400)<br><b>2330</b>                         | NOTIFICATION DATE<br>MO. DAY YEAR<br><b>03/14/2025</b>                                | NOTIF. TIME (2400)<br><b>2345</b>             | NCIC #<br><b>9135</b>                                                                                          | OFFICER ID<br><b>024340</b>                 |                                  |                    |
|                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> AT INTERSECTION WITH<br><input type="checkbox"/> OR: <b>BUENA VENTURA</b>                          |                            |                                                      |                                                 |                                                          | STATE HWY REL.<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |                                               | DIGITAL MEDIA<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br><b>AREA / EMBEDDED</b> |                                             |                                  |                    |
|                                                                                                                                                                                                                                          | GPS COORDINATES FOR LOCATION (LOC.) AND AREA(S) OF IMPACT (AOI)<br>LOC. LAT. LONG. <b>40.554578 -122.388055</b>                        |                            |                                                      |                                                 |                                                          | AOI 1 LAT. LONG. <b>40.554578 -122.388055</b>                                         |                                               | AOI 2 LAT. LONG. <b>40.554578 -122.388055</b>                                                                  |                                             |                                  |                    |
|                                                                                                                                                                                                                                          | AOI 3 LAT. LONG. <b>40.554578 -122.388055</b>                                                                                          |                            |                                                      |                                                 |                                                          | AOI 4 LAT. LONG. <b>40.554578 -122.388055</b>                                         |                                               | AOI 5 LAT. LONG. <b>40.554578 -122.388055</b>                                                                  |                                             |                                  |                    |
|                                                                                                                                                                                                                                          | AOI 6 LAT. LONG. <b>40.554578 -122.388055</b>                                                                                          |                            |                                                      |                                                 |                                                          | AOI 7 LAT. LONG. <b>40.554578 -122.388055</b>                                         |                                               | ADDTL. AOI(s) <input type="checkbox"/>                                                                         |                                             |                                  |                    |
| PARTY 1                                                                                                                                                                                                                                  | DRIVER'S LICENSE NUMBER<br><b>Y7799138</b>                                                                                             |                            |                                                      | STATE<br><b>CA</b>                              | CLASS<br><b>C</b>                                        | AIR BAG<br><b>M</b>                                                                   | SAFETY EQUIP.<br><b>G</b>                     | VEH. YEAR<br><b>2023</b>                                                                                       | MAKE/MODEL/COLOR<br><b>DODG CHARGER BLK</b> | LICENSE NUMBER<br><b>1392736</b> | STATE<br><b>CA</b> |
| DRIVER                                                                                                                                                                                                                                   | NAME (FIRST, MIDDLE, LAST) <b>ON-DUTY EMERGENCY VEHICLE</b>                                                                            |                            |                                                      |                                                 |                                                          |                                                                                       |                                               |                                                                                                                |                                             |                                  |                    |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                      | <b>RANDAL LEVI SWEEM</b>                                                                                                               |                            |                                                      |                                                 |                                                          |                                                                                       |                                               |                                                                                                                |                                             |                                  |                    |
| PEDESTRIAN                                                                                                                                                                                                                               | STREET ADDRESS<br><b>777 CYPRESS AVE REDDING CA</b>                                                                                    |                            |                                                      |                                                 |                                                          |                                                                                       |                                               |                                                                                                                |                                             |                                  |                    |
| <input type="checkbox"/>                                                                                                                                                                                                                 | CITY/STATE/ZIP<br><b>REDDING CA 96001</b>                                                                                              |                            |                                                      |                                                 |                                                          |                                                                                       |                                               |                                                                                                                |                                             |                                  |                    |
| PARKED VEHICLE                                                                                                                                                                                                                           | SEX HAIR EYES HEIGHT WEIGHT BIRTHDATE Mo. Day Year RACE<br><b>M BRN BLU 5' 8" 175 06/19/1998 W</b>                                     |                            |                                                      |                                                 |                                                          |                                                                                       |                                               |                                                                                                                |                                             |                                  |                    |
| <input type="checkbox"/>                                                                                                                                                                                                                 | HOME PHONE <b>UNKNOWN</b> BUSINESS PHONE <b>(530) 225-4200</b>                                                                         |                            |                                                      |                                                 |                                                          |                                                                                       |                                               |                                                                                                                |                                             |                                  |                    |
| OPERATOR                                                                                                                                                                                                                                 | INSURANCE CARRIER <b>SELF INSURED</b> POLICY NUMBER <b>SELF INSURED</b>                                                                |                            |                                                      |                                                 |                                                          |                                                                                       |                                               |                                                                                                                |                                             |                                  |                    |
| <input type="checkbox"/>                                                                                                                                                                                                                 | DIR OF TRAVEL <b>N</b> ON STREET OR HIGHWAY <b>SR-273</b> LANE <b>2</b> THRU LANES <b>2</b> TOTAL LANES <b>4</b> SPEED LIMIT <b>45</b> |                            |                                                      |                                                 |                                                          |                                                                                       |                                               |                                                                                                                |                                             |                                  |                    |
| PARTY 2                                                                                                                                                                                                                                  | DRIVER'S LICENSE NUMBER<br><b>Y2687762</b>                                                                                             |                            |                                                      | STATE<br><b>CA</b>                              | CLASS<br><b>C</b>                                        | AIR BAG<br><b>M</b>                                                                   | SAFETY EQUIP.<br><b>H</b>                     | VEH. YEAR<br><b>2015</b>                                                                                       | MAKE/MODEL/COLOR<br><b>BMW 4-DOOR BLK</b>   | LICENSE NUMBER<br><b>7LAN128</b> | STATE<br><b>CA</b> |
| DRIVER                                                                                                                                                                                                                                   | NAME (FIRST, MIDDLE, LAST) <b>BREHANA MARIE FADDEN</b>                                                                                 |                            |                                                      |                                                 |                                                          |                                                                                       |                                               |                                                                                                                |                                             |                                  |                    |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                      | STREET ADDRESS<br><b>5538 DIAMOND RIDGE DRIVE</b>                                                                                      |                            |                                                      |                                                 |                                                          |                                                                                       |                                               |                                                                                                                |                                             |                                  |                    |
| PEDESTRIAN                                                                                                                                                                                                                               | CITY/STATE/ZIP<br><b>REDDING CA 96003</b>                                                                                              |                            |                                                      |                                                 |                                                          |                                                                                       |                                               |                                                                                                                |                                             |                                  |                    |
| <input type="checkbox"/>                                                                                                                                                                                                                 | SEX HAIR EYES HEIGHT WEIGHT BIRTHDATE Mo. Day Year RACE<br><b>F BRN HZL 5' 5" 109 05/06/1995 W</b>                                     |                            |                                                      |                                                 |                                                          |                                                                                       |                                               |                                                                                                                |                                             |                                  |                    |
| PARKED VEHICLE                                                                                                                                                                                                                           | HOME PHONE <b>(530) 319-1055</b> BUSINESS PHONE <b>NONE</b>                                                                            |                            |                                                      |                                                 |                                                          |                                                                                       |                                               |                                                                                                                |                                             |                                  |                    |
| OPERATOR                                                                                                                                                                                                                                 | INSURANCE CARRIER <b>NONE</b> POLICY NUMBER <b>NONE</b>                                                                                |                            |                                                      |                                                 |                                                          |                                                                                       |                                               |                                                                                                                |                                             |                                  |                    |
| <input type="checkbox"/>                                                                                                                                                                                                                 | DIR OF TRAVEL <b>N</b> ON STREET OR HIGHWAY <b>SR-273</b> LANE <b>1</b> THRU LANES <b>2</b> TOTAL LANES <b>4</b> SPEED LIMIT <b>45</b> |                            |                                                      |                                                 |                                                          |                                                                                       |                                               |                                                                                                                |                                             |                                  |                    |
| 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"/>                                                                                                                                                                                                                 | STREET ADDRESS                                                                                                                         |                            |                                                      |                                                 |                                                          |                                                                                       |                                               |                                                                                                                |                                             |                                  |                    |
| PEDESTRIAN                                                                                                                                                                                                                               | CITY/STATE/ZIP                                                                                                                         |                            |                                                      |                                                 |                                                          |                                                                                       |                                               |                                                                                                                |                                             |                                  |                    |
| <input type="checkbox"/>                                                                                                                                                                                                                 | SEX HAIR EYES HEIGHT WEIGHT BIRTHDATE Mo. Day Year RACE                                                                                |                            |                                                      |                                                 |                                                          |                                                                                       |                                               |                                                                                                                |                                             |                                  |                    |
| PARKED VEHICLE                                                                                                                                                                                                                           | HOME PHONE BUSINESS PHONE                                                                                                              |                            |                                                      |                                                 |                                                          |                                                                                       |                                               |                                                                                                                |                                             |                                  |                    |
| OPERATOR                                                                                                                                                                                                                                 | INSURANCE CARRIER POLICY NUMBER                                                                                                        |                            |                                                      |                                                 |                                                          |                                                                                       |                                               |                                                                                                                |                                             |                                  |                    |
| <input type="checkbox"/>                                                                                                                                                                                                                 | DIR OF TRAVEL ON STREET OR HIGHWAY LANE THRU LANES TOTAL LANES SPEED LIMIT                                                             |                            |                                                      |                                                 |                                                          |                                                                                       |                                               |                                                                                                                |                                             |                                  |                    |
| PREPARER'S NAME <b>BRAYAN GARCIA TORRES, 024340</b> DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A REVIEWER'S NAME <b>J. BALLARD</b> DATE REVIEWED <b>04/02/2025</b> |                                                                                                                                        |                            |                                                      |                                                 |                                                          |                                                                                       |                                               |                                                                                                                |                                             |                                  |                    |



