

CLAIM

BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY

May 19, 2026

NOTICE TO CLAIMANT

Claim Against the County, or District Governed by)
the Board of Supervisors, Routing Endorsements,)
and Board Action. All Section references are to)
California Government Codes.)

The copy of this document mailed to you is your notice of the
action taken on your claim by the Board of Supervisors
(Paragraph IV below), given Pursuant to Government Code
Sections 913, 915.2, 915.4. Please Read Warnings

RECEIVED

APR 22 2026

AMOUNT: Exceeding \$25,000.00

CLAIMANT: Francisca Fernandez Saucedo & Leslie Valle Fernandez

COUNTY COUNSEL
MARTINEZ, CALIF.

ATTORNEY: Samuel LC Dollar, Esq.

ADDRESS: 1901 Harrison Street, Suite 1100
Oakland, CA 94612

BY DELIVERY TO COB ON: _____

BY MAIL TO COB POSTMARKED: 4/21/2026

I. FROM: Clerk of the Board of Supervisors

TO: County Counsel

Attached is a copy of the above-noted Claim.

Dated: April 22, 2026

By: [Signature], Deputy

II. FROM: County Counsel

TO: Clerk of the Board of Supervisors

This claim complies substantially with Sections 910 and 910.2.

This claim FAILS to comply substantially with Sections 910 and 910.2, and we are so notifying claimant. The Board cannot act for 15 days (Section 910.8).

Claim is not timely filed. The Clerk should return the claim on the ground that it was filed late and send warning of claimant's right to apply for leave to present a late claim (Section 911.3).

Other: _____

Dated: 4-22-26

By: [Signature], Deputy County Counsel

III. FROM: Clerk of the Board

TO: County Counsel (1)

County Administrator (2)

Claim was returned as untimely with notice to claimant (Section 911.3).

Dated: _____

By: _____, Deputy

IV. STAFF REPORT: By unanimous vote of the Supervisors present:

This claim is rejected in full.

Other: _____

I certify that this is a true and correct copy of the Board's Order entered in its minutes for this date.

Dated: 05/19/26

MONICA NINO, Clerk, By

[Signature]

Deputy Clerk

WARNING (Gov. Code section 913)

Subject to certain exceptions, you have only six (6) months from the date of this notice was personally delivered or deposited in the mail to file a court action on this claim. See Government Code Section 945.6. You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult with an attorney, you should do so immediately.

*For Additional Warning See Reverse Side of This Notice.

AFFIDAVIT OF MAILING

I declare under penalty of perjury that I am now, and at all times herein mentioned, have been a citizen of the United States, over age 18; and that today I deposited in the United States Postal Service in Martinez, California, postage fully prepaid a certified copy of this Board Order and Notice to Claimant, addressed to the claimant or claimant's attorney as shown above.

Dated: 05/19/26

MONICA NINO, Clerk, By

[Signature]

Deputy Clerk

This warning does not apply to claims which are not subject to the California Tort Claims Act, such as actions in inverse condemnation, actions for specific relief such as mandamus or injunction, or Federal Civil Rights claims. The above list is not exhaustive and legal consultation is essential to understand all the separate limitations periods that may apply. The limitations period within which suit must be filed may be shorter or longer depending on the nature of the claim. Consult the specific statutes and cases applicable to your particular claim.

The County of Contra Costa does not waive any of its rights under California Tort Claims Act nor does it waive its rights under the statutes of limitations applicable to actions not subject to the California Tort Claims Act.

BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY
INSTRUCTIONS TO CLAIMANT

- A. 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 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 not later than one year after the accrual of the cause of action.
(Gov. Code § 911.2.)
- B. Claims must be filed with the Clerk of the Board of Supervisors at its office located at: County Administration Building, 1025 Escobar Street, 1st Floor, Martinez, CA 94553.
- C. If claim is against a district governed by the Board of Supervisors, rather than the County, the name of the District should be filed in.
- D. If the claim is against more than one public entity, separate claims must be filed against each public entity.
- E. Fraud- See penalty or fraudulent claims, Penal Code Sec. 72 at the end of this form.

