



Stantec Consulting Services Inc.
6100 Seagull Street NE Suite 102 B, Albuquerque NM 87109-2500

May 6, 2025

Margaret Haynes, PE
District 3 Assistant Traffic Engineer
New Mexico Department of Transportation (NMDOT)
7500 Pan American Freeway N.E.
Albuquerque, NM 87109
Margaret.haynes@dot.nm.gov

Ernest Armijo, PE, CFM
Principal Engineer
City of Albuquerque
Transportation
(via email: earmijo@cabq.gov)

RE: West Mesa Ridge TIS, Albuquerque, NM

Dear Ms. Haynes and Mr. Armijo:

We are in receipt of your comments on the above-mentioned Traffic Impact Study (TIS). Please find a summarization of our responses to your comments below:

NMDOT Report Comments

Verify if this development warrants deceleration lanes at NM 45 and Glenrio for NBL and SBR. NBL exists but needs to be extended.

A summary of the auxiliary lanes is provided on the following page:

Sender's Title

Page 2 of 11

Reference:

Intersection	TOD	Movement	Existing Turn Bay Length (ft)	Min. Vol. to Require a Lane	Existing				2025 Background				2025 Opening Year				2035 Background				2035 Horizon Year					
					Volume	Min. Vol. Met?	Min. Vol. in Adj. Thru	Decel. Lane Required?	Volume	Min. Vol. Met?	Min. Vol. in Adj. Thru	Decel. Lane Required?	Volume	Min. Vol. Met?	Min. Vol. in Adj. Thru	Decel. Lane Required?	Volume	Min. Vol. Met?	Min. Vol. in Adj. Thru	Decel. Lane Required?	Volume	Min. Vol. Met?	Min. Vol. in Adj. Thru	Decel. Lane Required?		
Coors Blvd & Glenrio Rd	AM	EB	R	-	-	55	-	-	-	56	-	-	-	69	-	-	-	61	-	-	-	74	-	-	-	
		WB	R	-	-	129	-	-	-	130	-	-	-	130	-	-	-	144	-	-	-	144	-	-	-	
			U/L	130	36	45	Required	-	Yes	45	Required	-	Yes	46	Required	-	Yes	51	Required	-	Yes	52	Required	-	Yes	
		NB	T	-	-	1699	-	-	-	1716	-	-	-	1783	-	-	-	1896	-	-	-	1963	-	-	-	
			R	-	41	36	Eval	118	Yes	36	Eval	118	Yes	36	Eval	118	Yes	40	Eval	110	Yes	40	Eval	110	Yes	
			U/L	130	36	72	Required	-	Yes	73	Required	-	Yes	73	Required	-	Yes	80	Required	-	Yes	80	Required	-	Yes	
			T	-	-	1312	-	-	-	1325	-	-	-	1321	-	-	-	1464	-	-	-	1460	-	-	-	
			R	-	41	67	Required	-	Yes	68	Required	-	Yes	69	Required	-	Yes	75	Required	-	Yes	96	Required	-	Yes	
			Intersection Tot	-	-	3415	-	-	-	3449	-	-	-	3547	-	-	-	3811	-	-	-	3909	-	-	-	
			EB	R	-	-	51	-	-	-	52	-	-	-	60	-	-	-	57	-	-	-	65	-	-	-
	PM		WB	R	-	-	68	-	-	-	69	-	-	-	69	-	-	-	76	-	-	-	76	-	-	-
				U/L	130	36	39	Required	-	Yes	39	Required	-	Yes	43	Required	-	Yes	44	Required	-	Yes	48	Required	-	Yes
			NB	T	-	-	1557	-	-	-	1573	-	-	-	1605	-	-	-	1737	-	-	-	1769	-	-	-
				R	-	41	17	Eval	216	Yes	17	Eval	216	Yes	17	Eval	216	Yes	19	Eval	192	Yes	19	Eval	192	Yes
				U/L	130	36	109	Required	-	Yes	110	Required	-	Yes	110	Required	-	Yes	121	Required	-	Yes	121	Required	-	Yes
				T	-	-	1840	-	-	-	1858	-	-	-	1857	-	-	-	2063	-	-	-	2062	-	-	-
				R	-	41	41	Required	-	Yes	41	Required	-	Yes	97	Required	-	Yes	46	Required	-	Yes	102	Required	-	Yes
				Intersection Tot	-	-	3722	-	-	-	3759	-	-	-	3858	-	-	-	4153	-	-	-	4252	-	-	-

The Southbound right turn at Coors/Glenrio satisfies the warrant under existing conditions (AM and PM). This is primarily due to Peak Hour West Mesa High School traffic and therefore is not recommended for extension.

NBL at Glenrio, queues and volumes are minimal for existing conditions and development traffic. An extension of the auxiliary lane is not recommended.

Please create a queue analysis table for existing storage bays at study intersections and 95th percentile queue at all analysis years. Also report queue in feet not vehicle.

Sender's Title

Page 3 of 11

Reference:

Queue Analysis Table

Intersection	Control Type	Movement		Existing Turn Bay Length (ft)	Existing		2025 Background		2025 Opening Year		2035 Background		2035 Horizon Year	
					AM Peak	PM Peak	AM Peak	PM Peak	AM Peak	PM Peak	AM Peak	PM Peak	AM Peak	PM Peak
					Q Length (ft)	Q Length (ft)	Q Length (ft)	Q Length (ft)	Q Length (ft)	Q Length (ft)	Q Length (ft)	Q Length (ft)	Q Length (ft)	Q Length (ft)
Coors Blvd & Glenrio Rd	TWSC	EB	R	-	8	8	8	8	10	8	8	8	10	10
		WB	R	-	20	10	20	10	20	10	25	10	25	10
		NB	UL	130	8	5	8	5	8	8	8	8	8	8
			TR	-	-	-	-	-	-	-	-	-	-	-
		SB	UL	130	13	20	13	20	13	20	13	23	13	23
			TR	-	-	-	-	-	-	-	-	-	-	-
Coors Blvd & Fortuna Rd	Signal	EB	L	200	176	191	177	193	249	221	198	209	140	241
			TR	-	162	196	161	197	243	236	178	214	254	254
		WB	L	200	99	105	99	106	101	106	109	117	110	117
			TR	-	238	203	241	204	243	212	267	224	270	232
		NB	UL	215	90	44	94	44	103	81	108	51	121	107
			T	-	334	311	345	316	344	324	402	366	407	371
			R	-	336	310	347	315	346	323	406	365	412	371
		SB	UL	175	63	65	65	66	70	72	76	76	83	82
			T	-	276	400	285	407	287	433	330	479	337	505
			R	175	97	64	101	65	98	69	119	76	118	80
64th St & Fortuna Rd	TWSC	EB	LT	-	3	3	3	3	3	3	3	3	3	3
		WB	TR	-	-	-	-	-	-	-	-	-	-	-
		SB	LR	-	13	18	13	18	28	23	18	20	33	30
64th St & Glenrio Rd	AWSC	EB	LTR	-	28	25	28	28	28	30	33	30	33	35
		WB	LTR	-	13	10	13	10	15	13	15	13	18	13
		NB	LTR	-	10	5	10	5	10	8	13	8	13	8
		SB	LTR	-	8	8	8	8	8	8	8	8	8	10
Glenrio Rd & Driveway A	TWSC	EB	TR	-					-	-			-	-
		WB	LT	-					0	3			0	3
		NB	LR	-					3	3			3	3
64th St & Driveway B	TWSC	WB	LR	-					5	3			5	3
		NB	TR	-					-	-			-	-
		SB	LT	-					0	0			0	0
Fortuna Rd & Driveway C	TWSC	EB	LT	-					0	0			0	0
		WB	TR	-					-	-			-	-
		SB	LR	-					45	13			53	15

All queue lengths are acceptable except for the Eastbound left (Fortuna Rd/Coors). Extensions of the pavement markings could be considered along with signal timing adjustments to provide additional left turn storage.

A-8 I assume these existing columns are AM & PM. Please clarify. Also keep table on one page.

Yes, correct. Existing columns are AM and PM. "Existing" has been added to column headings. The tables became illegible when sized down to fit on one page. We have added supplemental headings where tables extend beyond one page.

A-12 Additional information is needed for the crash section.

Design with community in mind

Reference:

Crash summary table per example, next page.

Additional crash information and data are provided below:

There was a total of seven (7) pedestrian and pedal cycle crashes during the five-year period from 2018-2022. Five (5) were Pedestrian crashes and two (2) were Pedal cycle crashes. One fatal Pedestrian crash occurred in 2019 at Fortuna Rd/Coors Blvd. A primary contributing factor to this crash was Pedestrian under the influence of Alcohol.

There was one (1) Suspected Serious Injury Pedestrian crash (Class A crash) caused by a "Pedestrian Error". There were two (2) Class B Suspected Minor Injury Pedestrian Crashes. One crash was due to Excessive Speed and the other was due to Driver Inattention. There were two Class C crashes (possible injury crashes). One Pedestrian crash was due to driver inattention, and failure to yield right-of-way, with weather conditions identified as a contributing factor. One Class C Pedal cycle crash was caused by a disregard from the traffic signal.

Six crashes occurred at Fortuna Rd/Coors Blvd intersection and one (1) crash occurred at Glenrio Rd/Coors Blvd. intersection.

Reference:

Crash Summary Table (2018-2022) Pedestrian and Pedal cycle Crashes

Type	Year	Location	Severity	Cause
Pedestrian	2019	Coors Blvd./ Glenrio Rd.	(A) Suspected Serious Injury	Pedestrian Error
	2019	Fortuna Rd./ Coors Blvd.	(K) Fatal Injury	Pedestrian Under the Influence of Alcohol
	2019	Fortuna Rd./ Coors Blvd.	(B) Suspected Minor Injury	Driver Inattention
	2021	Coors Blvd./ Fortuna Rd.	(B) Suspected Minor Injury	Excessive Speed/Avoid No Contact Vehicle
	2022	Coors Blvd./ Fortuna Rd.	(C) Possible Injury	Driver Inattention, Failed to Yield Right of Way, Weather Conditions
Pedal cycle	2021	Coors Blvd./ Fortuna Rd.	(C) Possible Injury	Disregarded Traffic Signal
	2022	Coors Blvd./ Fortuna Rd.	(B) Suspected Minor Injury	Driver Inattention

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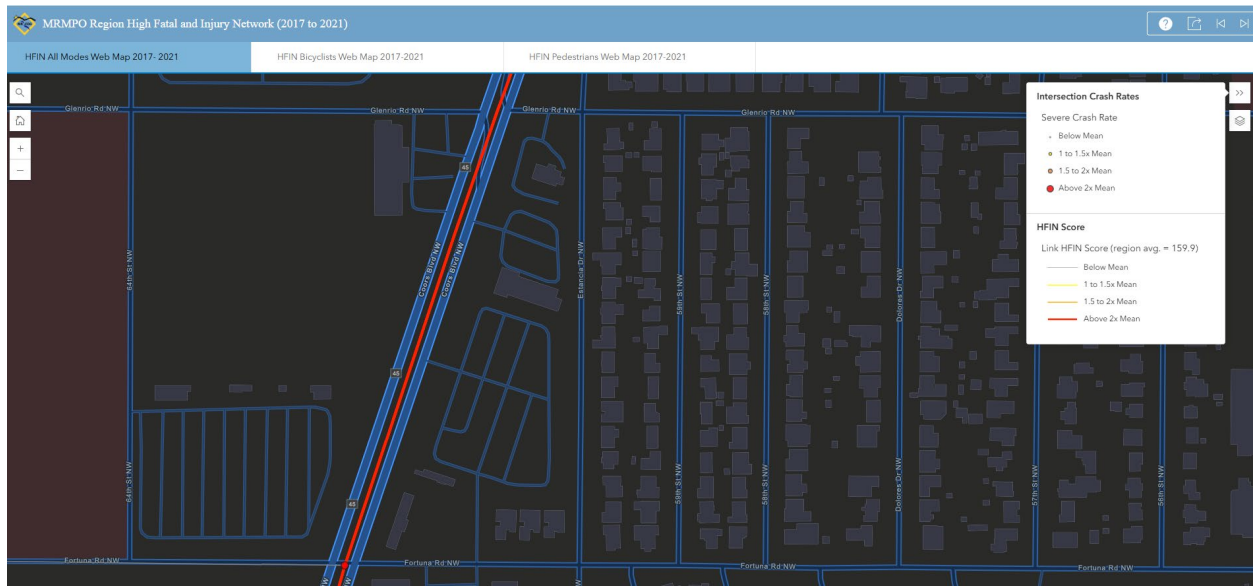
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Reference:

MRCOG's HFIN snip of this area and explain HFIN score and how this development wishes to mitigate potential crashes for VRUs.

Snippets of the Mid-Region Council of Governments (MRCOG), High Frequency Injury Network (HFIN) were obtained and provided below for the Study Area. While Coors Blvd. has a higher than median HFIN score, Vulnerable Road Users (VRUs) scores were below the mean. This development promotes safety for all public roadway users. The team proposes crash risk mitigation for VRUs, by locating the site development near the grade-separated pedestrian bridge and encouraging VRUs to use the existing grade-separated pedestrian bridge, ADA accommodations, pavement signing and markings, Signal timing, including recommendation of a Leading Pedestrian Interval (LPI) timing adjustment at Coors/Fortuna Rd. are other measures proposed with the project. Other improvements include road diet considerations, bicycle accommodations, bump outs, and other traffic calming considerations as shown in an initial typical section figure presented below under 64th Street Road Diet.

