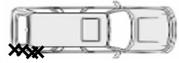


SPECIAL CONDITIONS		NUMBER INJURED <b>1</b>	HIT & RUN FELONY <input checked="" type="checkbox"/>	CITY <b>UNINCORPORATED</b>		JUDICIAL DISTRICT <b>DEL NORTE SUPERIOR COURT DEL NORTE</b>	LOCAL REPORT NUMBER <b>9120-2025-00087</b>			
		NUMBER KILLED <b>0</b>	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY <b>DEL NORTE</b>	REPORTING DISTRICT <b>045</b>	BEAT <b>045</b>	DAY OF WEEK <b>S M T W T F S</b>	TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
<b>LOCATION</b>	CRASH OCCURRED ON <b>SAND MINE RD</b>		CRASH DATE MO. DAY YEAR <b>04/19/2025</b>	CRASH TIME (2400) <b>2200</b>	NOTIFICATION DATE MO. DAY YEAR <b>04/19/2025</b>	NOTIF. TIME (2400) <b>2206</b>	NCIC # <b>9120</b>	OFFICER ID <b>023196</b>		
	<input type="checkbox"/> AT INTERSECTION WITH <input checked="" type="checkbox"/> OR: <b>18 FEET EAST of US-101</b>					STATE HWY REL. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DIGITAL MEDIA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	GPS COORDINATES FOR LOCATION (LOC.) AND AREA(S) OF IMPACT (AOI) <input checked="" type="checkbox"/> SAME AS LOCATION LONG. <input type="checkbox"/> REFER TO NARRATIVE LONG.									
	LOC.	LAT.	LONG.	AOI	LAT.	LONG.	AOI	LAT.	LONG.	
	<b>41.740177</b>	<b>-124.162261</b>	<b>1</b>	<b>41.740177</b>	<b>-124.162261</b>	<b>2</b>				
	AOI	LAT.	LONG.	AOI	LAT.	LONG.	AOI	LAT.		
	<b>3</b>			<b>4</b>			<b>5</b>			
<b>PARTY 1</b>	DRIVER'S LICENSE NUMBER <b>B7325853</b>		STATE <b>CA</b>	CLASS <b>C</b>	AIR BAG <b>M</b>	SAFETY EQUIP. <b>G</b>	VEH. YEAR <b>2020</b>	MAKE/MODEL/COLOR <b>NISS FRONTIER WHI</b>	LICENSE NUMBER <b>70801Z2</b>	STATE <b>CA</b>
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> <b>RANDOLPH DE FOREST HOOPER</b>									
PEDESTRIAN	<input type="checkbox"/>									
PARKED VEHICLE	STREET ADDRESS <b>50 STAGECOACH ROAD (PO BOX 92)</b>									
	CITY/STATE/ZIP <b>GASQUET CA 95543</b>									
BICYCLIST	SEX <input type="checkbox"/>	HAIR <input type="checkbox"/>	EYES <input type="checkbox"/>	HEIGHT <input type="checkbox"/>	WEIGHT <input type="checkbox"/>	BIRTHDATE Mo. Day Year <input type="checkbox"/>	RACE <input type="checkbox"/>	DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
	<b>M</b>	<b>BLK</b>	<b>HZL</b>	<b>5' 11"</b>	<b>190</b>	<b>01/05/1981</b>	<b>W</b>	<b>AFFORDABLE TOW - (707)464-6464</b>		
OTHER	HOME PHONE <b>(707) 951-2656</b>		BUSINESS PHONE <b>UNKNOWN</b>			PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE				
OPERATOR	INSURANCE CARRIER <input type="checkbox"/> <b>NONE</b>		POLICY NUMBER <b>NONE</b>			VEHICLE IDENTIFICATION NUMBER:				
	DIR OF TRAVEL <input type="checkbox"/>	ON STREET OR HIGHWAY <b>SANDMINE RD</b>	LANE <b>W/B</b>	THRU LANES <b>1</b>	TOTAL LANES <b>1</b>	SPEED LIMIT <b>55</b>	VEHICLE TYPE <b>22</b>	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		
	<b>W</b>									
<b>PARTY 2</b>	DRIVER'S LICENSE NUMBER <b>C259922</b>		STATE <b>OR</b>	CLASS <b>F</b>	AIR BAG <b>M</b>	SAFETY EQUIP. <b>G</b>	VEH. YEAR <b>2022</b>	MAKE/MODEL/COLOR <b>HOND PASSPORT BLU</b>	LICENSE NUMBER <b>CU71742</b>	STATE <b>OR</b>
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> <b>MEGAN MICHELLE POSTMA</b>									
PEDESTRIAN	<input type="checkbox"/>									
PARKED VEHICLE	STREET ADDRESS <b>2139 NW HEIDI LN APT D</b>									
	CITY/STATE/ZIP <b>GRANTS PASS OR 97526</b>									
BICYCLIST	SEX <input type="checkbox"/>	HAIR <input type="checkbox"/>	EYES <input type="checkbox"/>	HEIGHT <input type="checkbox"/>	WEIGHT <input type="checkbox"/>	BIRTHDATE Mo. Day Year <input type="checkbox"/>	RACE <input type="checkbox"/>	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
	<b>F</b>	<b>BRN</b>	<b>HZL</b>	<b>5' 4"</b>	<b>170</b>	<b>11/17/1989</b>	<b>W</b>	<b>DRIVEN FROM SCENE</b>		
OTHER	HOME PHONE <b>(916) 291-8750</b>		BUSINESS PHONE <b>UNKNOWN</b>			PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE				
OPERATOR	INSURANCE CARRIER <input type="checkbox"/> <b>PROGRESSIVE</b>		POLICY NUMBER <b>950179601</b>			VEHICLE IDENTIFICATION NUMBER:				
	DIR OF TRAVEL <input type="checkbox"/>	ON STREET OR HIGHWAY <b>SANDMINE ROAD</b>	LANE <b>W/B</b>	THRU LANES <b>1</b>	TOTAL LANES <b>1</b>	SPEED LIMIT <b>55</b>	VEHICLE TYPE <b>07</b>	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		
	<b>W</b>									
<b>PARTY 3</b>	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
DRIVER	NAME (FIRST, MIDDLE, LAST)									
PEDESTRIAN	<input type="checkbox"/>									
PARKED VEHICLE	STREET ADDRESS									
	CITY/STATE/ZIP									
BICYCLIST	SEX <input type="checkbox"/>	HAIR <input type="checkbox"/>	EYES <input type="checkbox"/>	HEIGHT <input type="checkbox"/>	WEIGHT <input type="checkbox"/>	BIRTHDATE Mo. Day Year <input type="checkbox"/>	RACE <input type="checkbox"/>	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
OTHER	HOME PHONE		BUSINESS PHONE			PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE				
OPERATOR	INSURANCE CARRIER		POLICY NUMBER			VEHICLE IDENTIFICATION NUMBER:				
	DIR OF TRAVEL <input type="checkbox"/>	ON STREET OR HIGHWAY	LANE	THRU LANES	TOTAL LANES	SPEED LIMIT		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		
PREPARER'S NAME <b>EDGAR ANAYA, 023196</b>			DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			REVIEWER'S NAME <b>PETER A GONZALEZ</b>			DATE REVIEWED <b>04/30/2025</b>	