RE: Claim By:

Reserved for Clerk's filing stamp

Francisca Fernandez Saucedo and)
Leslie Valle Fernandez)
Against the County of Contra Costa or)
District)
(Fill in the name))
Damarie JaJuan Blanchard)



The undersigned claimant hereby makes claim against the County of Contra Costa or the above-named district in the sum of \$ See Attached N/A and in support of the claim represents as follows:

1. When did the damage or injury occur? (Give exact date and hour)
11/07 @1034, see attached TCR
2. Where did the damage or injury occur? (Include city and county)
Pittsburg, CA, County of Contra Costa, see attached TCR
3. How did the damage or injury occur? (Give full details; use extra paper if required)
Vehicle Accident, see attachment and attached TCR
4. What particular act or omission on the part of county or district officers, servants or employees caused the damage or injury?
Violation of California Vehicle Code § 22350 (Unsafe Speed) , see attachment and attached TCR
5. What are the names of county or district officers, servants or employees causing the damage or injury?
Damarie JaJuan Blanchard, see attached TCR
6. What damage or injuries do you claim resulted? (Give full extent of injuries or damages claimed. Attach two estimates for auto damage.)
See attachment

7. How was the amount claimed above computed? (Include the estimated amount of any prospective damage or injury.)
Claimants are still treating and amount claimed will exceed \$25,000, please see attachment
8. Names and addresses of witnesses, doctors and hospitals:
Please see attachment
9. List the expenditures you made on account of the accident or injury:

DATE TIME AMOUNT

Please See Attachment

) Gov. Code Sec. 910.2 provides "The claim shall be)
signed by the claimant or by some person on his
behalf.)

SEND NOTICES TO: (Attorney))

Name and address of Attorney)

Samual LC Dollar, Esq.
Blackhawk Law Group, P.C.
1901 Harrison Street Suite 1100
Oakland, CA 94612)



(Claimant's Signature)

1901 Harrison Street, Suite 1100, Oakland, CA 94612)

(Address)

Telephone No. (925) 736-9990)

Telephone No. (707) 799-0427)

PUBLIC RECORDS NOTICE:

Please be advised that this claim form, or any claim filed with the County under the Tort Claims Act is subject to public disclosure under the California Public Records Act. (Gov. Code §§ 6500 et seq.) Furthermore, any attachments, addendums, or supplements attached to the claim form, including medical records, are also subject to public disclosure.

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 either by imprisonment in the County jail for a period of not more than one year, by a fine of not exceeding one thousand dollars (\$1000.00), or by both such imprisonment and fine, or by imprisonment in the state prison, by a fine of not exceeding ten thousand dollars (\$10,000.000, or by both such imprisonment and fine.

1 SAMUAL LC DOLLAR, ESQ. / SBN:340310
2 **BLACKHAWK LAW GROUP, PC**
3 1901 Harrison Street, Suite 1100
4 Oakland, CA 94612-3648
5 Telephone: (925) 736-9990
6 Facsimile: (925) 984-2621
7 samual@blackhawklawgroup.com

8 Attorneys for Claimants

9
10 SUPERIOR COURT OF CALIFORNIA
11 BEFORE THE BOARD OF SUPERVISORS OF THE COUNTY OF CONTRA COSTA
12

13 FRANCISCA FERNANDEZ SAUCEDO, et al.,

**ATTACHMENT TO CLAIMANTS' CLAIM
FOR DAMAGES**

14 Claimants,

15 v.

16 COUNTY OF CONTRA COSTA, DAMARIE
17 JAJUAN BLANCHARD, and DOES 1 through
18 25, inclusive,

19 Respondents.

20 **TO THE BOARD OF SUPERVISORS OF THE COUNTY OF CONTRA COSTA:**

21 Claimants FRANCISCA FERNANDEZ SAUCEDO and LESLIE VALLE FERNANDEZ hereby make
22 a claim for personal injuries and damages arising from the incident described below, and allege as
23 follows:
24

25 1. Claimants' names and contact information are as follows:

26 **Francisca Fernandez Saucedo**
27 820 Power Ave
28 Pittsburg, CA 94565
Telephone: (925) 752-3762

Leslie Valle Fernandez
820 Power Ave
Pittsburg, CA 94565
Telephone: (925) 752-3818

///

1 2. The address to which Claimants desires all correspondence and notices in this matter
2 be sent is the address of her attorney, as follows:

3 Samual L.C. Dollar, Esq.
4 Blackhawk Law Group, P.C.
5 1901 Harrison Street, Suite 1100
6 Oakland, CA 94612
7 (925) 320-7710

8 3. The subject incident occurred on November 7, 2025, at approximately 10:34 a.m., at
9 or near the intersection of California Avenue and Railroad Avenue in Pittsburg, Contra Costa County,
10 California (See attached Traffic Collision Report).