HFIN Snippet All Crashes

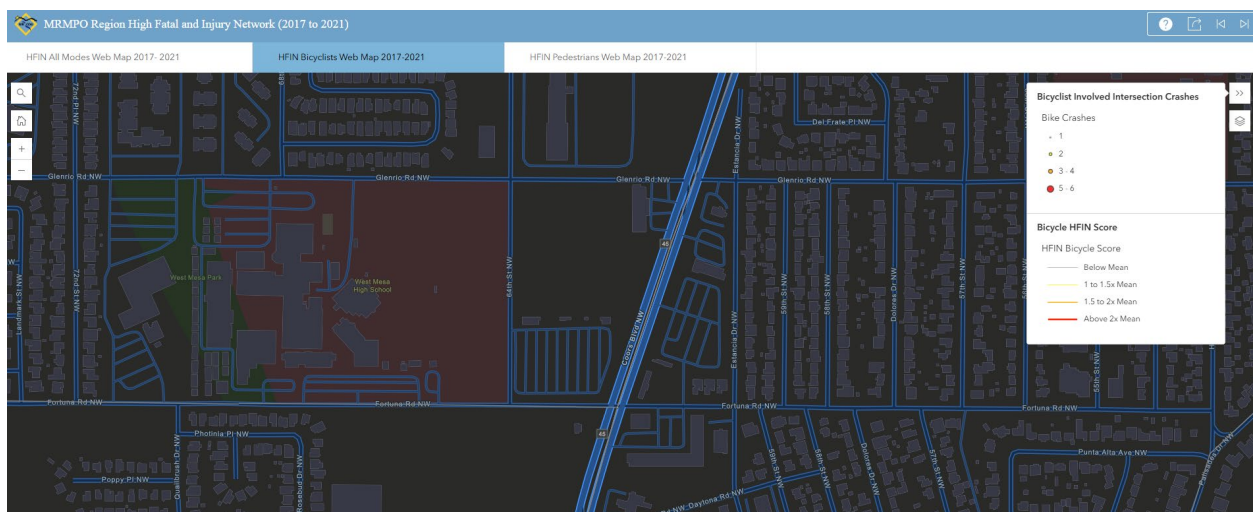


Sender's Title

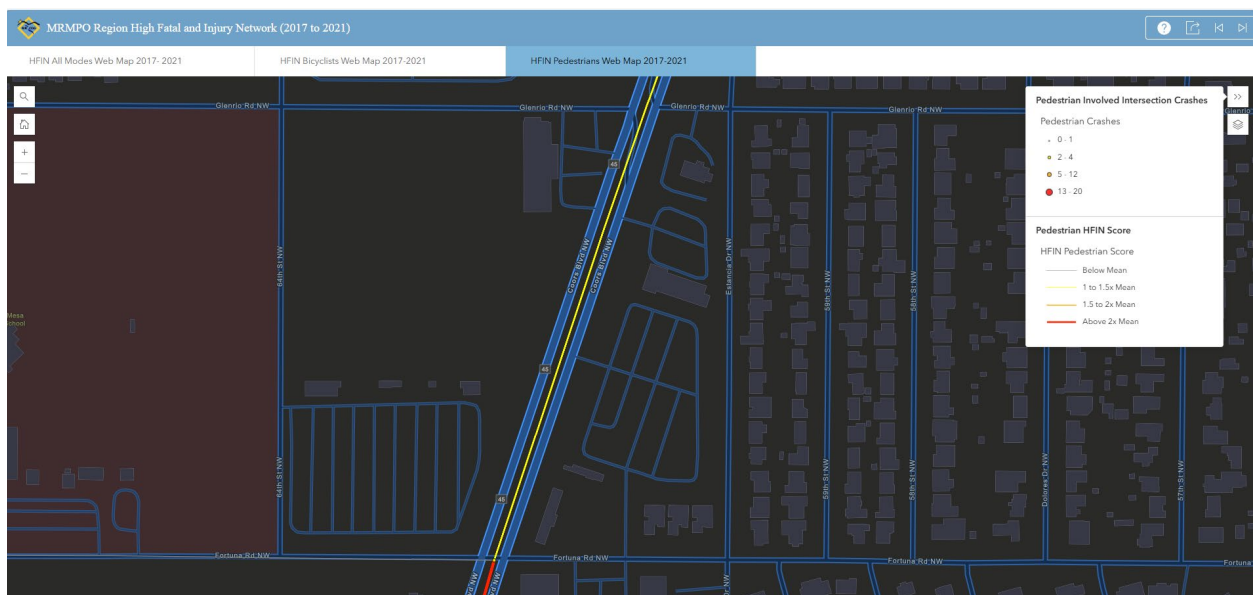
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Reference:

HFIN Snippet Pedal cycle Crashes



HFIN Snippet Pedestrian Crashes



Design with community in mind

Reference:

Please pull full crash report for all crashes which involved a pedestrian or bicyclist. Provide more details of where and why this crash occurred. Full crash reports were obtained. They are attached.

A-35 Great idea to connect sidewalk from development to as close as possible to the pedestrian bridge. Can tall fencing also be installed along frontage to prevent ped crossing elsewhere?

The Owner/development team is proposing a six-foot-tall metal perimeter property line fence to funnel pedestrians from site to the existing pedestrian bridge. Note, there is currently NMDOT fencing in the median on the approaches to the Pedestrian Bridge on Coors to mitigate illegal high-risk mid-block pedestrian crossing Coors Blvd.

Potential Off-site Improvements

Compliant ADA facilities within NMDOT ROW.

- Sidewalk between Glenrio and Fortuna It is believed that new ADA compliant sidewalk has been constructed in this location.
- Curb ramps at SW corner of NM 45/Glenrio This intersection corner is not adjacent to subject property and thus, is outside the scope of improvements.
- Curb ramps at NW corner of nm 45/Fortuna This improvement (if necessary and required) could be considered in a future phase of development.

NM 45 and Glenrio Rd

- Installation of a SBR deceleration lane.
Comment addressed above.
- Extension of the northbound left deceleration lane.
Comment addressed above.
- Provide signal timing recommendations to implement an LPI.

Reference:

A Leading Pedestrian Interval (LPI) is not applicable to this intersection. A traffic signal is not proposed at this intersection.

NM 45 and Fortuna Rd

- Extension of the northbound left deceleration lane.

Comment addressed above.

- Elimination of the EB to SB right-turn overlap via new signal heads.

Yes, we recommend removing the overlap phase.

- Provide signal timing recommendations to implement an LPI.
Initially, start with a 3 second LPI for this movement and adjust if necessary up to 4 or 5 seconds.

City of Albuquerque Comments

Please provide locations and causes, if known, of pedestrian and pedal cycle crashes.

Please refer to NMDOT comment A-12 above for response.

Is the signal protected/permissive on Coors Blvd at Fortuna Rd. for the NBL and SBL? If protected/permissive should it be changed to protected only? Would changing to protected only cause the queues to extend into a through-lane?

The traffic signal is protected/permissive. Changing the timing to protected only from protected-permissive is projected to cause the queue in the NBL to extend beyond the left turn lane length in the AM and SBL to extend beyond the left turn lane in the PM. It is recommended to maintain existing permitted-protected phasing initially and monitor operations in the field and adjust/change if necessary.

Show the direction of travel in all Summary tables, similar to Table 2.

Complete. Provided in revised TIS.

Label AM and PM in the columns for the Summary tables.

Reference:

Complete. Provided in revised TIS.

Transportation concurs with Recommendations and Mitigation measures except as discussed below.

The Developer is to construct the 64th road diet/bike route to improve cyclist and pedestrian safety. Provide a drawing of the 64th St. mitigation/improvements. Some ideas may be: curb bump outs on east side to shorten the pedestrian crossing distance, possibly located at school gate approximately 340 ft south of Glenrio, and restrict the street width to lower speed to improve cyclist safety, painted bump out(s) on west side of street, painted on-street parking on east side, pavement markings and signage.

It is recommended to incorporate traffic calming techniques within the existing as-constructed typical section on 64th Street. These items may include modification to existing pavement markings to provide on-street parking stalls, sharrows/bike accommodations, and pavement marking bump-outs. Applicable permanent signs (as appropriate) necessary to supplement this traffic calming enhancement are recommended.

I've included the City's crossing guide as a reference.
Adding a crosswalk and signage should improve pedestrian safety at 64th and Fortuna Rd.

Potentially. There were 29 pedestrians crossing the north leg of the intersection over the AM peak period and 1 pedestrian crossing the north leg during the PM peak three-hour period. Exposure to pedestrian crashes is small, particularly in the PM peak period. There were 0 pedestrian crashes at the intersection over the five-year study period. Consideration of a marked and signed crosswalk with stop bar consistent with Manual on Uniform Traffic Control Devices (MUTCD) guidelines and requirements at this intersection could be evaluated in design. In reviewing other similar intersections in the vicinity, it is noted that this type of treatment is not prevalent or common in the area.

The walking distance across the Fortuna Rd. entrance should be shorter or include a pedestrian refuge.

The proposed driveway is a typical commercial driveway width. Reducing the driveway throat may cause potential conflicts between design vehicles (ingress/egress). The site is designed to accommodate a fire truck. Constructing a pedestrian refuge island may require a gap to be constructed in island for ADA accessibility and may have similar conflict considerations for design vehicles. This modification is not recommended.

Sender's Title

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Reference:

Reduce radii at all entrances to 15'. This will shorten pedestrian paths and may require a slow drivers.

Reducing the radii to 15' at each of the driveways will shorten the distance pedestrians cross in the driveway a little. However, this may create scenarios where fire trucks may not be able to make the turn without driving over the curb, sidewalk, or encroaching into the egress movement. The proposed driveway radii are designed for a fire truck.

If you have any questions, or would like to discuss, please don't hesitate to contact me. Our team will be happy to meet and discuss the study and development plans in more detail.

Sincerely,

Stantec Consulting Services

Digitally signed by
Koontz, Clay
Date: 2025.05.06
12:33:29-06'00'

Clay Koontz, PE/PTOE
Transportation/Traffic Engineer

Copy to : Jeebs & Zuzu
File

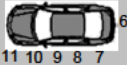
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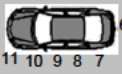
ALBUQUERQUE POLICE DEPT
REPORTING DEPARTMENT

STATE OF NEW MEXICO
UNIFORM CRASH REPORT

710454470

Private Property? NO		<input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Injury	Property Damage Only <input type="checkbox"/> Under \$500 <input type="checkbox"/> \$500 or More		Hit and Run? NO		Case Number: 190091577										
						NMDOT:		CAD Num: 192770561									
Crash Date 10/04/2019		Military Time 11:45		City Occurred In ALBUQUERQUE			County BERNALILLO										
Day of Week FRIDAY		Occurred On: (Route No. or Name) COORS BLVD NW				At Intersection With: GLENRIO RD NW			Tribal Land? NO								
Other Location		Measurement	Direction	Permanent Landmark - County Line - Intersection				Milepost	Lat: Long:								
Crash Occurred ON ROADWAY		Crash Classification PEDESTRIAN				Analysis Code 03 - VEH TURNING LEFT											
VEHICLE NO. HEADED		Unit Direction 01 SOUTH		On: COORS BLVD NW				Left the Scene of the Crash? NO	Posted Speed 35	Safe Speed							
Driver's Last Name [REDACTED]		Driver's First Name [REDACTED]		Driver's Middle Name		Driver's Street Address [REDACTED]											
Driver's License Number [REDACTED]		State NM	Type D	Status V	Restrictions	Endorsements	Expires 2020	City ABQ	State NM	Zip Code 87121	Phone [REDACTED]						
Date of Birth [REDACTED]/1973		Occupation				Seat Pos LF	Age 46	Sex M	Race H	Injury Code O	OP Code 6	OP Used Property YES	Airbag Deploy N	Ejected N	EMS Num N/A	Med Trans NO	
Seat Pos		Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip)															
Veh. Year 2008		Vehicle Make TOYOTA		Color BLUE, LIGHT - LBL		Body Style PC	Cargo Body Type	Veh. Use1	Veh. Use2 P	Veh. Towed? NO		Vehicle Disabled NO					
Lic. Year 2020		State NM		License Plate Number KBM611		VIN JTDKKB200687730032		DOT #		Damage Severity NONE		Damage Area 					
Interstate Carrier?		Towed By		Towed To						Extent NONE		16					
Number of Axles		Gross Vehicle/Comb Weight Rating		HazMat Placard?		Hazmat Placard 4-digit OR Hazmat Name		AND		1-digit #		HazMat Released NO					
Carrier's Name		Street Address		Carrier City		State		Carrier's Zip									
Owner's Last Name ARCHULETA		Owner's First Name FRANCES		Owner's Middle Name		Owner's Company Name											
Street Address 610 LOMA HERMOSA NW		Owner's City ABQ		State NM		Owner Zip 87105		Owner's Phone (480) 415-2237									
Insured By: (Name of Company) ALLSTATE		Policy Number [REDACTED]		Trailer or Towed Vehicles (1)		Type	Year	Make	Lic. Year	Lic State	License Num						
Trailer or Towed Vehicles (2)		Type	Year	Make	Lic. Year	Lic State	License Num		Trailer or Towed Vehicles (3)		Type	Year	Make	Lic. Year	Lic State	License Num	
VEHICLE NO. HEADED		Unit Direction 02 WEST		On: COORS BLVD NW				Left the Scene of the Crash? NO		Posted Speed 25		Safe Speed					
Driver's Last Name		Driver's First Name		Driver's Middle Name		Driver's Street Address											

VEHICLE NO. 002

Driver's License Number										State	Type	Status	Restrictions	Endorsements	Expires	City				State	Zip Code		Phone	
AB										E				/2020	ABQ				NM	87121				
Date of Birth		Occupation										Seat Pos	Age	Sex	Race	Injury Code	OP Code	OP Used Properly	Airbag Deploy	Ejected	EMS Num	Med Trans		
/1964												PD	54	F	H	A	0	NO	N	O	29	YES		
Seat Pos	Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip)																							
Veh. Year	Vehicle Make			Color			Body Style		Cargo Body Type		Veh. Use1		Veh. Use2		Veh. Towed?		Vehicle Disabled							
Lic. Year	State		License Plate Number			VIN			DOT #							Damage Severity		Damage Area						
Interstate Carrier?	Towed By			Towed To													Extent							
Number of Axles		Gross Vehicle/Comb Weight Rating			HazMat Placard?		Hazmat Placard 4-digit OR Hazmat Name			AND		1-digit #		HazMat Released										
Carrier's Name				Street Address				Carrier City				State		Carrier's Zip										
Owner's Last Name				Owner's First Name				Owner's Middle Name				Owner's Company Name												
Street Address				Owner's City				State		Owner Zip		Owner's Phone												
Insured By: (Name of Company)				Policy Number				Trailer or Towed Vehicles (1)		Type		Year		Make		Lic. Year		Lic State		License Num				
Trailer or Towed Vehicles (2)		Type	Year	Make	Lic. Year	Lic State	License Num	Trailer or Towed Vehicles (3)		Type	Year	Make	Lic. Year	Lic State	License Num									
Veh. Num	Seat Pos	Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip)										Age	Sex	Race	Injury Code	OP Code	OP Used Properly	Airbag Deploy	Ejected	EMS Num	Med Trans			
COND	Lighting			Weather			Road Character			Road Grade														
	DAYLIGHT			RAINING			STRAIGHT			LEVEL														
ROAD	VEH NO.	Road Condition			Road Surface			Traffic Control			Road Lanes		Road Design Div		Road Design									
	01	WET			PAVED CENTER STRIPE			NO CONTROLS			2 LANES		PHYSICAL DIVIDE		FULL ACCESS CT									
EVENT	APPARENT CONTRIBUTING FACTORS										DRIVER'S ACTIONS										SEQUENCE OF EVENTS			
	NONE										LEFT TURN										FIRST EVENT			
																					SECOND EVENT			
																					THIRD EVENT			
																					FOURTH EVENT			
	DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY				DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION				PEDESTRIAN/PEDALCYCLIST ACTION															
															At Intersection		NO SIGNAL							

Crash Report Number: 710454470

Case Number: 190091577

STATE OF NEW MEXICO UNIFORM CRASH REPORT
 NM STATUTE 66-7-209
 NMDOT COPY

Sheet 2 Of 4

DRIVER	HAD NOT CONSUMED ALCOHOL				NO APP. DEFECTS		PEDESTRIAN	Not At Intersection NO CROSSWALK			
	Breath Test Results		Driver Physical Condition - Other					Pedestrian Action - Other			
ROAD	VEH NO.	Road Condition	Road Surface	Traffic Control	Road Lanes	Road Design Div	Road Design				
	02	WET	PAVED CENTER STRIPE	NO CONTROLS	2 LANES	PHYSICAL DIVIDE	FULL ACCESS CT				
EVENT	APPARENT CONTRIBUTING FACTORS				DRIVER'S ACTIONS			SEQUENCE OF EVENTS			
	PEDESTRIAN ERROR				OTHER			FIRST EVENT			
								SECOND EVENT			
								THIRD EVENT			
								FOURTH EVENT			
DRIVER	DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY		DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION		PEDESTRIAN/PEDALCYCLIST ACTION						
	HAD NOT CONSUMED ALCOHOL		NO APP. DEFECTS		At Intersection NO SIGNAL						
	Breath Test Results		Driver Physical Condition - Other		Not At Intersection NO CROSSWALK						
Pedestrian Action - Other											
NARRATIVE											
DRIVER #1 REPORTED HE WAS TURING LEFT FROM COORS BLVD ONTO GLENRIO WHEN A FEMALE PEDESTRIAN WALKED IN FRONT OF HIS CAR. HE APPLIED THE BRAKES BUT IT WAS TOO LATE. PEDESTRIAN MS [REDACTED] REPORTED SHE WAS CROSSING COORS FROM EAST TO WEST. SHE LOOKED FOR NORTH BOUND TRAFFIC BUT FORGOT TO LOOK TO HER RIGHT. THERE WAS NO CROSS WALK FOR EAST/WEST WALKERS.											
Other Property Involved	Type	Description of Property and Damage									
	Owner's Last Name		Owner's First Name			Owner's Middle Name					
	Owner's Street Address		Owner's City			State	Zip Code	Owner's Phone			
WITNESS	Witness's Last Name		Witness's First Name			Witness's Middle Name			Age		
	[REDACTED]		[REDACTED]								
Witness's Street Address		Witness's City			State	Zip Code	Witness's Phone				
[REDACTED]		ABQ			NM	87105	[REDACTED]				
ENFORCEMENT ACTION - VIOLATIONS											
VEH NO.	Last Name		First Name		Middle Name		Violation (Common Name)		Action		
Time Notified	Time Arrived	Notified By			Supervisor at Scene						
11:45	11:52	RADIO			SGT L ARMIJO						
Checked By											
2812 - CURTIS, K. - 10/5/2019											
Officer's Signature		Officer's Name			Rank		ID Number	District	Report Date		
[Signature]		HEITZMAN, C.			P1/C		0002	111	10/04/2019		

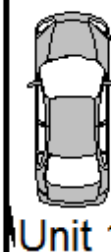
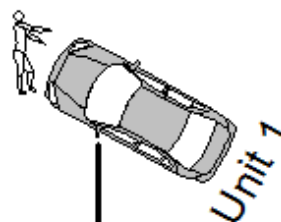
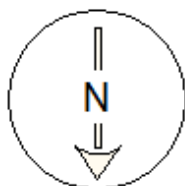
Diagram Drawn By
HEITZMAN, C.