|                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                                                                                                                                                                                                                   |                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| CRASH DATE (MO. DAY YEAR)<br><b>03/14/2025</b>                                                                                                                                                                                              |  | CRASH TIME (2400)<br><b>2330</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NCIC #<br><b>9135</b> | OFFICER ID<br><b>024340</b>                                                                                                                                                                                                       | NUMBER<br><b>9135-2025-00176</b> |
| PROPERTY DAMAGE                                                                                                                                                                                                                             |  | OWNER'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       | OWNER'S ADDRESS                                                                                                                                                                                                                   |                                  |
| PERSON NOTIFIED                                                                                                                                                                                                                             |  | <input type="checkbox"/> SAME AS OWNER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TELEPHONE NUMBER      | METHOD OF NOTIFICATION<br><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><br><br>1 TO 9 - STANDARD SEATING POSITION<br>10 - REAR OCC. TRK., VAN, STATION WAGON, ETC.*<br>11 - POSITION UNKNOWN*<br>0 - OTHER* |  | <b>SAFETY EQUIPMENT</b><br><b>OCCUPANTS</b><br>A - NONE IN VEHICLE<br>B - UNKNOWN<br>C - LAP BELT USED<br>D - LAP BELT NOT USED<br>E - SHOULDER HARNESS USED<br>F - SHOULDER HARNESS NOT USED<br>G - LAP/SHOULDER HARNESS USED<br>H - LAP/SHOULDER HARNESS NOT USED<br>J - PASSIVE RESTRAINT USED<br>K - PASSIVE RESTRAINT NOT USED<br>P - NOT REQUIRED<br><b>CHILD RESTRAINT</b><br>Q - IN VEHICLE USED<br>R - IN VEHICLE NOT USED<br>S - IN VEHICLE USE UNKNOWN<br>T - IN VEHICLE IMPROPER USE<br>U - NONE IN VEHICLE<br><b>M/C BICYCLE- HELMET</b><br>DRIVER PASSENGER<br>V - NO X - NO<br>W - YES Y - YES |                       | <b>AIR BAG</b><br>B - UNKNOWN<br>L - AIR BAG DEPLOYED<br>M - AIR BAG NOT DEPLOYED<br>N - OTHER<br>P - NOT REQUIRED<br><b>EJECTED FROM VEHICLE</b><br>0 - NOT EJECTED<br>1 - FULLY EJECTED<br>2 - PARTIALLY EJECTED<br>3 - UNKNOWN |                                  |
| <b>INATTENTION CODES</b><br>A - CELLPHONE HANDHELD<br>B - CELLPHONE HANDSFREE<br>C - ELECTRONIC EQUIPMENT<br>D - RADIO / CD<br>E - SMOKING<br>F - EATING<br>G - CHILDREN<br>H - ANIMALS<br>I - PERSONAL HYGIENE<br>J - READING<br>K - OTHER |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                                                                                                                                                                                                                   |                                  |
| <b>ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.</b>                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                                                                                                                                                                                                                   |                                  |
| <b>PRIMARY CRASH FACTOR</b><br>LIST NUMBER (#) OF PARTY AT FAULT                                                                                                                                                                            |  | <b>TRAFFIC CONTROL DEVICES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | <b>VEHICLE AUTOMATION LEVEL</b>                                                                                                                                                                                                   |                                  |
| 1 <b>A</b> CVC SECTION VIOLATED: CITED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br><b>VC 22100.5</b>                                                                                                             |  | <b>X</b> <b>A</b> CONTROLS FUNCTIONING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       | <b>X</b> <b>A</b> SAE LEVEL - 0                                                                                                                                                                                                   |                                  |
| <b>B</b> OTHER IMPROPER DRIVING*:                                                                                                                                                                                                           |  | <b>B</b> CONTROLS NOT FUNCTIONING*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       | <b>B</b> SAE LEVEL - 1                                                                                                                                                                                                            |                                  |
| <b>C</b> OTHER THAN DRIVER*                                                                                                                                                                                                                 |  | <b>C</b> CONTROLS OBSCURED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       | <b>C</b> SAE LEVEL - 2                                                                                                                                                                                                            |                                  |
| <b>D</b> UNKNOWN*                                                                                                                                                                                                                           |  | <b>D</b> NO CONTROLS PRESENT / FACTOR*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       | <b>D</b> SAE LEVEL - 3                                                                                                                                                                                                            |                                  |
|                                                                                                                                                                                                                                             |  | <b>TYPE OF CRASH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       | <b>E</b> SAE LEVEL - 4                                                                                                                                                                                                            |                                  |
|                                                                                                                                                                                                                                             |  | <b>A</b> HEAD - ON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       | <b>F</b> SAE LEVEL - 5                                                                                                                                                                                                            |                                  |
|                                                                                                                                                                                                                                             |  | <b>B</b> SIDE SWIPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       | <b>G</b> UNKNOWN*                                                                                                                                                                                                                 |                                  |
|                                                                                                                                                                                                                                             |  | <b>C</b> REAR END                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       |                                                                                                                                                                                                                                   |                                  |
| <b>WEATHER (MARK 1 TO 2 ITEMS)</b>                                                                                                                                                                                                          |  | <b>X</b> <b>D</b> BROADSIDE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | <b>VEHICLE AUTOMATION ENGAGED</b>                                                                                                                                                                                                 |                                  |
| <b>X</b> <b>A</b> CLEAR                                                                                                                                                                                                                     |  | <b>E</b> HIT OBJECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       | <b>A</b> NO AUTOMATION                                                                                                                                                                                                            |                                  |
| <b>B</b> CLOUDY                                                                                                                                                                                                                             |  | <b>F</b> OVERTURNED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       | <b>B</b> DRIVER ASSISTANCE                                                                                                                                                                                                        |                                  |
| <b>C</b> RAINING                                                                                                                                                                                                                            |  | <b>G</b> VEHICLE / PEDESTRIAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       | <b>C</b> PARTIAL AUTOMATION                                                                                                                                                                                                       |                                  |
| <b>D</b> SNOWING                                                                                                                                                                                                                            |  | <b>H</b> OTHER*:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       | <b>D</b> CONDITIONAL AUTOMATION                                                                                                                                                                                                   |                                  |
| <b>E</b> FOG / VISIBILITY FT.                                                                                                                                                                                                               |  | <b>MOTOR VEHICLE INVOLVED WITH</b><br>(MARK 1 TO 2 ITEMS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       | <b>E</b> HIGH AUTOMATION                                                                                                                                                                                                          |                                  |
| <b>F</b> OTHER*:                                                                                                                                                                                                                            |  | <b>A</b> NONCOLLISION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       | <b>F</b> FULL AUTOMATION                                                                                                                                                                                                          |                                  |
| <b>G</b> WIND                                                                                                                                                                                                                               |  | <b>B</b> PEDESTRIAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       | <b>G</b> UNKNOWN*                                                                                                                                                                                                                 |                                  |
| <b>LIGHTING</b>                                                                                                                                                                                                                             |  | <b>X</b> <b>C</b> OTHER MOTOR VEHICLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       | <b>OTHER ASSOCIATED FACTOR(S)</b><br>(MARK 1 TO 2 ITEMS)                                                                                                                                                                          |                                  |
| <b>A</b> DAYLIGHT                                                                                                                                                                                                                           |  | <b>D</b> MOTOR VEHICLE ON OTHER ROADWAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       | <b>A</b> CVC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                     |                                  |
| <b>B</b> DUSK - DAWN                                                                                                                                                                                                                        |  | <b>E</b> PARKED MOTOR VEHICLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       | <b>B</b> CVC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                     |                                  |
