HD 3/20/2026

LIABILITY CLAIM FORM

RETURN SIGNED CLAIM FORM TO:
Clerk of the Board
County of El Dorado
330 Fair Lane
Placerville, CA 95667

EDC BOS RCVD
MAR 20 '26 PM4:04

DO NOT WRITE IN THIS SPACE
(BOARD OF SUPERVISOR'S DATE STAMP)

Name of Claimant: Diamond Springs/ El Dorado Fire Protection District	**Claimant's Mailing Address:** [redacted]
Email: [redacted]	
Telephone (Home): [redacted]	
Telephone (Work/Cell):	**Claimant's Physical Address:** (If different than mailing) [redacted]
***Social Security Number:**	
***Claimant's Date of Birth:** ***Gender:** ☐ M ☐ F	
Driver's License Number:	

*If any portion of your claim is for bodily injury, this information is required to comply with Federal Medicare Reporting Requirements. Settlement will be delayed or prevented without this information.

Where would you like notices sent? (Include name and address if Attorney, Insurance Company or Other)
- ☑ Claimant
- ☐ Attorney
- ☐ Insurance
- ☐ Other

When did Damage or Injury occur?
DATE: 2/19/26 **TIME:** 11:30 ☒ AM ☐ PM

Where did Damage or Injury occur?
Pollock Pines

How did Damage or Injury occur? (Give full details – use extra sheet if necessary)
Snow plow struck the fire apparatus while driving.

What particular act or omission on the part of El Dorado County employees caused the Injury or Damage?
Snow plow slid on ice entering our appartus lane.

The County will report any payment made on this claim on an IRS form 1099-MISC. No payment will be made without the information furnished on the attached Payee Data Record. Disposition of the claim will rely solely on its merits and the furnishing of any form or other information will not ensure payment.

26.00023
CLAIM NUMBER (For Clerk's Use Only)

CF (REV 03/15)

~~ COMPLETE BOTH SIDES ~~

COUNTY OF EL DORADO

330 Fair Lane
Placerville, CA 95667
(530) 621-5390

KIM DAWSON
Clerk of the Board

Liability Claim Against the County of El Dorado

In response to your request, please find a Liability Claim Form for your use in filing a claim against the County of El Dorado. The following information will assist you in meeting the minimum legal requirements set forth in the Government Code. You must file the claim form, by mail or in person, with The Clerk of the Board of Supervisors, 330 Fair Lane, Placerville, CA 95667 within the time limits prescribed by Government Code Section 911.2 which states:

> "A claim relating to a cause of action for death or for injury to person or to personal property or growing crops shall be presented as provided in Article 2 (Commencing with Section 915) of this chapter not later than six months after the accrual of the cause of action. A claim relating to any other cause of action shall be presented as provided in Article 2 (commencing with Section 915) of this chapter not later than one year after the accrual of the cause of action." If you are filing your claim after the six month filing period, you must explain to the County your reason(s) for the delay. This is called an Application for Leave to Present a Late Claim (see Government Code Section 911.4). There is no application form. The application is made in the form of a letter with the proposed claim attached. The County will consider the application in accordance with Government Code Section 911.6 and will consider the merits of the claim only if the Application for Leave to Present a Late Claim has been accepted. The application is deemed denied by operation of law 45 days after its presentation without further notice unless the County chooses to send formal notice of denial prior to that time.

While the claim form is intended to request information in a manner which will satisfy the content requirement of Government Code section 910, you are strongly encouraged to make yourself aware of the law applying to the filing of a claim against a public entity. If the information supplied on the claim form is incomplete or does not meet the legal requirements, it may be returned without action as insufficient (Government Code section 910.8).

If you are insured against the particular type of damage you are claiming, your carrier should be notified of the damage as soon as possible in order to protect your right to recover under your insurance policy. Similarly, all alternative sources of recovery, such as disaster or other relief and assistance funds should be applied for without delay because of limited filing periods.

Neither referral of your complaint to Risk Management or the Board of Supervisors by any other division or department of the County, the furnishing of a claim form by the County, nor the County's acceptance of a filed claim should be construed as an admission of liability on the part of the County or any of its employees.

What is the name of the El Dorado County employee who caused the Injury or Damage?
Soto Ezequiel

What Damage or Injury do you claim resulted?
Damage to fire apparatus

Amount of this claim is:

☐ **Under $10,000** ☐ **$10,000-$25,000** ☒ **Over $25,000**

If the amount you are claiming is under $10,000, state the amount of the claim, including the estimated amount of any prospective injury, damage, or loss, as it may be known at this time. (Explain your calculation and attach bills or documents.)