Measurements Taken By
NONE

DIAGRAM

GLENRIO NW

NOT TO SCALE



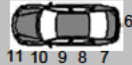
COORS NW

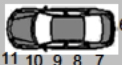


ALBUQUERQUE POLICE DEPT
REPORTING DEPARTMENT

STATE OF NEW MEXICO
UNIFORM CRASH REPORT

710553928

Private Property? NO		<input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Injury	Property Damage Only <input type="checkbox"/> Under \$500 <input type="checkbox"/> \$500 or More		Hit and Run? NO		Case Number: 190005004									
						NMDOT:		CAD Num: 190160183								
Crash Date 01/16/2019		Military Time 06:58		City Occurred In ALBUQUERQUE			County BERNALILLO									
Day of Week WEDNESDAY		Occurred On: (Route No. or Name) FORTUNA RD NW				At Intersection With: COORS BLVD NW			Tribal Land? NO							
Other Location		Measurement	Direction	Permanent Landmark - County Line - Intersection				Milepost	Lat: Long:							
Crash Occurred ON ROADWAY		Crash Classification PEDESTRIAN				Analysis Code 02 - VEH TURNING RIGHT										
VEHICLE NO. HEADED 01		Unit Direction WEST		On: COORS BLVD NW				Left the Scene of the Crash? NO	Posted Speed 45	Safe Speed 45						
Driver's Last Name [REDACTED]				Driver's First Name [REDACTED]		Driver's Middle Name		Driver's Street Address [REDACTED]								
Driver's License Number [REDACTED]		State NM	Type	Status	Restrictions	Endorsements	Expires	City ALBUQUERQUE	State NM	Zip Code 87105	Phone [REDACTED]					
Date of Birth [REDACTED] 2004		Occupation STUDENT				Seat Pos PD	Age 14	Sex M	Race H	Injury Code B	OP Code NA	OP Used Property YES	Airbag Deploy N	Ejected N	EMS Num 48	Med Trans NO
Seat Pos	Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip)															
Veh. Year	Vehicle Make		Color		Body Style	Cargo Body Type	Veh. Use1	Veh. Use2	Veh. Towed?		Vehicle Disabled					
Lic. Year	State	License Plate Number		VIN		DOT #		Damage Severity		Damage Area						
Interstate Carrier?		Towed By		Towed To				Extent								
Number of Axles		Gross Vehicle/Comb Weight Rating		HazMat Placard?		Hazmat Placard 4-digit OR Hazmat Name		AND		1-digit #		HazMat Released				
Carrier's Name				Street Address				Carrier City				State		Carrier's Zip		
Owner's Last Name				Owner's First Name		Owner's Middle Name		Owner's Company Name								
Street Address				Owner's City				State		Owner Zip		Owner's Phone				
Insured By: (Name of Company)				Policy Number		Trailer or Towed Vehicles (1)		Type	Year	Make	Lic. Year	Lic State	License Num			
Trailer or Towed Vehicles (2)		Type	Year	Make	Lic. Year	Lic State	License Num	Trailer or Towed Vehicles (3)		Type	Year	Make	Lic. Year	Lic State	License Num	
VEHICLE NO. HEADED 02		Unit Direction NORTH		On: COORS BLVD NW				Left the Scene of the Crash? NO	Posted Speed 45	Safe Speed 45						


Driver's License Number		State	Type	Status	Restrictions	Endorsements	Expires	City		State	Zip Code	Phone					
		NM	D	V	B		/2022	ALBUQUERQUE		NM	87114						
Date of Birth	Occupation						Seat Pos	Age	Sex	Race	Injury Code	OP Code	OP Used Properly	Airbag Deploy	Ejected	EMS Num	Med Trans
/1990	UNKNOWN						LF	28	M	H	O	6	YES	N	N		NO
Seat Pos	Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip)																
RF								27	F	H	O	6	YES	N	N		NO
	ALBUQUERQUE NM 87105																
Veh. Year	Vehicle Make		Color		Body Style		Cargo Body Type	Veh. Use1	Veh. Use2	Veh. Towed?		Vehicle Disabled					
2010	FORD		BLACK - BLK		PC			IB	P	NO		NO					
Lic. Year	State	License Plate Number		VIN		DOT #				Damage Severity		Damage Area					
2019	NM	AFAC25		2FABP7BV4AX136663						NONE							
Interstate Carrier?		Towed By		Towed To						Extent		16					
NONE										NONE							
Number of Axles	Gross Vehicle/Comb Weight Rating		HazMat Placard?		Hazmat Placard 4-digit OR Hazmat Name		AND		1-digit #	HazMat Released							
										NO							
Carrier's Name			Street Address			Carrier City			State			Carrier's Zip					
Owner's Last Name			Owner's First Name			Owner's Middle Name			Owner's Company Name								
CHAVEZ			ROBERT			JOSHUA											
Street Address			Owner's City			State	Owner Zip	Owner's Phone									
4909 SHERRY ANN RD NW			ALBUQUERQUE			NM	87114	(505) 545-9973									
Insured By: (Name of Company)			Policy Number		Trailer or Towed Vehicles (1)	Type	Year	Make	Lic. Year	Lic State	License Num						
FREEWAY INS																	
Trailer or Towed Vehicles (2)	Type	Year	Make	Lic. Year	Lic State	License Num	Trailer or Towed Vehicles (3)	Type	Year	Make	Lic. Year	Lic State	License Num				
Veh. Num	Seat Pos	Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip)						Age	Sex	Race	Injury Code	OP Code	OP Used Properly	Airbag Deploy	Ejected	EMS Num	Med Trans
COND	Lighting		Weather		Road Character		Road Grade										
	DAWN		CLEAR		STRAIGHT		ON GRADE										
ROAD	VEH NO.	Road Condition		Road Surface		Traffic Control		Road Lanes	Road Design Div	Road Design							
	01	DRY		PAVED CENTER STRIPE		TRAFFIC SIGNALS		3 LANES	PHYSICAL DIVIDE	OTHER							
EVENT	APPARENT CONTRIBUTING FACTORS						DRIVER'S ACTIONS						SEQUENCE OF EVENTS				
	NONE						START IN TRAFFIC LANE						FIRST EVENT				
													PED				
													SECOND EVENT				
THIRD EVENT																	
FOURTH EVENT																	
DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY				DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION				PEDESTRIAN/PEDALCYCLIST ACTION									
								At Intersection									
								WITH SIGNAL									

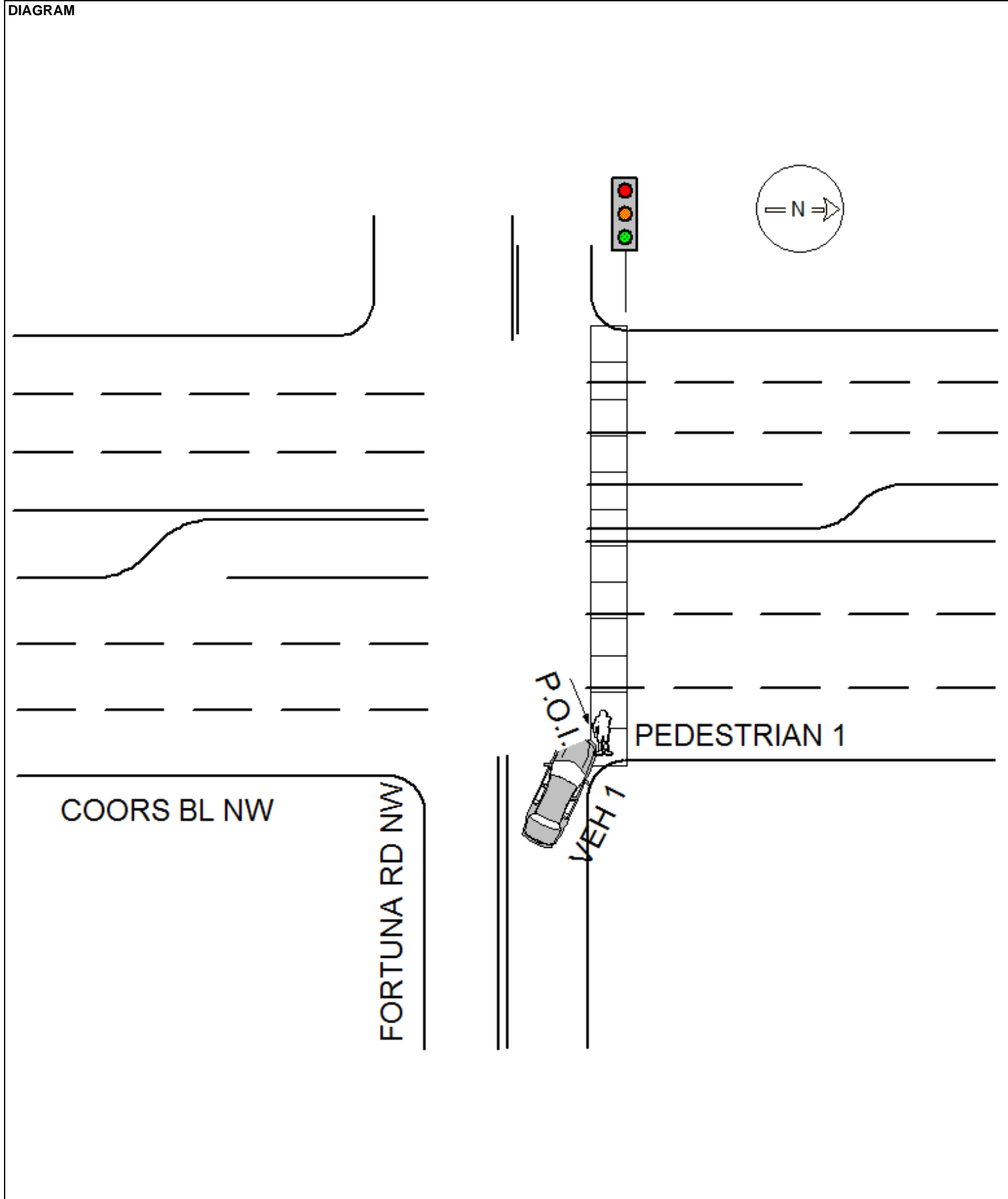
Crash Report Number: 710553928

Case Number: 190005004

STATE OF NEW MEXICO UNIFORM CRASH REPORT
 NM STATUTE 66-7-209
 NMDOT COPY

Sheet 2 Of 4

DRIVER	HAD NOT CONSUMED ALCOHOL				NO APP. DEFECTS				PEDESTRIAN	Not At Intersection CROSSWALK			
	Breath Test Results				Driver Physical Condition - Other					Pedestrian Action - Other			
ROAD	VEH NO. 02	Road Condition DRY	Road Surface PAVED CENTER STRIPE		Traffic Control TRAFFIC SIGNALS		Road Lanes 2 LANES	Road Design Div PAINTED DIVIDE	Road Design OTHER				
	APPARENT CONTRIBUTING FACTORS						DRIVER'S ACTIONS				SEQUENCE OF EVENTS		
EVENT	DRIVER INATTENTION						RIGHT TURN				FIRST EVENT PED		
											SECOND EVENT		
											THIRD EVENT		
											FOURTH EVENT		
DRIVER	DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY				DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION				PEDESTRIAN	PEDESTRIAN/PEDALCYCLIST ACTION			
	HAD NOT CONSUMED ALCOHOL				NO APP. DEFECTS					At Intersection			
										Not At Intersection			
	Breath Test Results				Driver Physical Condition - Other				Pedestrian Action - Other				
NARRATIVE													
<p>PED 1 SAID HE WAS AT FORTUNA GOING TO CROSS A COORS BL NW IN THE CROSSWALK. PED 1 SAID HE HAD THE SIGNAL FOR HIM TO WALK ACROSS COORS BL WHEN VEH 1 WAS TURNING FROM FORTUNA TO GO NORTHBOUND ON COORS BL. VEH 1 HIT HIM ON HIS LEFT SIDE CAUSING HIM TO GO DOWN TO THE GROUND. PED 1 SAID VEH 1 RAN OVER HIS LEFT FOOT. DRIVER 1 SAID HE WAS GOING WESTBOUND ON FORTUNA AND WAS GOING TO TURN RIGHT ON COORS BL TO GO NORTHBOUND. DRIVER 1 SAID HE HAD THE GREEN LIGHT BUT DID NOT NOTICE THE PED WALKING IN THE CROSS WALK. DRIVER 1 SAID HE ALSO DID NOT NOTICE IF THE CROSSWALK HAD THE RIGHT OF WAY. DRIVER 1 SAID HE HIT PED 1 IN THE CROSSWALK. WITNESS 1 SAID SHE SAW PED 1 WAS CROSSING COORS BL IN THE CROSSWALK WITH THE RIGHT OF WAY TO GO WESTBOUND. WITNESS 1 SAID VEH 1 WAS ON FORTUNA AND TURNED RIGHT TO GO NORTHBOUND ON COORS BL. WITNESS 1 SAID VEH 1 RAN OVER PED 1. PED 1'S MOTHER CAME OUT AND TRANSPORTED HIM TO THE HOSPITAL.</p>													
Other Property Involved	Type	Description of Property and Damage											
	Owner's Last Name				Owner's First Name				Owner's Middle Name				
	Owner's Street Address				Owner's City				State	Zip Code	Owner's Phone		
WITNESS	Witness's Last Name				Witness's First Name				Witness's Middle Name				Age
	Witness's Street Address				Witness's City				State	Zip Code	Witness's Phone		
ENFORCEMENT ACTION - VIOLATIONS													
VEH NO.	Last Name			First Name			Middle Name			Violation (Common Name)			Action
Time Notified 06:59	Time Arrived 07:03	Notified By RADIO					Supervisor at Scene						
Checked By 5195 - LOPEZ, DANIEL - 2/15/2019													
Officer's Signature 				Officer's Name SEDILLO, RICHARD				Rank P 2/C		ID Number 2112		District 111	Report Date 01/16/2019