11 4. At the time of the incident, Claimants were lawfully stopped in their vehicle at the
12 intersection of California Avenue and Railroad Avenue.

13 Defendant Damarie JaJuan Blanchard, an employee of the county of Contra Costa operating
14 an on-duty emergency vehicle (Chevrolet Tahoe) owned by the County of Contra Costa, approached
15 the intersection and failed to control his speed, rear-ending Claimants' vehicle.

16 The investigating officer determined that Defendant Blanchard violated California Vehicle
17 Code § 22350 (Unsafe Speed) and caused the collision.

18 Claimants allege that the incident was caused by the negligent acts and omissions of:

- 19 • The County of Contra Costa; and
- 20 • Their employee, Officer Damarie JaJuan Blanchard, acting within the course and scope of his
21 employment.

22 Claimants further allege:

- 23 • Defendant failed to operate the emergency vehicle in a reasonably safe manner;
- 24 • Defendant failed to maintain a proper lookout and safe speed approaching a controlled
25 intersection;
- 26 • Defendant's conduct created a dangerous condition and directly caused the collision;
- 27 • The County is vicariously liable pursuant to Government Code § 815.2;
- 28 • The employee is liable pursuant to Government Code § 820(a).

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1 5. As a direct and proximate result of the incident, Claimants sustained injuries and
2 damages, including but not limited to:

- 3 • Francisca Fernandez Saucedo: complaints of neck and back pain and required emergency
4 transport and medical treatment; Medical costs are unknown to claimant at this time.
- 5 • Leslie Valle Fernandez: sustained injuries requiring chiropractic care;
6 Treatment providers include, but are not limited to:
- 7 • Contra Costa County Fire EMS; Medical costs are unknown to claimant at this time.
- 8 • Sutter Delta Medical Center; Medical costs are unknown to claimant at this time.
- 9 • Oranje Chiropractic; Medical costs are unknown to claimant at this time.

10 Claimants have incurred and will continue to incur:

- 11 • Past and future medical expenses;
- 12 • General damages (pain, suffering, and emotional distress);
- 13 • Incidental and out-of-pocket expenses.
- 14 • Property Damage

15 The amount of damages exceeds \$25,000, and this will be an unlimited civil case.

16 6. Claimants allege that the County of Contra Costa negligently hired, trained,
17 supervised, and retained its employees, including Defendant Blanchard, thereby allowing the
18 conduct described above to occur.

19 7. Not Applicable, this will be an unlimited civil case.

20 8. Not Applicable, this is not a claim for indemnity.

