



November 2, 2023

Board of Directors
Ventura Regional Sanitation District
Ventura, California

RECEIVE AND FILE DISTRICT STAFF REPORT REGARDING THE EMERGENCY REPAIR OF THE FRONT GATE FOR THE TOLAND ROAD LANDFILL

RECOMMENDATION

Receive and file the staff report regarding the emergency repair of the damaged front gate at the Toland Road Landfill.

FISCAL IMPACT

While the District will make every reasonable attempt to recover the repair costs from the responsible party, if that should not be possible, then the District's fund balance will have to cover approximately \$55,000 worth of repairs. It should be noted that the District's property insurance policy has a \$100,000 deductible, which exceeds the repair costs.

BACKGROUND

On September 9th, 2023 at 11:15 PM an employee of Security Enforcement Group (SEG) drove his company car into the front gate for the Toland Road landfill. The impact ripped the gate out of the rail and destroyed the operating unit. The gate and operating system were completely destroyed.

Staff authorized nearly \$55,000 of emergency repair work, of which \$53,550 was to Perimeter Security for the installation of a temporary gate to secure the area as well as for the replacement of the damaged gate. Perimeter Security is the vendor that installed the original gate and has been performing all maintenance and repair on the gate.

There is a California Highway Patrol report for this incident, which is attached to this board letter (See Attachment No. 1) The SEG employee claims he never saw the gate in the dark when he slammed his car into it. After filing claims with SEG's insurance carrier, the District was notified that no policy was in place that would cover the damage caused in this incident. Staff is working with legal counsel to attempt to recover the cost from SEG.

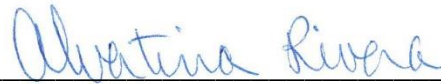
This letter has been reviewed by Legal Counsel as to form.

If you should have any questions or need additional information, please contact me by phone at (805) 658-4679 or via email at richardjones@vrsd.com.



RICHARD JONES, DIRECTOR OF OPERATIONS

APPROVED FOR FISCAL IMPACT:



Alvertina Rivera, Director of Finance

APPROVED FOR AGENDA:



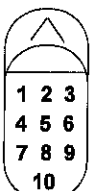
Chris Theisen, General Manager

Attachments: No. 1 California Highway Patrol Report

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

SPECIAL CONDITIONS		NUMBER INJURED 0	HIT & RUN FELONY <input type="checkbox"/>	CITY UNINCORPORATED		JUDICIAL DISTRICT	LOCAL REPORT NUMBER 9765-2023-01479				
		NUMBER KILLED 0	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY VENTURA		VENTURA SUPERIOR COURT VENTURA DIVISION REPORTING DISTRICT BEAT 004	DAY OF WEEK S M T W T F S	TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
LOCATION	CRASH OCCURRED ON TOLAND ROAD		CRASH DATE MO. DAY YEAR 09/10/2023		CRASH TIME (2400) 2500	NOTIFICATION DATE MO. DAY YEAR 09/10/2023	NOTIF. TIME (2400)	NCIC # 9765	OFFICER ID 019277		
	<input type="checkbox"/> AT INTERSECTION WITH		<input checked="" type="checkbox"/> OR: 1.1 MILES NORTH of SR-126 (TELEGRAPH ROAD)		STATE HWY REL. <input type="checkbox"/> YES <input checked="" 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) LOC. LAT. LONG. AOI LAT. LONG. <input checked="" type="checkbox"/> SAME AS LOCATION <input type="checkbox"/> REFER TO NARRATIVE										
	AOI 3	LAT.	LONG.	AOI 4	LAT.	LONG.	AOI 5	LAT.	LONG.	ADDTL AOI(e)	
3			4			5					
PARTY 1	DRIVER'S LICENSE NUMBER N4152608	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 2019	MAKE/MODEL/COLOR TOYT COROLLA HATCHBACK WHI	LICENSE NUMBER 8HFL520	STATE CA		
DRIVER	NAME (FIRST, MIDDLE, LAST) ALLAN CLYDE HEYL										
PEDESTRIAN	<input checked="" type="checkbox"/>										
STREET ADDRESS	6836 LINDLEY AVE										
CITY/STATE/ZIP	RESEDA CA 91335										
SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE	OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER SANDRA CARRILLO				
M	BRN	BRN	5' 10"	185	03/12/1955	W	OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER 1600 N KENMORE AVE LOS ANGELES CA 90027				
HOME PHONE	BUSINESS PHONE		DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER								
(562) 939-8080	NONE		LEFT ON SCENE TO BE PICKED UP BY OWNER - JULIO CARRILLO.								
INSURANCE CARRIER	POLICY NUMBER		PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE								
ATEGRITY SPECIALTY INSURANCE CO.	0053 1557-0		VEHICLE IDENTIFICATION NUMBER: JTNK4RBEXK3025656								
DIR OF TRAVEL	ON STREET OR HIGHWAY	LANE	THRU LANES	TOTAL LANES	SPEED LIMIT	VEHICLE TYPE	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER				
N	TOLAND ROAD	N/B	1	1	55	01	<table border="1" style="width:100%; height: 40px;"> <tr> <td>CA _____ DOT _____</td> </tr> <tr> <td>CAL-T _____ TCP/PSC _____ MCMX _____</td> </tr> </table>			CA _____ DOT _____	CAL-T _____ TCP/PSC _____ MCMX _____
CA _____ DOT _____											
CAL-T _____ TCP/PSC _____ MCMX _____											
PARTY 2	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"/>										
STREET ADDRESS	OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER										
CITY/STATE/ZIP	OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER										
SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER				
PRIOR MECHANICAL DEFECTS:	<input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE										
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										
DIR OF TRAVEL	ON STREET OR HIGHWAY	LANE	THRU LANES	TOTAL LANES	SPEED LIMIT	CA _____ DOT _____	CAL-T _____ TCP/PSC _____ MCMX _____				
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	<input type="checkbox"/>										
STREET ADDRESS	OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER										
CITY/STATE/ZIP	OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER										
SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER				
PRIOR MECHANICAL DEFECTS:	<input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE										
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										
DIR OF TRAVEL	ON STREET OR HIGHWAY	LANE	THRU LANES	TOTAL LANES	SPEED LIMIT	CA _____ DOT _____	CAL-T _____ TCP/PSC _____ MCMX _____				
PREPARER'S NAME B. VYSOCHIN, 019277	DISPATCH NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		REVIEWER'S NAME R BENTLEY, 020334				DATE REVIEWED 09/15/2023				

