

### Mountain Rd. Rehabilitation Hospital

(Mountain Rd. / Woodward Pl.)

### **Crash Analysis**

June 3, 2024

DRAFT

Presented to:

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### Traffic Memo - Crash Analysis

### **Executive Summary**

This Crash Analysis was prepared in conjunction with the development of a 48 bed rehabilitation center and provides a comprehensive analysis of crash data at three key intersections near Mountain Rd and the south frontage road of Interstate 25. A new 48 bed rehabilitation hospital for the period between January 1, 2018, and December 31, 2022. The intersections studied are Mountain Rd. / Edith Blvd., Mountain Rd. / Woodward Pl., and Mountain Rd. / I-25 W. Frontage Rd., utilizing crash reports and database records from the New Mexico Department of Transportation (NM DOT). This crash analysis will also be included in the full Traffic Impact Study for this project.

**Intersection #1 – Mountain Rd. / Edith Blvd.:** The analysis for this intersection revealed a total of seven crashes over the five-year period. Notably, two of these incidents resulted in injuries, while the remaining five were property damage only (PDO) crashes. Unfortunately, the crash database did not provide specific details on the types of crashes that occurred, limiting the depth of analysis for this location.

**Intersection #2 – Mountain Rd. / Woodward Pl.:** No crashes were recorded at this intersection in the past five years, prompting an extension of the analysis period back to 2015. Over the extended eight-year period, only three crashes were documented, including one right-angle crash and two fixed-object crashes occurring in 2015 and 2016. This indicates a relatively low crash frequency and severity at this intersection.

**Intersection #3 – Mountain Rd. / I-25 W. Frontage Rd.:** A total of 48 crashes were reported at this intersection, with six resulting in injuries and the remainder being PDO crashes. Despite being flagged as a high crash location, the data from 2018 to 2022 showed a crash rate of 0.83 crashes per million entering vehicles, suggesting past safety measures by NM DOT have been effective. The analysis identified two primary crash trends: southbound vehicles improperly turning left from the second lane and drivers mistaking the signal change at the E. Frontage Rd. for their own light change.

NMDOT performed an internal Crash Safety Analysis and subsequently installed mitigation measures about 2016? Based upon the recent review of the crash data the mitigation measures have significantly reduced the number of crashes at these three intersections. To provide further mitigation measures this report recommends additional measures.

**Recommendations:** To address the identified crash trends at the Mountain Rd. / I-25 W. Frontage Rd. intersection, several recommendations are made:

- 1. Mask the green signal indicator at the E. Frontage Rd. to prevent confusion for drivers at the W. Frontage Rd.
- 2. Install lane configuration signage on the signal mast arm to clearly indicate the lane purposes for southbound traffic.
- 3. Implement bright yellow backplates on signal heads to enhance their visibility.

These measures aim to improve intersection safety and reduce the incidence of crashes, ensuring safer navigation for all road users in the area.

### **Crash Analysis**

### Mountain Rd. Rehabilitation Hospital (Mountain Rd. / Woodward Pl.)

Full crash reports were furnished by Margaret Haynes at the NM DOT District 3 office for crashes at the intersection of Mountain Rd. / I-25 W. Frontage Rd. for a period of time from January 1, 2018 through December 31, 2022 (a five-year period of time). Additionally, crash database records were requested from the New Mexico Department of Transportation Safety Bureau for the same time period for the following intersections:

- Intersection #1 Mountain Rd. / Edith Blvd.
- Intersection #2 Mountain Rd. / Woodward Pl.
- Intersection #3 Mountain Rd. / I-25 W. Frontage Rd.

The crashes for Intersection #1 (Mountain Rd. / Edith Blvd.) and Intersection #2 (Mountain Rd. / Woodward Pl.) were tabulated based on the crash database supplied by the NM Department of Transportation Safety Bureau. The crashes for Intersection #3 (Mountain Rd. / I-25 W. Frontage Rd.) were tabulated based on the full crash reports furnished by Margaret Haynes, NM DOT District 3 Assistant Traffic Engineer. A summary table for each of the four intersections follows:

For Intersection #1 - Mountain Rd. / Edith Blvd.

### Crash Table for Mountain Rd. / Edith Blvd. 2018 through 2022

			Ye	ar		
Type of Crash	2018	2019	2020	2021	2022	Total
Unclassified	0	1	1	2	3	7

Note: 5 PDO Crashes + 2 Injury Crashes. No fatalities.

The crash database for the intersection of Mountain Rd. / Edith Blvd. does not describe the type of crash that occur for any of the seven crashes (i.e., right-angle, rear-end, head -on, etc.). It does show that there were two crashed over the five-year study period that resulted in injuries, but the rest were property damage only (PDO) crashes.

### For Intersection #2 - Mountain Rd. / Woodward Pl.

# Crash Table for Mountain Rd. / Woodward Pl. 2018 through 2022

					Year				
Type of Crash	2015	2016	2017	2018	2019	2020	2021	2022	Total
Right-Angle	1	0	0	0	0	0	0	0	1
Fixed Object	1	1	0	0	0	0	0	0	2
Subtotal	2	1	0	0	0	0	0	0	3

The crash database for the intersection of Mountain Rd. / Woodward Pl. was extended back to 2015 since there have been no crashes of record for the past five years. The crashes over the past eight years consisted of one right-angle crash and two fixed object crashes occurring in 2015 and 2016.

For Intersection #3 - Mountain Rd. / I-25 W. Frontage Rd.

## Crash Table for Mountain Rd. / I-25 W. Frontage Rd. 2018 through 2022

			Ye	ar			
Type of Crash	2018	2019	2020	2021	2022	Total	
							Note: One driver reported that they saw the light behind them turn green in their rear view
Right-Angle (WB / SB)	6	2	2	6	3	19	mirror and proceded forward.
							Note: Two drivers repored that they mistakenly
Right-Angle (EB / SB)	2	3	1	2	2	10	saw the green light on the East Frntg. Frntg. Rd.
Rear-end Collision	2	2	0	0	0	4	
SB LT from Thru Lane	4	1	1	1	1	8	
Improper Lane Change	1	0	0	0	2	3	
Vehicle Lost Control	0	2	0	0	2	4	
Subtotal	15	10	4	9	10	48	

Total Annual Entering Trips Average Crashes per year Crash rate per Million Entering Vehicles

11,515,750 9.6 0.83

As stated previously, the crash tabulation above for this intersection is based on a review of the full police crash reports furnished by Margaret Haynes, Assistant District 3 Traffic Engineer for the New Mexico Department of Transportation. There were 48 valid crash reports at this intersection from January 1, 2018 through December 31, 2022. The preceding table summarized the results of the analysis. There were six injury crashes over the five-year study period and the rest of the crashes were property damage only (PDO) crashes. This intersection has been flagged as a high crash intersection, but the data for the years 2018 through 2022 in this analysis do not support that. The calculated crash rate at the intersection over the five-year study period is approximately 0.83 crashes per million entering vehicles. The NM DOT has made efforts in the past to address the perceived high crash rates, so it appears that their efforts have been successful.

In this recent evaluation, there were a couple of crash trends that were apparent and, as a result, a few recommendations for the signalized intersection. The crash trends were:

- 1) There were four crashes (about 8%) that were the result of a southbound vehicle travelling on the west frontage road in the second lane from the inside lane making a left turn (southbound to eastbound) onto Mountain Rd. when a vehicle travelling south on the inside lane was travelling through the intersection (not making a left turn). The inside lane is labelled as a thru / left turn lane and the second lane from the inside lane is marked as a thru lane on the pavement well ahead of the intersection.
- 2) Three crashes were the result of a vehicle stopped at the red light on Mountain Rd. at the W. Frontage Rd., but they saw the light on the E. Frontage Rd. turn green, so they proceeded through the intersection.

With those two crash trends in mind, the following recommendations are made to reduce crashes at the signalized intersection of Mountain Rd. / I-25 W. Frontage Rd.:

- 1) Mask the green signal indicator at the E. Frontage Rd. so that it is not visible from the W. Frontage Rd.
- 2) Construct lane configuration signage on the signal mastarm for the southbound approach on the W. Frontage Rd. to inform drivers that the far left lane is a thru / left turn lane and the second from inside lane is a thru lane ONLY.
- 3) Construct the bright yellow backplates on the signal heads at the intersection to improve visibility of the signals.

In summary, it appears that the measures taken by the New Mexico Department of Transportation around the year 2016 were effective in reducing crash rates at the intersection of Mountain Rd. / I-25 W. Frontage Rd. Further mitigation as recommended could improve the safety of the intersection by reducing the crash rates by about 23%.



# Crash Database from NM DOT Safety Bureau Mountain Rd. / Edith Blvd. (2018 through 2022)

CRASH REPORT NUMBER	CRASH DATE	TIME OF CRASH	DAY OF WEEK	PRIMARY STREET	SECONDARY STREET	CRASH DIRECTION	DIRECTION FROM INTERSECTION OR LANDMARK	DISTANCE FROM LANDMARK	DISTANCE FROM LANDMARK MEASUREMENT UNIT	CRASH SEVERITY	NUMBER OF MOTOR VEHICLES INVOLVED	LIGHTING	ALCOHOL INVOLVEMENT	DRUG INVOLVEMENT
23468079	7/23/2019	12:10	Tuesday	EDITH	MOUNTAIN	N				PDO Crash	2	Daylight	Not Involved	Not Involved
23468079 710766201	7/23/2019 8/27/2020	12:10 15:51	Tuesday Thursday	EDITH MOUNTAIN RD NE	MOUNTAIN EDITH BLVD NE	N W				PDO Crash Injury Crash	2 3	Daylight Daylight	Not Involved Not Involved	Not Involved Not Involved
			•								2 3 3			
710766201	8/27/2020	15:51	Thursday	MOUNTAIN RD NE	EDITH BLVD NE	W				Injury Crash	_	Daylight	Not Involved	Not Involved
710766201 710584999	8/27/2020 9/17/2021	15:51 10:49	Thursday Friday	MOUNTAIN RD NE EDITH BLVD NE NM 98	EDITH BLVD NE MOUNTAIN RD NE	W S	N	8	FT	Injury Crash Injury Crash	_	Daylight Daylight	Not Involved Not Involved	Not Involved Not Involved
710766201 710584999 710802971	8/27/2020 9/17/2021 11/7/2021	15:51 10:49 15:49	Thursday Friday Sunday	MOUNTAIN RD NE EDITH BLVD NE NM 98 EDITH BLVD NE NM 98	EDITH BLVD NE MOUNTAIN RD NE MOUNTAIN RD NE	W S N	N E	8	FT	Injury Crash Injury Crash PDO Crash	_	Daylight Daylight Daylight	Not Involved Not Involved Not Involved	Not Involved Not Involved Not Involved

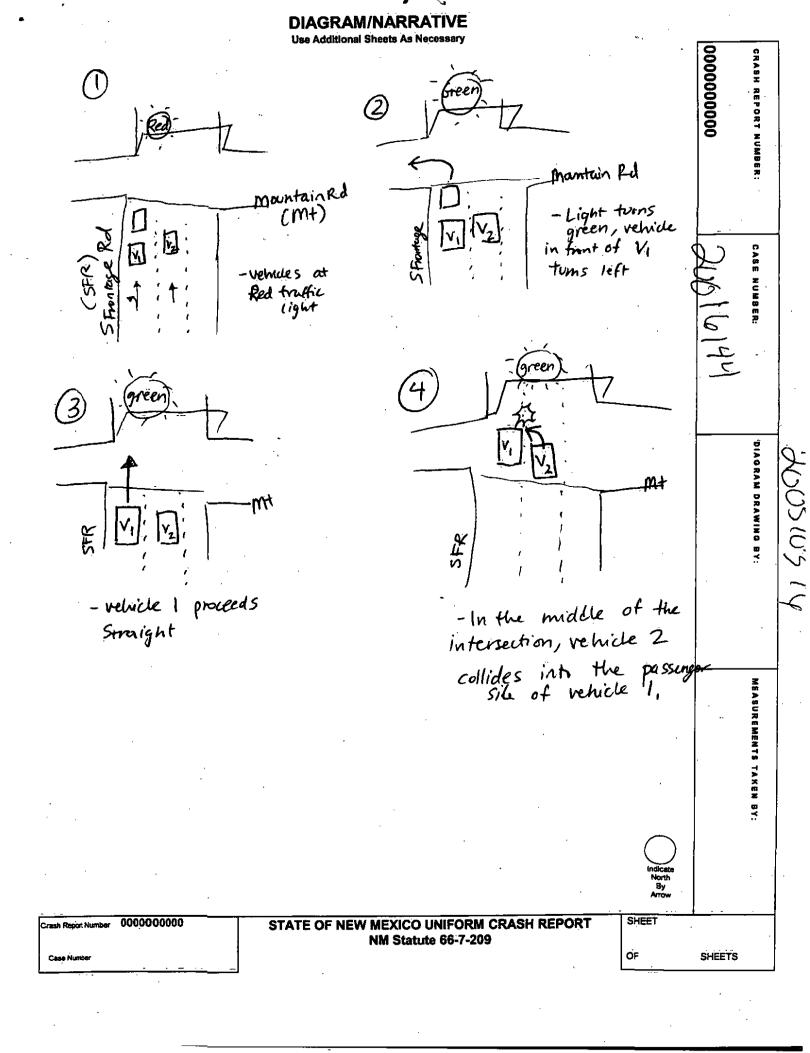
### Crash Database from NM DOT Safety Bureau Mountain Rd. / Woodward Pl. (2015 through 2022)

CRASH REPORT NUMBER	CRASH DATE	TIME OF CRASH	DAY OF WEEK	PRIMARY STREET	SECONDARY STREET	CRASH DIRECTION	DISTANCE FROM LANDMARK	CRASH SEVERITY	CRASH CLASSIFICATION	CRASH ANALYSIS	HIGHEST CONTRIBUTING FACTOR TO CRASH	WEATHER	ALCOHOL INVOLVEMENT	DRUG INVOLVEMENT
710208232	1/24/2015	7:07	Saturday	WOODWARD PL NE	MOUNTAIN RD NE	Ν		PDO Crash	Fixed Object	Fixed Object - Barbed Wire Fence	Other - No Driver Error	Clear	Not Involved	Not Involved
23401742	12/15/2015	16:00	Tuesday	WOODWARD PL	MOUNTAIN	Ν		PDO Crash	Other Vehicle	Other Vehicle - From Opposite Direction	Driver Inattention	Clear	Not Involved	Not Involved
710277486	5/21/2016	9:46	Saturday	MOUNTAIN RD NE	WOODWARD PL NE	W		Injury Crash	Fixed Object	Fixed Object - Utility or Telephone Pole	Alcohol/Drug Involved	Clear	Involved	Not Involved

CML FEB 20 2020 30262149 ROPERTY UNDER \$500 Case Number: 20/1 (2) 6/45 FATAL TOTAL NUMBER OF VEHICLES: DAMAGE UNDER \$500
ONLY \$500 OR MORE PRIVATE PROPERTY RUN INJURY CAD Num: NMDOT: CITY OCCURRED IN COUNTY BERNALILLO 02/20/2020 0620 ALBUQUERQUE Sum H TN W Th S OCCURRED ON: (Route No. or Name) AT INTERSECTION WITH: S Frontage Rd & Maintain Rd Dies N NE NW S SE SW E W PERMANENT LANDMARK - COUNTY LINE - INTERSECTION OTHER LOCATION LONG: MILES\_ CRASH Overturned Other N-Col Pedestrian Other Vehicle ☐ Vehicle on Other Rowy Parked Vehicle ☐ On Roadway CRASH ANALYSIS OCCURRED Off Roadway ☐ Fixed Object □ Other Object COOF 1 N NE NW 8 SE SW E W Left Scene of Crash Posted Speed Safe Speed 9100 San Matro Blud NE Apt 2029 Albuquerque, Nm 87113 Van-Dinh, Lan Anh Endorsements Expires Interlock Chystate 7/13/22 - Alb. 87113 503-863-1000 5/6/02764 NM Albarrage, MM 06/13/1992 Rediatric Resident Physician Vehicle Make Corolla Blue Cargo Body Type Vehicle Yr. 2011 Vehicle Use (1) Vehicle Use (2) Towed? ☐ Yes ☐ No 2TIBU4EE6BC734854 Towed due to PLZ-163 Slight None disabling damage? DOT# Gameger ☐ Unknown ☐ Fire ☐ Yes ☐ No ☐ All Areas ☐ Non Carrier □ Top □ None Variable Weight Rating/Gross Combination Weight Rating/Gross C Hazmat Placard 4 digit # OR Hazmat Name 1 digit# Number of Ades O Yes ☐ No Carrier's Address Carrier's Zip Owner's Company Name Owner's Address Owner's Zip Lan Anh Van-Dinh Insured By: (Name of Company) State Farm Policy Number 164 *2594-* FO4-31A License Yr. License State License Number License Yr. License State | License Number cense Yr. License State | License Number 2 N NE NW 8 SE SW E W On: Left Scene of Crash Posted Speed Safe Speed 311 Descanso Rd SE Morales, Erica B ALBUQUEROUENTA 87102 Interlock Date of Birth - M/D/YR Sub-ingeritation of Familia (S. M. 1988) Vehicle Make Color Body Style Cargo Body Type