CRASH DATE (MO. DAY YEAR) <b>04/19/2025</b>	CRASH TIME (2400) <b>2200</b>	NCIC # <b>9120</b>	OFFICER ID <b>023196</b>	NUMBER <b>9120-2025-00087</b>
--	----------------------------------	-----------------------	-----------------------------	----------------------------------

<b>PROPERTY DAMAGE</b>	OWNER'S NAME	OWNER'S ADDRESS	
PERSON NOTIFIED	<input type="checkbox"/> SAME AS OWNER	TELEPHONE NUMBER	METHOD OF NOTIFICATION (MARK ALL THAT APPLY) <input type="checkbox"/> IN PERSON <input type="checkbox"/> PHONE <input type="checkbox"/> DISPATCH <input type="checkbox"/> CHP 422

LOG / INCIDENT NUMBER

DESCRIPTION OF DAMAGE

<b>SEATING POSITION</b>  <p>1 TO 9 - STANDARD SEATING POSITION</p> <p>10 - REAR OCC. TRK., VAN, STATION WAGON, ETC.*</p> <p>11 - POSITION UNKNOWN*</p> <p>0 - OTHER*</p>	<b>OCCUPANTS</b> 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	<b>SAFETY EQUIPMENT</b> <b>CHILD RESTRAINT</b> Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE <b>M / C BICYCLE - HELMET</b> DRIVER PASSENGER V - NO X - NO W - YES Y - YES	<b>AIR BAG</b> B - UNKNOWN L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED <b>EJECTED FROM VEHICLE</b> 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	<b>INATTENTION CODES</b> 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
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ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (\*) SHOULD BE EXPLAINED IN THE NARRATIVE.