Other Details?

Names and Addresses of Witnesses, Doctors and/or Hospitals:

[redacted]

Claimant's Signature:

Date: 03/19/2026

Take Notice:
Section 72 of the Penal Code provides:
"Every person who, with intent to defraud, presents for allowance or for payment to any state board or officer, or to any county, city, or district board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is punishable... as a felony."

CF (REV 03/15)

County of El Dorado

OFFICE OF AUDITOR-CONTROLLER

360 FAIR LANE
PLACERVILLE, CALIFORNIA 95667
Phone: (530) 621-5487 FAX: (530) 295-2535

JOE HARN, CPA
Auditor-Controller

TSUNG-KUEI HSU
Assistant Auditor-Controller

PAYEE DATA RECORD

(Required in lieu of IRS W-9 when receiving payment from the County of El Dorado) Version: April 2014

PAYEE DATA RECORD

INSTRUCTIONS: Complete all information on this form. Sign, date, and return to the address shown at the bottom of this page. Prompt return of the **fully completed** form will prevent delays in processing payments. Information provided in this form will be used by the County of El Dorado to prepare Information Returns (Forms 1099), for withholding on payments to nonresident payees, and for reporting to the Employment Development Department (EDD).

NAME AND ADDRESS

Name (as shown on your income tax return)
[redacted]

Business name/Doing business as/Disregarded entity name, if different from above
[redacted]

Physical address (number, street, and apt. or suite)	Remittance address (if different than physical)
[redacted]	
City, state, zip code: [redacted]	City, state, zip code: CA

Phone number	Fax number (optional)	Email (optional)
[redacted]		Lemosa@eldofire.com

FEDERAL TAX CLASSIFICATION & EXEMPTIONS

Check appropriate federal tax classification

◯ Individual / sole proprietor ◯ Partnership ◯ Trust / estate ◯ Other (see instructions) ▶ ____

◯ C Corporation ◯ S Corporation If you are a corporation, do you provide legal or medical services? ◯ Yes ◯ No

◯ Limited liability company. Enter the tax classification (C=C Corporation, S=S Corporation, P=Partnership) ____

NOTE: IF YOU ARE A SINGLE MEMBER LLC (DISREGARDED ENTITY), ENTER THE TAX CLASSIFICATION OF THE OWNER IDENTIFIED ON THE NAME LINE.

Exempt payee code (if any) – see instructions ____ Exemption from FATCA reporting code (if any) – see instructions ____

TAX IDENTIFICATION NUMBER

Tax identification number (TIN)

Enter your TIN in the appropriate box. If you are an individual or sole proprietor, you must enter your SSN. You may choose to provide your EIN in addition to, but not instead of, the SSN. Single member LLCs (disregarded entities) must enter the TIN of the owner identified on the Name line.

Social Security Number: [redacted]

Employer Identification Number: [redacted]

RESIDENCY STATUS

Check appropriate box for residency status

◉ California resident / exempt from nonresident withholding – qualified to do business in California or maintains a permanent place of business in California (attach CA Form 590)

◯ California nonresident (see instructions)

NOTE: Payments to California **nonresidents** for services performed in California and for certain rents derived from properties located in California that exceed $1,500 in a calendar year will be subject to 7% nonresident withholding unless you have obtained a waiver or have been approved for reduced withholding by the Franchise Tax Board. There is no withholding on payments for product and for services performed outside of California.

☐ Obtained Franchise Tax Board waiver of State withholding (attach a copy if applicable)

☐ Obtained Franchise Tax Board approval for reduced withholding (attach a copy if applicable)

California sales tax permit number
(required only for California nonresident vendors that charge California sales tax)

CERTIFICATION

Under penalties of perjury, I certify that:
1) the TIN shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) **and**
2) I am not subject to backup withholding **and** **3)** I am a U.S. citizen or other U.S. person **and** **4)** the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Authorized Payee Representative's Name (Type or Print)		**Title**
[signature]	3/20/26	DEPUTY CHIEF 530 919 7761
Signature	**Date**	**Telephone**

Should my residency status or any other information provided above change, I will promptly notify County of El Dorado at the address listed above.