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### **DIAGRAM/NARRATIVE**

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Station Report 30310690 HIT AND TOTAL NUMBER OF VEHICLES: 2 UNDER \$500 FATAL Case Number/102/00 96534 PRIVATE PROPERTY PROPERTY PROPERTY TIME Y DAMAGE SOO OR HORE DULRY NMDOT: CAD Num: P3/3400699 CITY OCCURRED IN busineroue DOOD OF COURSES CONTROLS OF TOWN CAN FUND TO CUNTAIN AT INTERSECTION WITH CHARACING TRUBAL LAND? PERMANENT LANDMARK - COUNTY LINE - INTERSECTION OTHER MILES Diverturned Dither N-Col Dedestrian Roadway Other Vehicle Vehicle on Other Rdwy Parked Vehicle CRASH CRASH ANALYSIS OCCURRED \_\_D# Roadway CLASSIFICATION ROLLOVER R. R. Train Pedalcyclist Lamina Fixed Object Dither Object CODE: Left Science of Crash Safe Speed 1 NAME NOW & SEE SON E Posted Speed 515 ELTABIVA Varbrene 505-410 8122 87102 Raco Age 1931 Cocupard's Address (City, State, Zip) Occupant's Name (Lost, First, Middle) 2 Cotor Body Style
Town Sprit 海路的白白 Exte Camage Geverity Metery Moderate Sight Vone Introven All Areas 2004 Exampled Functional Appearance Property []ves 12√∞ TEHD201840010680 Towed due to disabiling damage? work None Verbote Weight Rating/Gross Combination Weight | 10,000 lbs. | 10,000 lbs. | 15,000 lbs. | 25,000 lbs. | 25,000 lbs. No 844243-8966 HUB Internationa Insurance 87/02 uner's Telephone 505 -4108/22 ELTH BIND NE 3918242 Tratles or Towest Vehicles (3) License Number License State | License Number JOHNSE Yr. Sale Speed Mountain Austriana maderia Dr.SE Fitts 1100 £7108 Date of Bustin - M/O/YR Trace Code Code Prosty Deloy Excited Size of Scat Pos Age (1905) OF PEDESTRIAN : OTHER Occupant's Address (City, Shate, Zip) Occupant's Name (Last, First, Middle) <u>Austriana</u> Body Style | Curgo Body Type Conjunity
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### **DIAGRAM/NARRATIVE**

Use Additional Sheets As Necessary 0000000000 Madorene Martinez this area of Prontage road is well lit and AP21609653 has wearning signed If light is going to turn red at DIAGRAM DRAWN BY top of hill - also has "chatter strips" Mountain Red MEABUREMENTS TAXEN BY I was hoping for officer to Come as I had ealled 911 - Ms Fiths latthescene hofore I got all herinfo. SHEET 3 MEXICO UNIFORM CRASH REPORT Case Number AP210 096 534 SHEETS

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CRASH CRASH	Dverturned   Dther N-Col    Pedestria  Rollover       R. R. Train      Pedalcyci			Tarked Vehicle Other Object	ANALYSIS CODE:
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# DIAGRAM/NARRATIVE Use Additional Sheets As Necessary 0000000000 RASH REPORT NUMBER mountain Rd (green) straighty straighty DIAGRAM ORAWN BY:

posted sped limit yomph. South Funtage Rd MEASUREMENTS TAKEN BY: one way Straight 1 Stronant STIGALY left twn VI: Clave Arroyu right lane win VZ: Joe Vigil lane. SHEET \ 0000000000 STATE OF NEW MEXICO UNIFORM CRASH REPORT crash Report Number 22000 5044 OF SHEETS Case Number

Station Report 30325969 PROPERTY UNDER \$500 TOTAL NUMBER OF VEHICLES: Case Number: AP 22092940 FATAL DAMAGE S500 OR MORE HIT AND PRIVATE INJURY RUN PROPERTY NMDQT: CAD Num: (23.233.20889 CITY OCCURRED IN MILITARY TIME COUNTY 15.50 ABQ RERNALILLO TRIBAL LAND? S OCCURRED ON: (Route No. or Name) AT INTERSECTION WITH: Μ'nο Locus + Mountain . PERMANENT LANDMARK - COUNTY LINE - INTERSECTION OTHER LOCATION ماماما ما DMILES LONG CRASH DOVerturned DOther N-Col ☐Vehicle on Other Rdwy **OParked Vehicle** □Pedestrian ☐Other Vehicle CRABH ANALYSIS CRASH PCCURRED CONTROL CONTROL CLASSIFICATION DROLLOVE 🔲 R. R. Train □ Pedalcyclist □ Animal CODE ☐Fixed Object Other Object N NE NW S SE SW E W Posted Speed Safe Speed Left Scene of Crast 35.5KY NE Valley Way Chandos, Connor MM 87111 UN9710 None 336-682-3656 Age In Occupants Hame (Last First Middle) Companie Address (City, State, 28) Gray Vehicle Use (1) Vehicle Use (2) Body Style Cargo Body Type d dd d d " Exter Towar? 209 NISSEN Disabled ☐Yes □No **□**Heovy G. ( )-D ☐Functional ☐ Moderate 1N4BL4CVZKN 31312 BBF B36 Towed due to □Acces/ance ☐Sight ☐None daabiing damage? Property 00 **□**Rm □ Unknown □Yes □No Carrie ДТор **□**None DAI Area Hazmet Placerd 4 digit s OR HI ANO □10,000 lbs. □10,001 lbs. □Greater than or less 26,000 lbs. □26,000 lbs. **□**es Dio Owner's Company Name 35 SKY Valley way ME B7111 Owner's Name J. Church 336-682-365 Connuc AUSTA H PARTY OF THUS License Yr. License State 96 505 Talier or Tower License Number Maire Joense Yr. Joense State License Number Left Scene of Crasi Posted Speed Safe Speed 20000000 Address Neil James. Encorsements Expires Interlock Chy/State ZID Code ^(C) Date of Birth - M/D/YR 22 Occupant's Address (City, Busin, Zip) Occupants Harne (Lint. First, Middle) Vehicle Use (1) 2000 Cadillac DKS Black Cargo Body Type 과 하하하여 Towed? DHENY C Disabled JYes □No ☐Functions! BHZ H97 ☐Appearance Towed due to **□**Siight **D**Property □None damage صُ صَصَ صَ OT# Towed To Quinknown QAII Areas **□**Fire ☐Yes ☐No □ None **O**Top □ Undercarriage Vehicle Weight Ratings/Gross Combination Weight Rating 10,000 lbs. 10,001 lbs. 10 Greater than Hazmat Placerd 4 digit # 1 digit # ☐es O۱۰ 26,000 lbs -- to 26,000 lbs. Carrier's Name Owner's Name Owner's Company Name Owner's Address Owner's Zip Owner's Telephone Insured By: (Name of Company)
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Crash Report Number 0000000000 Case Number 0

STATE OF NEW MEXICO UNIFORM CRASH REPORT

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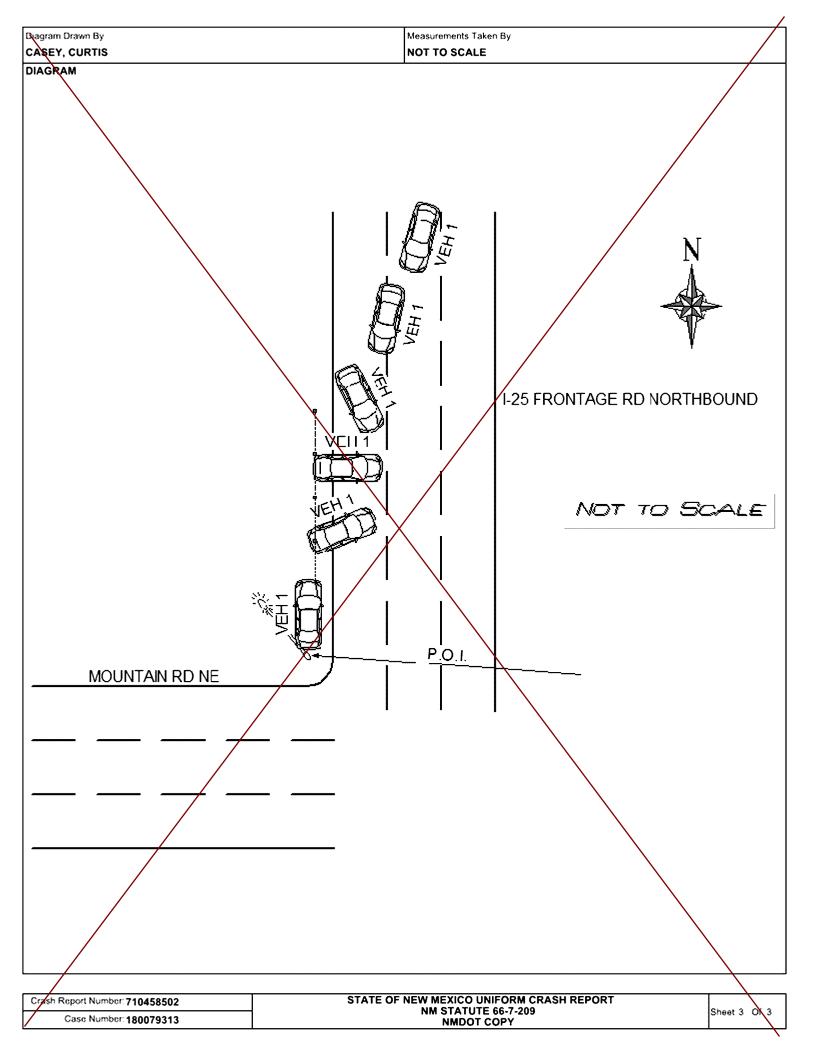
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### ALBUQUERQUE POLICE DEPT

STATE OF NEW MEXICO UNIFORM CRASH REPORT

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1307 S DEWEY ST  Insured By: (Name of Company)  SAFE AUTO INSURANCE  Trailer or Towed Vehicles (1)  Trailer or Towed Vehicles (2)  AUBURN  Policy Number Trailer or Towed Vehicles (1)  Policy Number Vehicles (1)  Trailer or Towed Vehicles (3)  IN 46706  (260) 750-7289  Make Lic. Year Lic State License Num  Trailer or Towed Vehicles (3)		CHRI	STMA	N					TYLE	R			D					`		•			
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Veh. Seat Occupant's Name (Last First Middle) / Pos Occupant's Address (Street City State Zip)  Age Sex Race Injury OP Code OP Used Property Deploy Ejected Num Trans		Vehicl	es (2)										1										,
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VEH	NO La	st Name			First Name			Midd	fle Name		Vii	olation (	Common	Name)		Action	
Time 18:5	Notified 1	Time Am 18:58	ved	Notified By DISPATCH					Supervi	sor at Sc	ene						
Chec	ked By	•							•								
5333	- REN	DER, NAT	THAN	- 8/22/2018													
Office	er's Signa			/ 	Officer's Name				Rank				lumber	\ \	strict	Report Da	
		Carr. Si	tesfig		CASEY, CURT	15			P1/C			574	<u>გ</u>	32		08/18/20	18
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Cra	sh Repor	t Number:	71045	8502			STATE OF	NEW I	MEXICO UN	IFORM	CRA	SH RE	PORT				\



LRAMING THE ACTION OF THE PROPERTY OF THE PROP

# ALBUQUERQUE POLICE DEPT REPORTING DEPARTMENT

STATE OF NEW MEXICO UNIFORM CRASH REPORT

710268861

	1	042009	M																							
Privat	e Prop	erty?		Fatal		roperty amage	Une	der \$50	о Н	it and Ru	in?		Cas	e Nur	nber: <b>18</b>	000	6056									
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ŀ	Date of		Occus	nation	1	1	<u> </u>					_		Seat Pos			1_	ı	Injury	OP	OP Us		Airbag		EMS	Med
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	Street	Addres	s					C	wner's	City							State	Ov	mer Zip		Owner's	Phon	æ			
	529 M	IONTO	LAIRE	DR S	E			٨	LB								NM	87	108							
	Insured	d By: {N	lame of	Compa	ny)				Pol	licy Numb	ber				or Tow	ed	Туре	Yea	31	Make	Lic.	Year	Lic Sta	ate L	cense N	um
	USAA	١							01	1 59839	5C			Vehic	les (1)											
	Trailer	or Tow	ed Typ	e Ye	ar	Make	Lic	. Year	Lic St	ate Lic	ense l	Vun	1	Traile	or Tow	ed	Туре	Yea	31	Make	Lic.	Year	Lic Sta	ate L	cense N	um
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	VEHI	CLE NO	). 02		nit Direc	ction	On:	RON	TAGE	RD										Left of th	the S ie Cr NO	Scene ash?	Pos 40	ted Spe	eed	Safe Sp	eed
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		's Licens 10071	e Numbe	•	State NM	Type D	Statu <b>V</b>	Restri	ction	Endor	rsements	- 1	Expires 09/15/2	021	City ALB						- 1	1	ip C		Р	hone	
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	Interst	ate Carri	er?			Towed B	•	ING				- 1	Towed T		YGNAC	IO F	RD. S	w A	LBUQ	JE		Ext DISAE		D		10 9 10 08	8 7
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	Carrie	r's Name	I					Stree	t Addre	:55							Carri	er Ci	ity				•••••••••••••••••••••••••••••••••••••••	<u></u>	Sta	- <del></del>	ier's Zip
	Owner SWE	r's Last N	iame						er's Firs	it Nam	ne .			Owr	ner's Mide	ile N	lame			Ow	ner's	Compa	any N	lame			
		Address	D AVE	NW				- 1	Owner's	City							State NM	1	wner Zip 7107		Ow	ner's Ph	one				
	Insure GEIC	•	ime of C	ompa	ny)				Pol	icy Nu	ımber				er or Tow cles (1)	ed	Туре	Ye	ear	Make		Lic Ye	ear	Lic Sta	ite l	.icense N	um
	Trailer Vehicl	or Towe	d Type	Yea	ar	Make	Lic	Year	Lic St	ate	License	Nur	ı		er or Tow cles (3)	ed	Туре	Ye	ar	Make	;	Lic Ye	ear	Lic Sta	ite l	icense N	um

	VEHIC			03	Unit D		ion	On:	INTAIN	RD												e Scer Crash NO		osted Sp 0	eed	Safe Spe	ed
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	1998		DODG	E				RED -	RED				sv		Тур	e				P			YES			YES	
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	Street								- 1	mer's	•			-			- 1		1	ner Zip		Owner	's Pho	ne			
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	FARM	•	(Name of	Con	npany)					-	licy Numb 400 955F					or Tow es (1)	red i	уре	Year	ſ	Make	L	ic. Yea	r Lic St	ate L	cense Nu	m
	Trailer		1_	ре	Year	Т	Make	Lic	. Year		<del></del>	ense N	łum	$\dashv$		or Tow	red T	ype	Year	r	Make	Li	ic. Yea	r Lic St	ate L	cense Nu	m
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Veh. Num	Seat Pos	Occi	pant's N	ame	(Last Fi	rst M	fiddle)	/ e Zip)	-							Age	Sex	Rac	e !	Injury Code	OP Code		Used perly	Airbag Deploy	Ejected	EMS Num	Med Trans
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ROAD	01		DRY								R AND I		LIN	TR	RAFF	IC SIG	NAL	S		LANE			ED DI		ONE		
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Crash Report Number: 710268861	STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209
Case Number: 180006056	NM STATUTE 66-7-209 NMDOT COPY

		SOBRIETY			PHY	SICAL CONDITION			At Inters	section	
DRIVER	HAD NOT	CONSUMED ALCOHOL			NO APP. D	EFECTS		PEDESTRIAN	Not At It	ntersection	
PO				1				PEDI			
	Breath Test	Results		Driver Physica	Condition - Of	ther			Pedestr	an Action - Other	
Q	VEH NO.	Road Condition	Road Surfa	ice		Traffic Control		Road	Lanes	Road Design Div	Road Design
ROAD	02	DRY	PAVED C	ENTER AND	EDGE LIN	TRAFFIC SIGNAL	_S	3 LA	NES	PAINTED DIVIDE	ONE WAY
		APPARENT	CONTRIBU	TING FACTOR	S			DF	RIVER'S	ACTIONS	SEQUENCE OF EVENTS
L Z											FIRST EVENT MVT SECOND
EVENT	NONE						GOING	STR	AIGHT		EVENT
											THIRD EVENT
										FOURTH EVENT	
		DRIVER/PEDESTRIAN/PEDAI	LCYCLIST	/PED/PEDALCYCLIS	T		·	PEDESTRIAN/PEDAL	CYCLIST ACTION		
		SOBRIETY	***************************************		SICAL CONDITION		3	At Inters	section		
DRIVER	HAD NOT	CONSUMED ALCOHOL			NO APP. D	EFECTS		PEDESTRIAN	Not At Ir	ntersection	
1	Breath Tes	Results		Driver Physica	ther		3.4	Pedestr	an Action - Other		
Φ	VEH NO.	Road Condition	Road Surfa	ice	Traffic Control		Road	Lanes	Road Design Div	Road Design	
ROAD	03	DRY	PAVED C	ENTER AND	EDGE LIN	TRAFFIC SIGNAL	_S	1 LA	NE	PAINTED DIVIDE	OTHER
		APPARENT	CONTRIBU	TING FACTOR	S			DF	RIVER'S	ACTIONS	SEQUENCE OF EVENTS
											FIRST EVENT <b>MVT</b>
EVENT	DISREGA	RDED TRAFFIC SIGNAL					GOING	STR	AIGHT		SECOND EVENT
											THIRD EVENT
											FOURTH EVENT
		DRIVER/PEDESTRIAN/PEDAI	LCYCLIST			PED/PEDALCYCLIS	T			PEDESTRIAN/PEDAL	CYCLIST ACTION
		SOBRIETY			PHY	SICAL CONDITION		z	At Inters	section	
DRIVER	HAD NOT	CONSUMED ALCOHOL			NO APP. D	EFECTS		PEDESTRIAN	Not At I	ntersection	
	Breath Tes	Results		Driver Physica	d Condition - Of	ther		ā.	Pedestr	ian Action - Other	
				-	ATIVE						
	01-18-18 / H INJURIE	AT 1606 HOURS I WAS DISPA ES.	ATCHED 1	TO THE INTE	OF MOUNTAIN/FI	RONTA	GE R	RD SB II	N REFERENCE TO	O A TRAFFIC CRASH	
		AL I SPOKE TO LISTED THE NTAGE RD AND AS IT ENTER									

DRIVER/PED/PEDALCYCLIST

DRIVER/PEDESTRIAN/PEDALCYCLIST

PEDESTRIAN/PEDALCYCLIST ACTION

WHICH WAS WESTBOUND ON MOUNTAIN WHICH CAUSED IT TO COLLIDE WITH VEH #2

I THEN SPOKE TO DRIVER #1 WHO STATED SHE WAS SOUTHBOUND ON THE FRONTAGE RD AND AS SHE ENTERED THE INTERSECTION HER VEHICLE WAS STRUCK BY VEH #3. DRIVER #1 STATED SHE HAD A GREEN TRAFFIC SIGNAL UPON ENTERING THE INTERSECTION. I OBSERVED DAMAGE TO THE REAR PASSENGER AND DRIVER'S SIDE OF VEH #1. DRIVER #1 WAS TRANSPORTED TO THE HOSPITAL BY AMBULANCE. THE PASSENGERS IN VEH #1 WERE TREATED ON SCENE BY PARAMEDICS AND DID NOT REQUIRE TRANSPORT BY AMBULANCE.