21
22 DATED: April 20, 2026

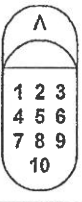
BLACKHAWK LAW GROUP, PC

23
24 By: _____


SAMUAL L.C. DOLLAR

SPECIAL CONDITIONS		NUMBER INJURED 1	HIT & RUN FELONY <input type="checkbox"/>	CITY PITTSBURG	JUDICIAL DISTRICT DELTA	LOCAL REPORT NUMBER 25-6050		
ON-DUTY EMERGENCY VEHICLE		NUMBER KILLED 0	HIT & RUN MISD. <input type="checkbox"/>	COUNTY CONTRA COSTA	REPORTING DISTRICT 1	BEAT 1	DAY OF WEEK Friday	
LOCATION	CRASH OCCURRED ON CALIFORNIA AVE			MO. DAY YEAR 11/07/2025	TIME (2400) 1034	NCIC # 0708	OFFICER I.D. 423	
	MILEPOST INFORMATION FEET OF			GPS COORDINATES LATITUDE 43.554776 LONGITUDE -100.125519		PHOTOGRAPHS BY <input type="checkbox"/> NONE		
	<input checked="" type="checkbox"/> AT INTERSECTION WITH <input type="checkbox"/> OR FEET NORTH OF RAILROAD AVE			STATE HWY REL <input type="checkbox"/>		COLAW		
PARTY 1	DRIVER'S LICENSE NUMBER B4431622	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. B	VEH. YEAR 2020	MAKE / MODEL / COLOR CHEVROLET TAHOE BLUE	
DRIVER	NAME (FIRST, MIDDLE, LAST) DAMARIE JAJUAN BLANCHARD			On Duty Emergency Vehicle				
PEDESTRIAN	STREET ADDRESS 1026 ESCOBAR ST			OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE	CITY / STATE / ZIP MARTINEZ / CA / 94553			COUNTY OF CONTRA COSTA OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER				
BICYCLIST	SEX M	HAIR BLD	EYES BRN	HEIGHT 507	WEIGHT 165	BIRTH DATE 12/08/1978	RACE B	
OTHER	HOME PHONE (925) 305-7227			BUSINESS PHONE (925) 655-0000				
OPERATOR	INSURANCE CARRIER CONTRA COSTA COUNTY			POLICY NUMBER				
	DIR OF TRAVEL NORTH	ON STREET OR HIGHWAY RAILROAD AVE	LANE 4	THRU LANES 2	TOTAL LANES 5	SPEED LIMIT 35	VEHICLE IDENTIFICATION NUMBER: 1GNLCKK1LR158941	
	VEHICLE TYPE 48			DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER			SHADE IN DAMAGE AREA 	
	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE							
PARTY 2	DRIVER'S LICENSE NUMBER W8755984	STATE CA	CLASS M	AIR BAG M	SAFETY EQUIP. C	VEH. YEAR 2014	MAKE / MODEL / COLOR FORD FUSION WHITE	
DRIVER	NAME (FIRST, MIDDLE, LAST) FRANCISCA FERNANDEZ SAUCEDO			OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER				
PEDESTRIAN	STREET ADDRESS 820 POWER AVE			OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE	CITY / STATE / ZIP PITTSBURG / CA /			DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER				
BICYCLIST	SEX F	HAIR RED	EYES BRN	HEIGHT 500	WEIGHT 200	BIRTH DATE 10/04/1977	RACE H	
OTHER	HOME PHONE (925) 752-3762			BUSINESS PHONE () -				
OPERATOR	INSURANCE CARRIER NONE			POLICY NUMBER				
	DIR OF TRAVEL NORTH	ON STREET OR HIGHWAY RAILROAD AVE	LANE 4	THRU LANES 2	TOTAL LANES 5	SPEED LIMIT 35	VEHICLE IDENTIFICATION NUMBER: 3FA6P0G70ER293534	
	VEHICLE TYPE 01			DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER			SHADE IN DAMAGE AREA 	
	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE							
PARTY 3	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR	
DRIVER	NAME (FIRST, MIDDLE, LAST)			OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER				
PEDESTRIAN	STREET ADDRESS			OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE	CITY / STATE / ZIP			DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER				
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTH DATE	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	VEHICLE IDENTIFICATION NUMBER:	
	VEHICLE TYPE			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			SHADE IN DAMAGE AREA 	
	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE							
PREPARER'S NAME Colaw, Darrien 423		DISPATCH NOTIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		REVIEWER'S NAME Chavez, Christopher 354			DATE REVIEWED 11/09/2025	