RETURN FORM TO

Please return completed form to:

Department/office:	
Mailing address:	

Phone:		**Fax:**		**Email:**	

COUNTY OF EL DORADO, PAYEE DATA RECORD (REVERSE)

PAYEE DATA RECORD	A completed Payee Data Record is required for payments to all entities and will be kept on file at the County of El Dorado Auditor-Controller's Office. Payees who do not wish to complete the Payee Data Record may elect to not do business with the County of El Dorado. If the payee does not complete the form and the required payee data is not otherwise provided, payment may be reduced for federal backup withholding, California backup withholding and California nonresident withholding.
FEDERAL TAX CLASSIFICATION	Check the applicable federal tax classification. Note that if an LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line. **Individual:** Enter the name shown on your income tax return. If the account is in joint names, list first, and then circle, the name of the person or entity whose SSN you entered on the form. **Sole proprietor:** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as" name on the "Business name/Doing business as/Disregarded entity name" line. **Partnership, C Corporation, or S Corporation:** Enter the entity's name on the "Name" line and any business, trade, or "doing business as" name on the "Business name/Doing business as/Disregarded entity name" line. **Disregarded entity:** Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income should be reported. Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (individual/sole proprietor, partnership, C corporation, S corporation, trust/estate). **Limited liability company (LLC):** If the person identified on the "Name" line is an LLC, check the "Limited Liability Company" box only and enter the appropriate code for the U.S. federal tax classification. **Other entities:** Enter your business name as shown on required U.S. federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade or DBA name on the "Business name/Doing business as/Disregarded entity name" line.
EXEMPTIONS	**Exemptions**: If you are exempt from backup withholding and/or FATCA reporting, enter in the exemptions box any code(s) that may apply to you. Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions. The following codes identify payees that are exempt from backup withholding: **1** – an organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2); **2** – The United States or any of its agencies or instrumentalities; **3** – A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities; **4** – A foreign government or any of its political subdivisions, agencies, or instrumentalities; **5** – A corporation; **6** – A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States; **7** – A futures commission merchant registered with the Commodity Futures Trading Commission; **8** – A real estate investment fund; **9** – An entity registered at all times during the tax year under the Investment Company Act of 1940; **10** – A common trust fund operated by a bank under section 584(a); **11** – A financial institution; **12** – A middleman known in the investment community as a nominee or custodian; **13** – A trust exempt from tax under section 664 or described in section 4947. **Exemption from FATCA reporting.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. **A**—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37); **B**—The United States or any of its agencies or instrumentalities; **C**—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities; **D**—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i); **E**—A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i); **F**—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.
TAX IDENTIFICATION NUMBER	Enter your tax identification number (TIN) in the appropriate box. If you are a single member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN. **The TIN for individuals and sole proprietors is the Social Security Number (SSN).** Sole proprietors may provide their EIN in addition to but not instead of a SSN. The County of El Dorado requires that all parties entering into business transactions that may lead to payment(s) from the County provide their Taxpayer Identification Number (TIN). The TIN is also required by the California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a).
RESIDENCY STATUS	**Are you a California resident or nonresident?** A **corporation** will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California. A **partnership** is considered a resident partnership if it has a permanent place of business in California. An **estate** is a resident if the decedent was a California resident at time of death. A **trust** is a resident if at least one trustee is a California resident. For **individuals** and **sole proprietors**, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident. **Payments to all nonresidents may be subject to withholding.** Nonresident payees performing services in California or receiving certain rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for State income taxes. However, no withholding is required if total payments to the payee are $1,500 or less for the calendar year or if payment is for product. Nonresidents who have been granted a waiver on payments of California source income from the California Franchise Tax Board must submit a copy of the waiver. For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below: Withholding Services and Compliance Section: 1-888-792-4900 E-mail address: wscs.gen@ftb.ca.gov For hearing impaired with TDD, call: 1-800-822-6268 Website: www.ftb.ca.gov California nonresidents charging California sales tax are required to provide their California sales tax number.
CERTIFICATION	Provide the name, title, signature, and telephone number of the authorized individual completing this form. Provide the date the form was completed. **NOTE**: You must cross out item 2 in the certification block if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

TRAFFIC CRASH REPORT

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

SPECIAL CONDITIONS	NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER
ON-DUTY EMERGENCY VEHICLE	0	☐	UNINCORPORATED	EL DORADO SUPERIOR COURT PLACERVILLE MAIN STREET BRANCH	9245-2026-00204
	NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY / REPORTING DISTRICT	BEAT	DAY OF WEEK / TOW AWAY
	0	☐	EL DORADO	043	S M T W (T) F S ☐ YES ☒ NO

LOCATION

CRASH OCCURRED ON	CRASH DATE MO. DAY YEAR	CRASH TIME (2400)	NOTIFICATION DATE MO. DAY YEAR	NOTIF. TIME (2400)	NCIC #	OFFICER ID
SLY PARK RD	02/19/2026	1055	02/19/2026	1100	9245	024888