I THEN SPOKE TO DRIVER #2 WHO STATED HE WAS SOUTHBOUND ON THE FRONTAGE RD AND ENTERED THE INTERSECTION WITH MOUNTAIN RD ON A GREEN TRAFFIC SIGNAL. DRIVER #2 STATED THAT HE OBSERVED VEH #3 COLLIDE WITH VEH #1 WHICH THEN "SPUN" INTO HIS VEHICLE. I

Crash Report Number: 710268861	STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209	Ch	O( 6
Case Number 180006056	NMDOT COPY	Sheet 4	Ot 6

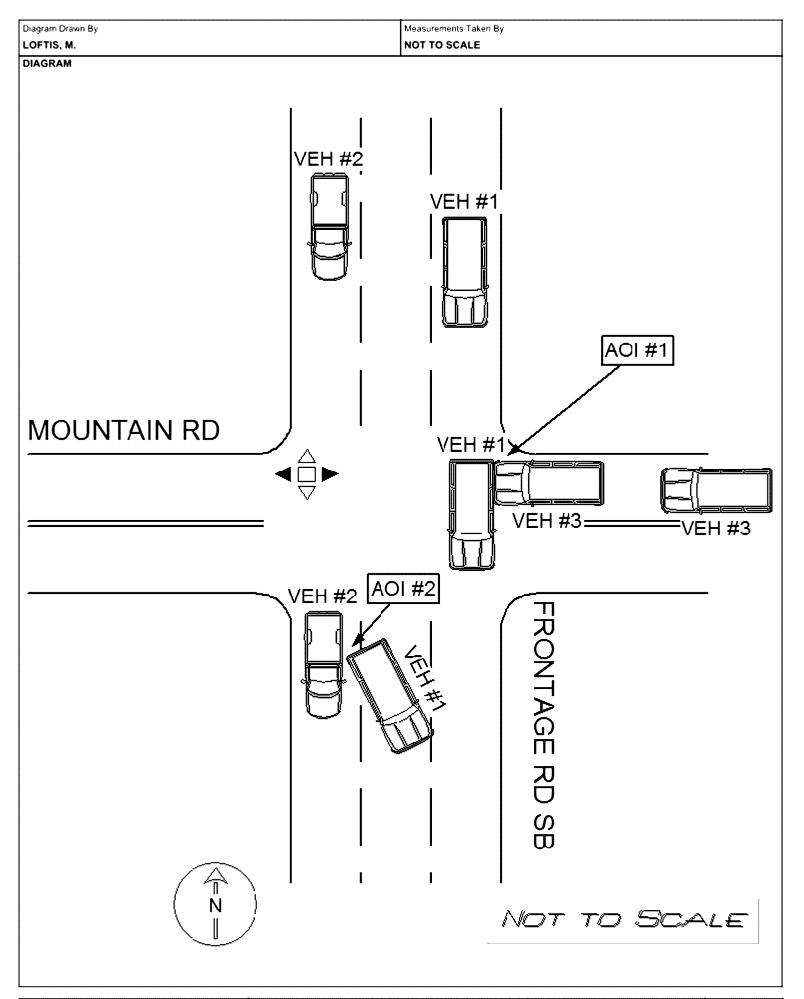
#### NARRATIVE

OBSERVED MODERATE DAMAGE TO THE DRIVERS SIDE OF VEH #2. DRIVER AND PASSENGER #2 WERE TREATED ON SCENE BY PARAMEDICS AND DID NOT REQUIRE TRANSPORT BY AMBULANCE.

I THEN SPOKE TO PSA A. ARMENDARIZ WHO STATED THAT DRIVER #3 HAD TOLD HIM THAT SHE WAS WESTBOUND ON MOUNTAIN AND WAS NOT SURE WHAT HAD HAPPENED IN THE CRASH. I OBSERVED MODERATE DAMAGE TO THE FRONT OF VEH #3. DRIVER AND PASSENGER #3 WERE TRANSPORTED TO THE HOSPITAL BY AMBULANCE.

A CRIMINAL SUMMONS WILL BE ISSUED FOR DRIVER #3.

		Туре	Desc	ription of Property ar	nd Damag	ge												
	er berty lved	Owner's La	st Na	me				Owner's Fir	st Name					Owner's	Middle N	ame		
		Owner's St	reet A	ddress			Owner's (	lity				Sta	te Zip	Code	Owne	r's Phone		
	Witness	's Last Nam	e			-	Witness	's First Name	3			_	Witnes	s's Middle	Name			Age
WITNESS	BROH	EARD					MICHA	EL										47
É	Witness	's Street Ad	dress			Witness	s City				State	Zip C	ode	Witne	ss's Phor	ne		
>														(505	228-10	00		
						EN	IFORCE	MENT ACT	ION - VIC	LATION	15							
VEH	۷O. La	st Namo			Firs	st Name			Middle Na	me		1	/iolation	(Common	Name)		Action	
03	P/	ADILLA			RA	AMONA			<u> </u>			F	RED LI	SHT VIO	ATION		PENDI	NG
Time	Notified	Time Arriv	/ed	Notified By				Supervis	or at Scene					Checke	d By			
16:0	5	16:26		APD RADIO				СОММ	ANDER M	. MILLE	R			3412 -	COTTR	ELL, Z 1	/29/2018	
Office	r's Signa			_	Officer's	s Name		<del>-</del>		Rank			ID	Number		District	Report Dat	c
		بسون <i>إ</i> لا	ا درد	¢ <u>s</u>	LOFTI	IS, M.				SGT			23	93		234	01/18/201	8
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### ALBUQUERQUE POLICE DEPT REPORTING DEPARTMENT

STATE OF NEW MEXICO UNIFORM CRASH REPORT

710368022

	ĭ	042009	M			L				R	EPORT	TING D	EPART	TMEN	<u> </u>									/ 103	68022	
Privat	e Prop	erty?		Fat		Property Damage	Unc	der <b>\$</b> 500	Hit	and Ru	n?		Case	e Nun	nber: <b>18</b>	0016	6423									
NO				/ Inju		Only	\$50	0 or Mor	c NO	)				NME	OOT:						CAD	Num:	180480	)456		
Crasi	Date		Milita	ry Tim	ie (	ity Occur	red In									Cou	nty									,
02/1	7/2018	i	10:2	7	- 1	ALBUQU	ERQUE	Ē								BEI	RNAL	ILL	0							
Day o	f Week		Occu	rred O	n: (Roi	ite No or	Name)						At In	terse	ction W	ith:									Tribal La	ind?
SAT	URDA	Y	FRO	NTA	GE RD								MOI	UNT	AIN R	) NE	:								NO	
Othe		Measu	remer	nt [	Direction	1	Permar	nent Lan	dmark -	- County	/ Line	- Inters	section	n							Milep	ost	L	at: ng:		
Crash	Occur	red			Cr	ash Class	ification						An	alysis	Code											
ON F	ROADI	WAY			o o	THER VE	HICLE						01	- BC	TH G	OINO	3 STF	RAI	GHT/EI	NTER	NG AT	ANG	LE			
	VEHIC	CLE N	<u> </u>		Unit Di	rection	On:														he Scer		osted Sp	eed	Safe Spe	eed
	HEAD		•	01	SOUT	Н	FRO	NTAGE	RD											OI UI	e Crash <b>NO</b>		0		40	
	Driver's	s Last N	lame		<u> </u>	***************************************	<u>l</u>	Driver's	s First N	Name				Driv	er's Mic	idle N	Vame			Driv	er's Str	eet Ad	dress			
	PADII	LLA						NORA												473	88 HW	<b>4</b>				
	Driver	s Licen	se Nun	nber	Sta	te Type	Statu	Restrict	on E	ndorse	ments	Exp	pires		City						Sta	t Zip	Code	Ph	one	
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	Date o	f Birth	Occ	cupatio	n I	_ <u>i</u>	<u>.                                    </u>	<u> </u>				—	Ş	eat	Age	Se:	" b,	ice	Injury	OP		Jsed	Airbag	<u>i`</u>	FMS	Med
	01/15	1953												LF	Age	36.	^ \	ice	Code	Code	Prop	xeriy	Deploy	Ejected	Num	Trans
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						ACME	•					1			DWAY	BLV	/D. S	ΕA	LBUQI	JE	DI	SABI	.ED	01,0	2,03,04,0	05,12
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																			•							·
	Owner	's Last	Name					Owner	's First	Name			T	Owne	r's Mid	die N	ame			Owi	ner's Co	mpan	y Name			
	PADII							NORA														•				
	Street	Addres	s					10	mer's C	City							State	Ov	wner Zip		Owner	s Pho	ne			
	4738	HWY 4	ı					JE	MEZ	PUEBI	LO						NM	87	024		(505)	583-4	631			
	Insured	d By: {N	lame o	of Com	npany)				Polic	y Numb	er		T	Frailer	or Tow	red l	Туре	Ye	ar	Make	L	c. Yea	r Lic St	ate L	cense Nu	ım
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	Trailer Vehicle	or Tow	ed T	ype	Year	Make	Lic	. Year	Lic Stat	te Lic	ense N	∳um			or Tow	red	Type	Ye	ar	Make	L	c. Yea	r Lic St	ate L	cense Nu	am
		. ,																<u> </u>		L						

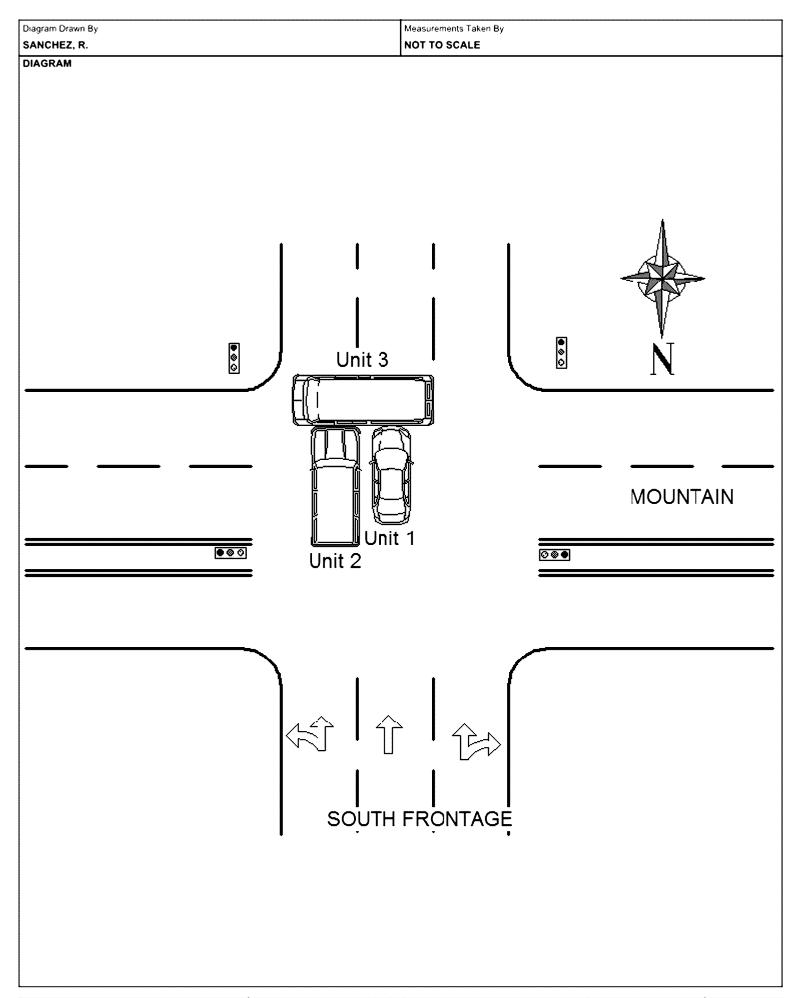
	VEHICLE HEADED	NO.	02	1	it Direc	tion	On: FROI	NTAGE	RD											Left to	the S e Cr NO	Scene rash? )	Posted S	peed	Sa 40	fe Spee	ed
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	Driver's Lic 50112506		umber		State NM	Type D	Statu V	Restricti	ion	Endor	sement	- 1	Expires <b>07/02/</b> 2	2010	City LOS L	LIAL	A C				- 1		ip Cade 7031	P	hone	:	
	Date of Birt		ccupat	ion	.4111	ــــــــــــــــــــــــــــــــــــــ						1		Seat Pos	Age	Sex	_	ace	Injury Code	OP	7	OP Used		Ejecte		EMS	Med
2	06/02/198													LF			+			Code	+	Properly	1	Ė	+	Num	Trans
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	Veh. Year Vehicle Make Color 2004 TOYOTA WHITE - WHI Lic Year State License Plate Number VIN												<u> </u>		-		T#		Р		Ε	Damage				nage A	rea
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								Street								_									ES	O	1. 7
	Carrier's Na	ши						Street	Addr	855							Carrie	er Gii	ıy						ate	Carrier	s zip
	Owner's La	st Nam	ie					Owner'		st Name	e			Owne	ır's Midd	lle Ni	ame			Ow	ner's	s Compa	ny Name		1		
	Street Address Owner's City															- 1	State	1	wner Zip		Ow	mer's Ph	one				
	401 CORONADO LANE NE LOS LUNAS  Insured By: (Name of Company) Policy Number												-			-	NM Type	Ye.	7031	Make	_	tie V	ar Lic S	tata	Lican	ise Nun	
	GEICO 4443314192													Trailei Vehicl	or Towe es (1)	ed	type	16	<b>*31</b>	make		Lic 16	iai Lic 3	iate	E regn	156 14011	
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Divide   Control   Number   Control   State		Driver's Last Name							!	Driver's First Name					Orive	river's Middle Name						Driver's Street Address								
Sear   Concepted Name   Last First Middle)		Driver's License Number State Type Statu							Restriction Endorsements Expires					'						100	Stat Zip			ode Phone			774			
1		Date of Birth Occupation								<u> </u>					Age	Sex	Ra	ce	Injury Code	OP Code	OF Pr	Used openy	Airbag Deploy	Ejecte			Med Trans			
Veh		Seat Occupant's Name (Last First Middle) /												38	М	C	:	A	6	<u> </u>	YES	N	N	$\downarrow$	3	YES				
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203   CHEVALLERO MOTOR   WHITE - WHI				I					-					1		. 1	1							L				Jan 191	• Dias	blad
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Acids		ACME T & R						r&R	8705 BR				BRC																	
CAGLE		Axles							Street Address					Carrier City											Carrier	's Zip				
Street Address   Stre		Owner's Last Name								Owner's First Name Ox					wne	ner's Middle Name					Ow	Owner's Company Nan								
Policy Number   Trailer or Towed Vehicles (1)   Type   Year   Make   Lic. Year   Lic State   License Number   Trailer or Towed Vehicles (2)   Type   Year   Make   Lic. Year   Lic State   License Number   Trailer or Towed Vehicles (3)   Type   Year   Make   Lic. Year   Lic State   License Number   Trailer or Towed Vehicles (3)   Type   Year   Make   Lic. Year   Lic State   License Number   Trailer or Towed Vehicles (3)   Type   Year   Make   Lic. Year   Lic State   License Number   Trailer or Towed Vehicles (3)   Type   Year   Make   Lic. Year   Lic State   License Number   Trailer or Towed Vehicles (3)   Type   Year   Make   Lic. Year   Lic State   License Number   Trailer or Towed Vehicles (3)   Type   Year   Make   Lic. Year   Lic State   License Number   Trailer or Towed Vehicles (3)   Type   Year   Make   Lic. Year   Lic State   License Number   Lic State   License Number   Lic State   License Number   Trailer or Towed Vehicles (3)   Type   Year   Make   Lic. Year   Lic State   License Number   Lic State   Lic		Street Address								Owner's City												Owner's Phone								
Trailer or Towed Vehicles (3)   Type   Year   Make   Lic. Year   Lic State   License Num   Vehicles (3)   Type   Year   Make   Lic. Year   Lic State   License Num   Vehicles (3)   Type   Year   Make   Lic. Year   Lic State   License Num   Vehicles (3)   Type   Year   Make   Lic. Year   Lic State   License Num   Vehicles (3)   Type   Year   Make   Lic. Year   Lic State   License Num   Vehicles (3)   Type   Year   Make   Lic. Year   Lic State   License Num   Vehicles (3)   Type   Year   Make   Lic. Year   Lic State   License Num   Vehicles (3)   Type   Year   Make   Lic. Year   Lic State   License Num   Vehicles (3)   Type   Year   Make   Lic. Year   Lic State   License Num   Vehicles (3)   Type   Year   Make   Lic. Year   Lic State   License Num   Vehicles (3)   Type   Year   Make   Lic. Year   Lic State   License Num   Vehicles (3)   Type   Year   Make   Lic. Year   Lic State   License Num   Vehicles (3)   Type   Year   Make   Lic. Year   Lic State   License Num   Vehicles (3)   Type   Year   Make   Lic. Year   Lic State   License Num   Vehicles (3)   Type   Year   Name   Vehicles (3)   Type   Year   Make   Lic. Year   Lic State   License Num   Vehicles (3)   Type   Year   Name   Name   Vehicles (3)   Type   Year   Name   Name   Nam						npany)					٠,									-			Make		Lic. Ye	ar Lic S	tate	Licens	ie Nun	n
Veh Num Pos Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip)		ł .		wed T	/pe	Year		Make	Lie	c. Ye	ar Lic:	State	Licen	se N	um	Tra	iler	or Tow	ed T	уре	Yes	ar	Make		Lic. Ye	ar Lic S	tate	Licens	e Nun	n
Company   Comp		Seat	Occi	ipant's N	lame vddre	(Last F	irst Met C	Middle)	/ e Zip)				<u> </u>	***************************************		Vei	hicid	<u> </u>	Sex	Rad	ce	Injury Code				Airbag	Ejecte			Med Trans
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VEH NO.   Road Condition   Road Surface   Traffic Control   TRAFFIC SIGNALS   Road Lanes   Road Design Div   OTHER    APPARENT CONTRIBUTING FACTORS   DRIVER'S ACTIONS   SEQUENCE OF EVEN EVEN TEVEN TOWN    BOOK STRAIGHT   FURTHER TOWN THE PROPERTY OF THE	QNO	_																												
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Crash Report Number: 710368022	STATE OF NEW MEXICO UNIFORM CRASH REPOR' NM STATUTE 66-7-209
Case Number: 180016423	NM STATOTE 66-7-209 NMDOT COPY