| <b>X</b> <b>C</b> DARK - STREET LIGHTS                                                                                                                                                                                                      |  | <b>F</b> TRAIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | <b>C</b> CVC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                     |                                  |
| <b>D</b> DARK - NO STREET LIGHTS                                                                                                                                                                                                            |  | <b>G</b> BICYCLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       | <b>D</b>                                                                                                                                                                                                                          |                                  |
| <b>E</b> DARK - STREET LIGHTS NOT FUNCTIONING*                                                                                                                                                                                              |  | <b>H</b> ANIMAL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       | <b>E</b> VISION OBSCUREMENT:                                                                                                                                                                                                      |                                  |
| <b>ROADWAY SURFACE</b>                                                                                                                                                                                                                      |  | <b>I</b> FIXED OBJECT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       | <b>F</b> INATTENTION*:                                                                                                                                                                                                            |                                  |
| <b>X</b> <b>A</b> DRY                                                                                                                                                                                                                       |  | <b>J</b> OTHER OBJECT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       | <b>G</b> STOP & GO TRAFFIC                                                                                                                                                                                                        |                                  |
| <b>B</b> WET                                                                                                                                                                                                                                |  | <b>K</b> ADDITIONAL OBJECT(S) STRUCK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       | <b>H</b> ENTERING / LEAVING RAMP                                                                                                                                                                                                  |                                  |
| <b>C</b> SNOWY - ICY                                                                                                                                                                                                                        |  | <b>PEDESTRIAN'S ACTIONS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | <b>I</b> PREVIOUS CRASH                                                                                                                                                                                                           |                                  |
| <b>D</b> SLIPPERY (MUDDY, OILY, ETC.)                                                                                                                                                                                                       |  | <b>X</b> <b>A</b> NO PEDESTRIANS INVOLVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       | <b>J</b> UNFAMILIAR WITH ROAD                                                                                                                                                                                                     |                                  |
| <b>ROADWAY CONDITION(S)</b><br>(MARK 1 TO 2 ITEMS)                                                                                                                                                                                          |  | <b>B</b> CROSSING IN CROSSWALK AT INTERSECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | <b>K</b> DEFECTIVE VEH. EQUIP.: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                    |                                  |
| <b>A</b> HOLES, DEEP RUT*                                                                                                                                                                                                                   |  | <b>C</b> CROSSING IN CROSSWALK - NOT AT INTERSECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       | <b>L</b> UNINVOLVED VEHICLE                                                                                                                                                                                                       |                                  |
| <b>B</b> LOOSE MATERIAL ON ROADWAY*                                                                                                                                                                                                         |  | <b>D</b> CROSSING - NOT IN CROSSWALK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       | <b>M</b> OTHER*:                                                                                                                                                                                                                  |                                  |
| <b>C</b> OBSTRUCTION ON ROADWAY*                                                                                                                                                                                                            |  | <b>E</b> IN ROAD - INCLUDES SHOULDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       | <b>N</b> NONE APPARENT                                                                                                                                                                                                            |                                  |
| <b>D</b> CONSTRUCTION - REPAIR ZONE                                                                                                                                                                                                         |  | <b>F</b> NOT IN ROAD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       | <b>O</b> RUNAWAY VEHICLE                                                                                                                                                                                                          |                                  |
| <b>E</b> REDUCED ROADWAY WIDTH                                                                                                                                                                                                              |  | <b>G</b> APPROACHING / LEAVING SCHOOL BUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                                                                                                                                   |                                  |
| <b>F</b> FLOODED*                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                                                                                                                                                                                                                   |                                  |
| <b>G</b> OTHER*:                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                                                                                                                                                                                                                   |                                  |
| <b>X</b> <b>H</b> NO UNUSUAL CONDITIONS                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                                                                                                                                                                                                                   |                                  |
| <b>SKETCH</b>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                                                                                                                                                                                                                   |                                  |
| <b>REFER TO SKETCH PAGE(S)</b><br><br>INDICATE NORTH                                                                                                     |  | <b>MISCELLANEOUS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       | <b>1 2 3 SPECIAL INFORMATION</b>                                                                                                                                                                                                  |                                  |
|                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       | <b>A</b> HAZARDOUS MATERIAL                                                                                                                                                                                                       |                                  |
|                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       | <b>B</b> CELL PHONE HANDHELD IN USE                                                                                                                                                                                               |                                  |
|                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       | <b>C</b> CELL PHONE HANDSFREE IN USE                                                                                                                                                                                              |                                  |
|                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       | <b>D</b> CELL PHONE NOT IN USE                                                                                                                                                                                                    |                                  |
|                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       | <b>E</b> CELL PHONE USE UNKNOWN                                                                                                                                                                                                   |                                  |
|                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       | <b>F</b> SCHOOL BUS RELATED                                                                                                                                                                                                       |                                  |
|                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       | <b>1 2 3 BIKEWAY FACILITY</b>                                                                                                                                                                                                     |                                  |
|                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       | <b>A</b> SHARED ROADWAY                                                                                                                                                                                                           |                                  |
|                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       | <b>B</b> CLASS I - BIKE PATH*                                                                                                                                                                                                     |                                  |
|                                                                                                                                                                                                                                             |  | <b>C</b> CLASS II - BIKE LANE*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                                                                                                                                                                                                                   |                                  |
|                                                                                                                                                                                                                                             |  | <b>D</b> CLASS III - BIKE ROUTE*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |                                                                                                                                                                                                                                   |                                  |
|                                                                                                                                                                                                                                             |  | <b>E</b> CLASS IV - SEPARATED BIKEWAY*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                                                                                                                                                                                                                                   |                                  |
|                                                                                                                                                                                                                                             |  | <input type="checkbox"/> REFER TO NARRATIVE FOR ADDITIONAL INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                                                                                                                                                                                                                                   |                                  |