☐ AT INTERSECTION WITH
☒ OR: 50 FEET SOUTH of GOLD RIDGE TRAIL

STATE HWY REL: ☐ YES ☒ NO
DIGITAL MEDIA: ☒ YES ☐ NO EMBEDDED

GPS COORDINATES FOR LOCATION (LOC.) AND AREA(S) OF IMPACT (AOI) ☒ SAME AS LOCATION ☐ REFER TO NARRATIVE

LOC. LAT.	LOC. LONG.	AOI 1 LAT.	AOI 1 LONG.	AOI 2 LAT.	AOI 2 LONG.
38.756931	-120.574987	38.756931	-120.574987		

AOI 3 LAT. / LONG. | AOI 4 LAT. / LONG. | AOI 5 LAT. / LONG. | ADDTL. AOI(s) ☐

PARTY 1

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

VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
2020	INTL HX WHI	1576383	CA

DRIVER ☐
NAME (FIRST, MIDDLE, LAST): EZEQUIEL SOTO
PEDESTRIAN ☐
STREET ADDRESS: 2850 FAIRLANE COURT
PARKED VEHICLE ☐
CITY/STATE/ZIP: PLACERVILLE CA 95667
BICYCLIST ☐

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE
M	BLK	BRN	5' 11"	250	[redacted]	H

[redacted] (530) 642-4909
OTHER ☐ [redacted] POLICY NUMBER

LANE	THRU LANES	TOTAL LANES	SPEED LIMIT
N/B	1	1	35

OWNER'S NAME: ☐ SAME AS DRIVER — COUNTY OF EL DORADO
OWNER'S ADDRESS: ☒ SAME AS DRIVER
DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☒ DRIVER ☐ OTHER — DRIVEN AWAY
PRIOR [redacted]
VEHICLE IDENTIFICATION NUMBER: 3HAEJTAR8LL192658

VEHICLE TYPE	DESCRIBE VEHICLE DAMAGE	TOP VIEW
45	☐ UNK. ☒ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☐ ROLL-OVER	

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

PARTY 2

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.
F7931381	CA	C	M	G

VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
2008	FORD F550 RED	1260693	CA

DRIVER ☒
NAME (FIRST, MIDDLE, LAST): MARC ROJAS AVILA — ON-DUTY EMERGENCY VEHICLE
PEDESTRIAN ☐
STREET ADDRESS: [redacted] PLEASANT VALLEY RD
PARKED VEHICLE ☐
CITY/STATE/ZIP: [redacted]
BICYCLIST ☐

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE
M	BRN	BRN	5' 8"	170	[redacted]	H

OTHER ☐ HOME PHONE: NONE — BUSINESS PHONE: (530) 626-3190
OPERATOR ☐ INSURANCE CARRIER: SELF INSURED — POLICY NUMBER

DIR OF TRAVEL	ON STREET OR HIGHWAY	LANE	THRU LANES	TOTAL LANES	SPEED LIMIT
S	SLY PARK RD	S/B	1	1	35

OWNER'S NAME: ☐ SAME AS DRIVER — ALTAVILLE MELONES FIRE DIST
OWNER'S ADDRESS: ☐ SAME AS DRIVER — 144 MONTE VERDE ST ALTAVILLE CA 95221
DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☒ DRIVER ☐ OTHER — DRIVEN AWAY
PRIOR MECHANICAL DEFECTS: ☒ NONE APPARENT ☐ REFER TO NARRATIVE
VEHICLE IDENTIFICATION NUMBER: 1FDAW57R58ED18291

VEHICLE TYPE	DESCRIBE VEHICLE DAMAGE	TOP VIEW
43	☐ UNK. ☐ NONE ☐ MINOR ☒ MOD. ☐ MAJOR ☐ ROLL-OVER	

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

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):
PEDESTRIAN ☐
STREET ADDRESS:
PARKED VEHICLE ☐
CITY/STATE/ZIP:
BICYCLIST ☐

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE

OTHER ☐ HOME PHONE: — BUSINESS PHONE:
OPERATOR ☐ INSURANCE CARRIER: — POLICY NUMBER:

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

OWNER'S NAME: ☐ SAME AS DRIVER
OWNER'S ADDRESS: ☐ SAME AS DRIVER
DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☐ DRIVER ☐ OTHER
PRIOR MECHANICAL DEFECTS: ☐ NONE APPARENT ☐ REFER TO NARRATIVE
VEHICLE IDENTIFICATION NUMBER:

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

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

PREPARER'S NAME	DISPATCH NOTIFIED	REVIEWER'S NAME	DATE REVIEWED
CY D WINKLER, 024888	☐ YES ☐ NO ☒ N/A	HUGH B COUNCIL, 018782	03/02/2026