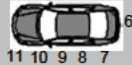




ALBUQUERQUE POLICE DEPT
REPORTING DEPARTMENT

STATE OF NEW MEXICO
UNIFORM CRASH REPORT

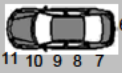
710558183

Private Property? NO		<input checked="" type="checkbox"/> Fatal <input type="checkbox"/> Injury	Property Damage Only <input type="checkbox"/> Under \$500 <input type="checkbox"/> \$500 or More		Hit and Run? NO		Case Number: 190050424										
						NMDOT:		CAD Num: 191521246									
Crash Date 06/01/2019		Military Time 21:12		City Occurred In ALBUQUERQUE			County BERNALILLO										
Day of Week SATURDAY		Occurred On: (Route No. or Name) FORTUNA RD NW				At Intersection With: COORS BLVD NW			Tribal Land? NO								
Other Location		Measurement	Direction NORTH	Permanent Landmark - County Line - Intersection COORS BLVD NW / FORTUNA RD NW				Milepost	Lat: Long:								
Crash Occurred ON ROADWAY		Crash Classification PEDESTRIAN				Analysis Code 02 - VEH TURNING RIGHT											
VEHICLE NO. HEADED		Unit Direction 01 NORTH	On: COORS BLVD NW				Left the Scene of the Crash? NO	Posted Speed 45	Safe Speed 45								
Driver's Last Name [REDACTED]		Driver's First Name [REDACTED]		Driver's Middle Name [REDACTED]		Driver's Street Address [REDACTED]											
Driver's License Number [REDACTED]		State NM	Type D	Status V	Restrictions	Endorsements	Expires [REDACTED]/2022	City ALBUQUERQUE	State NM Zip Code 87507 Phone								
Date of Birth [REDACTED] 1985		Occupation			Seat Pos LF	Age 34	Sex M	Race H	Injury Code O	OP Code 0	OP Used Property UNK	Airbag Deploy N	Ejected N	EMS Num	Med Trans		
Seat Pos RF	Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) [REDACTED] ALBUQUERQUE NM 87121					22	F	H	O	0	UNK	N	N		NO		
Seat Pos CR	Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) [REDACTED] SANTA FE NM 87507					8	M	H	O	0	UNK	N	N				
Veh. Year 2013		Vehicle Make TOYOTA		Color GRAY - GRY		Body Style PK	Cargo Body Type	Veh. Use1 P	Veh. Use2	Veh. Towed? NO		Vehicle Disabled NO					
Lic. Year 2019		State NM	License Plate Number ABSJ45		VIN 5TFDW5F1XDX317066		DOT #		Damage Severity HEAVY		Damage Area 12 						
Interstate Carrier?		Towed By		Towed To				Extent UNKNOWN		10,11,12							
Number of Axles		Gross Vehicle/Comb Weight Rating		HazMat Placard?		Hazmat Placard 4-digit OR Hazmat Name		AND 1-digit #		HazMat Released NO							
Carrier's Name		Street Address				Carrier City				State		Carrier's Zip					
Owner's Last Name LUIS		Owner's First Name CARLOS		Owner's Middle Name		Owner's Company Name											
Street Address 1115 OCATE RD		Owner's City ALBUQUERQUE		State NM		Owner Zip 87507		Owner's Phone									
Insured By: (Name of Company)		Policy Number		Trailer or Towed Vehicles (1)		Type	Year	Make	Lic. Year	Lic State	License Num						
Trailer or Towed Vehicles (2)		Type	Year	Make	Lic. Year	Lic State	License Num		Trailer or Towed Vehicles (3)		Type	Year	Make	Lic. Year	Lic State	License Num	
VEHICLE NO. HEADED		Unit Direction 02 WEST	On: FORTUNA RD NW				Left the Scene of the Crash? NO	Posted Speed	Safe Speed								
Driver's Last Name		Driver's First Name		Driver's Middle Name		Driver's Street Address											


VEHICLE NO. 003

Veh. Year	Vehicle Make	Color	Body Style	Veh. Use1	Veh. Use2	Veh. Towed?	Vehicle Disabled
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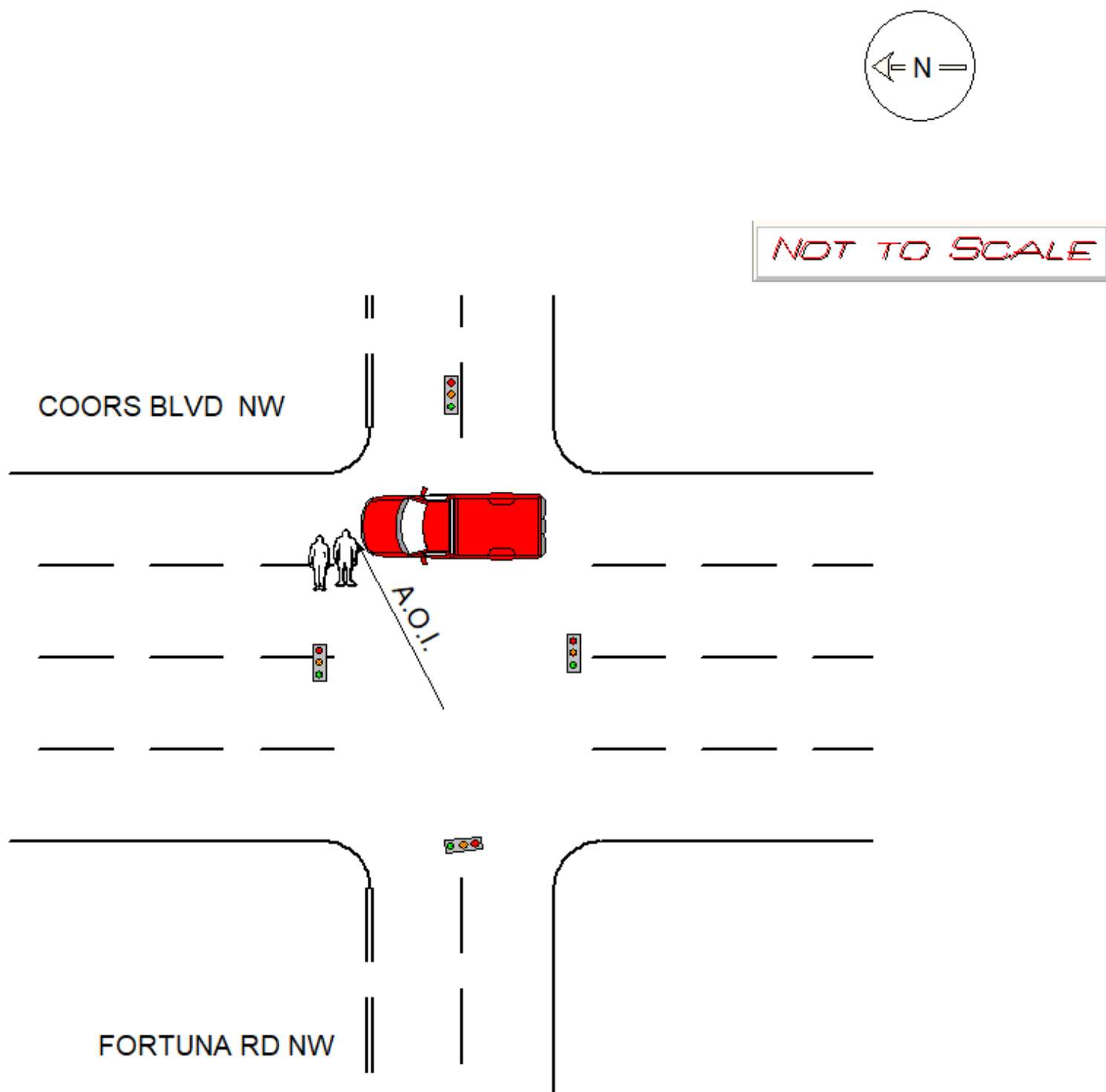
Crash Report Number: 710558183	STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209 NMDOT COPY	Sheet 2 Of 6
Case Number: 190050424		

										CARGO BODY TYPE						<div style="display: flex; justify-content: space-between;"> <div> Damage Severity Extent </div> <div> Damage Area  </div> </div>					
Lic. Year		State		License Plate Number			VIN			DOT #											
Interstate Carrier?			Towed By				Towed To														
Number of Axles		Gross Vehicle/Comb Weight Rating			HazMat Placard?		Hazmat Placard 4-digit OR Hazmat Name			AND 1-digit #		HazMat Released									
Carrier's Name				Street Address				Carrier City				State		Carrier's Zip							
Owner's Last Name				Owner's First Name			Owner's Middle Name			Owner's Company Name											
Street Address				Owner's City				State		Owner Zip		Owner's Phone									
Insured By: (Name of Company)				Policy Number			Trailer or Towed Vehicles (1)		Type	Year	Make	Lic. Year	Lic State	License Num							
Trailer or Towed Vehicles (2)		Type	Year	Make	Lic. Year	Lic State	License Num	Trailer or Towed Vehicles (3)		Type	Year	Make	Lic. Year	Lic State	License Num						
Veh. Num	Seat Pos	Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip)						Age	Sex	Race	Injury Code	OP Code	OP Used Properly	Airbag Deploy	Ejected	EMS Num	Med Trans				
COND	Lighting			Weather			Road Character			Road Grade											
	DARK LIGHTED			CLEAR			STRAIGHT			LEVEL											
ROAD	VEH NO.	Road Condition		Road Surface			Traffic Control		Road Lanes	Road Design Div		Road Design									
	01	DRY		PAVED CENTER AND EDGE LIN			TRAFFIC SIGNALS		3 LANES	PAINTED DIVIDE		FULL ACCESS CT									
EVENT	APPARENT CONTRIBUTING FACTORS								DRIVER'S ACTIONS				SEQUENCE OF EVENTS								
	UNDER INFLUENCE OF ALCOHOL								GOING STRAIGHT				FIRST EVENT		PED						
													SECOND EVENT		PED						
													THIRD EVENT								
													FOURTH EVENT								
DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY						DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION				PEDESTRIAN/PEDALCYCLIST ACTION											
										At Intersection											

DRIVER	SOBRIETY UNKNOWN			UNKNOWN			PEDESTRIAN	Not At Intersection		
	Breath Test Results			Driver Physical Condition - Other				Pedestrian Action - Other		
ROAD	VEH NO. 02	Road Condition DRY	Road Surface PAVED CENTER AND EDGE LIN	Traffic Control TRAFFIC SIGNALS		Road Lanes 2 LANES	Road Design Div PAINTED DIVIDE	Road Design FULL ACCESS CT		
EVENT	APPARENT CONTRIBUTING FACTORS					DRIVER'S ACTIONS		SEQUENCE OF EVENTS		
	NONE							FIRST EVENT		
								SECOND EVENT		
								THIRD EVENT		
								FOURTH EVENT		
DRIVER	DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY			DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION		PEDESTRIAN	PEDESTRIAN/PEDALCYCLIST ACTION			
	SOBRIETY UNKNOWN			NO APP. DEFECTS			At Intersection WITH SIGNAL			
	Breath Test Results			Driver Physical Condition - Other			Not At Intersection CROSSWALK			
					Pedestrian Action - Other					
ROAD	VEH NO. 03	Road Condition DRY	Road Surface PAVED CENTER AND EDGE LIN	Traffic Control TRAFFIC SIGNALS		Road Lanes 2 LANES	Road Design Div PAINTED DIVIDE	Road Design FULL ACCESS CT		
EVENT	APPARENT CONTRIBUTING FACTORS					DRIVER'S ACTIONS		SEQUENCE OF EVENTS		
	NONE							FIRST EVENT		
								SECOND EVENT		
								THIRD EVENT		
								FOURTH EVENT		
DRIVER	DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY			DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION		PEDESTRIAN	PEDESTRIAN/PEDALCYCLIST ACTION			
	SOBRIETY UNKNOWN			NO APP. DEFECTS			At Intersection WITH SIGNAL			
	Breath Test Results			Driver Physical Condition - Other			Not At Intersection CROSSWALK			
					Pedestrian Action - Other					
NARRATIVE										
<p>ON 6/2/2019 I WAS DISPATCHED TO 700 COORS BLVD SW AT APPROXIMATELY 2113 HOURS IN REFERENCE TO A TRAFFIC ACCIDENT. THE CAD REMARKS STATED "VEHICLE VERSUS PEDESTRIAN, AND A BODY IS LAYING IN THE ROAD."</p> <p>WHEN I ARRIVED ON SCENE THE TWO PEDESTRIANS WERE BEING TRANSPORTED TO UNMH FOR LIFE THREATENING INJURIES. I WAS NOT ABLE TO SPEAK TO THE TWO PEDESTRIANS. [REDACTED] [REDACTED] WAS ONE OF THE PEDESTRIANS. THE FEMALE AT THIS TIME IS STILL UNIDENTIFIED.</p> <p>ONCE ON SCENE I SPOKE WITH DRIVER #1 [REDACTED] [REDACTED] SAID HE WAS DRIVING NORTHBOUND ON COORS BLVD NW. [REDACTED] SAID AS HE WAS DRIVING THROUGH THE INTERSECTION OF COORS BLVD NW AND FORTUNA RD NW, TWO PEOPLE WALKED OUT IN FRONT OF HIM. [REDACTED] SAID HE HAD A GREEN LIGHT AND THAT IT WAS DARK OUTSIDE. [REDACTED] STATED THAT HE COULD NOT SEE THE TWO PEOPLE UNTIL THEY WERE RIGHT IN FRONT OF HIM. [REDACTED] SAID HE HAD "HIT" THE BRAKES AND THEN HIS VEHICLE HAD IMPACTED THE TWO PEOPLE.</p> <p>I SPOKE WITH PASSENGER #1 [REDACTED] [REDACTED] WAS SITTING IN THE RIGHT FRONT SEAT. [REDACTED] SAID THAT AS THEY WERE GOING THROUGH THE INTERSECTION OF COORS BLVD NW AND FORTUNA RD NW, SHE HAD TURNED AROUND TO HELP [REDACTED] [REDACTED] [REDACTED] IS [REDACTED] SON. [REDACTED] SAID [REDACTED] NEEDED HELP CHANGING THE PLAY LIST ON THE PHONE. [REDACTED] SAID AS SHE TURNED AROUND THE TRUCK HAD</p>										

Other Property Involved	Type	Description of Property and Damage					
	Owner's Last Name		Owner's First Name		Owner's Middle Name		
	Owner's Street Address		Owner's City		State	Zip Code	Owner's Phone
WITNESS	Witness's Last Name		Witness's First Name		Witness's Middle Name		Age
	[REDACTED]		[REDACTED]		[REDACTED]		25
WITNESS	Witness's Street Address		Witness's City		State	Zip Code	Witness's Phone
	[REDACTED]		ALBUQUERQUE		NM	87102	[REDACTED]
WITNESS	Witness's Last Name		Witness's First Name		Witness's Middle Name		Age
	[REDACTED]		[REDACTED]		[REDACTED]		23
WITNESS	Witness's Street Address		Witness's City		State	Zip Code	Witness's Phone
	[REDACTED]		ALBUQUERQUE		NM	87102	[REDACTED]
ENFORCEMENT ACTION - VIOLATIONS							
VEH NO.	Last Name		First Name		Middle Name		Violation (Common Name)
							Action
Time Notified	Time Arrived	Notified By			Supervisor at Scene		
21:12	21:17	DISPATCH			A.HOISINGTON		
Checked By							
5279 - THOMAS, WILLIAM - 6/5/2019							
Officer's Signature		Officer's Name		Rank	ID Number	District	Report Date
		GLEASON, TYLER		P2C	6483	111	06/01/2019