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

SKETCH

REFER TO SKETCH PAGE(S)



INDICATE NORTH

REFER TO NARRATIVE FOR ADDITIONAL INFORMATION

MISCELLANEOUS			SPECIAL INFORMATION		
1	2	3	1	2	3
					A HAZARDOUS MATERIAL
					B CELL PHONE HANDHELD IN USE
					C CELL PHONE HANDSFREE IN USE
			X		D CELL PHONE NOT IN USE
			X		E CELL PHONE USE UNKNOWN
					F SCHOOL BUS RELATED
					<b>BIKEWAY FACILITY</b>
					A SHARED ROADWAY
					B CLASS I - BIKE PATH*
					C CLASS II - BIKE LANE*
					D CLASS III - BIKE ROUTE*
					E CLASS IV - SEPARATED BIKEWAY*

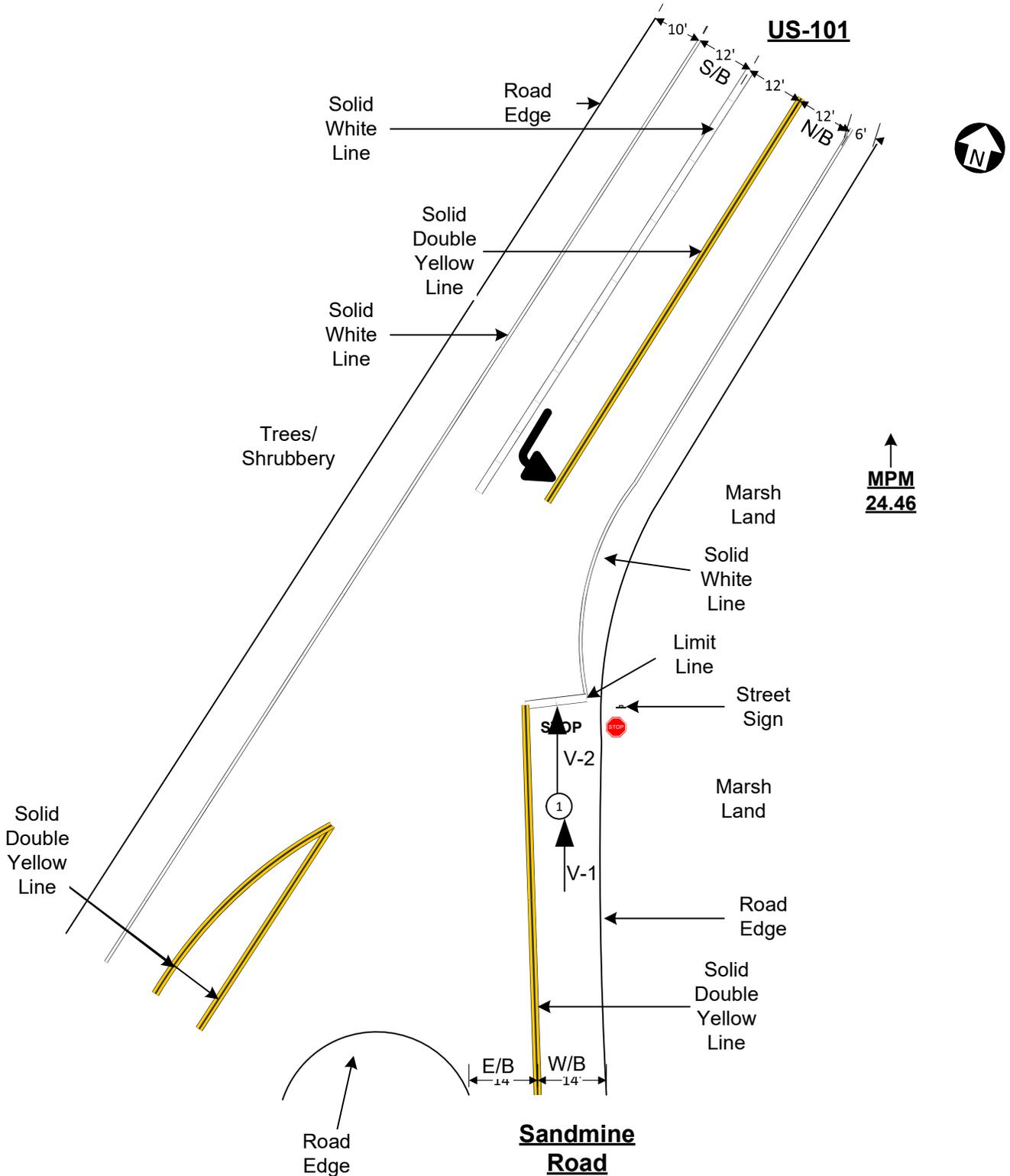
CRASH DATE (MO. DAY YEAR) <b>04/19/2025</b>				CRASH TIME (2400) <b>2200</b>		NCIC # <b>9120</b>		OFFICER ID <b>023196</b>				NUMBER <b>9120-2025-00087</b>							
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)							PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
				FATAL INJURY	SUSPECTED SERIOUS INJURY	SUSPECTED MINOR INJURY	POSSIBLE INJURY	DRIVER	PASS.	PED.	BICYCLIST	OTHER	OPER.						
<input type="checkbox"/> #	<input type="checkbox"/>	35	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	1	M	G	0
NAME / D. O. B. / ADDRESS <b>MEGAN MICHELLE POSTMA (11/17/1989) 2139 NW HEIDI LN APT D GRANTS PASS OR 97526</b>															TELEPHONE <b>(916) 291-8750/UNKNOWN</b>				
(INJURED ONLY) TRANSPORTED BY: <b>TO SEEK OWN AID</b>						EMS RUN NUMBER: <b>N/A</b>				TAKEN TO: <b>N/A</b>									
DESCRIBE INJURIES																			
<b>COMPLAINT OF PAIN TO LOWER BACK, LEFT SHOULDER AND RIGHT FOOT</b>																			
<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"/>					
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"/>					
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"/>					
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"/>					
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 <b>EDGAR ANAYA</b>					ID NUMBER <b>023196</b>			MO. DAY YEAR <b>04/19/2025</b>			REVIEWER'S NAME <b>PETER A GONZALEZ</b>					MO. DAY YEAR <b>04/30/2025</b>			