	DDIVED/DEDECTDIANIDED ALOYOUGT								1	т —	PEDESTRIAN/PEDALCYCLIST ACTION				
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	OSSAIL!!								2		At mersection				
œ	HAD NOT CONSUMED ALCOHOL							R A							
DRIVER							EFECTS		PEDESTRIAN	Not At I	Intersection				
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	Breath Te	st Results			Driver Physica	Condition - O	ther		ā	Pedest	nan Action	- Other			
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NA.	02	DRY		l	ENTER AND		TRAFFIC SIGNA	LS	<u> </u>	NES		D DIVIDE	OTHER		
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			SOBRIETY			PHY		ļ	At Inter	section					
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DRIVER									PEDE						
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										Lanes Road Design Div					
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DRIVER									NOCAL	mersection					
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	Breath Test Results Drive					er Physical Condition - Other					Pedestrian Action - Other				
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			OUNTAIN CAUSING												
HOS	SPITAL F	OR COM	APLAINTS OF INJURY	'. ALL 3 \	ÆHICLES W	ERE TOWE	D DUE TO DISAB								
INSIDE OF VEHICLE 3 WHICH HAD BEEN ROLLED OVER DURING THE ACCIDENT															
															<b>*</b>
		Type Description of Property and Damage													
Oth	er (	Owner's La	ist Name			Owner's First Name					Owner's Middle Name				
	olved														
	T <sub>0</sub>	Owner's St	reet Address		Owne	r's City			State	: Zip Code		Owner's Pi	hone		
					L				<u> </u>			L			

NESS	Witne	\$\$ <b>`</b> \$	Last Name				Witness's F	First Name					Witness's	Middle Name			Age
WIN	Witnes	ss's	Street Address			Witness's	City				State	Zip C	ode	Witness's Phon	ie		
	•					EN	FORCEME	NT ACT	ON - VIO	LATION	S						
VEH	NO. L	Last	Name		Name			Middle Na	ime		\	iolation (Co	ommon Name)		Action		
Time 10:2	Notified 7	- 1		Notified By DISPATCH				Superviso						Checked By 5238 - GOMEZ	, GUSTAV	O - 2/17/2	018
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## ALBUQUERQUE POLICE DEPT

STATE OF NEW MEXICO UNIFORM CRASH REPORT

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Driver's Last Name Driver's Middle Name Driver's Street Address

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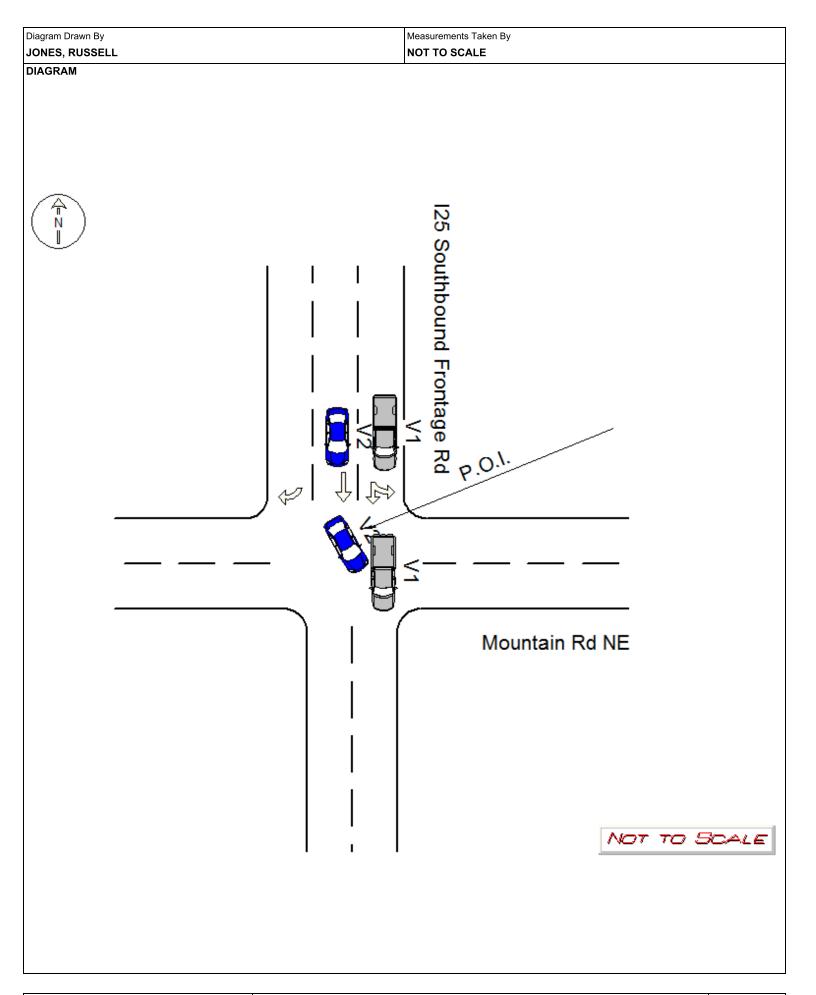
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	ked By																
5157	- SM	ITH, JARR	OD - 2	2/21/2019	1				1						I		
Office	er's Sig		· 1/2-	-	Officer's Na				Rank				umber		District	Report D	
		<i>f</i> -	- fr		JONES, F	RUSSELL			P1/C			572	5		234	02/19/2	019



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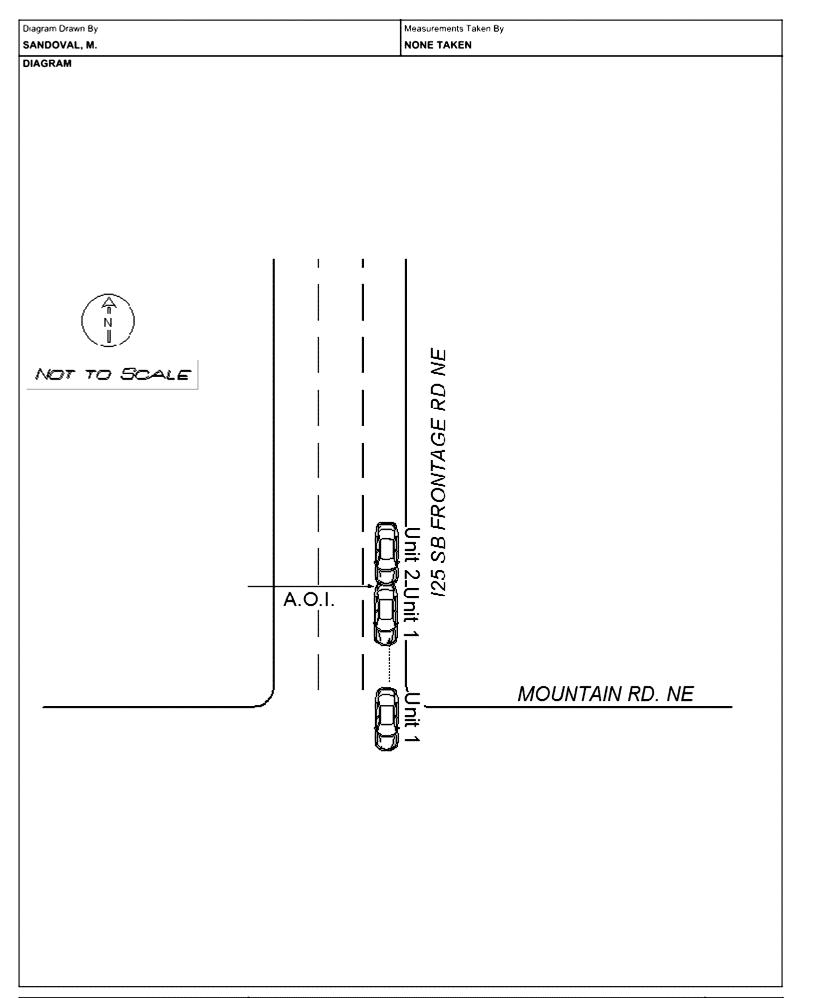
# ALBUQUERQUE POLICE DEPT REPORTING DEPARTMENT

STATE OF NEW MEXICO UNIFORM CRASH REPORT

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Crash	Occun	red			Cras	h Classi	fication						Analysi	s Code											
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DRIVER											DES						
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Æ	HAD N	OT CONSU	IMED ALCOHOL				NO APP. DI	EFECTS			E N	Not At I	ntersectio	n			
DRIVER											EDESTRIAN						
_	Breath T	Test Results			Driver F	Physical (	Condition - Ot	her			2	Pedest	rian Action	ı - Other			
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UP	THE L NTO HI I CO POSED	IGHT AND ER AND ST ONTACTED O TO CALL	TATED SHE WAS TRA TRAFFIC IN FRONT TRUCK THE FRONT TO HERTZ WHO ADVIS ME BACK WITH FU FURTHER FOLLOW-	OF HER OF HER SED ME 1 RTHER II	SHE SACAR. DE	AID SHE RIVER # IE CAR	E WAS STO 11 SAID TH WAS REN	OPPED FO AT DRIVE TED TO A	R #2 G	ROXIM. OT OUT LE BY	ATEL T, SA THE I	Y 5 SE ID IT L NAME	CONDS OOKED OF DEB	WHEN OK AN ORAH I	VEHICLE D DROVE KAUFMAI	#2 BAC OFF. N. HERTZ	KED WAS
		Туре	Description of Property ar	nd Damage													
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					EI	NFORCE	EMENT ACT	TION - VIO	LATION	15							
VEH	NO. La	ist Name		First	Name			Middle Na	ime		Vi	olation (	Common	Name)		Action	
	<u> </u>	T		[									Tai				
Time 08:4	Notified 6	Time Arrive	ed Notified By				Supervis	sor at Scene					Checker	•	, GUSTA\	/O - 618134	<b>012</b>
	r's Signa	iture		Officer's N	lame			1	Rank			א מו	umber	JUNEZ	District	Report Da	
5,,,,,,	o orgina	Jest sit	V.	SANDO					SGT			309			239	03/23/20	
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## ALBUQUERQUE POLICE DEPT REPORTING DEPARTMENT

STATE OF NEW MEXICO UNIFORM CRASH REPORT

	Т	042009	M								REPOR	TINC	G DEPAI	RTMEN	Т									7104	445.	308	
Privat	e Prope	erty?		Fa	atal	Property	Unc	ler \$500	Hit :	and I	Run?		Ca	se Nun	nber: <b>18</b>	000	4683										
Private Property? NO  Fatal Jinjury  Frogerty Damage Only  Storo or More  NO  No  Case Number: 180004683  NMDOT:  CAD Num: 180140688  CAD Num: 180140688  Case Number: 180004683  NMDOT:  County  BERNALILLO																											
Crash	Date		Mili	tary Tir	me	City Occur	red In		•				•			Cou	ınty										
01/14	1/2018		14:	36		ALBUQL	IERQUE	Ē								ВЕ	RNA	LILL	.0								
Day o	f Week		Oc	curred	On: (Ro	ute No. or	Name)						At I	Interse	ction W	ith:									Trib	al Lan	ıd?
SUN	DAY		MC	UNT	AIN AV	E							LO	CUST	<b>AVE</b>										NO	)	
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Loca																							Lo	ng:			
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	09/21/			TUDE										Seat Pos <b>LF</b>	Age	Se	x R	ace	Injury Code	Code	P	roperly	Deploy	Ejecte	n I	Num	Trans
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	Insure GEIC	-	(Name of 0	Com	pany)					Pol	icy Numb	ber				or Tow es (1)	ed T	ype \	ear/	Make	Lie	c. Yea	ar Lic St	ate Lic	ense Nu	m
	Trailer Vehicle		wed Type	e Y	'ear		Make	Lic	c. Year	Lic Sta	ate Lic	ense N	lum			or Tow es (3)	ed T	ype \	ear/	Make	Lie	c. Yea	ar Lic St	ate Lic	ense Nu	m
Veh. Num	Seat Pos	Occi	ıpant's Naı ıpant's Ado	me (I	Last Fi	irst Met C	Middle) ity Stat	/ e Zip)								Age	Sex	Race	Injury Code	OP Code	OP L Prop		Airbag Deploy	Ejected	EMS Num	Med Trans
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Crash Report Number: 710445308	
Case Number: 180004683	

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		DR	VER/PEDESTRIAN/PED	ALCYCLIST			ER/PED/PED/		ST	-			AN/PED	ALCYCLIS	T ACTION	
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		Туре	Description of Property	and Damage												
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VEH <b>01</b>	Witness's Witness's	s Last Nam s Street Add	e dress	First N	Witness's City  ENFOR	tness's First Na	me CTION - VIC	ame	State 2	Zip Cod	Vitness'	S Middle Na Witness	Owner' ame 's Phone ame) VER	s Phone		
VEH <b>01</b>	Witness's  Witness's  NO. Las  PE	s Last Nam s Street Add	e dress	First N	Witness's City  ENFOR	tness's First Na	CTION - VIC	ame	State 2	Zip Cod	Vitness'	S Middle Na Witness Common Na CTED DRI Checked I	Owner' ame 's Phone ame) VER	s Phone		
VEH <b>01</b> Time <b>14:3</b>	Witness's  Witness's  NO. Las  PE	s Last Name st Name EREZ Time Arriv 14:40 ure	e dress	First N	Witness's City  ENFORM  ENFORM  ARYN	tness's First Na	CTION - VIC	ame	State 2	Zip Cod	Vitness' de	Witness  Common Na CTED DRI  Checked I  5238 - G  umber	Owner' ame 's Phone ame) VER By	s Phone	CITED	<b>018</b>

Diagram Drawn By	Measurements Taken By
LECLAIR II, MARK	NOT TO SCALE
DIAGRAM	
Locust ST	
Locuston	
Mountain BLVD	NOT TO SCALE