DIAGRAM





710758579

ALBUQUERQUE POLICE DEPT

REPORTING DEPARTMENT

E JULY 2018

<input type="checkbox"/> Private Property	<input type="checkbox"/> Fatal	Property Damage Only	<input type="checkbox"/> Under \$500	<input type="checkbox"/> Hit-and-Run	Case Number: 210055638	CAD Num: 211971416
<input type="checkbox"/> Secondary Crash	<input checked="" type="checkbox"/> Injury	<input type="checkbox"/> \$500 or More	<input type="checkbox"/> School Bus Directly Involved	<input type="checkbox"/> School Bus Indirectly Involved	Agency: 1 - ALBUQUERQUE POLICE DEPARTMENT	
Crash Date 07/16/2021		Crash Time 2248	City Occurred In ALBUQUERQUE		County BERNALILLO	
Day of Week FRIDAY		Occurred On: (Route No. or Name) COORS BLVD NW			At Intersection With: FORTUNA RD NW	
Other Location	Measurement	Direction NORTH	Permanent Landmark - County Line - Intersection - Milepost			Lat: Long:
Crash Occurred ON ROADWAY		First Harmful Event COLLISION W/PERSON		Manner of Impact FRONT-TO-FRONT (EX. HEAD-ON)		Manner of Crash INTERSECTING PATH (T-BONE)
<input type="checkbox"/> Work Zone-Construction	<input type="checkbox"/> Work Zone-Maintenance	<input type="checkbox"/> Work Zone-Utility	Tribal Land? NO	Analysis Code PEDESTRIAN		Location of First Harmful Event ON ROADWAY
TRAFFIC UNIT 01						
VEHICLE NO. HEADED 01		MV Type IN TRANSPORT		Direction On: N COORS BLVD NW	Left Scene of Crash? NO	Posted Speed 40
Safe Speed						
Driver's Last Name		Driver's First Name		Driver's Middle Name		
Driver's Street Address		City ALBUQUERQUE		State NM	Zip Code 87105	Phone
Date of Birth	Driver's License Number	State NM	Type I	CDL	Status V	Restrictions
					Endorsements	Expires /2023
Incident Responder		# of Occupants 1		Seat Pos LF	Age 20	Sex M
					Race H	Injury Code O
					OP Code 0	OP Used NO
					Airbag Deploy N	Ejected N
					EMS Number N/A	Med Trans
Supplemental Occupant Information						
Vehicle Information						
Year 2008	Vehicle Make MERCEDES-BENZ	Vehicle Model PS		Color SIL	Veh Use1	Veh Use2 P
Body Style PC		Cargo Body Type	Lic. Year 2023	State NM	License Plate Number ASGC95	
VIN WDDGF54X48R039480						
Towed By		Towed To				
Gross Vehicle/Comb Weight Rating		HazMat Placard? (Cargo Only)	HazMat Released (Cargo Only)	Hazmat Placard 4-digit OR Hazmat Name AND 1-digit #		
State #		Number of Axles	Carrier Type Code			
Carrier's Name		Street Address		Carrier City		State Carrier's Zip
Owner's Last Name THOMLISON		Owner's First Name ANGEL		Owner's Middle Name RYAN		Owner's Company Name
Street Address 300 59TH NW		Owner's City ALBUQUERQUE		State NM	Owner Zip 87105	Owner's Phone (505) 308-9102
Insured By: (Name of Company) FREEWAY INSURANCE		Policy Number		Trailer or Towed Vehicles (1)	Type	Year
Trailer or Towed Vehicles (2)		Type	Year	Make	Lic Year	Lic State
License Num		Trailer or Towed Vehicles (3)		Type	Year	Make
License Num		License Num		License Num		License Num

Crash Report Number: 710758579

Case Number: 210055638

STATE OF NEW MEXICO UNIFORM CRASH REPORT
NM STATUTE 66-7-209
NMDOT COPY

Sheet 1 Of 5

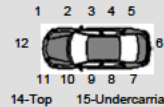
Condition Information

Lighting DARK LIGHTED		Weather CLEAR		Intersection Type FOUR-WAY		Relation To Junction INTERSECTION	
Work Zone Location		Work Zone Type		Workers Present	Law Enforcement Present		
Road Character STRAIGHT	Road Grade LEVEL	Road Condition DRY		Road Surface LANE MARKERS		Traffic Control TRAFFIC SIGNALS	
Road Lanes 3 LANES		Road Design Div PAINTED DIVIDER (>4 FT)		Road Design TWO-WAY, DIVIDED			
APPARENT CONTRIBUTING FACTORS EXCESSIVE SPEED				DRIVER'S ACTIONS GOING STRAIGHT		SEQUENCE OF EVENTS FIRST EVENT PED SECOND EVENT THIRD EVENT FOURTH EVENT MHE PED	
DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY HAD NOT CONSUMED ALCOHOL		DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION NO APP. DEFECTS		PEDESTRIAN/PEDALCYCLIST ACTION <input type="checkbox"/> At Intersection <input type="checkbox"/> Not at Intersection Actions Prior to Crash Actions at Time of Crash			
Breath Test Results		Driver Physical Condition - Other		Location at Time of Crash			

TRAFFIC UNIT 02

VEHICLE NO. HEADED 02		MV Type		Direction E	On: FORTUNA RD NW			Left Scene of Crash? NO	Posted Speed	Safe Speed					
Driver's Last Name [REDACTED]			Driver's First Name [REDACTED]			Driver's Middle Name									
Driver's Street Address [REDACTED]			City ALBUQUERQUE			State NM	Zip Code 87105	Phone							
Date of Birth [REDACTED]/1998	Driver's License Number [REDACTED]	State NM	Type NON	CDL N	Status V	Restrictions	Endorsements	Expires [REDACTED]/2021	Interlock NO	Occupation					
Incident Responder POLICE				# of Occupants 1	Seat Pos PD	Age 23	Sex F	Race C	Injury Code B	OP Code NO	OP Used NA	Airbag Deploy O	Ejected AA8	EMS Number EG	Med Trans

Supplemental Occupant Information**Vehicle Information**

Year	Vehicle Make	Vehicle Model		Color	Veh Use1	Veh Use2	Veh Use3	Veh. Towed?	Veh. Disabled?		
Body Style	Cargo Body Type	Lic. Year	State	License Plate Number		VIN		Damage Severity			
Towed By				Towed To				Extent			
Gross Vehicle/Comb Weight Rating		HazMat Placard? (Cargo Only)	HazMat Released (Cargo Only)	Hazmat Placard 4-digit OR Hazmat Name AND 1-digit #				DOT #			
State #	Number of Axles	Carrier Type Code									
Carrier's Name			Street Address			Carrier City			State	Carrier's Zip	
Owner's Last Name			Owner's First Name		Owner's Middle Name		Owner's Company Name				
Street Address			Owner's City			State	Owner Zip	Owner's Phone			

Crash Report Number: **710758579**Case Number: **210055638**STATE OF NEW MEXICO UNIFORM CRASH REPORT
NM STATUTE 66-7-209
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Sheet 2 Of 5

Insured By: (Name of Company)						Policy Number		Trailer or Towed Vehicles (1)	Type	Year	Make	Lic Year	Lic State	License Num	
Trailer or Towed Vehicles (2)		Type	Year	Make	Lic Year	Lic State	License Num	Trailer or Towed Vehicles (3)		Type	Year	Make	Lic Year	Lic State	License Num

Condition Information

Lighting DARK LIGHTED				Weather CLEAR				Intersection Type FOUR-WAY			Relation To Junction INTERSECTION			
Work Zone Location					Work Zone Type					Workers Present		Law Enforcement Present		
Road Character STRAIGHT		Road Grade LEVEL		Road Condition DRY			Road Surface PAVED CENTER AND EDGE LINE				Traffic Control TRAFFIC SIGNALS			
Road Lanes 2 LANES			Road Design Div PAINTED DIVIDER (>4 FT)				Road Design TWO-WAY, DIVIDED							

APPARENT CONTRIBUTING FACTORS				DRIVER'S ACTIONS		SEQUENCE OF EVENTS		
AVOID NO CONTACT VEHICLE				GOING STRAIGHT		FIRST EVENT MVT		
						SECOND EVENT		
						THIRD EVENT		
						FOURTH EVENT		
						MHE MVT		
DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY			DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION		PEDESTRIAN/PEDALCYCLIST ACTION			
SOBRIETY UNKNOWN			UNKNOWN		<input checked="" type="checkbox"/> At Intersection <input type="checkbox"/> Not at Intersection			
					Actions Prior to Crash CROSSING ROADWAY			
					Actions at Time of Crash FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS			
Breath Test Results			Driver Physical Condition - Other			Location at Time of Crash SHOULDER/ROADSIDE		

NARRATIVE

ON JULY 16, 2021, I WAS DISPATCHED TO THE INTERSECTION OF COORS BLVD NW AND FORTUNA REGARDING A TRAFFIC ACCIDENT WITH INJURIES. THE CALL WAS FOR A VEHICLE AGAINST A PEDESTRIAN. UPON ARRIVAL TO THE SCENE I FIRST MADE CONTACT WITH PEDESTRIAN [REDACTED] WHO HAD VISIBLE INJURIES TO HER RIGHT LEG AND WAS GETTING CHECKED BY AMBULANCE. DUE TO HER PAIN [REDACTED] COULD NOT PROVIDE ANY INFORMATION ABOUT THE ACCIDENT. I THEN MADE CONTACT WITH DRIVER ONE.

DRIVER ONE SAID HE WAS TRAVELING NORTHBOUND ON COORS BLVD APPROACHING FORTUNA WHEN HE NOTICED THE FEMALE CROSSING AT THE LAST MINUTE. DRIVER ONE SAID HE WAS ON THE MOST EAST LANE OF COORS AND DID NOT SEE IF HE HIT HER BUT DID HEAR SOMETHING HIT HIS FRONT BUMPER. DRIVER ONE AT THIS TIME HAD TO DO A U-TURN TO CHECK ON THE FEMALE WHO HE SAW LAYING IN THE FLOOR AFTER. DRIVER ONE DID SAY HE WAS DRIVER OVER THE POSTED SPEED LIMIT BUT DID NOT RECALL RIGHT SPEED AND GAVE AN ESTIMATE OF 55-60 MPH.

I ALSO MADE CONTACT WITH WITNESS #1 WHO SAID HE WAS DRIVING NORTHBOUND ON HIS MOTORCYCLE AT ABOUT 50-60 MPH WHEN VEHICLE NUMBER ONE "FLEW BY HIM" AND APPEARED TO BE RACING. WITNESS #1 DID SAY BOTH OF THE THEM HAD THE GREEN LIGHT WHEN FEMALE STARTED CROSSING THE ROAD IN FRONT OF THEM. WITNESS #1 SAID DRIVER ONE APPEARED TO NOT HAVE NOTICED THE COLLISION AT THE START BUT THEN SAW HIM TURN AROUND AND PARK IN A NEARBY PARKING LOT.

I THEN MADE CONTACT WITH [REDACTED] AT UNM HOSPITAL. [REDACTED] DID ADMIT CROSSING THE STREET EASTBOUND WHEN THE OTHER VEHICLES HAD THE RIGHT OF WAY BUT SAID VEHICLE ONE APPEARED TO INCREASE THE SPEED IN A ATTEMPT TO HIT HER. [REDACTED] TRIED TO CROSS THE STREET AS QUICK AS SHE COULD BUT STILL GOT HIM ON HER RIGHT LEG. [REDACTED] DID NOT WANT TO PROVIDE ANY OTHER INFORMATION ON THE INCIDENT. ALL PARTIES WERE PROVIDED WITH A CASE NUMBER AND THIS ENDED MY INVOLVEMENT.

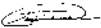
WITNESS 01

Witness's Last Name [REDACTED]			Witness's First Name [REDACTED]			Witness's Middle Name			Age 20
Witness's Street Address UNKNOWN				Witness's City ALBUQUERQUE		State NM	Zip Code 87105	Witness's Phone [REDACTED]	

VIOLATION 01

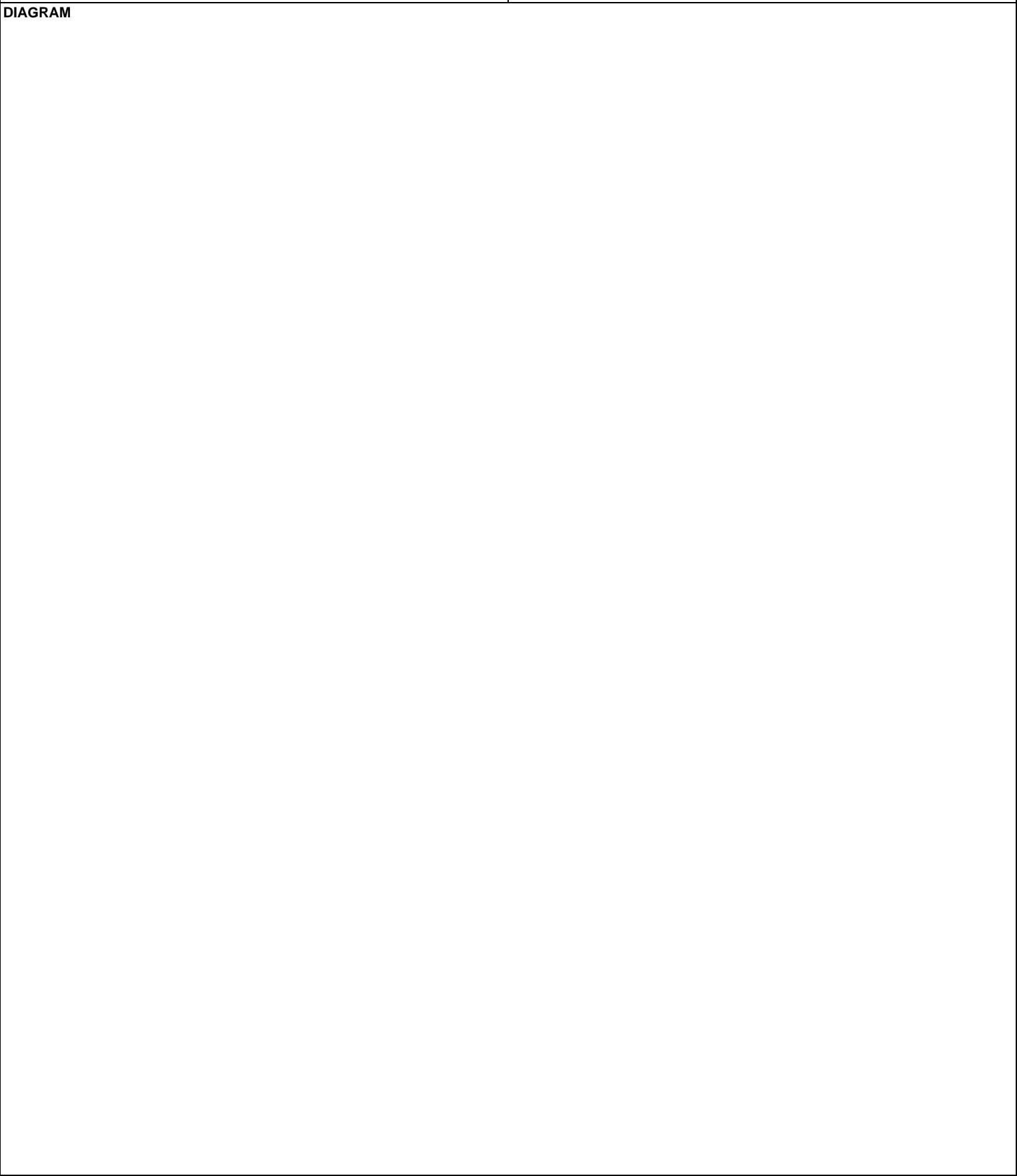
VEH NO.	Last Name	First Name	Middle Name	Violation (Common Name)	Action
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CONCLUSION

Time Notified 2348	Time Arrived 2351	Notified By DISPATCHED	Supervisor at Scene SGT HERERRA			
Time Roadway Cleared 0000	Time Incident Cleared 0229	Checked By 3852 - VALLEJOS, MARIO - 7/22/2021				
Officer's Signature 		Officer's Name FLORES-VELA, JOSE	Rank P1C	ID Number 5888	District 111	Report Date 07/17/2021