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

TRAFFIC CRASH CODING

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

CRASH DATE (MO. DAY YEAR)	CRASH TIME (2400)	NCIC #	OFFICER ID	NUMBER
02/19/2026	1055	9245	024888	9245-2026-00204

PROPERTY DAMAGE OWNER'S NAME | OWNER'S ADDRESS

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

DESCRIPTION OF DAMAGE

SEATING POSITION

1 2 3
4 5 6
7 8 9
10

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

SAFETY EQUIPMENT

OCCUPANTS
A - NONE IN VEHICLE
B - UNKNOWN
C - LAP BELT USED
D - LAP BELT NOT USED
E - SHOULDER HARNESS USED
F - SHOULDER HARNESS NOT USED
G - LAP/SHOULDER HARNESS USED
H - LAP/SHOULDER HARNESS NOT USED
J - PASSIVE RESTRAINT USED
K - PASSIVE RESTRAINT NOT USED
P - NOT REQUIRED

CHILD RESTRAINT
Q - IN VEHICLE USED
R - IN VEHICLE NOT USED
S - IN VEHICLE USE UNKNOWN
T - IN VEHICLE IMPROPER USE
U - NONE IN VEHICLE

M / C BICYCLE - HELMET
DRIVER: V - NO, W - YES
PASSENGER: X - NO, Y - YES

AIR BAG

B - UNKNOWN
L - AIR BAG DEPLOYED
M - AIR BAG NOT DEPLOYED
N - OTHER
P - NOT REQUIRED

EJECTED FROM VEHICLE

0 - NOT EJECTED
1 - FULLY EJECTED
2 - PARTIALLY EJECTED
3 - UNKNOWN

INATTENTION CODES

A - CELLPHONE HANDHELD
B - CELLPHONE HANDSFREE
C - ELECTRONIC EQUIPMENT
D - RADIO / CD
E - SMOKING
F - EATING
G - CHILDREN
H - ANIMALS
I - PERSONAL HYGIENE
J - READING
K - OTHER

ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY CRASH FACTOR LIST NUMBER (#) OF PARTY AT FAULT

- ☐ A CVC SECTION VIOLATED ____ CITED ☐ YES ☐ NO
- ☐ B OTHER IMPROPER DRIVING*:
- ☐ C OTHER THAN DRIVER*
- ☐ D UNKNOWN*

WEATHER (MARK 1 TO 2 ITEMS)

- ☐ A CLEAR
- ☐ B CLOUDY
- ☐ C RAINING
- ☒ D SNOWING
- ☐ E FOG / VISIBILITY FT.
- ☐ F OTHER*:
- ☐ G WIND

LIGHTING

- ☒ A DAYLIGHT
- ☐ B DUSK - DAWN
- ☐ C DARK - STREET LIGHTS
- ☐ D DARK - NO STREET LIGHTS
- ☐ E DARK - STREET LIGHTS NOT FUNCTIONING*

ROADWAY SURFACE

- ☐ A DRY
- ☐ B WET
- ☒ C SNOWY - ICY
- ☐ D SLIPPERY (MUDDY, OILY, ETC.)

ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)

- ☐ A HOLES, DEEP RUT*
- ☐ B LOOSE MATERIAL ON ROADWAY*
- ☐ C OBSTRUCTION ON ROADWAY*
- ☐ D CONSTRUCTION - REPAIR ZONE
- ☐ E REDUCED ROADWAY WIDTH
- ☐ F FLOODED*
- ☐ G OTHER*:
- ☒ H NO UNUSUAL CONDITIONS

TRAFFIC CONTROL DEVICES

1	2	3	
X	X		A CONTROLS FUNCTIONING
			B CONTROLS NOT FUNCTIONING*
			C CONTROLS OBSCURED
			☒ D NO CONTROLS PRESENT / FACTOR*

TYPE OF CRASH

- ☐ A HEAD - ON
- ☒ B SIDE SWIPE
- ☐ C REAR END
- ☐ D BROADSIDE
- ☐ E HIT OBJECT
- ☐ F OVERTURNED
- ☐ G VEHICLE / PEDESTRIAN
- ☐ H OTHER*:

MOTOR VEHICLE INVOLVED WITH (MARK 1 TO 2 ITEMS)

- ☐ A NONCOLLISION
- ☐ B PEDESTRIAN
- ☒ C OTHER MOTOR VEHICLE
- ☐ D MOTOR VEHICLE ON OTHER ROADWAY
- ☐ E PARKED MOTOR VEHICLE
- ☐ F TRAIN
- ☐ G BICYCLE
- ☐ H ANIMAL:
- ☐ I FIXED OBJECT:
- ☐ J OTHER OBJECT:
- ☐ K ADDITIONAL OBJECT(S) STRUCK