|                                                                                                                           |                          |     |     |                            |                          |                                     |                          |                                     |                          |                          |                          |                            |                          |                          |                                                                      |                          |                          |                          |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------|-----|-----|----------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|----------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| CRASH DATE (MO. DAY YEAR)<br>03/14/2025                                                                                   |                          |     |     | CRASH TIME (2400)<br>2330  |                          | NCIC #<br>9135                      |                          | OFFICER ID<br>024340                |                          |                          |                          | NUMBER<br>9135-2025-00176  |                          |                          |                                                                      |                          |                          |                          |
| 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.                    |                          |                                                                      |                          |                          |                          |
| <input type="checkbox"/> #                                                                                                | <input type="checkbox"/> | 29  | F   | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | 2                        | 1                                                                    | M                        | H                        | 0                        |
| NAME / D. O. B. / ADDRESS<br>BREHANA MARIE FADDEN (05/06/1995) 5538 DIAMOND RIDGE DRIVE REDDING CA 96003                  |                          |     |     |                            |                          |                                     |                          |                                     |                          |                          |                          |                            |                          |                          | TELEPHONE<br>(530) 319-1055/NONE                                     |                          |                          |                          |
| (INJURED ONLY) TRANSPORTED BY:<br>REDDING POLICE                                                                          |                          |     |     |                            |                          | EMS RUN NUMBER:                     |                          |                                     |                          |                          |                          | TAKEN TO:                  |                          |                          |                                                                      |                          |                          |                          |
| DESCRIBE INJURIES                                                                                                         |                          |     |     |                            |                          |                                     |                          |                                     |                          |                          |                          |                            |                          |                          |                                                                      |                          |                          |                          |
| COMPLAINT OF PAIN TO HER FACE JUST BELOW THE LOWER RIGHT CHEEK                                                            |                          |     |     |                            |                          |                                     |                          |                                     |                          |                          |                          |                            |                          |                          |                                                                      |                          |                          |                          |
|                                                                                                                           |                          |     |     |                            |                          |                                     |                          |                                     |                          |                          |                          |                            |                          |                          | <input checked="" type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED |                          |                          |                          |
| <input checked="" type="checkbox"/> #                                                                                     | <input type="checkbox"/> | 31  | M   | <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<br>JONATHAN WALTER LEONARD (06/07/1993) 300 PARK MARINA CIR, REDDING, CA 96001 REDDING CA 96001 |                          |     |     |                            |                          |                                     |                          |                                     |                          |                          |                          |                            |                          |                          | TELEPHONE<br>UNKNOWN/(530) 245-6000                                  |                          |                          |                          |
| (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"/> | <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"/> | <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"/> | <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"/> | <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<br>BRAYAN GARCIA TORRES                                                                                   |                          |     |     |                            |                          |                                     |                          |                                     |                          |                          |                          |                            |                          |                          |                                                                      |                          |                          |                          |
| ID NUMBER<br>024340                                                                                                       |                          |     |     | MO. DAY YEAR<br>03/14/2025 |                          |                                     |                          | REVIEWER'S NAME<br>J. BALLARD       |                          |                          |                          | MO. DAY YEAR<br>04/02/2025 |                          |                          |                                                                      |                          |                          |                          |