DIAGRAM

Diagram Drawn By FLORES-VELA, JOSE	Measurements Taken By
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710782684

ALBUQUERQUE POLICE DEPT

REPORTING DEPARTMENT

E JULY 2018

<input type="checkbox"/> Private Property	<input type="checkbox"/> Fatal	Property Damage Only	<input type="checkbox"/> Under \$500	<input checked="" type="checkbox"/> Hit-and-Run	Case Number: 210074321	CAD Num: 212610526
<input type="checkbox"/> Secondary Crash	<input checked="" type="checkbox"/> Injury	<input type="checkbox"/> \$500 or More	<input type="checkbox"/> School Bus Directly Involved	<input type="checkbox"/> School Bus Indirectly Involved	Agency: 1 - ALBUQUERQUE POLICE DEPARTMENT	
Crash Date 09/18/2021		Crash Time 0845	City Occurred In ALBUQUERQUE		County BERNALILLO	
Day of Week SATURDAY		Occurred On: (Route No. or Name) COORS BLVD NW			At Intersection With: FORTUNA RD NW	
Other Location	Measurement	Direction NORTH	Permanent Landmark - County Line - Intersection - Milepost			Lat: Long:
Crash Occurred ON ROADWAY		First Harmful Event COLLISION W/PERSON		Manner of Impact FRONT-TO-SIDE (EX. T-BONE, ANGLE)		Manner of Crash INTERSECTING PATH (T-BONE)
<input type="checkbox"/> Work Zone-Construction	<input type="checkbox"/> Work Zone-Maintenance	<input type="checkbox"/> Work Zone-Utility	Tribal Land? NO	Analysis Code PEDALCYCLE		Location of First Harmful Event ON ROADWAY
TRAFFIC UNIT 01						
VEHICLE NO. HEADED 01		MV Type IN TRANSPORT		Direction On: S	Left Scene of Crash? YES	
				COORS BLVD NW		Posted Speed 35
						Safe Speed 35
Driver's Last Name		Driver's First Name			Driver's Middle Name	
Driver's Street Address		City ALBUQUERQUE			State NM	Zip Code 87120
Date of Birth /1962	Driver's License Number	State NM	Type D	CDL	Status V	Restrictions
		Endorsements	Expires /2024	Interlock NO	Occupation	
Incident Responder POLICE		# of Occupants 1	Seat Pos PC	Age 59	Sex M	Race H
				Injury Code C	OP Code NP	OP Used UNK
				Airbag Deploy N	Ejected N	EMS Number NT
				Med Trans NT		
Supplemental Occupant Information						
Vehicle Information						
Year	Vehicle Make BICYCLE	Vehicle Model 2 WHEELS	Color PLE	Veh Use1 VA	Veh Use2 P	Veh Use3
Body Style	Cargo Body Type	Lic. Year	State	License Plate Number	VIN	
Towed By		Towed To			Veh. Towed? Veh. Disabled?	
Gross Vehicle/Comb Weight Rating		HazMat Placard? (Cargo Only)	HazMat Released (Cargo Only)	Hazmat Placard 4-digit OR Hazmat Name AND 1-digit #		DOT #
State #	Number of Axles	Carrier Type Code				
Carrier's Name		Street Address			Carrier City	State Carrier's Zip
Owner's Last Name PENA		Owner's First Name RUMALEO		Owner's Middle Name	Owner's Company Name	
Street Address 3509 RONDA DE LECHUSAS NW		Owner's City ALBUQUERQUE		State NM	Owner Zip 87120	Owner's Phone (505) 377-8019
Insured By: (Name of Company) NONE		Policy Number NONE		Trailer or Towed Vehicles (1)	Type BIC	Year BIKE
Trailer or Towed Vehicles (2)	Type	Year	Make	Lic Year	Lic State	License Num
Trailer or Towed Vehicles (3)	Type	Year	Make	Lic Year	Lic State	License Num

Crash Report Number: 710782684

Case Number: 210074321

STATE OF NEW MEXICO UNIFORM CRASH REPORT
NM STATUTE 66-7-209
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Sheet 1 Of 4

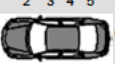
Condition Information

Lighting DAYLIGHT		Weather CLEAR		Intersection Type FOUR-WAY		Relation To Junction INTERSECTION	
Work Zone Location			Work Zone Type		Workers Present	Law Enforcement Present	
Road Character STRAIGHT	Road Grade LEVEL	Road Condition DRY		Road Surface PAVED CENTER AND EDGE LINE		Traffic Control TRAFFIC SIGNALS	
Road Lanes 3 LANES		Road Design Div PAINTED DIVIDER (>4 FT)		Road Design TWO-WAY, DIVIDED			
APPARENT CONTRIBUTING FACTORS				DRIVER'S ACTIONS		SEQUENCE OF EVENTS	
NO DRIVER ERROR				OVERTAKING - PASSING		FIRST EVENT BIKE	
						SECOND EVENT	
						THIRD EVENT	
						FOURTH EVENT	
						MHE BIKE	
DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY			DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION			PEDESTRIAN/PEDALCYCLIST ACTION	
HAD NOT CONSUMED ALCOHOL			NO APP. DEFECTS			<input checked="" type="checkbox"/> At Intersection <input type="checkbox"/> Not at Intersection	
						Actions Prior to Crash CROSSING ROADWAY	
						Actions at Time of Crash NO IMPROPER ACTION	
Breath Test Results		Driver Physical Condition - Other			Location at Time of Crash INTERSECTION - OTHER		

TRAFFIC UNIT 02

VEHICLE NO. HEADED 02		MV Type IN TRANSPORT		Direction On: N COORS BLVD NW		Left Scene of Crash? YES		Posted Speed 45		Safe Speed 45							
Driver's Last Name [REDACTED]				Driver's First Name [REDACTED]				Driver's Middle Name									
Driver's Street Address [REDACTED]				City [REDACTED]				State		Zip Code		Phone					
Date of Birth	Driver's License Number UNKNOWN		State	Type	CDL	Status	Restrictions	Endorsements	Expires	Interlock	Occupation						
Incident Responder						# of Occupants 1	Seat Pos LF	Age	Sex U	Race	Injury Code O	OP Code 0	OP Used UNK	Airbag Deploy NA	Ejected N	EMS Number	Med Trans NT

Supplemental Occupant Information**Vehicle Information**

Year		Vehicle Make CHEVROLET		Vehicle Model SILVERADO		Color GRY		Veh Use1		Veh Use2 P		Veh Use3		Veh. Towed?		Veh. Disabled? NO											
Body Style PC	Cargo Body Type	Lic. Year	State	License Plate Number			VIN			Damage Severity UNKNOWN		 Extent 01,12															
Towed By			Towed To			Gross Vehicle/Comb Weight Rating		HazMat Placard? (Cargo Only)		HazMat Released (Cargo Only)								Hazmat Placard 4-digit OR Hazmat Name		AND		1-digit #		DOT #			
State #		Number of Axles		Carrier Type Code			Carrier's Name		Street Address									Carrier City			State		Carrier's Zip				
Owner's Last Name UNKNOWN			Owner's First Name UNKNOWN			Owner's Middle Name			Owner's Company Name			Street Address UNKNOWN							Owner's City UNKNOWN			State		Owner Zip		Owner's Phone	

Crash Report Number: **710782684**Case Number: **210074321**STATE OF NEW MEXICO UNIFORM CRASH REPORT
NM STATUTE 66-7-209
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Sheet 2 Of 4

Insured By: (Name of Company) UNKNOWN						Policy Number [REDACTED]		Trailer or Towed Vehicles (1)	Type	Year	Make	Lic Year	Lic State	License Num
Trailer or Towed Vehicles (2)	Type	Year	Make	Lic Year	Lic State	License Num		Trailer or Towed Vehicles (3)	Type	Year	Make	Lic Year	Lic State	License Num

Condition Information

Lighting DAYLIGHT			Weather CLEAR				Intersection Type FOUR-WAY			Relation To Junction INTERSECTION			
Work Zone Location				Work Zone Type				Workers Present		Law Enforcement Present			
Road Character STRAIGHT		Road Grade LEVEL		Road Condition DRY			Road Surface PAVED CENTER AND EDGE LINE			Traffic Control TRAFFIC SIGNALS			
Road Lanes 3 LANES			Road Design Div PAINTED DIVIDER (>4 FT)				Road Design TWO-WAY, DIVIDED						

APPARENT CONTRIBUTING FACTORS								DRIVER'S ACTIONS				SEQUENCE OF EVENTS	
DISREGARDED TRAFFIC SIGNAL								RIGHT TURN				FIRST EVENT BIKE	
												SECOND EVENT	
												THIRD EVENT	
												FOURTH EVENT	
												MHE BIKE	
DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY						DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION				PEDESTRIAN/PEDALCYCLIST ACTION			
SOBRIETY UNKNOWN						NO APP. DEFECTS				<input type="checkbox"/> At Intersection		<input type="checkbox"/> Not at Intersection	
										Actions Prior to Crash			
										Actions at Time of Crash			
Breath Test Results				Driver Physical Condition - Other						Location at Time of Crash			

NARRATIVE

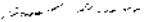
ON SEPTEMBER 18 , 2021 AT 0859 HOURS I WAS DISPATCHED TO 700 COORS BLVD NW, NEAR THE DUTCH BROS IN REGARDS TO A POSSIBLE TRAFFIC ACCIDENT WITH INJURIES. UPON ARRIVAL I SPOKE TO THE CALLER, [REDACTED] WHO WAS STRUCK BY A VEHICLE WHILE RIDING HIS BICYCLE. HE ADVISED THAT HE WAS RIDING HIS BIKE ON COORS GOING SOUTH ABOUT TO CROSS FORTUNA WHEN A GRAY SILVERADO TRUCK HIM WHEN HE WAS CROSSING THE STREET. HE ADVISED THE LIGHT WAS RED FOR THE TRUCK AND THAT HE HAD THE RIGHT AWAY TO CROSS THE STREET. THE TRUCK FAILED TO SEE HIM AND STRUCK HIM WHILE HE WAS ON HIS BICYCLE. HE SAID FELL OFF HIS BICYCLE AND HIS RIGHT FOOT WAS RAN OVER BY THE TRUCK. HE DID DECLINED ANY MEDAL ATTENTION. HE WAS NOT ABLE TO SEE WHO WAS DRIVING THE TRUCK BECAUSE THE WINDOWS WERE TINTED AND HE COULD NOT SEE THE PLATE OR ANY DETAILS OF THE VEHICLE. HE ONLY ADVISED THAT THE VEHICLE WENT NORTH BOUND ON COORS. MY PARTNER ATTEMPTED TO LOCATE THE VEHICLE IN THAT DIRECTION BUT DID NOT LOCATE ANY GRAY SILVERADO.

MY OBRD WILL BE UPLOADED TO EVIDENCE.COM.

VIOLATION 01

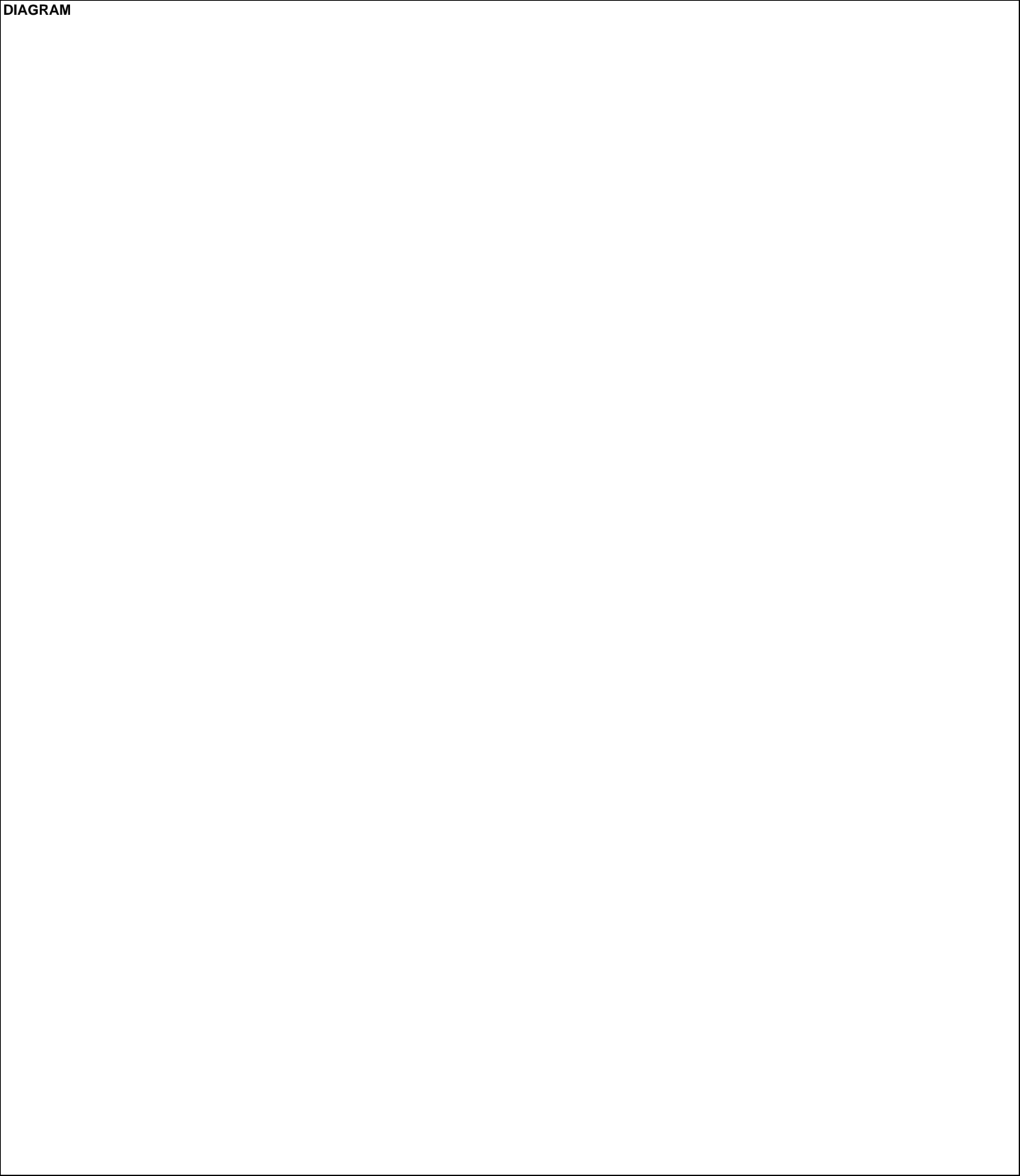
VEH NO.	Last Name	First Name	Middle Name	Violation (Common Name)	Action
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CONCLUSION

Time Notified 0859	Time Arrived 0902	Notified By APD	Supervisor at Scene			
Time Roadway Cleared 0902	Time Incident Cleared 0850	Checked By 5184 - PITZER, BRIAN - 9/27/2021				
Officer's Signature 		Officer's Name HERNANDEZ, DANIEL	Rank P2C	ID Number 6779	District 111	Report Date 09/18/2021

DIAGRAM

Diagram Drawn By HERNANDEZ, DANIEL	Measurements Taken By
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710880210