PEDESTRIAN'S ACTIONS

- ☒ A NO PEDESTRIANS INVOLVED
- ☐ B CROSSING IN CROSSWALK AT INTERSECTION
- ☐ C CROSSING IN CROSSWALK - NOT AT INTERSECTION
- ☐ D CROSSING - NOT IN CROSSWALK
- ☐ E IN ROAD - INCLUDES SHOULDER
- ☐ F NOT IN ROAD
- ☐ G APPROACHING / LEAVING SCHOOL BUS

VEHICLE AUTOMATION LEVEL

1	2	3	
			A SAE LEVEL - 0
X	X		B SAE LEVEL - 1
			C SAE LEVEL - 2
			D SAE LEVEL - 3
			E SAE LEVEL - 4
			F SAE LEVEL - 5
			G UNKNOWN*

VEHICLE AUTOMATION ENGAGED

1	2	3	
X	X		A NO AUTOMATION
			B DRIVER ASSISTANCE
			C PARTIAL AUTOMATION
			D CONDITIONAL AUTOMATION
			E HIGH AUTOMATION
			F FULL AUTOMATION
			G UNKNOWN*

OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)

1	2	3	
			A CVC SECTION VIOLATION CITED ☐ YES ☐ NO
X	X		B CVC SECTION VIOLATION CITED ☐ YES ☐ NO
			C CVC SECTION VIOLATION CITED ☐ YES ☐ NO
			D
			E VISION OBSCUREMENT
			F INATTENTION*:
			G STOP & GO TRAFFIC
			H ENTERING / LEAVING RAMP
			I PREVIOUS CRASH
			J UNFAMILIAR WITH ROAD
			K DEFECTIVE VEH. EQUIP.. CITED ☐ YES ☐ NO
			L UNINVOLVED VEHICLE
			M OTHER*:
X	X		N NONE APPARENT
			O RUNAWAY VEHICLE

MOVEMENT PRECEDING CRASH

- A STOPPED
- B PROCEEDING STRAIGHT
- C RAN OFF ROAD
- D MAKING RIGHT TURN
- E MAKING LEFT TURN
- F MAKING U TURN
- G BACKING
- H SLOWING / STOPPING
- I PASSING OTHER VEHICLE
- J CHANGING LANES
- K PARKING MANEUVER
- L ENTERING TRAFFIC
- M OTHER UNSAFE TURNING
- N XING INTO OPPOSING LANE
- O PARKED
- P MERGING
- Q TRAVELING WRONG WAY
- R OTHER *:
- S LANE SPLITTING

SOBRIETY - DRUG - PHYSICAL (MARK ALL THAT APPLY)

1	2	3	
X	X		A HAD NOT BEEN DRINKING
			B HBD - UNDER INFLUENCE
			C HBD - NOT UNDER INFLUENCE*
			D HBD - IMPAIRMENT UNKNOWN*
			E UNDER DRUG INFLUENCE*:
			DRE EXAM. CONDUCTED
			STIMULANT
			HALLUCINOGEN
			DISSOCIATIVE ANESTHETICS
			NARCOTIC ANALGESIC
			INHALANT
			CANNABIS
			DEPRESSANT
			F IMPAIRMENT - PHYSICAL*
			G IMPAIRMENT NOT KNOWN
			H NOT APPLICABLE
			I SLEEPY / FATIGUED*

SPECIAL INFORMATION

1	2	3	
			A HAZARDOUS MATERIAL
			B CELL PHONE HANDHELD IN USE
			C CELL PHONE HANDSFREE IN USE
X	X		D CELL PHONE NOT IN USE
			E CELL PHONE USE UNKNOWN
			F SCHOOL BUS RELATED

BIKEWAY FACILITY

1	2	3	
			A SHARED ROADWAY
			B CLASS I - BIKE PATH*
			C CLASS II - BIKE LANE*
			D CLASS III - BIKE ROUTE*
			E CLASS IV - SEPARATED BIKEWAY*

SKETCH

REFER TO SKETCH PAGE(S)