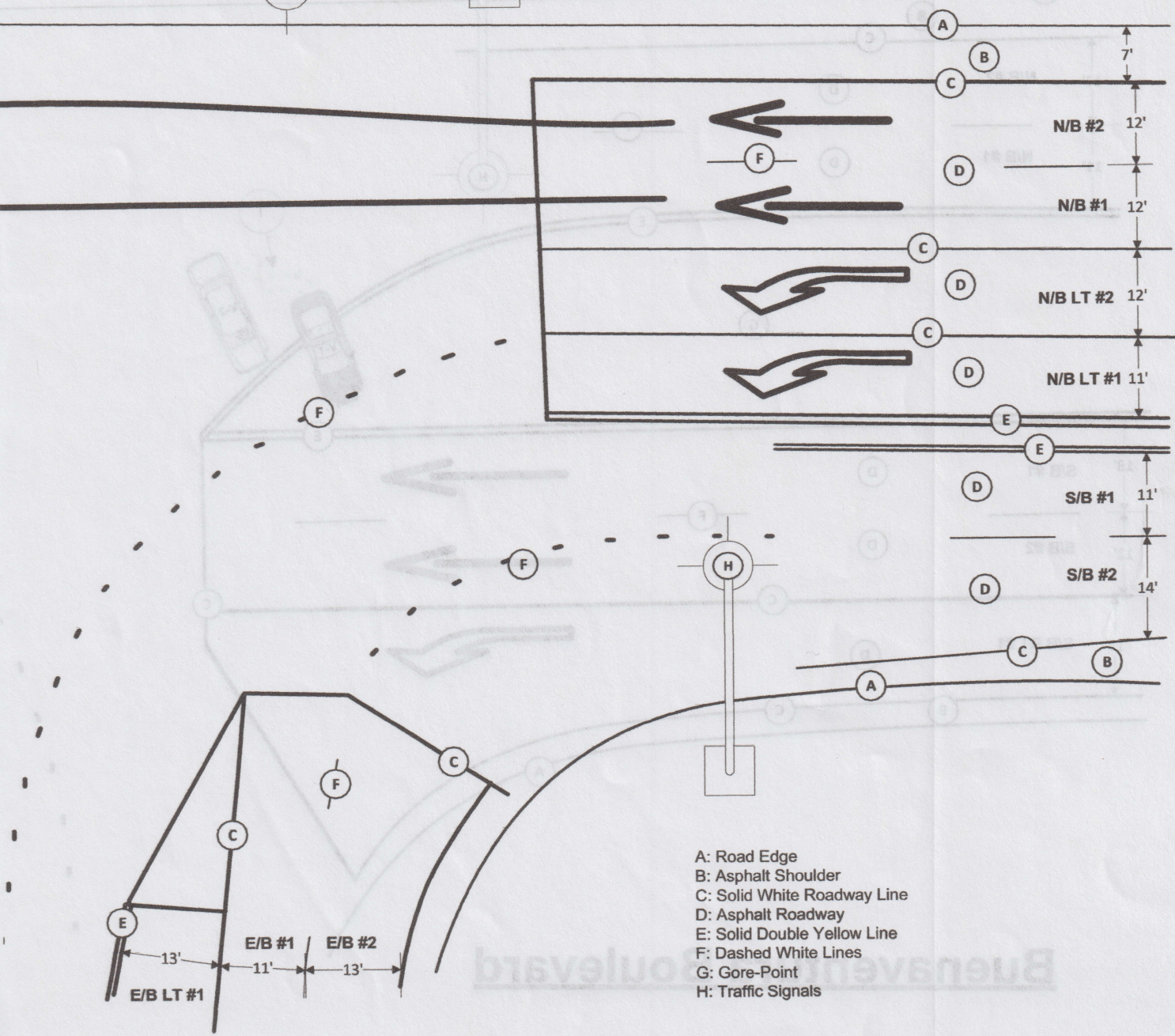
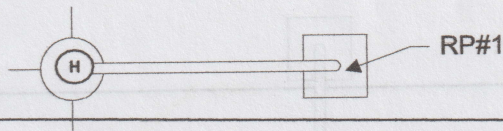
**SKETCH DIAGRAM**