CRASH DATE (MO. DAY YEAR) 09/10/2023		CRASH TIME (2400) 2500	NCIC # 9765	OFFICER ID 019277	NUMBER 9765-2023-01479
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					


<p>SEATING POSITION</p>  <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>	<p>OCCUPANTS</p> <p>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</p>	<p>SAFETY EQUIPMENT</p> <p>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</p> <p>M/C BICYCLE - HELMET DRIVER PASSENGER V - NO X - NO W - YES Y - YES</p>	<p>AIR BAG B - UNKNOWN L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED</p> <p>EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN</p>	<p>INATTENTION CODES</p> <p>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</p>
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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	1 2 3			VEHICLE AUTOMATION LEVEL	1 2 3			MOVEMENT PRECEDING CRASH
		1	2	3		1	2	3	
1 A CVC SECTION VIOLATED: VC 22350 CITED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	A CONTROLS FUNCTIONING	X			A SAE LEVEL - 0				A STOPPED
	B OTHER IMPROPER DRIVING*:				B SAE LEVEL - 1			X	B PROCEEDING STRAIGHT
	C OTHER THAN DRIVER*:	X			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 CRASH				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
	C REAR END								H SLOWING / STOPPING
	D BROADSIDE	1	2	3	VEHICLE AUTOMATION ENGAGED				I PASSING OTHER VEHICLE
X A CLEAR	E HIT OBJECT	X			A NO AUTOMATION				J CHANGING LANES
B CLOUDY	F OVERTURNED				B DRIVER ASSISTANCE				K PARKING MANEUVER
C RAINING	G VEHICLE / PEDESTRIAN				C PARTIAL AUTOMATION				L ENTERING TRAFFIC
D SNOWING	H OTHER*:				D CONDITIONAL AUTOMATION				M OTHER UNSAFE TURNING
E FOG / VISIBILITY FT.	MOTOR VEHICLE INVOLVED WITH (MARK 1 TO 2 ITEMS)				E HIGH AUTOMATION				N XING INTO OPPOSING LANE
F OTHER*:	A NONCOLLISION				F FULL AUTOMATION				O PARKED
G WIND	B PEDESTRIAN				G UNKNOWN*				P MERGING
LIGHTING	C OTHER MOTOR VEHICLE								Q TRAVELING WRONG WAY
X A DAYLIGHT	D MOTOR VEHICLE ON OTHER ROADWAY	1	2	3	OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)				R OTHER*:
B DUSK - DAWN	E PARKED MOTOR VEHICLE				A CVC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO	1	2	3	S LANE SPLITTING
C DARK - STREET LIGHTS	F TRAIN				B CVC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				SOBRIETY - DRUG - PHYSICAL (MARK ALL THAT APPLY)
D DARK - NO STREET LIGHTS	G BICYCLE				C CVC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				A HAD NOT BEEN DRINKING
E DARK - STREET LIGHTS NOT FUNCTIONING*	H ANIMAL:				D [REDACTED]				B HBD - UNDER INFLUENCE
ROADWAY SURFACE	X I FIXED OBJECT: METAL SECURITY GATE				E VISION OBSCUREMENT:				C HBD - NOT UNDER INFLUENCE*
X A DRY	J OTHER OBJECT:				F INATTENTION*:				D HBD - IMPAIRMENT UNKNOWN*
B WET	K ADDITIONAL OBJECT(S) STRUCK				G STOP & GO TRAFFIC				E UNDER DRUG INFLUENCE*:
C SNOWY - ICY	PEDESTRIAN'S ACTIONS				H ENTERING / LEAVING RAMP				DRE EXAM. CONDUCTED
D SLIPPERY (MUDDY, OILY, ETC.)	X A NO PEDESTRIANS INVOLVED				I PREVIOUS CRASH				STIMULANT
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)	B CROSSING IN CROSSWALK AT INTERSECTION				J UNFAMILIAR WITH ROAD				HALLUCINOGEN
A HOLES, DEEP RUT*	C CROSSING IN CROSSWALK - NOT AT INTERSECTION				K DEFECTIVE VEH. EQUIP., ^{CITED} <input type="checkbox"/> YES <input type="checkbox"/> NO				DISSOCIATIVE ANESTHETICS
B LOOSE MATERIAL ON ROADWAY*	D CROSSING - NOT IN CROSSWALK				L UNINVOLVED VEHICLE				NARCOTIC ANALGESIC
C OBSTRUCTION ON ROADWAY*	E IN ROAD - INCLUDES SHOULDER				M OTHER*:	X			INHALANT
D CONSTRUCTION - REPAIR ZONE	F NOT IN ROAD	X			N NONE APPARENT				CANNABIS
E REDUCED ROADWAY WIDTH	G APPROACHING / LEAVING SCHOOL BUS				O RUNAWAY VEHICLE				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