INDICATE NORTH

MISCELLANEOUS

☐ REFER TO NARRATIVE FOR ADDITIONAL INFORMATION

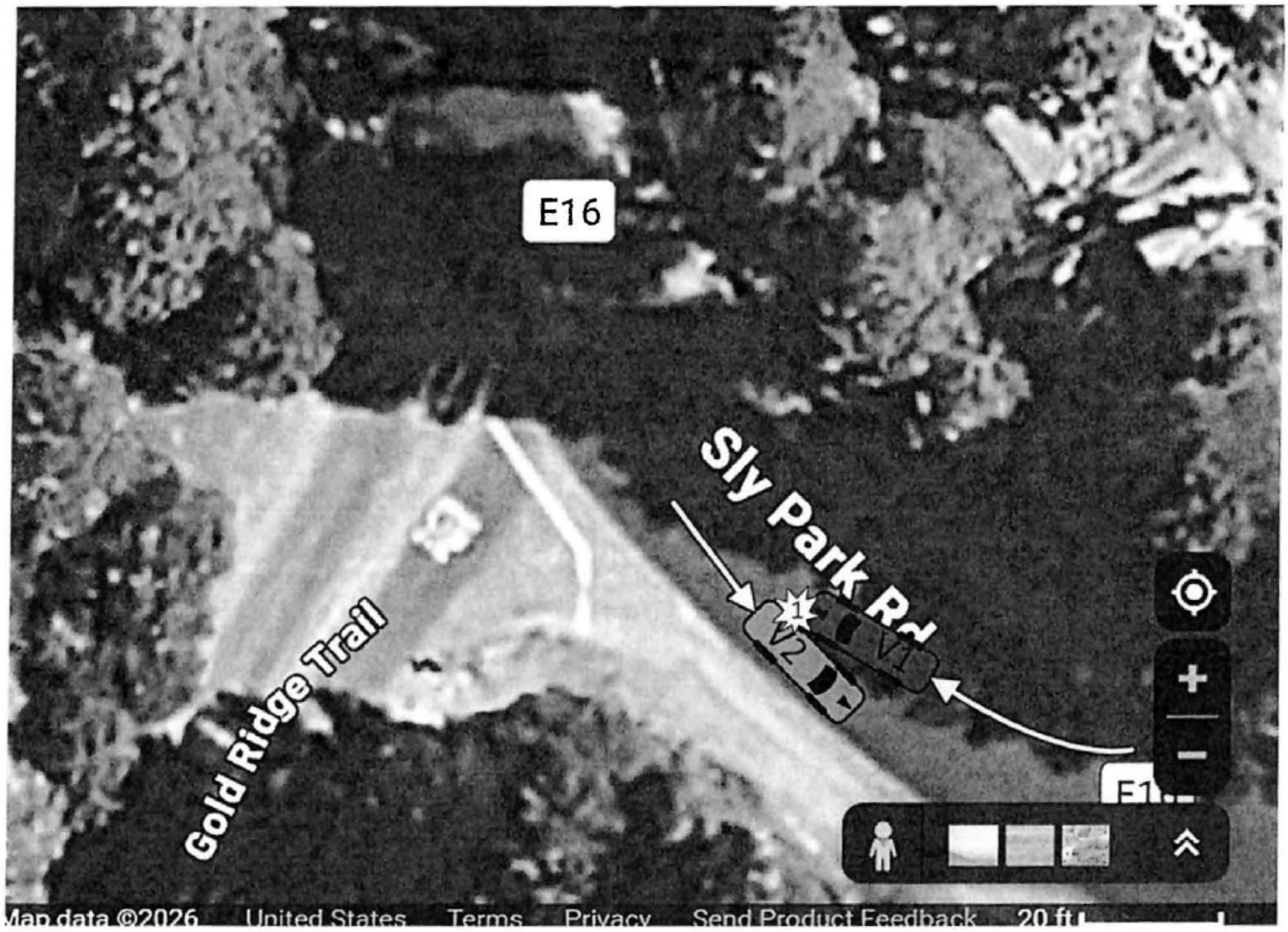
STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SKETCH DIAGRAM

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

CRASH DATE (MO. DAY YEAR)	CRASH TIME (2400)	NCIC #	OFFICER ID	NUMBER
02/19/2026	1055	9245	024888	9245-2026-00204

DATE PREPARER CAPTURED IMAGE: 02/25/2026
PROPRIETOR OF IMAGE: Google
COPYRIGHT YEAR OF IMAGE: 2026



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

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

PREPARED BY	ID NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
CY D WINKLER	024888	02/19/2026	HUGH B COUNCIL, 018782	03/02/2026

An Internationally Accredited Agency

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

OTHER FACTUAL INFORMATION:

Vehicle #1 (V1) (International) is a El Dorado County owned snowplow.

Vehicle #2 (V2) (Ford) is a Diamond Springs/El Dorado Fire Protection District owned fire truck.