CHP 555 Page 4 (Rev. 3-20) OPI 060

|                              |             |        |            |                 |
|------------------------------|-------------|--------|------------|-----------------|
| DATE OF CRASH (MO. DAY YEAR) | TIME (2400) | NCIC # | OFFICER ID | NUMBER          |
| 03/14/2025                   | 2330        | 9135   | 024340     | 9135-2025-00176 |

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

# South Market Street (SR-273)



- A: Road Edge
- B: Asphalt Shoulder
- C: Solid White Roadway Line
- D: Asphalt Roadway
- E: Solid Double Yellow Line
- F: Dashed White Lines
- G: Gore-Point
- H: Traffic Signals

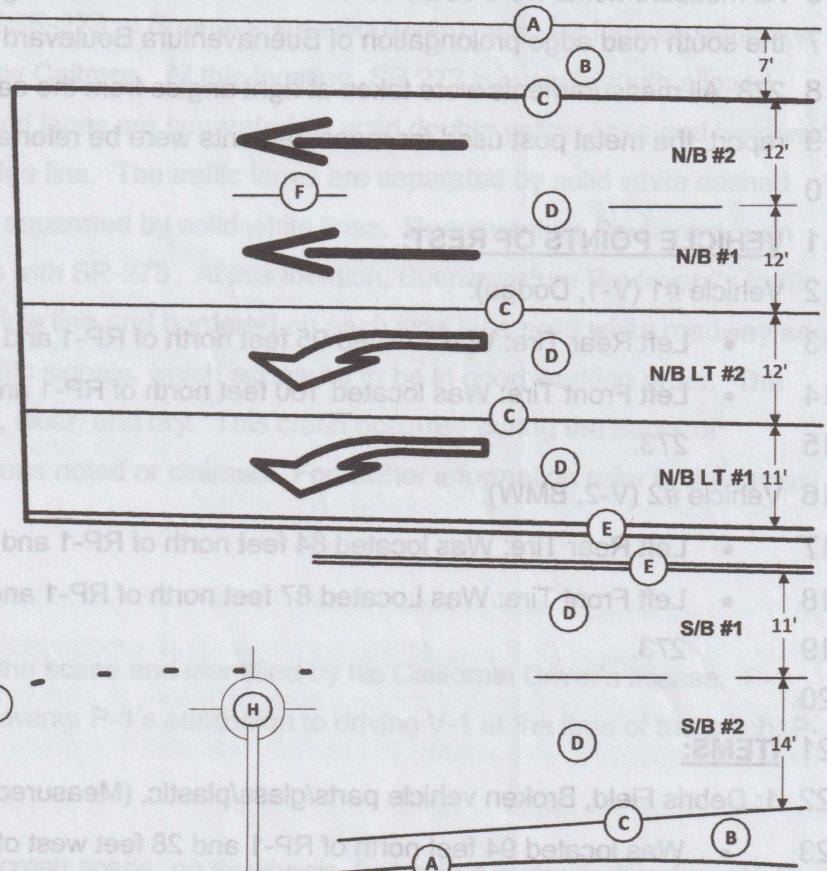
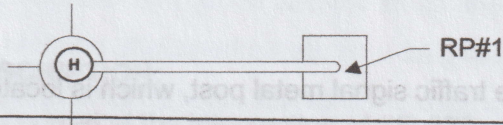
|                      |           |              |                 |              |
|----------------------|-----------|--------------|-----------------|--------------|
| PREPARED BY          | ID NUMBER | MO. DAY YEAR | REVIEWER'S NAME | MO. DAY YEAR |
| BRAYAN GARCIA TORRES | 024340    | 03/14/2025   | J. BALLARD      | 04/02/2025   |



| DATE OF CRASH (MO. DAY YEAR) | TIME (2400) | NCIC # | OFFICER ID | NUMBER          |
|------------------------------|-------------|--------|------------|-----------------|
| 03/14/2025                   | 2330        | 9135   | 024340     | 9135-2025-00176 |

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| PREPARED BY          | ID NUMBER | MO. DAY YEAR | REVIEWER'S NAME | MO. DAY YEAR |
|----------------------|-----------|--------------|-----------------|--------------|
| BRAYAN GARCIA TORRES | 024340    | 03/14/2025   | J. BALLARD      | 04/02/2025   |



**NARRATIVE/SUPPLEMENTAL**

PAGE 11 OF 13

| DATE OF INCIDENT | TIME | NCIC NUMBER | OFFICER I.D. | NUMBER          |
|------------------|------|-------------|--------------|-----------------|
| 03/14/2025       | 2330 | 9135        | 024340       | 9135-2025-00176 |

**1 OPINIONS AND CONCLUSIONS**

2

**3 SUMMARY/CAUSE:**

4 P-1 was on duty as a Redding Police Department Officer, driving V-1 northbound, in the #2 lane, on SR-  
5 273, north of Buenaventura Road, at approximately 15 mph, to the north of V-2. P-2 was driving V-2  
6 northbound, in the #1 lane, on SR-273, north of Buenaventura Road, at approximately 10-15 MPH. P-1  
7 was going to assist a Sheriff Deputy by making a U-turn. P-1 activated V-1's forward facing red lights and  
8 started his U-turn from the #2 lane (22100.5 VC). Due to his unsafe U- Turn, P-1 allowed the left side of V-  
9 1 to collide with the right side of V-2 (AOI 1). After the crash, both V-1 and V-2 came to rest, on their  
10 wheels, facing in a westerly direction, within the intersection. Both parties remained on scene awaiting  
11 CHP arrival.

12

**13 RECOMMENDATIONS:**

14 None.

|                      |             |            |                 |            |
|----------------------|-------------|------------|-----------------|------------|
| PREPARED BY          | I.D. NUMBER | DATE       | REVIEWER'S NAME | DATE       |
| BRAYAN GARCIA TORRES | 024340      | 03/14/2025 | J. BALLARD      | 04/02/2025 |