**SKETCH DIAGRAM**

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

CRASH DATE (MO. DAY YEAR)	CRASH TIME (2400)	NCIC #	OFFICER ID	NUMBER
04/19/2025	2200	9120	023196	9120-2025-00087

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



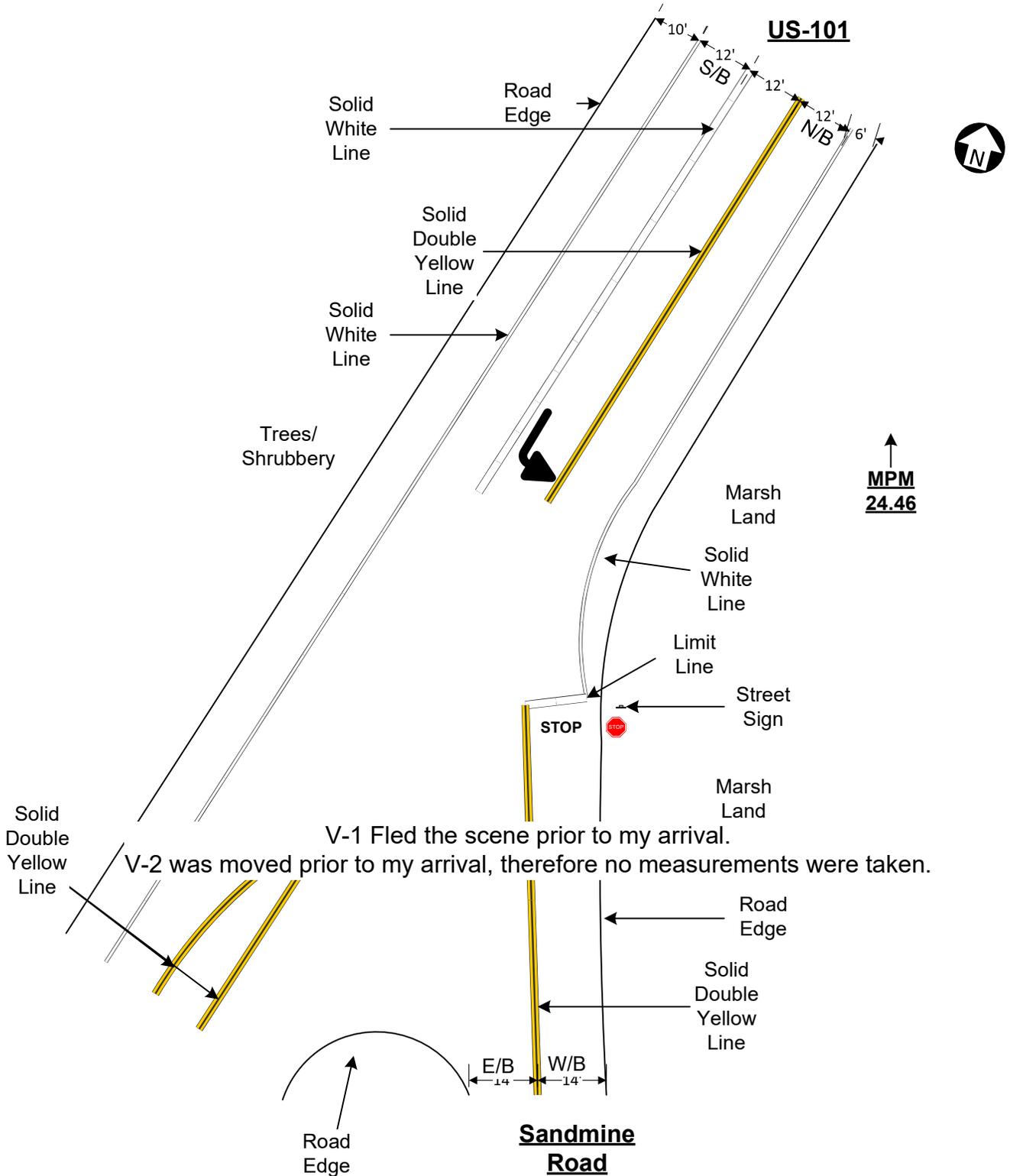
PREPARED BY	ID NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
EDGAR ANAYA	023196	04/19/2025	PETER A GONZALEZ	04/30/2025