STATEMENTS:

Party #1 (P1) (Soto) was contacted at the scene of the crash and related to me in essence the following: P1 was driving V1 northbound on Sly Park Road at 10-15 MPH. V1 had the blade portion down and was actively removing snow from the roadway surface. V1's blade struck hard packed snow/ice which caused V1 to shift to the left. V1's blade collided with the left side of V2.

Party #2 (P2) (Avila) was contacted at the scene of the crash and related to me in essence the following: P2 was driving V2 southbound on Sly Park Road at 20 MPH, responding to a call for service. P1 observed V1 traveling northbound, more on the southbound side of the roadway. P1 moved V2 to the right most part of the roadway. P2 observed the blade kick out from V1 and attempted to move V2 further right. V1's blade collided with the left side of V2.

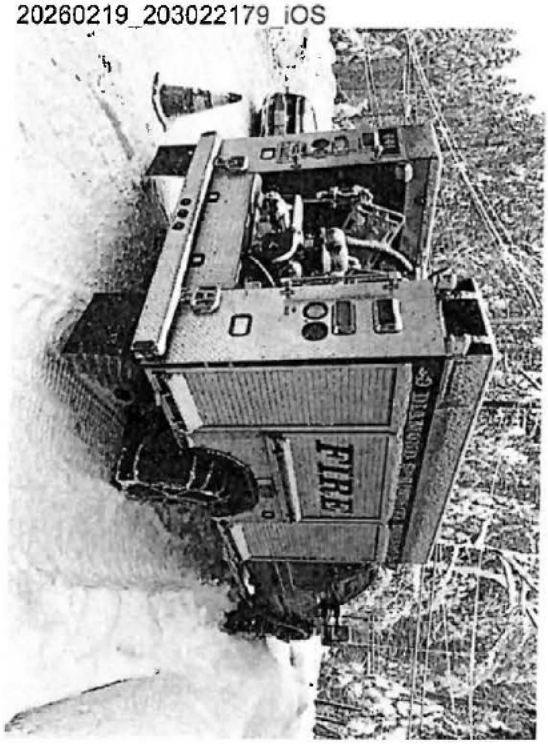
SUMMARY/CAUSE:

Party #1 (P1) (Soto) was driving Vehicle #1 (V1) (International) northbound on Sly Park Road, just south of Gold Ridge Trail, at a stated speed of 15 MPH. Party #2 (P2) (Avila) was driving Vehicle #2 (V2) (Ford) southbound on Sly Park Road at a stated speed of 20 MPH, north of V1. P1 was actively removing snow from the roadway surface with the blade down on V1. V1's blade struck hard pack snow/ice on the roadway surface which caused V1 to shift towards the left. P2 observed V1 shift towards the left and attempted to avoid V1 by moving V2 further right. P1 was unable to correct V1's steering in time. As a result, V1's blade collided with the left side of V2. Both parties remained on scene for CHP arrival.

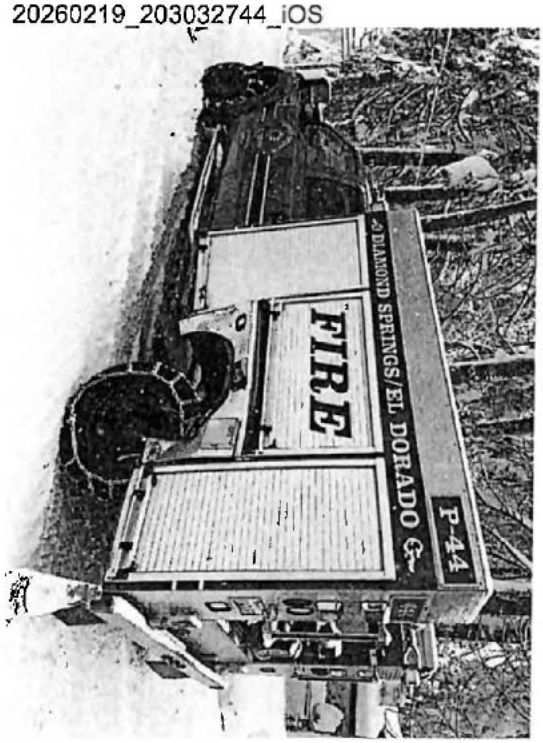
STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
PHOTOS
CHP 555 OPI 060

DATE OF CRASH (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER ID	NUMBER
02/19/2026	1055	9245	024888	9245-2026-00204

20260219_203022179_iOS



20260219_203032744_iOS



PREPARED BY	ID NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
CY D WINKLER	024888	02/19/2026	HUGH B COUNCIL, 018782	03/02/2026

An Internationally Accredited Agency