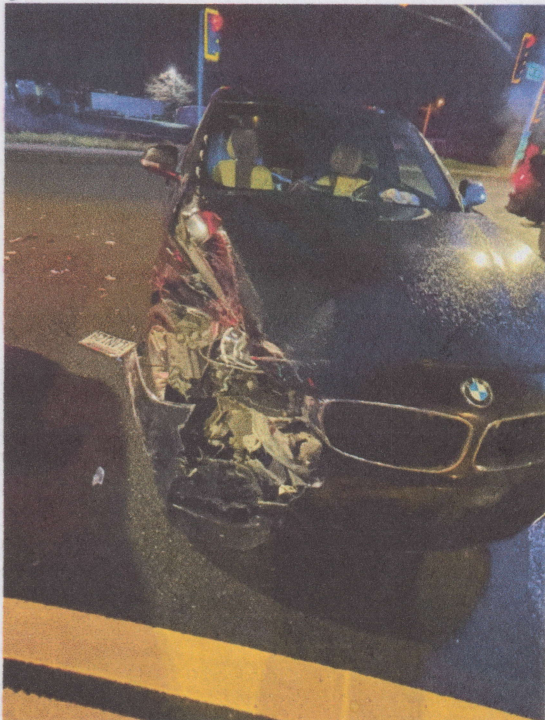
PHOTOS

CHP 555 OPI 060

Page 13 of 13

| DATE OF CRASH (MO. DAY YEAR) | TIME (2400) | NCIC # | OFFICER ID | NUMBER          |
|------------------------------|-------------|--------|------------|-----------------|
| 03/14/2025                   | 2330        | 9135   | 024340     | 9135-2025-00176 |

5



6



7



| PREPARED BY         | ID NUMBER | MO. DAY YEAR | REVIEWER'S NAME | MO. DAY YEAR |
|---------------------|-----------|--------------|-----------------|--------------|
| BRAYAN GARCIATORRES | 024340    | 03/14/2025   | J. BALLARD      | 04/02/2025   |





# REDDING POLICE DEPARTMENT

Case Report #: RPD25-003238-1  
Reporting Officer: Key, Richard M  
Report Time: 3/14/2025 10:42:33 PM

**RESTRICTED INFORMATION – DISTRIBUTION TO UNAUTHORIZED PERSONS IS PROHIBITED**

## INCIDENT

|                        |                                |                   |                      |
|------------------------|--------------------------------|-------------------|----------------------|
| Incident Nature        | Address                        | CSZ               |                      |
| TC - TRAFFIC COLLISION | Sb 273 Hwy / Buenaventura Blvd | REDDING, CA 95963 |                      |
| Occurred On            | Or Between                     | Entered By        | Entered On           |
| 3/14/2025 10:42:33 PM  |                                | Key, Richard M    | 3/15/2025 1:41:50 AM |
| Disposition            | Clearance Basis                | Clearance Date    |                      |
| Arrest                 |                                |                   |                      |

## OFFENSE

23153(F) VC: F - DUI ANY DRUG: CAUSE BODILY INJURY 90D

|                                    |                 |                      |
|------------------------------------|-----------------|----------------------|
| Completed?                         | Method of Entry | Premises Entered?    |
| Yes                                |                 |                      |
| Location Type                      |                 | Cargo Theft Related? |
| Highway / Road / Alley /<br>Street |                 |                      |

## ARRESTEE

|                       |               |                  |            |
|-----------------------|---------------|------------------|------------|
| Name                  | DOB           | Sex              |            |
| FADDEN, BREHANA MARIE | 5/6/1995      | Female           |            |
| Race                  | Ethnicity     | Height           | Weight     |
| White                 | Unknown       | 5'05"            | 109        |
| DLN                   | SSN           | Eye Color        | Hair Color |
| Y2687762              | 611-82-2197   | Hazel            | Brown      |
| Address Type          | Address       | CSZ              |            |
| H - Home              | 2940 ANITA ST | REDDING CA 96001 |            |





## REDDING POLICE DEPARTMENT

Case Report #: RPD25-003238-1  
Reporting Officer: Key, Richard M  
Report Time: 3/14/2025 10:42:33 PM

**RESTRICTED INFORMATION – DISTRIBUTION TO UNAUTHORIZED PERSONS IS PROHIBITED**

---

|             |                       |                  |
|-------------|-----------------------|------------------|
| H - Home    | 5538 DIAMOND RIDGE DR | REDDING CA 96003 |
| Phone Type  | Phone Number          |                  |
| H - Primary | (530)319-1055         |                  |

### VICTIM TYPE: Individual

|             |            |           |            |
|-------------|------------|-----------|------------|
| Name        | DOB        | Sex       |            |
| SWEEM, LEVI | [REDACTED] | Male      |            |
| Race        | Ethnicity  | Height    | Weight     |
| White White |            | 5' 8"     | 175        |
| DLN         | SSN        | Eye Color | Hair Color |
| [REDACTED]  |            | Blue      | Brown      |

|              |                 |                   |
|--------------|-----------------|-------------------|
| Address Type | Address         | CSZ               |
| W - Work     | 777 Cypress Ave | REDDING, CA 96001 |

|                  |                |
|------------------|----------------|
| Phone Type       | Phone Number   |
| W - Work / Other | (530) 225-4200 |

### PROPERTY

|               |                   |
|---------------|-------------------|
| Property Type | Property Status   |
| Blood         | Evidence (Seized) |

Property Description

2 x Vials of Blood

|              |       |
|--------------|-------|
| Manufacturer | Model |
|--------------|-------|

|               |          |       |
|---------------|----------|-------|
| Serial Number | Quantity | Value |
|---------------|----------|-------|





## REDDING POLICE DEPARTMENT

Case Report #: RPD25-003238-1  
Reporting Officer: Key, Richard M  
Report Time: 3/14/2025 10:42:33 PM

**RESTRICTED INFORMATION – DISTRIBUTION TO UNAUTHORIZED PERSONS IS PROHIBITED**

1

Recovered Date

Owner

Disposition

### NARRATIVE

#### EVIDENCE:

2 x Vials of Blood

#### NARRATIVE:

On 03-14-2025 at approximately 2242 hours, I was working uniformed patrol in the City of Redding, when I responded to a traffic collision on 273 HWY and Buenaventura Boulevard. I arrived on scene and Officer Diaz #104 informed me one of the driver's, identified as Brehana Fadden by her California Driver's License, had struck Officer Sweem's #135 patrol vehicle. Officer Sweem informed me he was northbound on 273 HWY at Buenaventura Boulevard when he observed the Shasta County Sheriff's Office on a traffic stop in southbound lanes. He activated his red and blue overhead lights and sirens and performed a U - Turn on a red light to assist the Deputy due to his observations of the stopped vehicle potentially trying to flee. As he turned, a vehicle southbound on 273 HWY proceeded straight and collided with Officer Sweem. After the collision, Officer Diaz saw the other driver, identified as Brehana Fadden by her California Driver's License leave the scene and walk to the AMPM. Officer Diaz walked to the AMPM and the store clerk told him Fadden was inside the restroom. Officer Diaz detained Fadden once she was out of the restroom pursuant to the traffic collision investigation. I arrived on scene and contacted Fadden, who was now in an ambulance getting evaluated by paramedics. The paramedics told me she was not being transported. I could see Fadden had a bruise forming on the right side of her face. I informed Fadden I was there to evaluate her ability to operate a motor vehicle safely.