MISCELLANEOUS

1 2 3

SPECIAL INFORMATION

A HAZARDOUS MATERIAL

B CELL PHONE HANDHELD IN USE

C CELL PHONE HANDSFREE IN USE

X D CELL PHONE NOT IN USE

E CELL PHONE USE UNKNOWN

F SCHOOL BUS RELATED

1 2 3

BIKEWAY FACILITY

A SHARED ROADWAY

B CLASS I - BIKE PATH*

C CLASS II - BIKE LANE*

D CLASS III - BIKE ROUTE*

E CLASS IV - SEPARATED BIKEWAY*

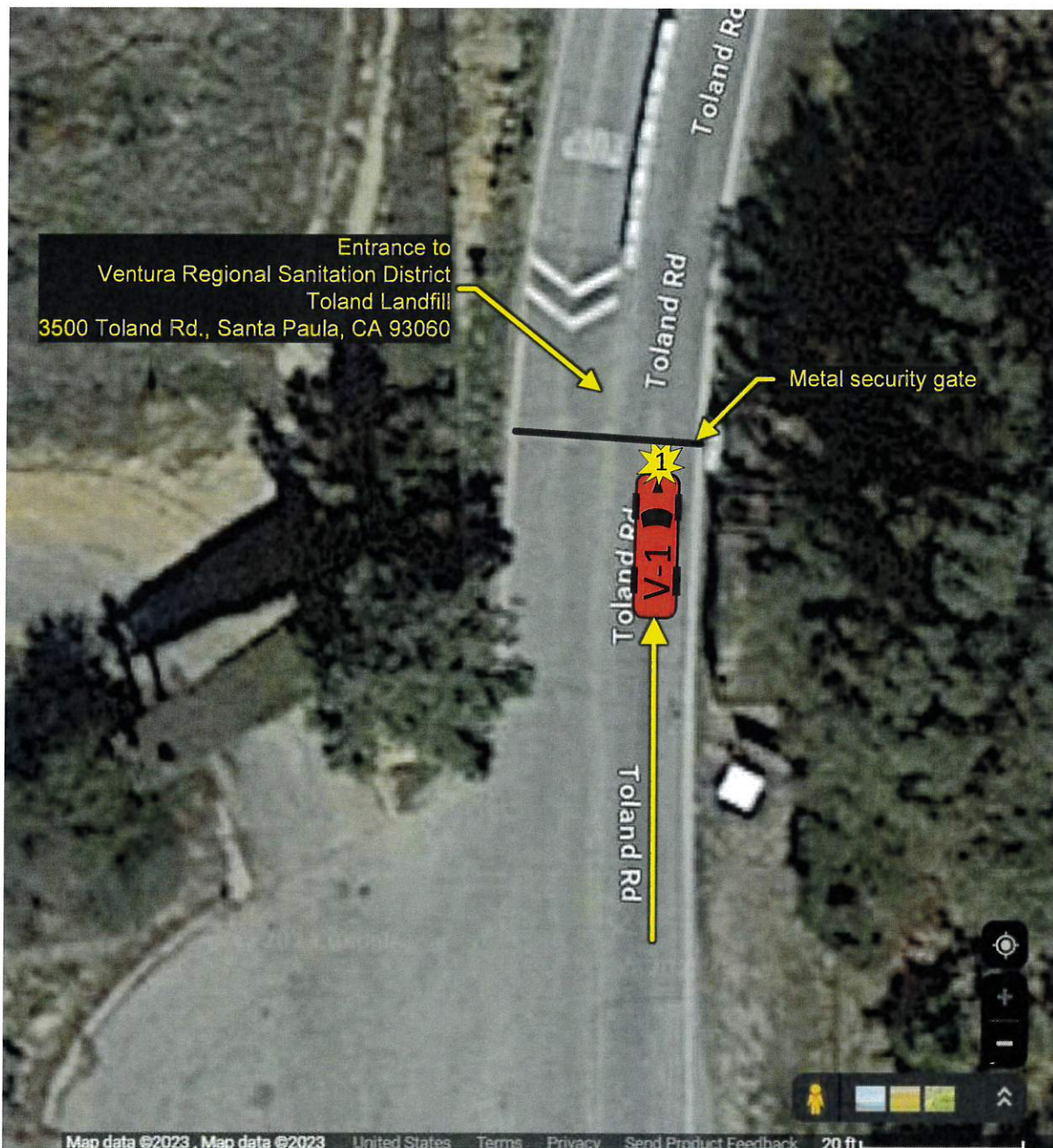
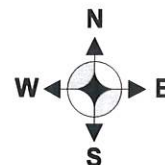
REFER TO NARRATIVE FOR ADDITIONAL INFORMATION

SKETCH DIAGRAM

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CRASH DATE (MO. DAY YEAR)	CRASH TIME (2400)	NCIC #	OFFICER ID	NUMBER
09/10/2023	2500	9765	019277	9765-2023-01479

DATE PREPARER CAPTURED IMAGE: 09/15/2023
 PROPRIETOR OF IMAGE:
 COPYRIGHT YEAR OF IMAGE:



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
B. VYSOCHIN	019277	09/10/2023	R BENTLEY, 020334	09/15/2023

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
09/10/2023	2500	9765	019277

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 **OTHER FACTUAL INFORMATION**

6
 7 Upon arriving at the scene of this crash, I observed Vehicle #1 (V-1) (Toyota) parked on the right
 8 shoulder, just outside the entrance to the Ventura Regional Sanitary District – Toland Landfill facility. I
 9 noted the vehicle was labeled as a private security vehicle, with a decal label of "Security Enforcement
 10 Group", along with a phone number of (800) 250-7205. I contacted the phone number, and spoke to the