HEARS

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ACCOUNT

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### ALBUQUERQUE POLICE DEPT

STATE OF NEW MEXICO UNIFORM CRASH REPORT

710447763

REPORTING DEPARTMENT

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Priva	te Prop	erty?	Fa	atal	1	operty mage		ier \$500	Hit a	and Run	?	С	Case Nu	mber:18	3007	7576									
NO			In	jury	Or	-	<b>√\$</b> 50	0 or More	NO	ı			NM	DOT:						CAD N	lum:	182251	1255		
Crasi	h Date		Military Ti	me	City	y Occum	red In								Cou	inty									
08/1	3/2018	3	19:09		AL	BUQU	ERQU	E							BEI	RNAI	ILL	<u> </u>							
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	l	's Last	Name					Owner's f	First I	Name				er's Mid	idle N	Name			Own	er's Con	npany	/ Name			
	PARK							KEVIN					JA	MES			T.		Д.,						
	l	Addres	ss F <b>GOMER</b>	v Bi	VO A	IE ADI	C 4244	Owne		ity JERQU	ıE					State NM	87 <sup>-</sup>	ner Zip		Owner's ( <b>505) 6</b>					
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	<u> </u>	or Tow	red Type	Year	r	Make	Lic	. Year Lic		_	nse N	lum	Trait	er or Tov	ued	Туре	Yea	r	Make	Lic.	Year	Lic Sta	ate Li	icense N	lum
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	BURK	Œ						DANI	EL										3531	1 GO	ODFE	LLOW	PL		
	Driver's	s Lice	nse Num	ber	State	Туре	Status	Restric	tions	Endorse	ements	Expires	;	City						Sta	te Zip	Code	Pho	ne	
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VEHICLE NO.											$\perp$			-		+	+						-		-
/EHI											<del>                                     </del>			┪											
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	ven. Y		Vehicle   FORD	Make			Color WHITI	E - WH	ı		P	ody Style C	1	argo Bod pe	,	Veh. U	Sel		JSeZ	ve	YES		70	YES	
	Lic. Ye		State		L	icense f	Plate Nu			VIN					DO	T#	<u> </u>		$\dashv$		age Se	•	10	amage /	Area 5
	2019		NM		J	VN411	3			1FM5I	K8D81	HGD07	948								HEAV	-	12		6
	Intersta	ate Ca	mer?			Fowed E	•					Towed									Exten SABL			10 9 8	
				T_			TE TO							TOW BY										09,10,11	
	Numbe Axics	erof		Gros	s Vehi	cle/Com	nb Weigh	it Rating	'   H	lazMat P	"lacard?	Haz	mat i	Placard 4	i-digi	t OR F	lazma	t Nan	10	AND		1-digit	# Haz	Mat Rele	eased
	Carrier	's Nar	ne					Street	Addr	ess						Carrie	r City						State	Carrie	er's Zip
			Name					I		st Name			Owr	ner's Mid	dle N	lame					•	y Name			
	WHE							WHE					<u> </u>			C1-4-	Ī0		ш,	EELS	LT 's Pho				
	Street 666 G		ss AND PI	_					wner's ES P	LAINES	s				- 1	State IL	600°				679-0				
	Insured	d By: (	Name of	Comp	any)				Pol	licy Num	ber		Traile	er or Tov	ved	Туре	Year		Make	<u> </u>		r Lic St	ate Lic	ense Nu	Jm
	CELG	ENE	CORP						39	CSES5	2102		Vehi	cles (1)											
			wed Typ	e Yea	ar	Make	Lic	. Year	Lic St	tate Lic	cense N	um		er or Tov	ved	Туре	Year		Make	Li	c. Yea	r Lic St	ate Lie	ense Nu	ım
Veh.	Vehicle Seat		nant'e Ni		nel Eire	1 Middle	n) (						Veni	cles (3)	$\vdash$		Lis	I	OP	loni	Jsed	Airbag		EMS	Med
Num	Pos	Occu	pant's Na pant's A	dress	(Street	City St	ate Zip)	<del></del>						Age	Sex	Ra	ce C	jury ode	Code	Prop	perty	Airbag Deploy	Ejected	Num	Trans
								<u> </u>			$\frac{1}{1}$			4											
۵	Lightin	g					Wea	ather					F	Road Cha	aracte	er				<u> </u>	Road	Grade			1
COND	DAYL	IGH	Г				CLI	EAR					5	STRAIG	нт						LEV	EL			
	VEH N	O F	oad Cor	dition			Roa	d Surfac	e:			Tr	raffic	Control			Ros	ed La	nes Ro	oad De	esign [	Div	Road D	esign	
ROAD	01	C	RY									E LIN T	RAF	FIC SIC	NAI	LS		ANE			ED DI		<u> </u>	ACCES	
					AF	PARE	NT CON	TRIBUT	ING F	ACTOR	!S				$\dashv$		Đ	RIVE	R'S AC	TIONS	<u> </u>		<u>EQUEN</u> RST	CE OF E	VENTS
																							VENT	MVT	
EVENT																							ECOND VENT		
Ü	OTHE	R - N	O DRIV	ER E	RROR	<b>t</b>										GOIN	IG ST	RAI	GHT			TI	HRD		
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																							OURTH VENT		
			DRIVE	R/PEC		IAN/PE RIETY	DALCY	CLIST			Df	RIVER/PI		EDALCY		T		AL	PED		IAN/P	EDALC'	CLIST	ACTION	
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											NA						
DRIVER	HAD NO	OT CONS	UMED ALCOHOL				NO APP. DE	FECTS			PEDESTRIAN	Not At	Intersection	1			
_	Breath To	est Results			Driver F	Physical	Condition - Ot	her			1 2	Pedest	rian Action	- Other			
ΦD	VEH NO	Road Co	ndition	Road Sur	face		l l	Traffic Con	trol		Roa	d Lanes	Road De:	sign Div	Road	d Design	
ROAD	02	DRY		PAVED	CENTE	RAND	EDGE LIN	TRAFFIC	SIGNA	LS	3 L/	ANES	PAINTE	D DIVID	E FUL	L ACCES	SS CT
			APPARENT	CONTRIB	UTING FA	CTORS	3				DI	RIVER'S	ACTIONS			NCE OF E	VENTS
EVENT															FIRST EVENT SECON	ND	
EV	DRIVER	INATTE	ITION, MADE IMPR	OPER TUR	RN					LEFT	TUR	N			THIRD EVENT		
															FOURT	·н	
		DRIV	ER/PEDESTRIAN/PED	ALCYCLIST	•		DRIVER/F	PED/PEDA	LCYCLIS	ST		F	PEDESTRI	AN/PED/	ALCYCLIS	T ACTION	1
~			SOBRIETY				PHYS	ICAL CON	DITION		N N	At Inter	section				
DRIVER	HAD NO	OT CONS	UMED ALCOHOL				NO APP. DE	FECTS			PEDESTRIAN	Not At	Intersection	1			
	Breath To	est Results			Driver F	hysical	Condition - Ot	her			٦	Pedest	rian Action	- Other			
					_L		NARRA	TIVE			<u> </u>						
LAN RD. WHO #1 V PRIV	E OR SO THE #2 D WAS O /ITH THI /ATE TO	DUTHBOULANE IS A CONTINUINE FRONT	#1 LANE TRAVELING JND LANE. VEH #2 NA SOUTHBOUND LA NG SOUTHBOUND. LEFT SIDE OF HIS NANY. VEH #1 WAS I	WAS ALSO NE ONLY DRIVER & VEHICLE.	O TRAV 7. VEH #: \$2 STAT VEH #2	ELING 2 ATTE ED TH WAS (	SOUTHBOU EMPTED TO AT HE THOU DAMAGED O	JND ON I MAKE A UGHT TH ON THE F	25 FRO LEFT H IE #2 LA RONT I	NTAGE IAND T INE WA LEFT S	E RD TURN AS A SIDE	, IN THI I FROM LSO A AND W	E #2 LAN   LANE #2 TURN LA AS TOW!	E, APPI 2 AND C INE ANI ED BY 1	ROACHI RASHE CRASI HE OW	NG MOU! D INTO V HED INTO NER WIT!	NTAIN EH #1, O VEH
•		Туре	Description of Property	and Damag	e												
	er perty plved	Owner's La	st Name				Owner's Firs	st Name					Owner's M	liddle Nai	me		
	1	Owner's Str	eet Address			Owner's	s City				Stat	e Zip	Code	Owner's	Phone		
WITNESS	Witness's	s Last Nam	e			Witnes	ss's First Name	e				Witness	's M⊧ddle N	lame			Age
WIT	Witness's	s Street Ad	dress		Witness'	s City				State	Zip C	ode	Witness	s's Phone	•		
					EN	FORCE	EMENT ACT	ION - VIC	DLATIO	NS							
VEH:	NO Las	t Name		First	Name			Middle Na	≆me		V	iolation (	Common N	lame)		Action	
Time 19:4	Notified I	Time Amv 19:51	Notified By DISPATCH						Supervis	sor at Sc	ene						
	ed By	MANN, A	NDREW - 8/24/2018											_		_	

rash Report Number: 710447763	STATE OF NEW MEXICO UNIFORM CRASH REPORT
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NM STATUTE 66-7-209
Case Number: 180077576	NMDOT COPY



STATE OF NEW MEXICO UNIFORM CRASH REPORT

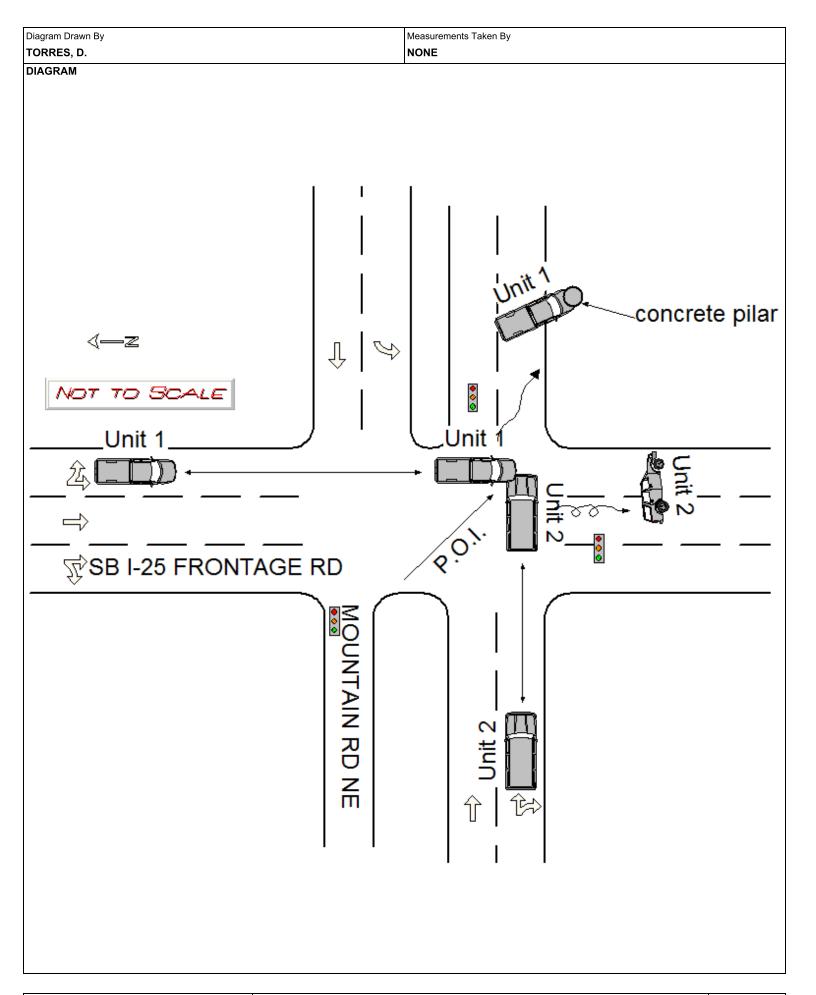
ALBUQUERQUE POLICE DEPT	
REPORTING DEPARTMENT	

Priva	te Prop	erty?		Fatal		operty mage		ler \$500		and R	Run?		Cas	e Num	ber: <b>18</b>	0123	3002	2									
NO			<u> </u>	njury	On		<b>✓</b> \$50	0 or More	e No	<b>O</b>			$\perp$	NME	OT:						CAD No	ım: <b>1</b>	83600	930			
Cras	h Date		Military	Гime	City	Occurr	ed In		•							Cou	nty										
12/2	6/2018	3	18:44		AL	BUQU	ERQU	E								BEF	RNA	LILL	.0								
Day (	of Week	(	Occurre	d On:	(Route	e No. or	Name)						At I	nterse	ction W	ith:									Triba	al Lan	ıd?
WE	DNESD	PΑΥ	I 25 FR	ONT	AGE F	RD							МС	DUNT	AIN RI	D NE	Ξ								NO		
Othe	er	Measu	urement	Dire	ction		Permar	nent Land	dmark	c - Cou	nty Lin	e - Ir	ntersec	tion							Milepost		La	t:	1		
	ation																						Long	g:			
Cras	h Occur	red			Crasl	h Classi	fication						Aı	nalysis	Code						l						
ON I	ROAD	WAY			отн	IER VE	HICLE						0	1 - BC	OTH G	OIN	G S	TRA	IGHT/E	NTER	NG AT	ANG	LE				
	VEHIC	CLE N	10	Un	it Direc	ction	On:						<u> </u>							Left the	e Scene	Pos	ted Spe	eed	Safe	Spe	ed
	HEAD		01	sc	DUTH		I 25 F	RONTA	AGE	RD											Crash? <b>IO</b>						
	Driver's	s Last I	Name					Driver's	First	Name				Driv	er's Mic	ddle I	Nam	e		Drive	r's Street	Addr	ess				
	NOLA	۱N						SEAN						RO	BERT					3701	INCA	ST N	E AP	ΤА			
	Driver's	s Licen	se Numb	er	State	Туре	Status	Restricti	ons E	Endors	ements	s E	Expires		City						State	Zip C	ode	Ph	one		
	02696	5420			NM	D	v	В	١	N		d	09/08/2	2021	ALBU	JQU	ERG	QUE			NM	8711	1-000	0			
	Date o	f Birth	Occup	ation										Seat Pos	Age	Sex	, F	Race	Injury Code	OP	OP Use	d A	irbag	Ejected		MS	Med
	08/09/	/1966												LF	7,90	00,	` '		Code	Code	Properl	у Б	eploy		N	um	Trans
9			ant's Nar												52	М		С	0	6	YES		F	Ν	Α	FR	NO
	Pos	WILC	ant's Add	iress (	Street	City Sta		BRETT				AL	ΔN														
S O	RF		DAKOT	Δ ST	NF A	ADT 1		QUERG	IIIE		NM	-	7110-0	000	49	М		С	С	6	YES		F	N	Α	FR	NO
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	Veh. Y	ear \	√ehicle M	ake			Color					Bod	ly Style	Car	go Body	v	√eh.	Use′	Veh. l	Jse2	Veh.	Towed	1?	Ve	ehicle	Disa	bled
	2017	r	DODGE				GRAY	- GRY				PK		Тур	e AT				Р		Y	ES				'ES	
	Lic. Ye	ar S	State		Li	cense F	l Plate Nu	mber		VIN						DO	T#		1		Damage		erity	1 1	Dama 2	age Ai	rea 5
	2019	1	NM		A	ABA40	)			1D7H	IU18D	X49	S6386	50							HE	AVY		12	T		<b>7</b> 6
	Intersta	ate Car	rier?		Т	owed B	у					Т	Towed T	То								tent			1 10	9 8	7
					Δ	CME	TOWIN	IG				8	3705 B	BROA	DWAY	/ BL	VD.	SE	#FAL	.ви	DISA	RLF	ס ס			05,06 ,11,12	,07,08, 2
	Numbe	er of		Gross	s Vehic	le/Com	b Weigh	t Rating	На	azMat I	Placard	1?	Haz	mat Pl	lacard 4	1-digi	t OR	Haz	mat Nar	ne	AND	,	1-digit #	# Ha:	zMat	Relea	ased
	Axles																							NC	)		
	Carrier	's Nam	ne					Street A	Addre	ss			ı				Carr	ier Ci	ty				1	Sta	te C	arrier	's Zip
	Owner	's Last	Name					Owner's	s Firs	t Name	9			Owne	er's Mid	dle N	lame	)		Owne	er's Com	oany I	Name	ı .			
	NOLA	N.						SEAN						ROB	ERT												
	Street	Addres	ss					Ow	ner's	City							State	e Ov	wner Zip	) (	Owner's F	Phone	l				
	3701	INCA	ST NE	APT.	Α			AL	BUC	UER	QUE						NΜ	87	'111-0	000							
	Insure	d By: (N	Name of 0	Compa	any)			I	Poli	cy Nun	nber			Traile	r or Tow	ved	Туре	Ye	ar	Make	Lic. \	/ear	Lic Sta	te Li	icens	e Nur	n
	WOR'	TH CA	SUALT	Y IS	COMF	•			SN	A0931	134-00	00		Vehicl	es (1)												
	Trailer	or Tow	ved Type	Yea	ır	Make	Lic	. Year L	ic Sta	ate Li	icense	Nun	n	Traile	r or Tow	ved	Туре	Ye	ar	Make	Lic. `	/ear	Lic Sta	te L	icens	e Nur	n
	Vehicle	es (2)												Vehicl	es (3)												
	VEHIC	CLE N	Ю.	Un	it Direc	ction	On:	1		1			·							Left the	e Scene Crash?	Pos	ted Spe	eed	Safe	Spe	ed
	HEAD	ED	02	EA	AST		MOU	NTAIN	RD N	ΝE											10						
	Driver's	s Last I	Name					Driver's	First	Name	,			Driv	er's Mic	ddle I	Nam	e		Drive	r's Street	Addr	ess				

	DAVI	s							HEN	NRY									933	35 CU	MBRI	A VALI	_EY DF	₹	
Ī	Driver'	s Lice	ense N	lumbe		State	Туре	Status <b>V</b>	Restr	ictions	Endors	ements	Expir	es	City <b>LOR</b>	TON				Sta VA	ate Zip	Code 079		one 30) 917	-3591
	Date o			ccupat				•						Seat Pos		Sex	Race	Injury Code	OP Code		Used perly	Airbag Deploy	Ejected	TEME	Med Trans
Ŀ	<b>03/07</b> Seat	Occi	upant's				t Middle							LF	41	М	С	С	6	Y	ES	В	N	AAS	YES
_	Pos	Occi DA\		s Addr	ess (S	Street	City Sta	ate Zip)	DOR	Α							+	+							
_	RF	431	IRON	ST				GRAN	ITS			NM	87020	١	72	F	С	С	6	Y	ES	В	N	AAS	YES
-																									<u> </u>
	Veh. Y <b>2018</b>	'ear	Vehice FOR	cle Ma L <b>D</b>	ke			Color SILVE	R - S	IL			Body Sty <b>SV</b>	/le Ca	argo Boo <sup>/pe</sup> AT	dy V	/eh. Use	1 Veh	Use2	Ve	h. Tow <b>YES</b>		Ve	hicle Dis	
Ľ	Lic. Ye	ear	State			Li	cense F	Plate Nu		· <del>-</del>	VIN	ľ				DO.	T #	ľ	$\dashv$		nage So	•	[ 1	Damage 3 4	Area 5
L	2019		со				HF265				1FM5	K8GT	0JGA2						_		Exten		12		$\bigcap_{j}$ 6
	Interst	ate C	arrier?				owed E	<sub>3y</sub> TOWII	1G				Towe <b>8705</b>		ADWA	Y BL	VD. SE	#FA	LBU	D	ISABL	.ED	01,02,0	1 10 9 8 <b>3,04,05,0</b> <b>9,10,11,</b>	6,07,08
	Numbe Axles	er of		C	Gross	Vehic	le/Com	nb Weig	nt Ratir	ng H	lazMat F	Placard	? <u>H</u>	azmat	Placard	4-digit	OR Ha	zmat Na	ame	AND		1-digit	# Haz	Mat Rel	
	Carrie	r's Na	me						Stree	et Addre	ess					(	Carrier (	City					NC Stat	-	er's Zip
L	Owner	's Las	st Nam	ne					Own	er's Firs	st Name	<u> </u>		Ow	ner's Mi	ddle N	ame		Ow	ner's C	ompan	ıy Name			
	AVIS									OGET															
	Street <b>2405</b> (			AVE						Owner's <b>DENV</b> E	•						State C	Owner Z	ip	Owne	r's Pho	ne			
	Insure	•	(Name	e of Co	ompai	ny)			ı	Pol	icy Num	nber			ler or To	wed	Гуре Ү	ear	Make		ic. Yea	ır Lic St	tate Li	cense N	um
	Trailer	or To		Туре	Year	•	Make	Lic	. Year	Lic St	ate Li	cense N	Num	Trail	ler or To	wed	Гуре Ү	ear	Make	; L	ic. Yea	ır Lic St	tate Li	cense N	um
۱.	Vehicle Seat	Occi	ıpant's	s Nam	e (Las	st Firs	t Middle	∍) /						Vehi	Age	Sex	Race	Injury	OP		Used	Airbag Deploy	Ejected	EMS	Med
n	Pos	Occi	upants	s Addr	ess (S	Street	City St	ate Zip)					1		7.95	COX	, Trade	Code	Code	Pro	perly	Deploy	Ljoolou	Num	Trans
	Lightir	ng						We	ather						Road Ch	aracte	er				Road	Grade			
	DARI	K LIC	SHTE	D				CL	EAR				,		STRAIG	GHT		1				.CRES	Г		
	VEH N <b>01</b>		Road ( <b>WET</b>	Condit	ion				id Surfa <b>VED (</b>		ER ANI	D EDG	E LIN		Control FIC SI	GNAL	.s	Road L		Road D <b>PAINT</b>	•		Road [	esign ACCES	SS CT
						AP	PARE	NT CON	TRIBU	JTING F	ACTOF	RS						DRIN	/ER'S A	CTION	S			CE OF E	VENTS
																							IRST VENT		
ı,	JONE	-															GOING	e STD/	VICHT				ECOND VENT		
ľ	NONE	•															GOING	SIRA	AIGH I				HIRD VENT		
																							OURTH VENT		
1			DR	RIVER	PEDE			DALCY	CLIST						PEDALC		Т				RIAN/P			ACTION	
						SORI	RIETY						PHIS	JICAL (	CONDIT	ION		I   <sup>A</sup>	t Interse	ecuon					