**FACTUAL DIAGRAM**

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

CRASH DATE (MO. DAY YEAR)	CRASH TIME (2400)	NCIC #	OFFICER ID	NUMBER
04/19/2025	2200	9120	023196	9120-2025-00087

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



PREPARED BY	ID NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
EDGAR ANAYA	023196	04/19/2025	PETER A GONZALEZ	04/30/2025

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
04/19/2025	2200	9120	023196	9120-2025-00087

1 **FACTUAL DIAGRAM LEGEND:**

2

3 **VEHICLE POINTS OF REST:**

4

5 **Vehicle #1 (V-1, Nissan)**

6

7 Party #1 (P-1, Hooper) fled the scene in Vehicle #1 (V-1, Nissan) prior to my arrival therefore no  
8 measurements were taken.

9

10 **Vehicle #2 (V-2, Honda)**

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12 Vehicle #2 (V-2, Honda) was moved prior to my arrival therefore no measurements were taken.

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14 **PHYSICAL EVIDENCE:**

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16 No physical evidence was located at the scene of the crash.

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PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
EDGAR ANAYA	023196	04/19/2025	PETER A GONZALEZ	04/30/2025

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
04/19/2025	2200	9120	023196	9120-2025-00087

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

4

5 **FACTS**

6

7 **NOTIFICATION**

8 On 04/19/2025, I was on patrol, in a fully marked CHP patrol vehicle (PV) (1548708), wearing a full CHP  
 9 tan uniform, in an unincorporated area of Del Norte County. At approximately 2206 hours, I received a  
 10 notification through Humboldt Communications Center (HCC) of a hit and run traffic crash that occurred on  
 11 Sand Mine Road westbound, east of US-101. HCC advised that the reporting party followed the suspect  
 12 vehicle onto US-101 northbound across from Crescent Beach Motel. HCC advised Del Norte County  
 13 Sheriff Deputies were on-scene with the suspect vehicle a couple seconds prior to my arrival. I responded  
 14 to the scene and arrived at approximately 2211 hours.

15

16 **SCENE DESCRIPTION**

17 This crash occurred on Sand Mine Road which is a county of Del Norte maintained road. This portion of  
 18 Sand Mine Road has one lane of travel westbound and one eastbound lane of travel. The westbound lane  
 19 and eastbound lane are bordered by 1 foot asphalt shoulders and dirt/grass embankments. Sand Mine  
 20 Road at this location intersects with US-101 which is a California state-maintained highway. This portion of  
 21 US-101 has one lane of travel northbound and one lane of travel for southbound, a left turn is located on  
 22 US-101 for traffic traveling from southbound US-101 to eastbound Sand Mine Road. The northbound and  
 23 southbound lane are bordered by asphalt shoulders.