PITTSBURG CONTROLLED DOCUMENT 17-17-2025 8:06:30 AM

DATE OF CRASH (MO. DAY YEAR) 11/07/2025		TIME (2400) 1034	NCIC # 0708	OFFICER ID 423	NUMBER 25-6050		
PROPERTY DAMAGE	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							
SEATING POSITION  <p>1 TO 9 - STANDARD SEATING POSITION 10 - REAR SEAT, TRUCK, VAN, STATION WAGON, ETC.* 11- POSITION UNKNOWN 0 - OTHER</p>		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 PASSENGER V - NO X - NO W - YES 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		TRAFFIC CONTROL DEVICES		VEHICLE AUTOMATION LEVEL		MOVEMENT PRECEDING CRASH	
LIST NUMBER (#) OF PARTY AT FAULT							
1 A CVC SECTION VIOLATED 22350		A CONTROLS FUNCTIONING		1 A SAE LEVEL - 0		A STOPPED	
B OTHER IMPROPER DRIVING*		B CONTROLS NOT FUNCTIONING*		B SAE LEVEL - 1		B PROCEEDING STRAIGHT	
C OTHER THAN DRIVER*		C CONTROLS OBSCURED		C SAE LEVEL - 2		C RAN OFF ROAD	
D UNKNOWN*		D NO CONTROLS PRESENT/FACTOR*		D SAE LEVEL - 3		D MAKING RIGHT TURN	
		TYPE OF COLLISION		E SAE LEVEL - 4		E MAKING LEFT TURN	
		A HEAD - ON		F SAE LEVEL - 5		F MAKING U TURN	
		B SIDESWIPE		G UNKNOWN		G BACKING	
		X C REAR END		VEHICLE AUTOMATION ENGAGED		H SLOWING / STOPPING	
		D BROADSIDE		A NO AUTOMATION		I PASSING OTHER VEHICLE	
WEATHER (MARK 1 TO 2 ITEMS)		E HIT OBJECT		B DRIVER ASSISTANCE		J CHANGING LANES	
X A CLEAR		F OVERTURNED		C PARTIAL ASSISTANCE		K PARKING MANEUVER	
B CLOUDY		G VEHICLE PEDESTRIAN		D CONDITIONAL AUTOMATION		L ENTERING TRAFFIC	
C RAINING		H OTHER*		E HIGH AUTOMATION		M OTHER UNSAFE TURNING	
D SNOWING		MOTOR VEHICLE INVOLVED WITH (MARK 1 TO 2 ITEMS)		F FULL AUTOMATION		N XING INTO OPPOSING LANE	
E FOG / VISIBILITY .FT		A NON - COLLISION		G UNKNOWN*		O PARKED	
F OTHER*		B PEDESTRIAN				P MERGING	
G WIND		C OTHER MOTOR VEHICLE				Q TRAVELING WRONG WAY	
		D MOTOR VEHICLE ON OTHER ROADWAY				R OTHER*	
LIGHTING		E PARKED MOTOR VEHICLE		OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)		S LANE SPLITTING	
X A DAYLIGHT		F TRAIN		A VIOSECTION VIOLATION CITED		SOBRIETY - DRUG PHYSICAL (MARK ALL THAT APPLY)	
B DUSK - DAWN		G BICYCLE		B VIOSECTION VIOLATION CITED		A HAD NOT BEEN DRINKING	
C DARK - STREET LIGHTS		H ANIMAL:		C VIOSECTION VIOLATION CITED		B HBD - UNDER INFLUENCE	
D DARK - NO STREET LIGHTS		I FIXED OBJECT:		D VIOSECTION VIOLATION CITED		C HBD - NOT UNDER INFLUENCE*	
E DARK - STREET LIGHTS NOT FUNCTIONING*		J OTHER OBJECT:		E VISION OBSCUREMENT		D HBD - IMPAIRMENT UNKNOWN*	
ROADWAY SURFACE		K ADDITIONAL OBJECT(S) STRUCK		F INATTENTION*		E UNDER DRUG INFLUENCE*	
X A DRY		PEDESTRIAN'S ACTIONS		G STOP & GO TRAFFIC		DRE EXAM CONDUCTED	
B WET		A NO PEDESTRIANS INVOLVED		H ENTERING / LEAVING RAMP		STIMULANT	
C SNOWY - ICY		B CROSSING IN CROSSWALK AT INTERSECTION		I PREVIOUS CRASH		HALLUCINOGEN	
D SLIPPERY (MUDDY, OILY, ETC.)		C CROSSING IN CROSSWALK - NOT AT INTERSECTION		J UNFAMILIAR WITH ROAD		DISSOCIATE ANESTHETICS	
		D CROSSING - NOT IN CROSSWALK		K DEFECTIVE VEH. EQUIP. CITED		NARCOTIC ANALGESIC	
		E IN ROAD - INCLUDES SHOULDER		L UNINVOLVED VEHICLE		INHALANT	
		F NOT IN ROAD		M OTHER*		CANNABIS	
		G APPROACHING / LEAVING SCHOOL BUS		N NONE APPARENT		DEPRESSANT	
				O RUNAWAY VEHICLE		IMPAIRMENT - PHYSICAL*	
						IMPAIRMENT NOT KNOWN	
						I NOT APPLICABLE	
						I SLEEP / FATIGUED*	
						SPECIAL INFORMATION	
						A HAZARDOUS MATERIAL	
						B CELL PHONE HANDHELD IN USE	
						C CELL PHONE HANDSFREE IN USE	
						D CELL PHONE NOT IN USE	
						E CELL PHONE USE UNKNOWN	
						F SCHOOL BUS RELATED	
						BIKEWAY FACILITY	
						A SHARED ROADWAY	
						B CLASS I - BIKE PATH *	
						C CLASS II - BIKE LANE *	
						D CLASS III - BIKE ROUTE *	
						E CLASS IV - SEPERATED BIKEWAY	
☒ "See Attached Sketch" ☐ "See Attached factual diagram"		Miscellaneous					