DRIVER	HAD N	OT CONS	SUMED ALCOHOL			N	IO APP. DI	EFECTS		PEDESTRIAN	Not At	Intersection	1		
	Breath T	est Results	3		Driver P	hysical 0	Condition - O	ther			Pedes	rian Action	- Other		
Q	VEH NO	). Road C	ondition	Road Surfa	ace			Traffic Control		Roa	d Lanes	Road Des	sign Div	Road Design	
ROAD	02	WET		PAVED (	CENTER	AND E	EDGE LIN	TRAFFIC SIGNA	LS		ANES		D DIVIDE	FULL ACCES	S CT
<u> </u>			APPARENT							DF	RIVER'S	ACTIONS	S	_I SEQUENCE OF E\	VENTS
T													E	IRST VENT	
			TRAFFIC SIGNAL, DR	RIVER INA	TTENTI	ON, FA	VILED TO A	IELD RIGHT	GOIN	G ST	RAIGH	Т	E	ECOND EVENT HIRD	
	· · · · · ·	.,											E	VENT OURTH	
														VENT	
		DRI	VER/PEDESTRIAN/PEDA	LCYCLIST				PED/PEDALCYCLI	ST			PEDESTRI	AN/PEDALC	YCLIST ACTION	
			SOBRIETY				PHYS	SICAL CONDITION		┦_	At Inte	section			
œ										IAN					
DRIVER	HAD N	OT CONS	SUMED ALCOHOL			N	IO APP. DI	EFECTS		J PEDESTRIAN	Not At	Intersection	1		
	Breath T	est Results	S		Driver P	hysical (	Condition - O	ther			Pedes	rian Action	- Other		
					<u> </u>		NARRA	TIVE							
			PPROXIMATELY 1846					INTERSECTION	OF S	OUTH	BOUN	D FRONT	AGE ROA	D AND MOUNT	TAIN
ROA	D NE I	N REFER	ENCE TO A TWO VEH	ICLE ACC	CIDENT	WITH II	NJURIES.								
UPC	N ARRI	IVAL I MA	ADE CONTACT WITH I	BOTH DR	IVERS A	ND TH	IREE WITN	IESSES:							
			ATED HE WAS TRAVI						VAS A1		ACHIN	C THE IN	TERSECTI	ION OF MOUNT	ΓΛΙΝΙ
	D HE N	IOTICED	HIS LIGHT HAND TUR RSECTION #2 RAN T	RNED GRE	EEN SO	HE PR	OCEEDED	•							
	DRIV	ER #2 ST	ATED HE WAS TRAVI	ELING EA	ST BOU	IND MC	OUNTAIN F	ROAD. AS DRIVE	R #2 W	VAS [	ORIVIN	G EAST B	OUND HE	NOTICED A GF	REEN
GRE	EN WA	S ACTUA	UED DRIVING. AS #2 ( ALLY NORTH BOUND KS BUT WAS ALREAD	FRONTA	GE LIGH	T. DRI	VER #2 LO	OKED UP AND I	NOTICI	ED TH	HE SOL	ITH BOU			ING
AFT	ER SPE	AKING W	VITH ALL THREE WITI										оитн воц	JND. #2 RAN TI	HE
RED	LIGHT	CAUSING	G THE COLLISION.												
#2 V	AS FO	UND AT I	FAULT FOR THE ACC	IDENT.											
		Туре	Description of Property a	nd Damage	,										
	perty	Owner's La	ast Name				Owner's Fir	rst Name				Owner's M	iddle Name		
IIIVC	lved	Owner's S	treet Address			Owner's	L City			Stat	e Zip	Code	Owner's Ph	one	
	<b>NA</b> /'the	l- I I NI				\ACt	ala Eisat Niasa				\A/:t	I - NAC-1-II - NI			
WITNESS	PACHE	's Last Nan ECO	ne			ANDR	s's First Nam E <b>W</b>	ie			Witness	's Middle N	ame		Age
M	Witness	's Street Ad	ddress		Witness's	City			State	Zip C	ode		s's Phone 205-7986		
	Witness	's Last Nan	ne			Witness	s's First Nam	ie.	1	<u> </u>	Witness	's Middle N			Age
SS	MARTI					TIMOT					**101038	o midule N	anio		Age
WITNESS		's Street Ad	ddress		Witness's	l .			State	Zip C	ode		s's Phone		1
												(505) 3	362-0590		

တ	Witne	ess's Last	Name				Witness's First Name	Э				Witness's I	Middle Name			Age
NES	СНА	PMAN					MICHAEL									
MEN	Witne	ess's Stree	et Address			Witness's	s City			State	Zip C	ode	Witness's Pho	ne		
>													(505) 243-24	109		
						ENF	ORCEMENT ACT	ION - VIC	DLATIO	NS						
VEH	NO.	Last Nam	пе		First N	Name		Middle Na	ame		٧	iolation (Co	mmon Name)		Action	
Time	Notifie	ed Time	Arrived	Notified By					Supervis	or at S	cene					
18:4	6	18:5	52	DISPATCH					A/LT N	. WHE	ELE	₹				
Chec	ked By	У														
5157	7 - SM	IITH, JAI	RROD - 1	/3/2019												
Office	er's Sig	gnature			Officer's N	lame			Rank			ID Nun	nber	District	Report Da	te
		<i>D</i> -			TORRES	6, D.			P1/C			5158		234	12/26/20	18



LRAMI
WESTIGATION
ACCOUNTS
ACC

## ALBUQUERQUE POLICE DEPT

STATE OF NEW MEXICO UNIFORM CRASH REPORT

Present Prepared   P		T	042009	M		L						EPORT	ING DE	PARTMEN	IT									1043	7 044	
NO LOST CAD Nature 1803390430  The Carbo Date 2008/2018 09:40  Day of Yeek  Day of Yeek  Diversor Modesurement Londmark - County Line Intersection Well  Thresh Date of Result No or Name  Analysis Code  ON ROADMAY  OTHER VEHICLE  VEHICLE NO.  Diver's Middle Name  LINDA  Diver's Middle Name  LINDA  Diver's Middle Name  LINDA  LE Face of Birth  Diver's Faret Middle)  Jose of Birth  Diver's Faret Middle)  Jose of Birth  Diver's Middle Name  LINDA  LE Face of Birth  Diver's Middle Name  Linda  Read Tacket City State of Code of	Privat	e Prope	erty?		Fatal			Und	ler \$500	Hit	and Ru	n?		Case Nu	mber: <b>18</b>	3001	3170									
Direct   D	NO				Injury			<b>▼</b> \$50	0 or Mor	° NO	)			NM	DOT:						CAD Nu	m: <b>180</b>	3904	30		
Day of Week   Decurred On   Router No or Name   All Intersection With   Last   Traited   Land   Traited   Land   Traited   Land   Lan	Crash	Date		Military 1	Time	Cit	y Occum	ed In								Cou	inty									,
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Other   Coast	Day o	f Week		Occurred	d On:	(Route	No or l	Name)						At Interse	ction W	ith:								ī	ribal Lar	nd?
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Crash Corumed	Otha	-	Measu	rement	Direc	ction		Perman	ent Lan	dmark -	- County	/ Line -	Interse	ection							Milepost		Lat			
Crash Cocurred																							Long	:		
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Driver's First Name  HAYS  Driver's First Name  LINDA  LIN	- 1							1	RONT	AGF R	SD.									of th		1 0300	Opec	.	Auto Ope	
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Seat Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip)  Veh. Year Vehicle Make Color BLUE - BLU PC Sype DOT # Veh. Use Veh. Use Veh. Use No. No. No. No. No. No. Year Vehicle Make Color BLUE - BLU PC Sype DOT # No.	- 1			10000	40011										Age	Se	x R	ace	Code	Code		Dep	oy E	jected		
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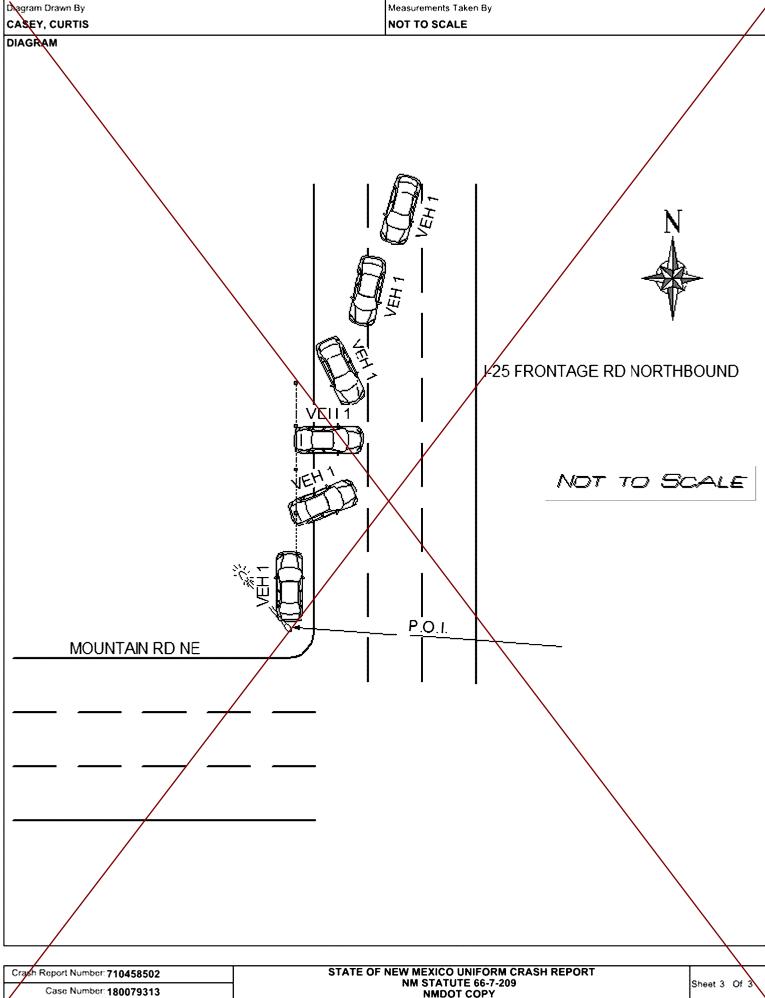
### ALBUQUERQUE POLICE DEPT

STATE OF NEW MEXICO UNIFORM CRASH REPORT

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# ALBUQUERQUE POLICE DEPT REPORTING DEPARTMENT

STATE OF NEW MEXICO UNIFORM CRASH REPORT

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ESS	Witness'	's Last Name				Witnes	s's First Nam	c				Witness'	s Middle Na	ame			Age
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VEH	NO. La:	st Name		First !	Name			Middle Na	ame		V	iolation (	Common N	ame)		Action	
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19:4	9	19:57	DISPATCH										2812 - C	URTIS,	K 5/1	9/2018	
Office	er's Signat			Officer's N	lame				Rank			ID N	umber	I	District	Report Da	ite
		mand bou	r-	CARR, I	SAIAH				PSA			576	5	:	234	05/19/20	18

PEDESTRIAN/PEDALCYCLIST ACTION

Crash Report Number: 710537492

Diagram Drawn By	Measurements Taken By
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## ALBUQUERQUE POLICE DEPT

STATE OF NEW MEXICO UNIFORM CRASH REPORT

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	Driver: <b>50357</b>		nse Nu	mber	- 1	State NM	Type I	Statu <b>S</b>	Restric	tion	Endorsen	nents	Expir		22	City ALBU	IQUE	RQU	E		•	- 1	- 1	ip Cade 7109-0	000	Pho (50	ne 5) 659-	8568
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	Interst	ate Ca	arrier?			E		LILLO						СО	OR	s sw							DISAE	BLED		07,0	10 9 8 0 <b>8,09,10</b>	,11
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	Street 4401		rss TGON	IERY	BLV	/D NE	<b>E</b>			wner's	City QUERQU	ΙE						State NM	1	mer Zip 109-00		l	er's Ph ) 659					
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DRIVER	HAD	NOT	CONSUME	D ALCOHOL			NO APF	P. DE	EFECTS		PEDESTRIAN	Not At I	ntersection				
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Invo	olved	_									Τ.	<del></del>			_		
		Ow	ner's Street A	ddress		Ov	vner's City				State	E Zip (	Code	Owner's f	Phone		
<b></b>	Witne	ess's La	ıst Name			<u> </u>	Vitness's First	Namo	¢		1	Witness':	s Middle Na	ıme			Age
ESS																	
WITNESS	Witne	ess's St	reet Address			Witness's C	City			State	Zip Co	ode	Witness	's Phone			•
	<u> </u>					ENF	ORCEMENT	ACT	ION - VIOLATION	L							
VEH	NO.	Last N	ame		First N				Middle Name	-	V	olation (C	Common Na	ime)		Action	
<del>-</del>	me Notified Time Arrived Notified By						T <sub>a</sub>		<u> </u>				les :	n-		_1	
Time <b>07:2</b>		- 1	me Arrived 7:22	Notified By DISPATCH			'		or at Scene ELER				Checked I 3676 - W	By MEELER	R, N 7	27/2018	
		-															

PEDESTRIAN/PEDALCYCLIST ACTION

Officer's Signature	Officer's Name	Rank	ID Number	District	Report Date
	BRITO, C.	P1/C	5528	226	07/14/2018

Diagram Drawn By BRITO, C.	Measurements Taken By  NOT TO SCALE
DIAGRAM	INOT TO SCALE
•	
(<=N →)	I-25 SB FW
Not to Sc.	VEHICLE 1  VEHICLE 2
I-25 SB FF	RONTAGE ROAD
	MOUNTAIN RD NE

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### ALBUQUERQUE POLICE DEPT REPORTING DEPARTMENT

STATE OF NEW MEXICO UNIFORM CRASH REPORT

	T	042009	9 <b>M</b>								REPOR'	TING	DEPAR	RTMEN	<u> </u>							]		710	154	27/1	
Privat	e Prop	erty?		∏ Fa	atal	Property Damage	Unc	ter \$500	Hit	t and R	Run?		Cas	se Nun	nber: <b>18</b>	003	9551										
NO				In	jury	Only	<b>✓</b> \$50	0 or Mo	te No	0				NME	OOT:						C.	AD Num:	18115	0529			
Crash	Date		Milit	ary Tir	me	City Occur	red In									Cot	inty										,
04/2	5/2018		11:	22		ALBUQI	JERQUE	<b>E</b>								BE	RNAI	JLL	.0								
Day o	f Week		Occ	urred	On: (Ro	ute No or	Name)						At I	nterse	ction W	ith:									Tr	ibal Lan	rd?
WED	NESD	AY	МО	UNT	AIN RD	NE							1 2	5 FRC	NTAG	E R	D								N	0	
Othe		Mease	uremo	ent	Directio	n	Permar	ent Lan	idmark	- Cour	nty Line	- Int	ersection	on							Mi	ilepost	$\vdash$	Lat: ng:			
Crash	Occur	red			С	rash Class	ification						A	nalysis	Code												
ON F	ROADI	WAY			c	THER V	EHICLE						2	4 - SII	DESW	IPE	COL	JSA	ME DI	R							
	VEHIC	CLEN	0		Unit D	irection	On:															icene p	osted S	peed	S	afe Spec	ed
	HEAD		•	01	sou	TH	1 25 1	RONT	AGE	RD										Of tr	ie Cra NO						
	Driver's	s Last I	Name	;	<u>.</u>			Driver	's First	Name				Driv	er's Mi	ddle i	Name			Dri	ver's	Street Ac	idress				
	MORA	ALES						LAR	RY					L						14	3 CA	LLE VA	ALLE S	ERR/	NO		
	Driver:	s Licen	se No	umber	St	ate Type	Statu	Restric	tion I	Endors	ements	E	Expires		City						1	Stat Zij	p Code	П	Phon	e	
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	Carrier's Name							Sueec	Addies	00							Carri	21 (5)	ıy					٦	late	Camer	5 Z.Ip
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	Street Address							10	wner's	City							State	O	wner Zip		Own	ner's Pho	ne				
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	Insured By: (Name of Company)								Pole	cy Nun	nber			Traile	or Tov	ved	Туре	Ye	ar	Make		Lic. Yes	ar Lic S	tate	Lice	nse Nur	n
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	Trailer Vehicle		/ed	Туре	Year	Make	Lic	. Year	Lic Sta	ate L	icense f	Num	1		or Tov	ved	Туре	Ye	ar	Make	1	Lic. Yes	ar Lic S	tate	Lice	nse Nur	n
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	Driver*		nse Numi	ber	Sta	- 1	Type D	Statu V	Restri B	ction	Endors	ements	1	pires 5/22/2	2018	City GRAI	NTS					- 1		Cade	- 1	one	
	Date o		Осси	patio	n									1	Seat Pos <b>LF</b>	Age	Sex	Ra	се	Injury Code	OP Code	Of Pr	Used openly	Airbag Deploy	Ejected	EMS Num	Med Trans
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	2012 Lic Ye	ar	NISSAI State NM	N		1	ense P	WHITI late Nu		<del></del>	VIN	.F5MV	PC	252	1		ОО	Т#		Р		Da	mage S HEAV	everity	12	Damage /	Area
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	Numbe Axles	er of		Gr	oss Ve	<u>l</u> ehick	e/Comt	) Weight	Ratin	g H	lazMat F	Placard	17	Haz	mat P	lacard 4	-digit	OR H	azma	at Nam	:	AND		1-digit #	Ha.	/Mat Rele	ased
	Carrier	's Nar	ne	<u> </u>					Stree	et Addre	:55			1			ľ	Carrie	r City	у					Sta	e Carrie	er's Zip
	Owner ARCH		Name E						Own		st Name				Own	er's Mid	dle Na	ame			Owr	ier's I	Compan	y Name		•	
	Street 700 J		ss RSON /	AVE					- 1	Owner's	•						- 1	State NM	ı	ner Zip 020-00		Own	er's Pho	ne			
	Insured FARM		Name of	Com	pany)						933936					r or Tow les (1)	red	Туре	Yea	ar -	Make		Lic Yea	r Lic St	ate L	icense Nu	im
	Trailer Vehicle		wed Tyl	e \	/ear		Make	Lic	Year	Lic St	ate L	cense	Num			r or Tow les (3)	red	Туре	Yea	ar .	Make		Lic Yea	r Lic St	ate L	icense Nu	an
Veh. Num	Seat Pos		pant's Na pant's Ad						T							Age	Sex	Ra	ce	Injury Code	OP Code	Of Pr	Used operly	Airbag Deploy	Ejected	EMS Num	Med Trans
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Crash Report Number: 710542771	STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209	Sheet 2 Of 4
Case Number: 180039551	NMDOT COPY	Snee( 2 Of 4