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PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
EDGAR ANAYA	023196	04/19/2025	PETER A GONZALEZ	04/30/2025

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
04/19/2025	2200	9120	023196	9120-2025-00087

## 1 **PARTIES**

2 **Party #1 (P-1, Hooper)** was contacted on the right shoulder of US-101 northbound while seated in the  
3 driver seat of Vehicle #1 (V-1, Nissan) and was identified by his California Driver's License as Randolph De  
4 Forest Hooper. P-1 was determined to be the driver of V-1 at the time of the traffic crash based:

- 5 • P-1's admission to driving and being the sole occupant.
- 6 • P-1 being seated in the driver seat of V-1.
- 7 • P-1 is the registered owner of V-1.
- 8 • P-2's statement

9

10 **Vehicle #1 (V-1, Nissan)** was located on its wheels parked, on the right shoulder of US-101 northbound  
11 facing a northerly direction. V-1 sustained moderate traffic crash damage, which consisted of, but not  
12 limited to the following:

- 13 • Moderate crash damage to the front bumper
- 14 • Moderate crash damage to the front left wheel
- 15 • Moderate crash damage to the left front fender

16

17 **Party #2 (P-2, Postma)** was contacted on the right shoulder of US-101 northbound, a short distance  
18 behind Vehicle #1 (V-1, Nissan), while seated in the driver seat of Vehicle #2 (V-2, Honda) and was  
19 identified by her Oregon Driver's License as Megan Michelle Postma. P-2 was determined to be the driver  
20 of V-2 at the time of the traffic crash based:

- 21 • P-2's admission to driving and being the solo occupant.
- 22 • P-2 being seated in the driver seat of V-2.
- 23 • P-2 is the registered owner of V-2.
- 24 • P-2's injuries consistent with the crash.

25 P-2's sustained injuries to her lower back, left shoulder, and right foot.

26

27 **Vehicle #2 (V-2, Honda)** was located on its wheels parked, on the right shoulder of US-101 northbound  
28 facing a northerly direction. V-1 sustained moderate traffic crash damage, which consisted of, but not  
29 limited to the following:

- 30 • Moderate crash damage to the rear right bumper
- 31 • Moderate crash damage to the rear right quarter panel

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**1 PHYSICAL EVIDENCE**

2 Damage to Vehicle #1 (V-1, Nissan) and Vehicle #2 (V-2, Ford). Paint transfers consistent with being  
3 involved in this crash were located in the damaged area of V-1 and  
4 V-2.

- 5           • Video footage of Hooper inside Elk Valley Casino was provided by Postma, the video shows  
6 Hooper inside Elk Valley Casino an unknown drink on his hand before the traffic crash. The  
7 video was burned to an evidence disc and booked into evidence at the CHP Crescent City  
8 Area office under evidence #: 250419HM0108-3.

**10 HIT AND RUN**

11 After the crash, Party #1 (P-1, Hooper) fled the scene in Vehicle #1 (V-1, Nissan) continuing westbound on  
12 Sand Mine Road and proceeded northbound on US-101. P-1 finally came to a stop on the right shoulder of  
13 US-101 near Crescent Beach Hotel after becoming disabled in V-1. Party #2 (P-2, Postma) followed V-1  
14 after the crash, and related no one else exited V-1 until Del Norte County Deputies and CHP arrived on-  
15 scene. P-1 fled in V-1 and travelled approximately 900 feet away from the crash scene and only stopped  
16 due to V-1 becoming disabled. P-1 was the sole occupant of V-1 and did not stop after crashing into V-2  
17 causing injuries to P-2. P-1 failed to provide information legally required pursuant to Section 20003 and  
18 20004 CVC.

19  
20 Additionally, video surveillance depicting Hooper inside the casino, exiting the premises, and entering V-1  
21 is currently being obtained. Upon acquisition, the footage will be booked into the CHP evidence locker  
22 room and documented in a supplemental report.

23

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**1 OTHER FACTUAL INFORMATION**

2 Party #2 (Postma) was evaluated on-scene by Del Norte Ambulance paramedics for her injuries:

3

4 · Megan Michelle Postma (DOB 11/17/1989, driver) - had complaint of pain to her lower back, left  
5 shoulder and right foot.

6

7 On 04/25/2025, at approximately 1927 hours, Postma provided a copy of her hospital records with her  
8 current injuries caused by the crash. Postma related that the injuries she sustained are a bulged disc in her  
9 neck that has caused numbness and tingling down her right arm and hand. Postma related that this pain  
10 has progressed to moderate intermittent weakness. Postma also included her right shoulder blade pain  
11 feels like a pinch nerve and has lower back pain.