ALBUQUERQUE POLICE DEPT

REPORTING DEPARTMENT

E JULY 2018

<input type="checkbox"/> Private Property	<input type="checkbox"/> Fatal	Property Damage Only	<input type="checkbox"/> Under \$500	<input type="checkbox"/> Hit-and-Run	Case Number: 220009717	CAD Num: 220380298
<input type="checkbox"/> Secondary Crash	<input checked="" type="checkbox"/> Injury	<input type="checkbox"/> \$500 or More	<input type="checkbox"/> School Bus Directly Involved	<input type="checkbox"/> School Bus Indirectly Involved	Agency: 1 - ALBUQUERQUE POLICE DEPARTMENT	
Crash Date 02/07/2022		Crash Time 0700	City Occurred In ALBUQUERQUE		County BERNALILLO	
Day of Week MONDAY		Occurred On: (Route No. or Name) COORS BLVD NW			At Intersection With: FORTUNA RD NW	
Other Location	Measurement	Direction	Permanent Landmark - County Line - Intersection - Milepost			Lat: Long:
Crash Occurred ON ROADWAY		First Harmful Event COLLISION W/PERSON		Manner of Impact OTHER		Manner of Crash INTERSECTING PATH (T-BONE)
<input type="checkbox"/> Work Zone-Construction	<input type="checkbox"/> Work Zone-Maintenance	<input type="checkbox"/> Work Zone-Utility	Tribal Land? NO	Analysis Code PEDESTRIAN		Location of First Harmful Event ON ROADWAY
TRAFFIC UNIT 01						
VEHICLE NO. HEADED 01		MV Type IN TRANSPORT		Direction W	On: FORTUNA RD NW	Left Scene of Crash? NO
Driver's Last Name		Driver's First Name		Driver's Middle Name		
Driver's Street Address		City UNKNOWN		State	Zip Code	Phone
Date of Birth /2007	Driver's License Number	State	Type	CDL	Status	Restrictions
Incident Responder		# of Occupants 1		Seat Pos PD	Age 14	Sex F
					Race O	Injury Code C
					OP Code NP	OP Used UNK
					Airbag Deploy NA	Ejected O
					EMS Number AAS46	Med Trans EG
Supplemental Occupant Information						
Vehicle Information						
Year	Vehicle Make	Vehicle Model		Color	Veh Use1	Veh Use2
Body Style	Cargo Body Type	Lic. Year	State	License Plate Number	VIN	Veh Use3
Towed By		Towed To				
Gross Vehicle/Comb Weight Rating		HazMat Placard? (Cargo Only)	HazMat Released (Cargo Only)	Hazmat Placard 4-digit OR Hazmat Name AND 1-digit #		DOT #
State #	Number of Axles	Carrier Type Code				
Carrier's Name		Street Address		Carrier City		State
Owner's Last Name		Owner's First Name		Owner's Middle Name		Owner's Company Name
Street Address		Owner's City		State	Owner Zip	Owner's Phone
Insured By: (Name of Company)		Policy Number		Trailer or Towed Vehicles (1)	Type	Year
Trailer or Towed Vehicles (2)	Type	Year	Make	Lic Year	Lic State	License Num
				Trailer or Towed Vehicles (3)	Type	Year
					Make	Lic Year
					Lic State	License Num

Crash Report Number: 710880210

Case Number: 220009717

STATE OF NEW MEXICO UNIFORM CRASH REPORT
NM STATUTE 66-7-209
NMDOT COPY

Sheet 1 Of 6

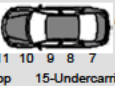
Condition Information

Lighting DAYLIGHT		Weather CLEAR		Intersection Type FOUR-WAY		Relation To Junction INTERSECTION RELATED	
Work Zone Location			Work Zone Type		Workers Present	Law Enforcement Present	
Road Character STRAIGHT	Road Grade LEVEL	Road Condition DRY		Road Surface PAVED CENTER AND EDGE LINE		Traffic Control TRAFFIC SIGNALS	
Road Lanes 1 LANE		Road Design Div UNDIVIDED		Road Design TWO-WAY, NOT DIVIDED			
APPARENT CONTRIBUTING FACTORS				DRIVER'S ACTIONS		SEQUENCE OF EVENTS	
NO DRIVER ERROR				OTHER (SPECIFY IN NARRATIVE)		FIRST EVENT PED	
						SECOND EVENT ONM	
						THIRD EVENT	
						FOURTH EVENT	
						MHE PED	
DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY			DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION			PEDESTRIAN/PEDALCYCLIST ACTION	
HAD NOT CONSUMED ALCOHOL			NO APP. DEFECTS			<input checked="" type="checkbox"/> At Intersection <input type="checkbox"/> Not at Intersection	
						Actions Prior to Crash CROSSING ROADWAY	
						Actions at Time of Crash NO IMPROPER ACTION	
Breath Test Results		Driver Physical Condition - Other			Location at Time of Crash INTERSECTION - MARKED CROSSWALK		

TRAFFIC UNIT 02

VEHICLE NO. HEADED 02		MV Type IN TRANSPORT		Direction W	On: FORTUNA RD NW			Left Scene of Crash? NO	Posted Speed	Safe Speed						
Driver's Last Name [REDACTED]			Driver's First Name [REDACTED]			Driver's Middle Name										
Driver's Street Address			City			State	Zip Code	Phone [REDACTED]								
Date of Birth 2005	Driver's License Number	State	Type	CDL	Status	Restrictions	Endorsements	Expires	Interlock	Occupation						
Incident Responder					# of Occupants 1	Seat Pos PD	Age 16	Sex F	Race O	Injury Code C	OP Code NP	OP Used UNK	Airbag Deploy NA	Ejected O	EMS Number AAS46	Med Trans EG

Supplemental Occupant Information**Vehicle Information**

Year	Vehicle Make	Vehicle Model		Color	Veh Use1	Veh Use2	Veh Use3	Veh. Towed?	Veh. Disabled?	
Body Style	Cargo Body Type	Lic. Year	State	License Plate Number		VIN		Damage Severity		
Towed By				Towed To				Extent		
Gross Vehicle/Comb Weight Rating		HazMat Placard? (Cargo Only)	HazMat Released (Cargo Only)	Hazmat Placard 4-digit OR Hazmat Name			AND	1-digit #	DOT #	
State #	Number of Axles	Carrier Type Code								
Carrier's Name			Street Address			Carrier City			State	Carrier's Zip
Owner's Last Name			Owner's First Name			Owner's Middle Name			Owner's Company Name	
Street Address			Owner's City			State	Owner Zip		Owner's Phone	

Crash Report Number: **710880210**Case Number: **220009717**STATE OF NEW MEXICO UNIFORM CRASH REPORT
NM STATUTE 66-7-209
NMDOT COPY

Sheet 2 Of 6

Insured By: (Name of Company)						Policy Number		Trailer or Towed Vehicles (1)	Type	Year	Make	Lic Year	Lic State	License Num
Trailer or Towed Vehicles (2)	Type	Year	Make	Lic Year	Lic State	License Num	Trailer or Towed Vehicles (3)	Type	Year	Make	Lic Year	Lic State	License Num	

Condition Information

Lighting DAYLIGHT			Weather CLEAR			Intersection Type FOUR-WAY			Relation To Junction INTERSECTION RELATED		
Work Zone Location			Work Zone Type			Workers Present			Law Enforcement Present		
Road Character STRAIGHT	Road Grade LEVEL	Road Condition DRY		Road Surface PAVED CENTER AND EDGE LINE			Traffic Control TRAFFIC SIGNALS				
Road Lanes 1 LANE		Road Design Div UNDIVIDED		Road Design TWO-WAY, NOT DIVIDED							

APPARENT CONTRIBUTING FACTORS				DRIVER'S ACTIONS				SEQUENCE OF EVENTS			
NO DRIVER ERROR				OTHER (SPECIFY IN NARRATIVE)				FIRST EVENT		PED	
								SECOND EVENT		ONM	
								THIRD EVENT			
								FOURTH EVENT			
								MHE		PED	

DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY			DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION			PEDESTRIAN/PEDALCYCLIST ACTION		
HAD NOT CONSUMED ALCOHOL			NO APP. DEFECTS			<input checked="" type="checkbox"/> At Intersection <input type="checkbox"/> Not at Intersection		
						Actions Prior to Crash CROSSING ROADWAY		
						Actions at Time of Crash NO IMPROPER ACTION		
						Location at Time of Crash INTERSECTION - MARKED CROSSWALK		
Breath Test Results			Driver Physical Condition - Other					

TRAFFIC UNIT 03

VEHICLE NO. HEADED 03		MV Type IN TRANSPORT		Direction N		On: COORS BLVD NW		Left Scene of Crash? NO		Posted Speed		Safe Speed							
Driver's Last Name [REDACTED]				Driver's First Name [REDACTED]				Driver's Middle Name											
Driver's Street Address [REDACTED]				City ALBUQUERQUE				State NM		Zip Code 87105		Phone							
Date of Birth [REDACTED]/1998		Driver's License Number [REDACTED]		State NM	Type D	CDL N	Status V	Restrictions	Endorsements	Expires [REDACTED]/2024		Interlock NO							
Incident Responder						# of Occupants 1		Seat Pos LF		Age 23	Sex F	Race O	Injury Code O	OP Code 6	OP Used UNK	Airbag Deploy N	Ejected N	EMS Number	Med Trans NT

Supplemental Occupant Information

Vehicle Information

Year 2011	Vehicle Make MAZDA		Vehicle Model 4 DOOR		Color RED	Veh Use1	Veh Use2 P	Veh Use3	Veh. Towed? NO		Veh. Disabled? NO	
Body Style PC	Cargo Body Type	Lic. Year 2022	State NM	License Plate Number ATGF20		VIN JM3ER2A52B0393026						
Towed By				Towed To				Damage Severity UNKNOWN Extent NONE				
Gross Vehicle/Comb Weight Rating		HazMat Placard? (Cargo Only)	HazMat Released (Cargo Only)	Hazmat Placard 4-digit OR Hazmat Name			AND		1-digit #		DOT #	
State #		Number of Axles	Carrier Type Code									
Carrier's Name			Street Address				Carrier City			State	Carrier's Zip	

Owner's Last Name SALAZAR				Owner's First Name MARTIN				Owner's Middle Name				Owner's Company Name			
Street Address 312 55TH ST NW						Owner's City ALBUQUERQUE				State NM		Owner Zip 87105		Owner's Phone	
Insured By: (Name of Company) ROOT INSURANCE						Policy Number [REDACTED]		Trailer or Towed Vehicles (1)		Type	Year	Make	Lic Year	Lic State	License Num
Trailer or Towed Vehicles (2)		Type	Year	Make	Lic Year	Lic State	License Num	Trailer or Towed Vehicles (3)		Type	Year	Make	Lic Year	Lic State	License Num

Condition Information

Lighting DAYLIGHT				Weather CLEAR				Intersection Type FOUR-WAY				Relation To Junction INTERSECTION RELATED			
Work Zone Location				Work Zone Type				Workers Present		Law Enforcement Present					
Road Character STRAIGHT		Road Grade LEVEL		Road Condition DRY			Road Surface PAVED CENTER AND EDGE LINE				Traffic Control TRAFFIC SIGNALS				
Road Lanes 1 LANE				Road Design Div UNDIVIDED			Road Design TWO-WAY, NOT DIVIDED								

APPARENT CONTRIBUTING FACTORS				DRIVER'S ACTIONS		SEQUENCE OF EVENTS	
DRIVER INATTENTION, FAILED TO YIELD RIGHT-OF-WAY, WEATHER CONDITIONS				RIGHT TURN		FIRST EVENT PED	
						SECOND EVENT ONM	
						THIRD EVENT	
						FOURTH EVENT	
						MHE PED	
DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY			DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION			PEDESTRIAN/PEDALCYCLIST ACTION	
HAD NOT CONSUMED ALCOHOL			NO APP. DEFECTS			<input type="checkbox"/> At Intersection <input type="checkbox"/> Not at Intersection	
						Actions Prior to Crash	
						Actions at Time of Crash	
Breath Test Results			Driver Physical Condition - Other			Location at Time of Crash	

NARRATIVE

ON FEBRUARY 7, 2022 AT APPROXIMATELY 0701 HOURS I WAS DISPATCHED TO A TRAFFIC ACCIDENT WITH INJURIES INVOLVING ONE VEHICLE AND TWO PEDESTRIANS AT THE LOCATION OF COORS BL NW AND FORTUNA RD NW.

PEDESTRIAN 1 STATED THAT HERSELF AND HER FRIEND (PEDESTRIAN 2) WERE WALKING WESTBOUND ON FORTUNA RD AND WERE CROSSING COORS BLVD TO HEAD TO SCHOOL. PEDESTRIAN 1 STATED THAT'S WHEN SHE FELT A HARD BUMP FROM DRIVER 3'S VEHICLE ON THE LEFT SIDE OF HER BODY WHICH CAUSED HER TO FALL DOWN AND HIT HER HEAD ON THE ROADWAY. PEDESTRIAN 1 COMPLAINED OF HEAD AND LEFT LEG PAIN BUT NO INJURIES WERE VISIBLE. PEDESTRIAN 1 WAS TRANSPORTED TO DOWNTOWN PRESBYTERIAN BY ALBUQUERQUE AMBULANCE 46.

PEDESTRIAN 2 STATED THAT SHE WAS ON THE RIGHT SIDE OF PEDESTRIAN 1 AND WHEN THE COLLISION OCCURRED BETWEEN PEDESTRIAN 1 AND VEHICLE 1 THE MOMENTUM OF WHEN PEDESTRIAN 1 FELL DOWN CAUSED PEDESTRIAN 2 TO ALSO FALL DOWN AND PEDESTRIAN 2 HIT HER RIGHT SHOULDER ON THE ROADWAY. PEDESTRIAN 2 COMPLAINED OF THE RIGHT SHOULDER INJURY AND WAS TRANSPORTED TO DOWNTOWN PRESBYTERIAN BY ALBUQUERQUE AMBULANCE 46.

DRIVER 3 STATED THAT SHE WAS DRIVING WESTBOUND ON FORTUNA RD NW AND WAS ATTEMPTING TO MAKE A RIGHT TURN ONTO COORS BLVD NW. DRIVER 3 STATED THAT THE RIGHT SIDE OF HER FRONT WINDSHIELD WAS STILL ICED OVER AND SHE COULDN'T SEE. DRIVER 3 STATED THAT SHE MADE A WIDE RIGHT TURN ONTO COORS BLVD FROM FORTUNA RD AND COLLIDED WITH PEDESTRIAN 1 AND 2. DRIVER 3 STATED THAT SHE DID NOT SEE THE PEDESTRIANS CROSSING. DRIVER 3 DID NOT COMPLAIN OF ANY INJURIES AND THE VEHICLE DID NOT REQUIRE TOWING.

I ATTEMPTED TO GET A STATEMENT FROM THE WITNESS THROUGH TELEPHONE BUT NO ONE ANSWERED THE PHONE.

THIS CONCLUDES MY INVOLVEMENT WITH THIS INCIDENT.