		DRIVE	R/PEDESTRIAN/PEDA SOBRIETY	LCYCLIST				R/PED/PEDA SICAL CON		ST		At Inter		IAN/PEC	ALCYCLIS'	TACTION	
DRIVER	HAD N	OT CONSUM	MED ALCOHOL				NO APP. D	EFECTS			PEDESTRIAN	Not At I	ntersection				
	Breath T	est Results			Driver F	Physical	Condition - O	ther				Pedest	ian Action	- Other			
٥	VEH NO	Road Conc	fition	Road Surfa	ace			Traffic Con	trol		Roa	d Lanes	Road Des	sian Div	Road	Design	
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DRIVER	HAD N	OT CONSUM	MED ALCOHOL			NO APP. D	EFECTS			PEDESTRIAN	Not At I	ntersection	i				
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							NARR	ATIVE									
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		Type D	escription of Property an	d Damage													
	er perty olved	Owner's Last	Name				Owner's Fi	rst Name					Owner's M	iddle Na	me		
		Owner's Stree	et Address		Owner's	City				Stat	e Zip	Code	Owner	's Phone			
<u> </u>	Witness	's Last Name				Witne	ss's First Nam	ıc				Witness'	s Middle Na	ame			Age
ES	PETT					MAX	WELL					VLADI	AIR .				
WITNESS		's Street Addre		s City QUERQ	UE			State NM	Zip C 8710	ode 18-0000	1	s's Phon 382-018					
				IFORC	EMENT AC	TION - VIO	LATION	is			-						
VEH	NO. La	st Name		First N	Name			Middle Na	ime		٧	iolation (	Common N	ame)		Action	
	Notified	Time Arrived	- 1	-			Supervi	sor at Scene					Checked	•		410710040	
11:2	-	11:31	RADIO				Rank			In a	13099 - S	MNDO	VAL, M				
OTHE	r's Signa	ture Satalys	7	VIN			PSA			586			District 234	Report Da 04/25/20			
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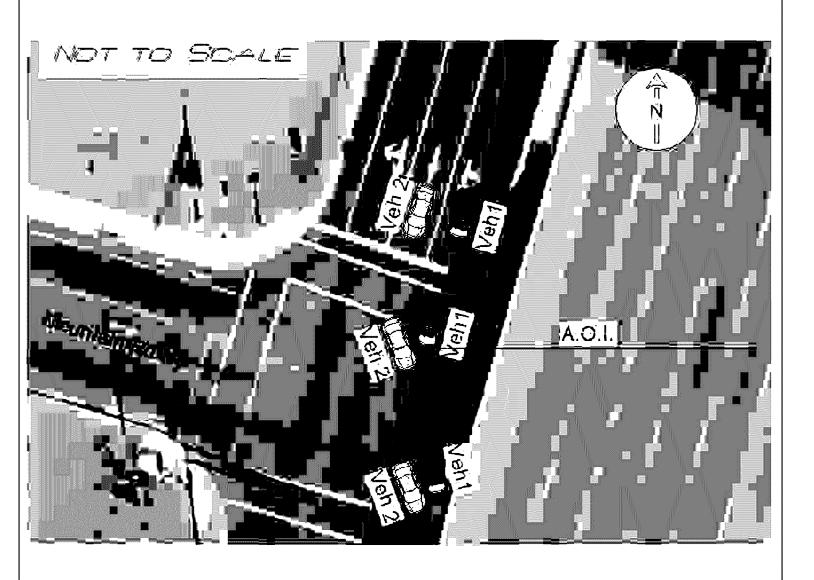
Crash Report Number: 710542771	STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209	0
Case Number: 180039551	NMDOT COPY	Sheet 3 Of 4

Diagram Drawn By

Measurements Taken By GONZALES, KEVIN

NOT TO SCALE

DIAGRAM



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ANTESTIGATION
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ENTRY PORT
ENTRY 2008

# ALBUQUERQUE POLICE DEPT REPORTING DEPARTMENT

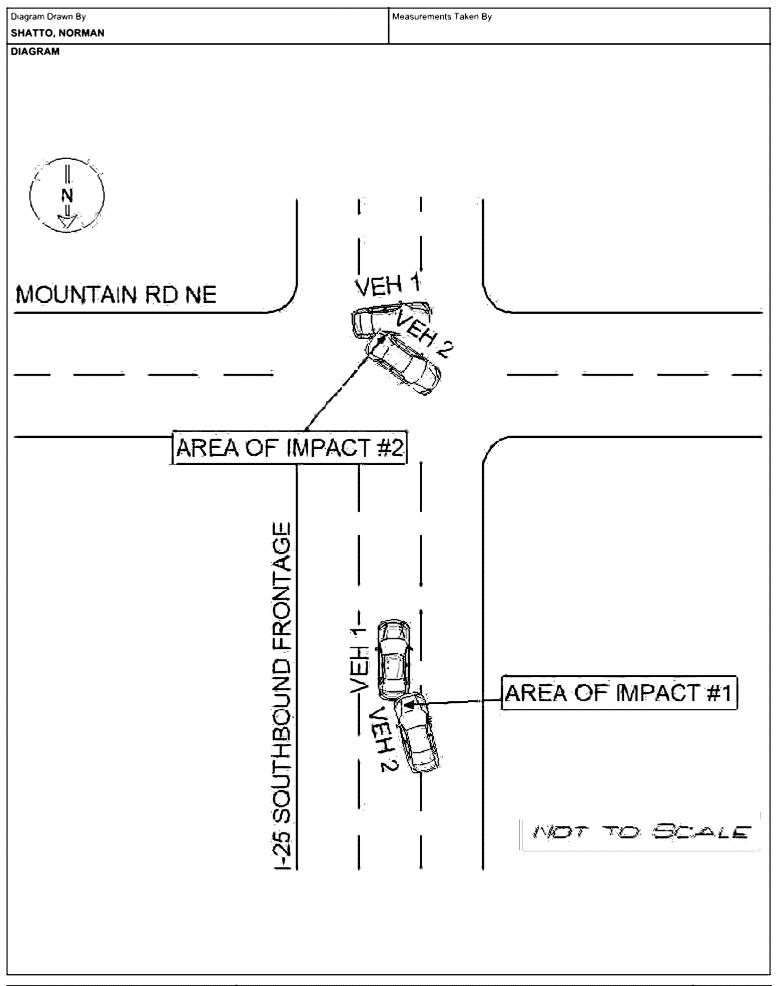
STATE OF NEW MEXICO UNIFORM CRASH REPORT

Privat	e Prope	erty?		Fatal		operty	L	ler \$500	- 1	t and R	un?	Ca	ase Nu	mber: <b>18</b>	3005	6684									
NO			~	Injury		nty	\$50	0 or Mor	c N	0			NM	DOT:	·					CAD Nur	n: <b>1816</b>	304	45		
Crash			Military	Time		y Occum		_							Cou	•									
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Crash	Occur	red		<u> </u>	Cras	sh Classi	fication					7,	Analysi	s Code											
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	Driver's	s Last N	lame					Driver's	s First	Name			Dri	ver's Mi	ddle f	Vame			Drive	er's Street	Address				
	MART	INEZ						SHAN	INON	ı			s						292	HERMO	SA DR	NE			
	Driver's	s Licens	ie Numbi	er	State	Type	Statu	Restrict	ion I	Endorse	ements	Expire	s	City						Stat	Zip Code		Pho	ne	
	12656	7898			NM	D	٧					08/22		ALB	JQU	ERQ	JE				87110		(50	5) 357-8	,
	Date of Birth Occupation 07/22/1985												Seat Pos	Age	Se	x R	ace	Injury Code	OP Code	OP Used Properly	d Airba Depk	g E	jected	EMS Num	Med Trans
100	O7/22/1985     Seat   Occupant's Name (Last First Middle)   Pos   Occupant's Address (Street City State												LF	32	F		0	0	6	YES	N	Т	N		NO
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ľ	Lic. Ye	ar S	State		L	icense P	late Nun	nber		VIN	<b>-</b>		•		DO	)T#		•		Damage HE/			10	amage A	rea 5
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	Carrier's Name							Street	Addre	SS						Carrie	er Cit	ty					State	Carrier	r's Zip
ŀ	Owner's Last Name							Owner	'e Firet	t Name			Own	er's Mid	idia N	ame			Oun	er's Comp	any Nam				
	MARTINEZ							SHAN					s			un				ci 3 00iiipi	any 144111	-			
ł	Street Address							┸-	mer's							State	Ov	vner Zip	+ 1	Owner's Pi	none				
	2920 HERMOSA DR NE							AI	BUQ	QUERC	UE					NM	1	110	- 1	(505) 357					
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	UNKN	IOWN							UN	KNOW	/N			les (1)			L								
	Trailer Vehicle	or Tow	ed Type	Yea	àf.	Make	Lic	. Year	Lic Sta	ate Li	cense N	JM	1	r or Tov les (3)	ved	Туре	Yea	ar	Make	Lic. Y	ear Lic	State	Lice	ense Nur	m
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	Driver* 51005		nse Num	ber	Sta NA		· 1	Statu <b>V</b>	Restric	tion	Endorser	nents	Expir 09/2	es 7/20	19	City KIRTL	AND					1 1	Zip (	Code 17	- 1	one 05) 486-	5628
	Date o			upatio	en									Şe Po LI		Age	Sex	Rac	e Injur Cod	y OI O	de (	OP Use Properl	y (	Airbag Deploy	Ejected	EMS Num	Med Trans
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	Axles		me						- <del></del>	Addre	:ss							arrier (							NO Stat		r's Zip
	Owner	's Las	t Name						Owne	r's Firs	it Name			С	)wne	r's Mide	ile Nar	ne		c	wner's	s Comp	oany	Name			
	ONE A		:55						IZEK	wner's	City			J	ACI	KSON	Is	tate	Owner 2	Zip.	Ow	vner's F	Phone				
	2 RO		557 (Name o	f Corr	npany)				H	IRTL	AND licy Numb	er		17,	milar	or Tow	-	<u>_</u>	87417 (ear	Mai	1,	05) 480		28 Lic Sta	ate Li	cense Nu	m
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Veh. Num	Seat Pos	Occi	upant's N upant's A	ddres	Stree	et Cil	ty State	e Zip)	Ī							Age	Sex	Race	e Injur Cod	y Ol e Cod		Properl	y (	Airbag Deploy	Ejected	Num	Trans
9	Lightir	ng						Wes	ather						Ro	ad Cha	ıracter	<u></u>				R	oad (	Grade			
D	VEH N		T Road Co	nditio	n				EAR d Surfa	D <del>e</del>				Traff	<u> </u>	ontrol	HT		Road	Lanes	Road	d Desig	eve		Road D	)esign	
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		DR	IVER/PEDEST		CYCLIST				R/PED/PEDA		ST		-		RIAN/PEC	DALCYCL	IST ACTION	<u> </u>
			SC	BRIETY			$\dashv$	PHY	SICAL CON	DITION		١,	At Inter	section				
DRIVER	HAD I	NOT CONS	UMED ALC	OHOL			N	IO APP. D	EFECTS			PEDESTRIAN	Not At	intersection	n			
	Breath	Test Results	·			Driver Pl	hysical C	ondition - O	ther			] =	Pedest	rian Action	- Other			
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ROAD	02	DRY			PAVED (	CENTER	AND E	DGE LIN	TRAFFIC	SIGNA	LS	3 L/	ANES	PHYSIC	CAL DIV	ID RA	MP	
				APPARENT	CONTRIBU	JTING FAC	CTORS					D	RIVER'S	ACTIONS		SEQ	JENCE OF	EVENTS
L																FIRST EVEN	Т	
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PEDESTRIAN/PEDALCYCLIST ACTION



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STATE OF NEW MEXICO UNIFORM CRASH REPORT

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Diagram Drawn By	Measurements Taken By
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#### ALBUQUERQUE POLICE DEPT

STATE OF NEW MEXICO UNIFORM CRASH REPORT

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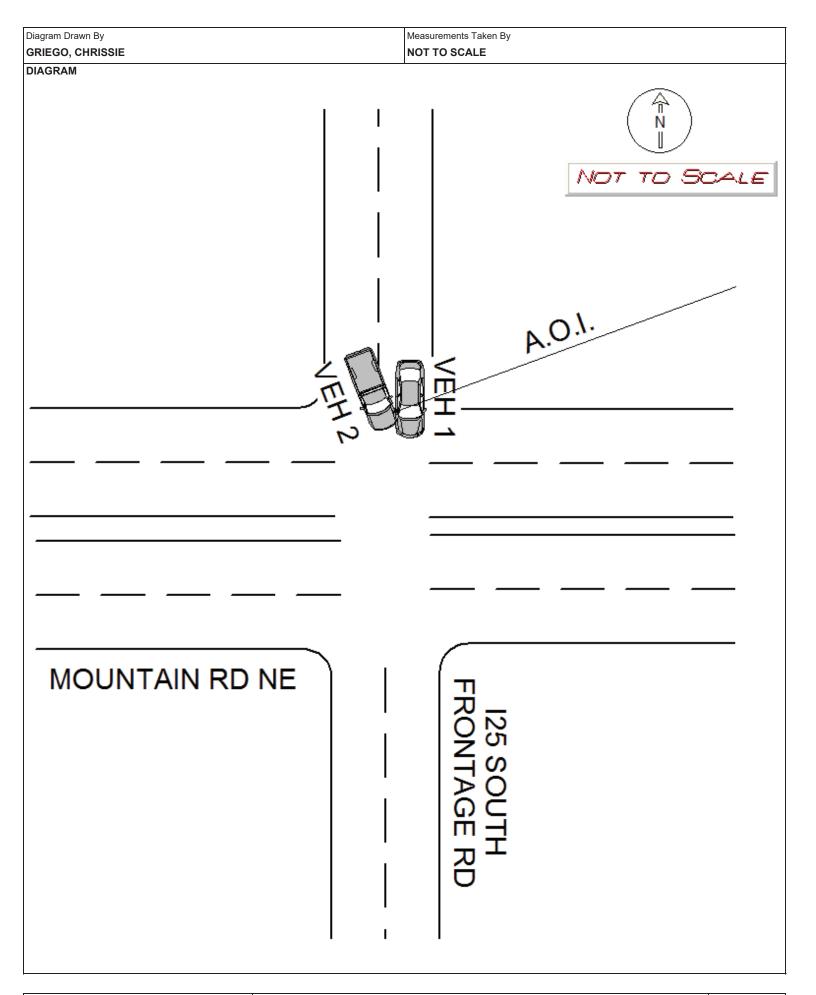
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	Γrailer /ehicle		wed	Type `	Year	Make	Lic	. Year	Lic St	tate L	icense l	Num			r or Tov les (3)	ved	Туре	Yea	r	Make		Lic. Yea	ar Lic S	tate L	cense N	um
4		Occu	pant's	Name	(Last Fir	st Middle	e) /								. ,	0	.	1	njury	OP	OF	P Used	Airbag	F:	EMS	Med
1	Pos	Occu	pant's	Addre	ss (Stree	t City Sta	ate Zip)	T			I				Age	Sex	Ra	ce (	njury Code	Code	Pr	operly	Deploy	Ejected	Num	Trans
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t	Lightin	g					Wea	ather				<u> </u>		R	oad Cha	aracte	er				ļ	Road	l Grade			
	DAYL	.IGH	Т				CL	EAR						S	TRAIG	НТ						ON	GRADI	<b>E</b>		
١	/EH N	O. F	Road (	Conditio	n		Roa	d Surfa	ace				Tra	affic C	Control			Ro	ad La	nes F	Road	Design	Div	Road I	Design	
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Crash Report Number: <b>710549594</b>	STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209
O N I 1 10010001	
Case Number: <b>180102845</b>	NMDOT COPY