DATE OF CRASH (MO. DAY YEAR) 11/07/2025				TIME (2400) 1034				NCIC # 0708				OFFICER ID 423				NUMBER 25-6050							
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.	BICYCLUS	OTHER	OPER.										
<input type="checkbox"/>	<input type="checkbox"/>	48	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"/>	1	1	M	C	0				
NAME / D.O.B. / ADDRESS FRANCISCA FERNANDEZSAUCEDO / 10/04/1977 / 820 POWER AVE PITTSBURG CA 94565 US																	Telephone (925) 752-3762						
(INJURED ONLY) TRANSPORTED BY AMR								EMS RUN NUMBER 53				TAKEN TO SUTTER DELTA MEDICAL CENTER											
DESCRIBE INJURIES Complaints of pain to her neck and back																							
<input checked="" type="checkbox"/>	# 1	<input type="checkbox"/>	24	<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 LESLIE BALLE / 08/25/2001 / 825 POWER AVE PITTSBURG CA 94565 US																	Telephone (925) 732-3818						
(INJURED ONLY) TRANSPORTED BY								EMS RUN NUMBER				TAKEN TO											
DESCRIBE INJURIES																							
<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"/>	<input type="checkbox"/>				
NAME / D.O.B. / ADDRESS / /																	Telephone						
(INJURED ONLY) TRANSPORTED BY								EMS RUN NUMBER				TAKEN TO											
DESCRIBE INJURIES																							
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DESCRIBE INJURIES																							
PREPARED BY Colaw, Darrien 423								ID NUMBER 423				MO DAY YEAR 11/07/2025				REVIEWERS NAME Chavez, Christopher 354				MO DAY YEAR 11/09/2025			

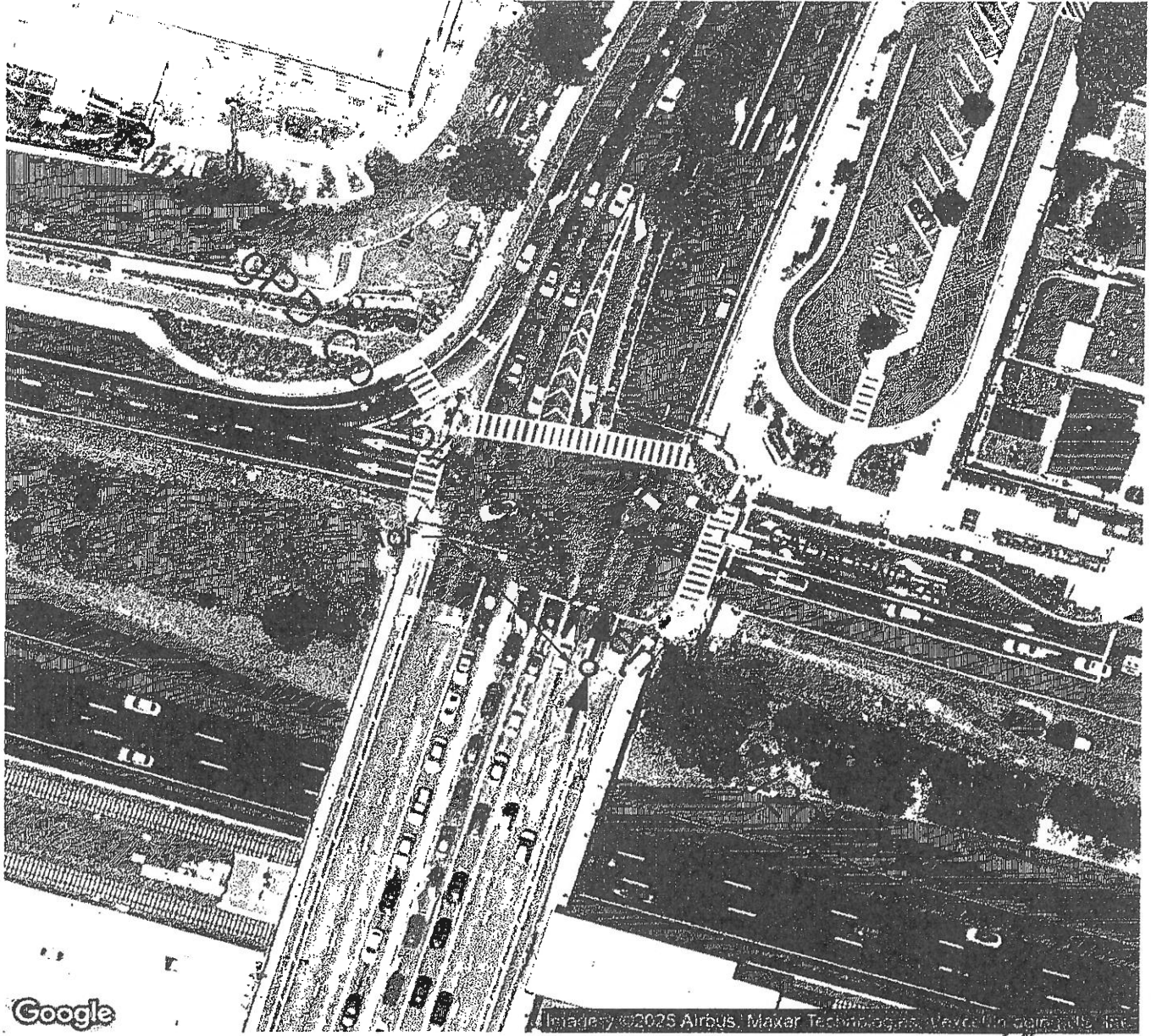
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SKETCH