12

13 A copy of Postma's hospital records will be booked into the Crescent City Area's CHP evidence locker  
14 room.

15

**16 STATEMENTS**

17 **Party #1 (P-1, Hooper)** related, in essence, he was driving Vehicle #1 (V-1, Nissan) from Elk Valley  
18 Casino, but he did not crash into any other vehicles. P-1 could not explain why there was crash damage on  
19 V-1.

20

21 **Party #2 (P-2, Postma)** related, in essence, she was stopped in Vehicle #2 (V-2, Honda) at the posted  
22 stop sign on Sand Mine Road westbound, east of US-101 northbound. P-2 related that as she was stopped  
23 in V-2 she felt a sudden impact to the rear of V-2. Immediately the crash, P-2 related V-1 passed her on the  
24 right side of V-2 and stopped approximately 2 feet in front of V-2. P-2 related P-1 stopped for approximately  
25 10 to 15 seconds and then proceeded to flee the scene making a right turn onto US-101 northbound. P-2  
26 related she immediately started to follow V-1 and called 911. P-2 related V-1 was shooting out sparks as V-  
27 1 fled the scene. P-2 related V-1 became disabled and came to a stop on the right shoulder of US-101  
28 across from the Crescent Beach Motel and she stayed on scene and stopped 10-15 feet behind V-1. V-1  
29 related she waited approximately 30 seconds before law enforcement arrived on scene. P-2 remained on  
30 scene near V-1 and waited for CHP and medical assistance.

31

32

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**1 OPINIONS AND CONCLUSIONS**

2

**3 SUMMARY/CAUSE**

4 Party #2 (P-2, Postma) was driving Vehicle #2 (V-2, Honda) in the westbound lane of Sand Mine Road and  
5 had come to a stop at the posted stop sign as it intersects with US-101, preparing to make a right turn onto  
6 northbound US-101. Party #1 (P-1, Hooper) was driving Vehicle #1 (V-1, Nissan) on Sand Mine Road  
7 westbound, east of US-101, at an unknown speed, while under the influence of alcohol, approaching the  
8 rear of V-2. Due to P-1's intoxicated state (23152(a) CVC), and P-1's unsafe speed (Associated Factor  
9 22350 CVC), due to stopped traffic ahead (V-2 stopped). P-1 failed to observe V-2 stopped ahead causing  
10 the front of V-1 to collide with the rear of V-2 (AOI 1). Following the crash, P-1 fled the scene in V-1 onto  
11 northbound US-101, before becoming disabled on US-101 north of the crash scene. P-2 called 911 while  
12 following V-1 and waited until CHP arrival.

13

**14 INTOXICATION NARRATIVE**

15 Upon arrival I noticed Vehicle #1 (V-1, Nissan) with moderate crash damage to the left front side and a  
16 male adult sitting on the driver seat of V-1. Del Norte County Sheriff Deputy Good, ID 4P10, handed me the  
17 driver's license of the male driver. Deputy Good related he had just pulled up behind V-1 as I arrived on  
18 scene and related that the driver seemed to be under the influence of alcohol. I contacted the driver (later  
19 identified by his California Driver's License as Randolph DeForest Hooper, born on 01/05/1981) through  
20 the open driver side window as he was seated in the driver seat of V-1. I asked Party #1 (P-1, Hooper) for  
21 V-1's registration and insurance, P-1 looked at me and started shuffling through papers as he handed me  
22 his Bank of America debit card. After a couple attempts of asking him for V-1's documents with the same  
23 results, I asked P-1 to exit V-1. As P-1 exited V-1 he stumbled as he tried to maintain his balance. I began  
24 to ask P-1 about the traffic crash, and P-1 seem extremely disoriented and related he did not crash and did  
25 not know how the crash damage was on V-1. As P-1 spoke, I began to detect the strong odor of an  
26 alcoholic beverage emitting from his breath and person. The odor of an alcoholic beverage prompted me to  
27 look at P-1's eyes and I detected an extremely red and watery appearance to them. As P-1 continued to  
28 speak, I further detected a slur to his speech. After trying to obtain P-1's traffic crash statement, I began  
29 asking him a series of pre-Field Sobriety Test (Pre-FST) questions, which he answered accordingly. P-1  
30 explained V-1 did not have mechanical defects, he was not sick or injured.

