

Show on diagram position of each car, vehicle or injured person indicating by arrow → direction of each.

SIDEWALK

STREET
CENTER

SIDEWALK



Indicate points of compass, N. E. S. W.

IMPORTANT
If street or view obstructed in any way, indicate where and how; also indicate any street car on tracks, and traffic signal or signs.

USE THIS SPACE FOR EXPLANATION

¹ While proceeding southbound on Van Nuys Boulevard, ²I signaled to make a right turn to head westbound on Sherman Way. I waited for all passengers to clear the area of the crosswalk and until the 'red hand' on traffic signal flashed repeatedly before moving into the crosswalk area. In addition, I looked to the passenger side view mirror to make sure pedestrians were clear of the curb area and the space between the passenger side of the oil truck and the curb before proceeding to turn right.

The view of the passenger side mirror indicated it was safe to make the right turn, so I made the right turn, proceeding slowly while crossing the crosswalk and advancing beyond. ³I continued about fifteen feet west of the intersection and pedestrians yelled for me to stop, pull over. ⁴ I pulled over as asked and unknown to me an elderly woman stepped or fell off the curb in the path of the oil truck's rear tires.

In seeing the woman she had very serious injuries to both legs, with profuse bleeding. The weight of the load above the rear tires of the truck crushed both her legs.

SUPERVISOR'S ANALYSIS OF ACCIDENT

Description of Accident REAR WHEELS OF OIL TRUCK RAN OVER PEDESTRIAN'S LEGS WHILE OIL TRUCK WAS TURNING RIGHT.

Cause of Accident PEDESTRIAN APPEARED DISORIENTED AND WALKED INTO SIDE OF OIL TRUCK.

What could be done to prevent accident _____

Nature of injuries to employee(s) NONE

Supervisor's Signature

524-8748

Phone No.

MOBILE EQUIPMENT

Date of report 11/20/01

NAME OF DRIVER MICHAEL LOFTON Employee No. 532091 Payroll 64 - 21
Occupation SR. ELECTRICAL MECH Division PDBU Section ESM Dept. tel. 310-524-8748
Immediate supervisor MIKE DUBINSKY Working address 1400 S. SEPULVEDA BLVD.
Date of accident 11 / 20 / 01 Hour approx 0930 Location VAN NUYS BLVD & SHERMAN WY, NW CORNER
Driver's/Operator's License no. N3476100 Expiration date 11 / 27 / 03 Hours of employment 0630-1600
Dept. vehicle going TO SCATTERGOOD S.P. Coming FROM VALLEY GENERAL H.Q. (SATICOY)

DEPT. EQUIPT. Equipt. no. P68854 License plate no. E747244 Year, make & type 1980 I.H. OIL TRUCK
Speed of vehicle MPH Direction of vehicle TURNING SOUTH TO WEST
Street VAN NUYS BLVD. TO SHERMAN WY Speed limit MPH
Condition of brakes GOOD If faulty, was it reported? To whom?
Describe damage

Passengers in DEPARTMENT equipment
Name N/A Employee No. Phone ()
Name Employee No. Phone ()
Name Employee No. Phone ()

OUTSIDE EQUIPT. OR OTHER DEPT. VEHICLE License plate no. N/A State Year & make Driver's license no.
Name of driver N/A Street
City N/A State Zip Phone ()
Name of owner N/A Street
City N/A State Zip Phone ()
Direction Street Speed MPH
Describe damage

Passengers in OUTSIDE equipment
Name Street
City State Zip Phone ()
Name Street
City State Zip Phone ()
Name Street
City State Zip Phone ()

PROPERTY OTHER THAN MOBILE EQUIPT. Owner & address Phone ()
Location of property damaged
Describe damage

INJURED: X PEDESTRIAN OR VEHICLE OCCUPANT Name; describe injury; show address and phone if not stated elsewhere on this report. UNKNOWN PARTY INJURED, ELDERLY WOMAN'S LEGS CRUSHED, PROFUSE BLEEDING

Did you signal? YES How? RT TURN SIGNAL Did other driver signal? N/A How? N/A
Police officer Badge no. Traffic signals?
Width of street No. of lanes and markings
Length of skid marks by which car N/A
Weather condition GOOD Street condition GOOD
Type of area: Business X School Residential Open Other:
Did you turn in Police report? Form SRI? Had any of the parties involved been drinking? Who?

Witness OTHER THAN passengers

Name MR. DELBERT MICNHIMER Street
City State Zip Phone ()
Name Street
City State Zip Phone ()
Name Street
City State Zip Phone ()

DISTRIBUTION:
Orig.: Office of City Attorney
Claims Investigation Section
Copy: Fleet Operations and Servicing
Copy: Division copy
Copy: Safety Engineer
Copy: Driving Rules Committee

EXPLAIN FULLY on reverse side how accident occurred, including conversation with outside parties and witnesses. Use additional paper if necessary.
I HAVE READ THIS REPORT, both sides. IT CORRECTLY STATES THE FACTS.

Signed Michael Lofton Driver Home Phone ()

Statement received by supervisor M. Mando

Home address

BE SURE TO MAKE SKETCH ON REVERSE SIDE