 11 company CEO, Julio Carrillo, who provided me the phone number for P-1.

12
 13 **STATEMENTS**

14
 15 Party #1 (P-1) (Heyl) was not contacted or located on-scene. I contacted P-1 via telephone on
 16 09/11/2023 at 1150 hours. P-1 related in essence, he had gotten lost, and had been traveling
 17 northbound on Toland Rd., "goin' 30-35" mph. P-1 related that he was unfamiliar with the area and there
 18 was no street lighting. P-1 related that he collided into a gate. P-1 stated, "No street lights on that
 19 street—totally dark. I tried to take a shortcut – never do that again! I got lost." After the crash, P-1
 20 traveled to Santa Paula Hospital to receive medical treatment for any potential injuries.

21
 22 **SUMMARY/CAUSE**

23
 24 Party #1 (P-1) (Heyl) was traveling northbound on Toland Rd., north of the SR-126 (Telegraph Road)
 25 freeway, at 35 mph. Due to P-1's unsafe speed for traffic conditions (22350 VC-dark, nighttime
 26 conditions with limited visibility, large stationary gate across roadway), P-1 failed to slow/stop his vehicle
 27 before the front collided with a large stationary metal gate, at the entrance to the Ventura Regional
 28 Sanitary District – Toland Landfill facility (AOI #1). After the crash, P-1 left the scene to seek medical
 29 attention.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
B. VYSOCHIN	019277	09/10/2023	R BENTLEY, 020334	09/15/2023