31

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**1 INTOXICATION NARRATIVE**

2 P-1 related he did not have any physical impairments. P-1 related he did not have any alcoholic beverages  
3 to drink after the crash. P-1 related he began driving from Elk Valley Casino and was driving home to  
4 Gasquet. P-1 related he consumed 3 Sierra Nevada Pale Ales beginning at 7:00 PM and stopped drinking  
5 at 10:00 PM. Throughout my contact with P-1, I continued to detect a strong odor of an alcoholic beverage  
6 emitting from his breath and person. I explained and demonstrated a series of FSTs. While performing  
7 (HGN) P-1 would not follow directions and kept moving his head while he followed the tip of my finger. I  
8 was able to observe a lack of smooth pursuit, a distinct and sustained nystagmus at maximum deviation,  
9 and an early onset of nystagmus in both of P-1's eyes prior to 45 degrees. P-1 could not maintain his  
10 balance during the instructional phase. P-1 was swaying heavily and lost his balance multiple times. I had  
11 to assist P-1 in standing, by holding him up from his left arm as he would sway heavily side to side.  
12 Concerned for his safety, I terminated the balance tests. I instructed P-1 to lean on the rear right door of my  
13 PV and I read him the Preliminary Alcohol Screening Device (PAS) admonition. P-1 agreed to participate in  
14 the PAS test and provided one adequate breath, P-1 refused to submit to a second breath sample and  
15 related he was done with the test. P-1 displayed signs and symptoms of impairment due to intoxication  
16 during the instructional phase and execution of the test.

17

18 Based on P-1's admission to driving the SV and being the sole occupant at the time of crash, his objective  
19 signs and symptoms of intoxication, his poor performance of FST's, and P-1 being the registered owner of  
20 V-1, I determined that he was driving V-1 while under the influence of alcohol, a violation of 23152(a) VC.

21

22 I placed P-1 under arrest for the violation of 23152(a) VC per 40300.5(a) VC at approximately 2229 hours. I  
23 placed him in handcuffs and seated him in the right rear passenger seat of my patrol vehicle. I advised P-1  
24 of implied consent and P-1 agreed to submit to a chemical breath test which he did not complete, P-1 kept  
25 putting his lips on the tube but would not give sufficient breaths to complete the test. I then transported P-1  
26 to Sutter Coast Hospital to get medically cleared and complete the chemical blood draw. At approximately  
27 2340 hours, I observed Certified Phlebotomist Technician (CPT) C. Kolmorgan cleanse the top of Hooper's  
28 left arm with a non-alcoholic wipe and draw two vials of blood. CPT C. I took custody of P-1 's blood  
29 samples, and they were later deposited in the Crescent City CHP Area Office Evidence Locker. Following  
30 the medical clearance and the blood draw, I transported Hooper to Del Norte County Jail where he was  
31 booked without further incident at approximately 0000 hours.

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**1 RECOMMENDATIONS**

2 I recommend a copy of this report be forwarded to the Del Norte County District Attorney's office for the  
3 prosecution of: Party #1 (P-1, Randolph De Forest Hooper) for the following:

4

5 - **23153(a) CVC** – It is unlawful for a person who is under the influence of any alcoholic beverage to drive a  
6 vehicle and concurrently do any act forbidden by law, or neglect any duty imposed by law in driving the  
7 vehicle, which act, or neglect proximately causes bodily injury to any person other than the driver

8

- 9 • *Hooper was driving Vehicle #1 when his ability to do so was impaired due to consumption of*  
10 *an alcoholic beverage in violation of 23152 (a) CVC. As a result of his driving under the*  
11 *influence he caused this crash which resulted in injuries to Party #2 (P-2, Postma).*

12

13 - **23153(b) CVC** - It is unlawful for a person who has 0.08 percent or more, by weight of alcohol in his or  
14 her blood to drive a vehicle and concurrently do any act forbidden by law, or neglect any duty imposed by  
15 law in driving the vehicle, which act, or neglect proximately causes bodily injury to any person other than  
16 the driver

17

- 18 • *Hooper was driving Vehicle #1 when his ability to do so was impaired due to consumption of*  
19 *an alcoholic beverage in violation of 23152 (a) CVC. As a result of his driving under the*  
20 *influence of an alcoholic beverage with a BAC greater than 0.08 percent, he caused this*  
21 *crash which resulted in injuries to Party #2 (P-2, Postma).*

22

23 - **20001(a) CVC** - The driver of a vehicle involved in an accident resulting in injury to a person, other than  
24 himself or herself, or in the death of a person shall immediately stop the vehicle at the scene of the  
25 accident.

26

- 27 • *Hooper was the driver of Vehicle #1 and involved in a crash with Vehicle #2 resulting in*  
28 *injury to Party #2 and failed to immediately stop his vehicle (Vehicle #1) at the scene of the*  
29 *crash.*

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