Officer Sweem informed me he had pain in his neck and back and would be going home early.

I am a currently NHSTA certified Drug Recognition Expert.

Fadden agreed to the Standardized Field Sobriety Tests. They were conducted on a flat asphalt surface,





## REDDING POLICE DEPARTMENT

Case Report #: RPD25-003238-1  
Reporting Officer: Key, Richard M  
Report Time: 3/14/2025 10:42:33 PM

### RESTRICTED INFORMATION – DISTRIBUTION TO UNAUTHORIZED PERSONS IS PROHIBITED

free of debris. The scene was lit by streetlights, my patrol vehicle lights, and my flashlight. Fadden denied any alcohol, marijuana, or controlled substance use. She said she was taking Amoxicillin for a bacterial infection and was not under the care of a physician. She was not diabetic or epileptic and had no physical defects or injuries.

While interviewing Fadden, I noticed her speech was rapid.

I began the Standardized Field Sobriety Tests with the Horizontal Gaze Nystagmus test and I observed equal tracking and pupil size in both eyes.

I instructed the Modified Romberg test and clarified all questions prior to performance. Fadden estimated thirty seconds to pass in forty-two seconds time. Her eyes fluttered the whole time. This decelerated time association was an objective sign of impairment and intoxication. Eye fluttering during this test is an objective sign of CNS Stimulant use.

Next, I instructed the Walk and Turn test and clarified all questions prior to performance. Fadden performed nine steps in one direction, lost her balance immediately, missed heel to toe, and stepped offline. She performed an improper turn, and took nine steps back in the same fashion. These were objective signs of impairment and intoxication consistent with impaired divided attention and balance.

Next, I instructed and demonstrated the One Leg Stand test and clarified all questions prior to performance. Fadden counted to "1017".

I obtained three pulse rates during my investigation. These pulse rates revealed results of 100 BPM at 2308 hours, 96 BPM at 2311 hours, and 102 BPM at 2320 hours. These pulse rates were elevated beyond expected DRE ranges and were clinical indicators of impairment and intoxication consistent with CNS Stimulant use.

I examined Fadden's pupils with my NHTSA-issued pupilometer and pen light. Her pupils were 7.0 mm in ambient light (street lights) and 6.0 mm in direct light. Her pupillary reaction to light was slow. These





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pulse rates were dilated beyond expected DRE ranges. These were clinical indicators of impairment and intoxication consistent with CNS Stimulants.

Fadden consented to a PAS sample, revealing results of 0.00% BAC at 2322 hours.

Based on the fact Fadden was driving on the roadway and was involved in a collision resulting in injury to Officer Sweem, and my observation of objective signs and clinical indicators of impairment and intoxication consistent with CNS Stimulant use, I had probable cause to arrest Fadden pursuant to 23153(f) CVC - DUI Drugs with Bodily Injury. I placed Fadden in handcuffs, which were double locked and checked for tightness. I informed Fadden she was under arrest pursuant to DUI and required to submit to an evidentiary sample of her blood. She consented and the sample was collected at Shasta Regional Medical Center at 2357 hours. I later booked the blood sample at the Redding Police Department as evidence. I transported her to the Shasta County Jail where she was booked without incident. At jail, I provided Fadden the Watson Advisement.

For more information regarding the Traffic Collision, refer to CHP's Traffic Collision Report.

#### CASE STATUS:

Closed by arrest.

#### APPROVING SUPERVISOR

Supervisor

Moore, Brian A - 366

Date/Time

3/19/2025 12:40:48 PM





## REDDING POLICE DEPARTMENT

Officer Report #: RPD25-003238-001OR  
Reporting Officer: Diaz, Alejandro E  
Report Time: 3/14/2025 10:42:33 PM

**RESTRICTED INFORMATION – DISTRIBUTION TO UNAUTHORIZED PERSONS IS PROHIBITED**

### INCIDENT

|                        |                                |                   |                      |
|------------------------|--------------------------------|-------------------|----------------------|
| Incident Nature        | Address                        | CSZ               |                      |
| TC - TRAFFIC COLLISION | Sb 273 Hwy / Buenaventura Blvd | REDDING, CA 95963 |                      |
| Occurred On            | Or Between                     | Entered By        | Entered On           |
|                        |                                | Diaz, Alejandro E | 3/15/2025 4:42:40 AM |
| Disposition            | Clearance Basis                | Clearance Date    |                      |

### NARRATIVE

#### I. NARRATIVE

On 03/14/2025, I responded to the listed traffic collision in the area of Hwy 273 and Buenaventura Blvd. After I arrived, I asked Officer SWEEM #135 where the driver of the BMW was at. Officer SWEEM pointed toward the side walk near AMPM, 4095 Railroad Ave. I looked over and observed a female, later identified to me as O/FADDEN, quickly walking with a dog toward AMPM. O/FADDEN continued walking and entered AMPM.

I responded to AMPM and was informed by the employee O/FADDEN was in the bathroom. I waited outside the location for a short time until O/FADDEN walked out of the location. O/FADDEN would not engage with me and was overly concerned about speaking to unknown subjects on the phone. I remained with O/FADDEN until the Officer KEY #181 arrived.

I was later informed by Officer KEY he had arrested O/FADDEN for driving under the influence of drugs. Based on the totality of the circumstance, I believed O/FADDEN's actions of walking quickly away from the scene of a traffic collision to use the bathroom was suspicious. Based on my training and experience, I know people commonly destroy drug evidence by flushing drugs down the toilet.

This concluded my involvement.





## REDDING POLICE DEPARTMENT

Officer Report #: RPD25-003238-001OR  
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### II. CASE STATUS

Attach to case report.

### APPROVING SUPERVISOR

Supervisor

Date/Time

Snyder, Theodore C - 345

3/15/2025 12:00:00 AM