CHP 555 Page 4 (Rev. 4-11) OPI 060

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
11/07/2025	1034	0708	423	25-6050

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED



11/11

PREPARED BY	ID NUMBER	MO DAY YEAR	REVIEWERS NAME	MO DAY YEAR
Colaw, Darrien 423	423	11/07/2025	Chavez, Christopher 354	11/09/2025

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
11/07/2025	1034	0708	423	25-6050

1 **FACTS**

2 **NOTIFICATION**

3 I responded to assist with a minor traffic collision at the intersection of California Ave and Railroad Ave in
4 the City of Pittsburg. I responded from the Pittsburg Police Station. All times, speeds, and measurements
5 in this investigation are approximate.

6 **OPINIONS AND CONCLUSIONS**

7 **SUMMARY**

8 V-1 (Chevy Tahoe) was being driven by Damarie Jajuan Blanchard. V-2 (Ford Fusion) was being driven by
9 Francisca Fernandez-Saucedo. V-2 was stopped at the intersection of Railroad Ave and California Ave. V-
10 1 was approaching V-2 as it was stopped and failed to control its speed, causing the collision.

11 **AREA OF IMPACT (AOI)**

12 AOI #1 (Chevy Tahoe vs Ford Fusion) was determined to be approximately 24 feet west of the east
13 Railroad Ave curb line.

14 **CAUSE**

15 D-1 was determined to have caused the collision by being in violation of CVC22350 - Unsafe Speed. D-1
16 failed to control his speed approaching the intersection, and collided with D-2's vehicle.

17 **RECOMMENDATIONS**

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PREPARED BY	ID NUMBER	MO DAY YEAR	REVIEWERS NAME	MO DAY YEAR
Colaw, Darrien 423	423	11/07/2025	Chavez, Christopher 354	11/09/2025



ORIGIN ID:CCRA (925) 270-9480
DD KANG
BLACKHAWK LAW GROUP
124 RIMINI CT
DANVILLE, CA 94506
UNITED STATES US

SHIP DATE: 21APR26
ACTWGT: 0.05 LB
CAD: 6572009/ROSA2710

BILL THIRD PARTY

TO CLERK OF THE BOARD OF SUPERVIORS
COUNTY ADMINISTRATION BUILDING
1025 ESCOBAR STREET
1ST FLOOR
MARTINEZ CA 94553

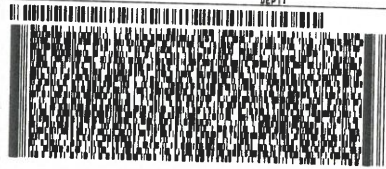
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