WITNESS 01

Witness's Last Name [REDACTED]				Witness's First Name [REDACTED]				Witness's Middle Name				Age 52			
Witness's Street Address						Witness's City				State		Zip Code		Witness's Phone [REDACTED]	

VIOLATION 01

VEH NO.	Last Name	First Name	Middle Name	Violation (Common Name)	Action
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CONCLUSION

Time Notified 0701	Time Arrived 0711	Notified By DISPATCH	Supervisor at Scene NONE			
Time Roadway Cleared 0743	Time Incident Cleared 0743	Checked By 0492 - ARMIJO, LOUIS - 2/8/2022				
Officer's Signature 		Officer's Name SHARP, DOMINIC	Rank PSA	ID Number 7455	District 111	Report Date 02/07/2022

Crash Report Number: **710880210**

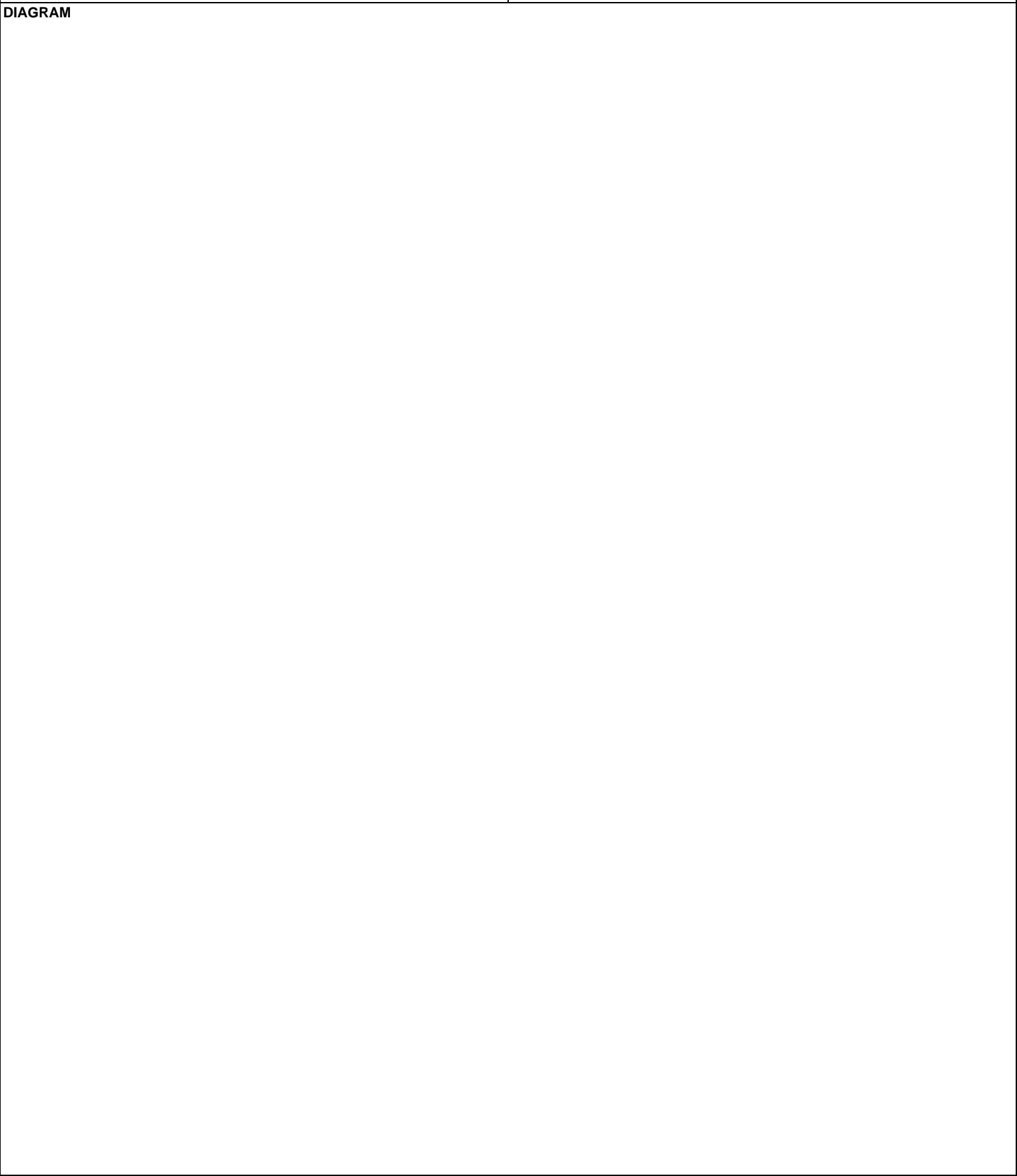
Case Number: **220009717**

STATE OF NEW MEXICO UNIFORM CRASH REPORT
NM STATUTE 66-7-209
NMDOT COPY

Sheet 5 Of 6

DIAGRAM

Diagram Drawn By SHARP, DOMINIC	Measurements Taken By NOT TO SCALE
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710885039

ALBUQUERQUE POLICE DEPT

REPORTING DEPARTMENT

E JULY 2018

<input type="checkbox"/> Private Property	<input type="checkbox"/> Fatal	Property Damage Only	<input type="checkbox"/> Under \$500	<input type="checkbox"/> Hit-and-Run	Case Number: 220026182	CAD Num: 220970380
<input type="checkbox"/> Secondary Crash	<input checked="" type="checkbox"/> Injury	<input type="checkbox"/> \$500 or More	<input type="checkbox"/> School Bus Directly Involved	<input type="checkbox"/> School Bus Indirectly Involved	Agency: 1 - ALBUQUERQUE POLICE DEPARTMENT	
Crash Date 04/07/2022		Crash Time 0755	City Occurred In ALBUQUERQUE		County BERNALILLO	
Day of Week THURSDAY		Occurred On: (Route No. or Name) COORS BLVD NW			At Intersection With: FORTUNA DR	
Other Location	Measurement	Direction	Permanent Landmark - County Line - Intersection - Milepost			Lat: Long:
Crash Occurred ON ROADWAY		First Harmful Event COLLISION W/MOTOR VEHICLE		Manner of Impact FRONT-TO-SIDE (EX. T-BONE, ANGLE)		Manner of Crash INTERSECTING PATH (T-BONE)
<input type="checkbox"/> Work Zone-Construction	<input type="checkbox"/> Tribal Land?	Analysis Code MV IN TRANSPORT			Location of First Harmful Event ON ROADWAY	
<input type="checkbox"/> Work Zone-Maintenance	NO					
<input type="checkbox"/> Work Zone-Utility						
TRAFFIC UNIT 01						
VEHICLE NO. HEADED 01		MV Type IN TRANSPORT		Direction E	On: COORS BLVD NW	Left Scene of Crash? NO
Driver's Last Name		Driver's First Name		Driver's Middle Name		
Driver's Street Address		City		State	Zip Code	Phone
Date of Birth /2009	Driver's License Number	State	Type	CDL	Status	Restrictions
Incident Responder		# of Occupants 1		Seat Pos PC	Age 12	Sex M
					Race O	Injury Code B
					OP Code 9A	OP Used NO
					Airbag Deploy NA	Ejected O
					EMS Number E4	Med Trans NT
Supplemental Occupant Information						
Vehicle Information						
Year	Vehicle Make ACURA	Vehicle Model		Color	Veh Use1	Veh Use2
Body Style	Cargo Body Type	Lic. Year	State	License Plate Number	VIN	Veh Use3
Towed By		Towed To		Veh. Towed? Veh. Disabled?		
Gross Vehicle/Comb Weight Rating		HazMat Placard? (Cargo Only)	HazMat Released (Cargo Only)	Hazmat Placard 4-digit OR Hazmat Name AND 1-digit #		DOT #
State #	Number of Axles	Carrier Type Code				
Carrier's Name		Street Address		Carrier City		State
Owner's Last Name		Owner's First Name		Owner's Middle Name		Owner's Company Name
Street Address		Owner's City		State	Owner Zip	Owner's Phone
Insured By: (Name of Company)		Policy Number		Trailer or Towed Vehicles (1)	Type	Year
Trailer or Towed Vehicles (2)	Type	Year	Make	Lic Year	Lic State	License Num
				Trailer or Towed Vehicles (3)	Type	Year
					Make	Lic Year
					Lic State	License Num

Crash Report Number: 710885039

Case Number: 220026182


Condition Information

Lighting DAYLIGHT		Weather CLEAR		Intersection Type FOUR-WAY		Relation To Junction INTERSECTION	
Work Zone Location			Work Zone Type		Workers Present	Law Enforcement Present	
Road Character STRAIGHT	Road Grade LEVEL	Road Condition DRY		Road Surface LANE MARKERS		Traffic Control TRAFFIC SIGNALS	
Road Lanes 3 LANES		Road Design Div PAINTED DIVIDER (>4 FT)		Road Design TWO-WAY, DIVIDED			
APPARENT CONTRIBUTING FACTORS				DRIVER'S ACTIONS		SEQUENCE OF EVENTS	
DRIVER INATTENTION				OTHER (SPECIFY IN NARRATIVE)		FIRST EVENT MVT	
						SECOND EVENT	
						THIRD EVENT	
						FOURTH EVENT	
						MHE MVT	
DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY			DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION		PEDESTRIAN/PEDALCYCLIST ACTION		
HAD NOT CONSUMED ALCOHOL			NO APP. DEFECTS		<input checked="" type="checkbox"/> At Intersection <input type="checkbox"/> Not at Intersection Actions Prior to Crash CROSSING ROADWAY Actions at Time of Crash OTHER (SPECIFY IN NARRATIVE)		
Breath Test Results		Driver Physical Condition - Other			Location at Time of Crash INTERSECTION - MARKED CROSSWALK		

TRAFFIC UNIT 02

VEHICLE NO. HEADED 02		MV Type WORKING VEHICLE/EQUIPMENT		Direction N	On: COORS BLVD NW			Left Scene of Crash? NO	Posted Speed	Safe Speed					
Driver's Last Name [REDACTED]			Driver's First Name [REDACTED]			Driver's Middle Name									
Driver's Street Address [REDACTED]			City ALBUQUERQUE			State NM	Zip Code 87105	Phone							
Date of Birth 1970	Driver's License Number [REDACTED]	State NM	Type B	CDL Y	Status V	Restrictions	Endorsements	Expires /2024	Interlock NO	Occupation					
Incident Responder				# of Occupants 1	Seat Pos LF	Age 52	Sex M	Race O	Injury Code B	OP Code 6	OP Used YES	Airbag Deploy N	Ejected N	EMS Number E7	Med Trans NT

Supplemental Occupant Information
Vehicle Information

Year 2020	Vehicle Make PETERBILT MOTORS CO.		Vehicle Model TRASH TRUCK		Color BLU	Veh Use1	Veh Use2 G	Veh Use3	Veh. Towed? NO	Veh. Disabled? NO	
Body Style MT	Cargo Body Type	Lic. Year 2099	State NM	License Plate Number 06980G		VIN 3BPDL70X7LF106613			Damage Severity NONE	1 2 3 4 5 12  6 11 10 9 8 7 14-Top 15-Undercarriage 03	
Towed By			Towed To								
Gross Vehicle/Comb Weight Rating		HazMat Placard? (Cargo Only)	HazMat Released (Cargo Only)	Hazmat Placard 4-digit OR Hazmat Name			AND		1-digit #	DOT #	
State #	Number of Axles	Carrier Type Code									
Carrier's Name			Street Address			Carrier City			State	Carrier's Zip	
Owner's Last Name CITY OF ALBUQUERQUE			Owner's First Name CITY OF ALBUQUERQUE			Owner's Middle Name			Owner's Company Name CITY OF ALBUQUERQUE		
Street Address 1 CIVIC PLAZA			Owner's City ALBUQUERQUE			State NM	Owner Zip 87102		Owner's Phone		

 Crash Report Number: **710885039**

 Case Number: **220026182**

 STATE OF NEW MEXICO UNIFORM CRASH REPORT
 NM STATUTE 66-7-209
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Sheet 2 Of 5

Insured By: (Name of Company)						Policy Number		Trailer or Towed Vehicles (1)	Type	Year	Make	Lic Year	Lic State	License Num
SELF INSURED														
Trailer or Towed Vehicles (2)	Type	Year	Make	Lic Year	Lic State	License Num		Trailer or Towed Vehicles (3)	Type	Year	Make	Lic Year	Lic State	License Num

Condition Information

Lighting			Weather			Intersection Type			Relation To Junction					
DAYLIGHT			CLEAR			FOUR-WAY			INTERSECTION					
Work Zone Location				Work Zone Type				Workers Present		Law Enforcement Present				
Road Character		Road Grade	Road Condition			Road Surface			Traffic Control					
STRAIGHT		LEVEL	DRY			PAVED CENTER AND EDGE LINE			TRAFFIC SIGNALS					
Road Lanes			Road Design Div			Road Design								
3 LANES			PAINTED DIVIDER (>4 FT)			TWO-WAY, DIVIDED								

APPARENT CONTRIBUTING FACTORS						DRIVER'S ACTIONS			SEQUENCE OF EVENTS		
DRIVER INATTENTION						GOING STRAIGHT			FIRST EVENT		
									MVT		
									SECOND EVENT		
									THIRD EVENT		
									FOURTH EVENT		
									MHE		
									MVT		
DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY				DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION			PEDESTRIAN/PEDALCYCLIST ACTION				
							<input type="checkbox"/> At Intersection		<input type="checkbox"/> Not at Intersection		
HAD NOT CONSUMED ALCOHOL				NO APP. DEFECTS			Actions Prior to Crash				
							Actions at Time of Crash				
Breath Test Results				Driver Physical Condition - Other			Location at Time of Crash				

NARRATIVE

ON THURSDAY THE 7TH DAY OF APRIL, I WAS DISPATCHED TO A MOTOR VEHICLE COLLISION WITH INJURIES INVOLVING ONE PEDESTRIAN AND ONE CITY OF ALBUQUERQUE TRASH TRUCK.

PEDESTRIAN ONE STATED HE WAS CROSSING THE INTERSECTION OF COORS BLVD NW AND FORTUNA DR ON THE CROSS WALK HEADING EASTBOUND WITH HIS BROTHER. PEDESTRIAN ONE STATED AS THEY CROSSED THE STREET, THEY SEEN DRIVER ONE FAILED TO STOP AND COLLIDED WITH PEDESTRIAN ONE. PEDESTRIAN ONE'S BICYCLE SUSTAINED SEVERE DAMAGE.

DRIVER TWO STATED HE WAS PROCEEDING EASTBOUND ON FORTUNA DR WHEN HE HAD A GREEN TRAFFIC SIGNAL INDICATION, AND ATTEMPTED A LEFT TURN ONTO COORS BLVD NW NORTHBOUND. DRIVER TWO STATED HE DID NOT SEE THE CHILDREN CROSSING THE INTERSECTION. DRIVER TWO STATED HE SEEN DEBRIS IN HIS REAR VIEW MIRROR AFTER COMPLETING THE NORTHBOUND TURN ONTO COORS BLVD NW AND STOPPED. VEHICLE TWO DID NOT RECEIVE ANY VISUAL DAMAGES AT THE TIME OF THE COLLISION.

THE WITNESS STATED SHE WAS SOUTHBOUND ON COORS IN THE LEFT TURNING LANE FOR EASTBOUND FORTUNA WAITING FOR THE LIGHT WHEN SHE SAW TWO YOUNG BOYS CROSSING COORS EASTBOUND WHEN A CITY TRASH TRUCK WAS TURNING ONTO COORS NORTHBOUND WHEN THE CITY TRUCK HIT THE SECOND BOY THAT WAS CROSSING COORS.

PEDESTRIAN ONE WAS CHECKED OUT BY MEDICAL PERSONNEL, WHO STATED PEDESTRIAN ONE SUSTAINED MINOR ABRASIONS TO HIS BODY, AND WAS RELEASED.

THERE IS NOTHING FURTHER AT THIS TIME


WITNESS 01

Witness's Last Name		Witness's First Name		Witness's Middle Name		Age
						61
Witness's Street Address		Witness's City		State	Zip Code	Witness's Phone
		ALBUQUERQUE		NM	87105	

VIOLATION 01

VEH NO.	Last Name	First Name	Middle Name	Violation (Common Name)	Action

CONCLUSION

Time Notified 0757	Time Arrived 0814	Notified By DISPATCH	Supervisor at Scene			
Time Roadway Cleared 0900	Time Incident Cleared 0900	Checked By 3852 - VALLEJOS, MARIO - 4/13/2022				
Officer's Signature 		Officer's Name HODGKINS, JEREMIAH	Rank PSA	ID Number 7615	District 111	Report Date 04/07/2022

DIAGRAM

Diagram Drawn By HODGKINS, JEREMIAH	Measurements Taken By
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