DRIVER	HAD	NOT	CONSUM	ED ALCOHOL				NO APP. D	EFECTS			PEDESTRIAN	Not At	Intersectio	n			
_	Breath	n Test	Results			Driver F	Physical	Condition - C	Other			PE	Pedest	rian Action	ı - Other			
Q	VEH N	NO. F	Road Condit	ion	Road Surf	ace			Traffic Con	itrol		Road	Lanes	Road De	sian Div	Road	l Design	
ROAD	02		DRY		PAVED	CENTE	R AND	EDGE LIN	TRAFFIC	SIGNA	LS	2 LA	NES	PHYSIC	CAL DIVI	DE RAN	MP °	
Œ				APPARENT								DR	VER'S	ACTIONS		SEQUE	NCE OF E	VENTS
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EVENT	DRIV	ER IN	IATTENTI	ON, IMPROPER LA	ANE CHA	NGE					LEFT	ΓURN				SECON	ID	
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			DRIVER	/PEDESTRIAN/PEDA	LCYCLIST			DRIVER	/PED/PEDA	ALCYCLIS	ST			PEDESTR	IAN/PEDA	LCYCLIS	T ACTION	
~				SOBRIETY				PHYS	SICAL CON	IDITION		IAN	At Inte	section				
DRIVER	HAD	NOT	CONSUM	ED ALCOHOL				NO APP. D	EFECTS			PEDESTRIAN	Not At	Intersectio	n			
	Breath	n Test	Results			Driver F	Physical	Condition - C	Other			PE	Pedest	rian Action	- Other			
						1		NARRA	ATIVE									
ONT TRY VEH DRIV TIMI DRIV MAR SIDE TOV	O EA TO T ICLE /ER 1 E. /ER 2 (E TH E OF	STBO TURN SUST DID STA STA THE N	DUND MO LEFT IN T FAINED H REPORT:  TED HE W FT TURN / /EHICLE. THE SCE	WAS IN THE FAR UNTAIN RD NE, A THE STRAIGHT LA EAVY FRONT PAS SOME ELBOW AN VAS IN THE RIGHT AND TURNED INT DRIVER 2 DID NO THE AND DRIVER 2 ON SCENE.	S SHE DE INE. AT T SSENGER ID ARM P LANE TO O DRIVEI T HAVE I	ROVE S HAT TII RS SIDE AIN ON O GO S R 1'S VI NSURA	TRAIG ME HE DAMA SCEN TRAIG EHICLE NCE O	HT THROU STRUCK H AGE, THE V IE, SHE STA HT AND TH E, DRIVER 2 OR A VALID	GH THE II ER IN TH EHICLE V ATED SHE IOUGHT 1 2'S VEHIC REGISTR	NTERSI E FRON VAS INC E WOUL THE LAN ELE SUS RATION	ECTION IT PASS DPERA D BE C NE WAS STAINE FOR TI	SHE SENG BLE A CHEC STO DSLI HE VE	SAW ERS S AND W KED C TURN GHT I EHICLI	DRIVER SIDE OF VAS TOW OUT AT U AND GO DAMAGE E, DUE T	2 IN THE THE VEH /ED FRO RGENT STRAIG TO THE O THIS 1	E LANE THICLE. DING THE SCARE OF THE SCARE O	TO HER R PRIVER 1" SCENE. IN HER OF WENT TO DRIVERS ICLE WAS	S WN
		Тур	pe Des	scription of Property a	nd Damage	•												
	er perty olved	Ow	ner's Last N	lame				Owner's Fi	rst Name					Owner's N	/liddle Nar	ne		
		Ow	ner's Street	Address			Owner's	s City				State	Zip	Code	Owner's	Phone		
ESS	Witne	ess's La	ast Name				Witne	ss's First Nan	ne			V	Vitness	's Middle N	Name			Age
WITNESS	Witne	ss's S	treet Addres	SS		Witness	's City				State	Zip Co	de	Witnes	s's Phone	!		
						EN	FORCI	EMENT AC	TION - VIC	DLATIO	NS			<u> </u>				
VEH	NO. I	Last N	ame		First N	Name			Middle Na	ame		Vic	lation (	Common I	Name)		Action	
Time <b>09:3</b>	Notifie 3		me Arrived 9:39	Notified By DISPATCH						Supervis	sor at Sc	ene						
Chec	ked By	′				· <u></u> -				-					·	·		
5088	- LAI	NDAV	/AZO, MA	RK - 10/27/2018														
Office	r's Sig	nature			Officer's N					Rank			ID N	lumber			Report Dat	te
			1-1		GRIEGO	, CHRIS	SSIE			PSA			598	9	2	34	10/26/201	18
Cras	sh Rep	ort Nu	mber: <b>7105</b>	49594			5	STATE OF N	NEW MEX	ICO UN	IFORM	CRA	SH RE	PORT				

NM STATUTE 66-7-209 NMDOT COPY

Case Number: 180102845



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#### ALBUQUERQUE POLICE DEPT

STATE OF NEW MEXICO UNIFORM CRASH REPORT

710553534

Privat	te Prop	erty?	-	Fata	.	Prop		Und	er \$500	Hit	t and	Run?		Cas	e Nur	ber:18	0107	976										
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Loca	stion																							Lon	g:			
Crash	n Occur	red			c	rash	Class	fication						A	natysis	Code												
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ļ	ORTIZ	Z							DAN	EL											7334	SKY	/IEW	AVE				
	Driver's	s Licen	se Num	ber	St	ate T	Туре	Status	Restric	tions (	Endor	sement	is E	Expires		City						State	Zip	Code	P	hone	,	
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.		Occup	ant's A					te Zip)					т			ļ .	ļ	<u> </u>					_			-		-
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	ORTIZ	Z							MICH	IAEL																		
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l	Driver's Last Name									's First		e			Dov	er's Mi	ddle N	lame				r's Stre	et Add	iress				

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	02/09	/1998												LF	799	-	<u>^  ```</u>		Code	Code	Pn	openy	Deploy	Cjectos	Num	Trans
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	2011 JEEP  Lic. Year State License Plate Number  2019 NM WAFW37  Interstate Carrier? Towed By  VALLEY IMPOUND  Number of Axles  Carrier's Name Street Addr  Owner's Last Name Owner's Fir  BENAVIDEZ JOBINA  Street Address  8401 PAN AMERICAN FWY NE ALBUI  Insured By: (Name of Company)  GEICO 45  Trailer or Towed Type Year Make Lic. Year Lic St												8705 B	ROA	ADWAY	BL	.VD. 9	SE A	ALBU	JUE					11,12	
		er of	Gro	ing H	lazMat P	lacaro	1?	Hazr	mat F	Placard 4	4-digi	t OR I	Hazr	nat Na	ne	ANI	2	1-digi	t# Haz NO	Mat Rele	ased					
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		Ту	pe Desc	ription of Property ar	nd Damag	e												
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VEH	NO	Last N	Name		First	Name			Middle Na	ame		V	iolation	(Camm	on Name)		Action	1
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	ked B	•	VAZO, MAR	K - 11/10/2018														
		gnatur			Officer's I	Name	***************************************			Rank		•••••••	ı al	lumber		District	Report D	Date
			18 /	/	SSIE			PSA			598	39		234	11/10/2	018		

Diagram Drawn By GRIEGO, CHRISSIE	Measurements Taken By NOT TO SCALE
DIAGRAM	
	LOCUST ST NE
MOUNTAIN RD NE	ST NE
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#### ALBUQUERQUE POLICE DEPT

STATE OF NEW MEXICO UNIFORM CRASH REPORT

710553951

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te Prop	erty?	í í F	atal			Unc	fer \$500	Hit a	and Run	?	С	ase Nur	nber:18	010	4963										
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Diagram Drawn By	Measurements Taken By
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STATE OF NEW MEXICO UNIFORM CRASH REPORT

ALBUQUERQUE POLICE DEPT	_
REPORTING DEPARTMENT	-

Privat	rate Property?   Fatal Injury   Property Damage Only   Under \$500   Hit and Rui No												Case Nu	mber:18	3011	3591									
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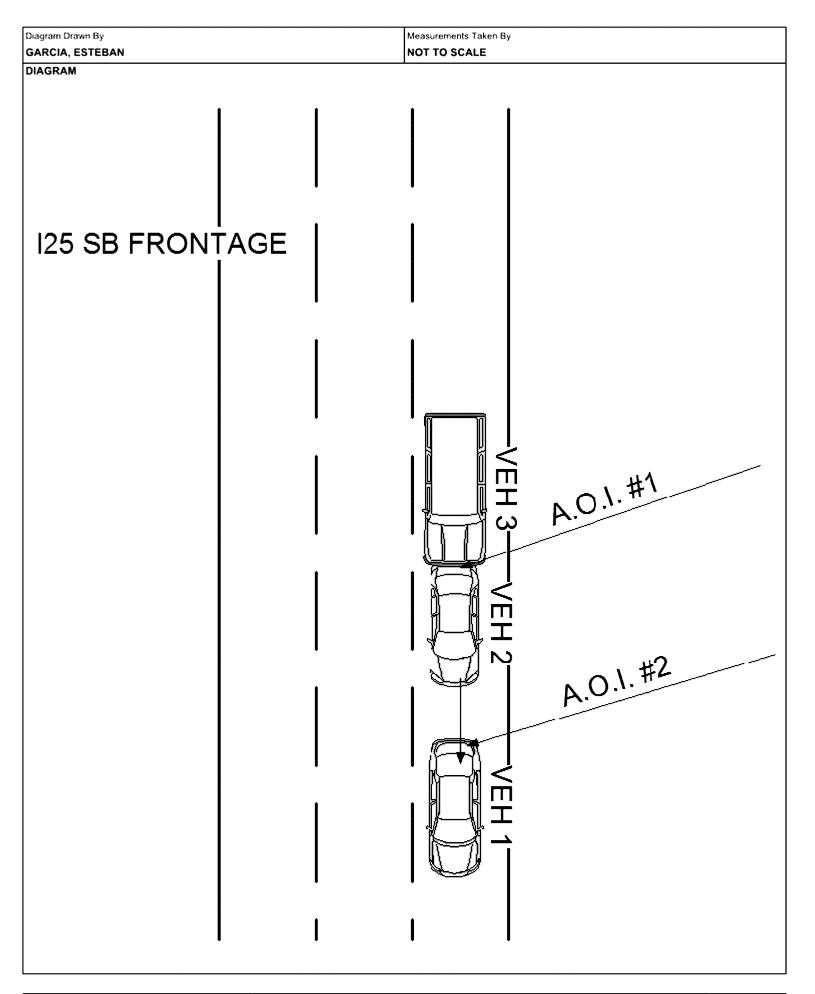
	rth C 199  coupant coupant  Vehi  MIN  State	's Name 's Addre	(Last Fires	D st Middle		FERN Restrice B		Endorsen	nents	03/2:		19 F	City RIO R	ANC Sex	HO Rac	e Injury Code	42:	S N	State	Zip Cod 8 <b>7124</b>	le -000	Pho (50		8492   Med
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Carrier's N	Name					Street	Addr	ess						C	arrier	City						State	Carrie	r's Zip
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Driver's La	ast Nam	ne	!					st Name					r's Mid		ime					Addres				
Driver's Li	cense N	Number	State	Туре	Status	HERI Restric		Endorsen	nents	Expire			DDEL City	<u> </u>			22.			N RID		Pho	ne	
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ĺ	Owner DAVI:		it Name	9					Owne HERI		st Nam	e			1	er's Mid DDEU		Vame			Ow	mer's	Compan	y Nam	e			
	Street 223 N		oss ON RI	DGE	RD					wner's ORR	s City ALES							State NM		wner Zip 7048-00			er's Pho 6) <b>249-8</b>					
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Crash Report Number: 710554449	STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209	05
Case Number: 180113591	NMDOT COPY	Sheet 3 Of 6

DRIVER	HAD NO	OT CONS	SUMED ALCOHOL			NO APP. D	EFECTS		PEDESTRIAN	Not At	intersection	n		
0	Breath To	est Result	s		Driver Physi	ical Condition - C	Other		PEC	Pedest	rian Action	- Other		
ROAD	VEH NO	Road C	Condition	Road Surf	I ace CENTER ST	TRIPE	Traffic Control TRAFFIC SIGNA	LS		Lanes NES	Road De	sign Div	- 1	Design WAY
-		_1	APPARENT	CONTRIBU	TING FACTO	ORS	<b>.</b>	I	DR	IVER'S	ACTIONS	]:	SEQUE	NCE OF EVENTS
EVENT												:	FIRST EVENT SECON EVENT	<b>MVT</b>
Ш	NONE							STOPE	'ED I	FOR S	GN/SIGN	1	THIRD EVENT FOURT	н
						·							EVENT	
		DRI	IVER/PEDESTRIAN/PEDA SOBRIETY	LCYCLIST			VPED/PEDALCYCLIS	ST		At Inter		AN/PEDALO	CYCLIS	TACTION
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DRIVER	HAD NO	OT CONS	SUMED ALCOHOL			NO APP. D	EFECTS		PEDESTRIAN	Not At	Intersection	n		
	Breath Te	est Result	s		Driver Physi	ical Condition - C	Other		ď	Pedest	rian Action	- Other		
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ROAD	03	DRY		PAVED (	CENTER ST	TRIPE	TRAFFIC SIGNA	LS	3 LA	NES	PHYSIC	AL DIVID	EONE	WAY
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EVENT												:	FIRST EVENT SECON EVENT	<b>MVT</b>
Ú	DRIVER	INATTE	ENTION, FOLLOWING	TOO CLO	SELY			GOING	STF	RAIGH	Γ		THIRD EVENT	
						T				1 1	DENESTO		FOURT EVENT	
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DRIVER	HAD NO	OT CONS	SUMED ALCOHOL			NO APP. D	EFECTS		PEDESTRIAN	Not At	intersection	1		
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						NARR								
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TRA	NSPOR	TED VIA	WO, WHICH PUSHED I AMBULANCE.											
OF '	THE FRO	NTAGE	/ISED THAT HE WAS T THAT HE KNEW GOT VEHICLE TWO. DRIVE	BACKED	UP AND W	VAS NOT PAY	ING ATTENTION							
		Туре	Description of Property a	nd Damage										
	er perty olved	Owner's L	ast Name			Owner's F	irst Name				Owner's M	liddle Name	1	
		Owner's S	treet Address		Own	er's City			State	Zip	Code	Owner's P	hone	
Cra	sh Report	Number:	710554449		-	STATE OF	NEW MEXICO UN			SH RE	PORT	•		
	Case	Number:	180113591				NM STATUTE NMDOT C		9					Sheet 4 Of 6

S	Witne	ess's Last Nam	,				Witness's First Name	e				Witness's	Middle Name			Age
ES																
WITNES	Witne	ess's Street Add	iress	;		Witness's	s City			State	Zip (	Code	Witness's Pho	ne		
						ENI	FORCEMENT ACT	ION - VI	DLATIO	NS						
VEH	NO	Last Name			First	Name		Middle N	ame		1	Violation (Co	immon Name)		Action	
Time	Notifie	d Time Amv	be	Notified By					Supervis	or at S	cene					
08:4	09:04 DISPATCH								NONE							
Chec	ked By	, ,														
250	0 - RO	DRIGUEZ, A	.C.	- 11/30/2018												
Offic	er's Sig	gnature			Officer's I	Name			Rank			ID Nur	nber	District	Report Da	te
		16hi	7	6784	GARCIA	A, ESTEE	BAN		PSA			5770		234	11/28/20	18



Crash Report Number: 710554449	STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209	0,,,,,
Case Number: <b>180113591</b>	NMDOT COPY	Sheet 6 Of 6



#### **ALBUQUERQUE POLICE DEPT**

STATE OF NEW MEXICO UNIFORM CRASH REPORT

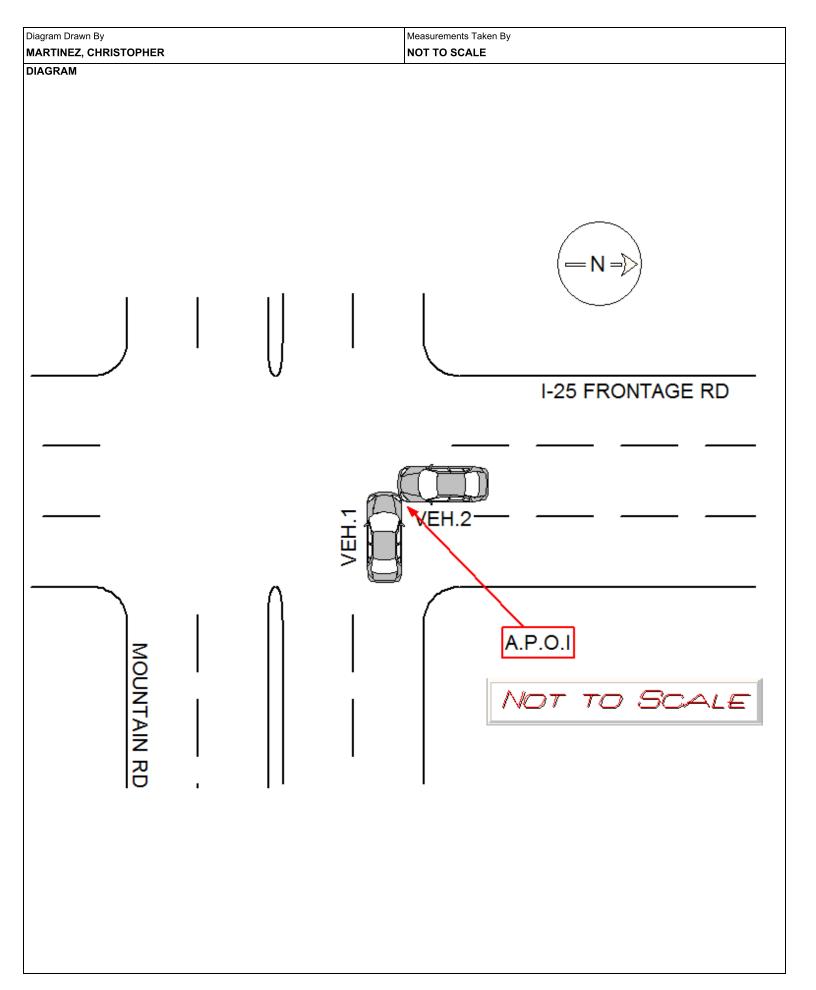
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Priva	te Prop	erty?	F	atal		operty image		er \$500	_		Run?	Ca	ase Nun	nber: <b>19</b>	000	4365										
10			Ir	njury	On		<b>✓</b> \$500	or Mo	ore NO	)			NMI	OOT:						CADI	Num:	190004	1365			
Crast	n Date		Military T	ime	City	y Occurr	ed In								Cou	ınty										
01/1	4/2019	)	12:57		AL	.BUQU	ERQUE	<b>=</b>							BE	RNAL	ILLO	)								
Day o	of Week	(	Occurred	On:	(Route	e No. or	Name)					A	t Interse	ction V	vith:									Trib	al Lan	nd?
MON	IDAY		MOUNT	AIN	RD							1:	25 FR0	ONTA	GE F	RD								NO		
Othe	er	Measu	rement	Dire	ction		Perman	ent Laı	ndmark	- Cc	ounty Line	- Inters	ection							Milepo	st	La	at:			
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Crasl	n Occur	red			Cras	h Classi	fication						Analysis	s Code						l.						
эм і	ROADI	WAY			ОТН	IER VE	HICLE						00 - FF	ком с	PP	OSITE	E DIR	/NOT	STAT	ED						
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	FRING	GER						SHA	ELYNI	NE									382	ANSL	EY R	ANCH	RD			
	Driver's	s Licens	se Numbe	r	State	Туре	Status	Restric	tions E	Endo	rsements	Expire	es	City						State	e Zip	Code	Pl	hone		
	51534	5191			NM	D	v	w				10/15	5/2021	MOR	IAR	TY				NM	870	35	(5	505)	928-5	927
	Date of	f Birth	Occupa	tion		1			ļ_			1	Seat Pos	Age	Se	y Ra	ace Ir	njury Code	OP	OP U	sed	Airbag Deploy	Ejected		EMS	Med
	09/15/	/2000											LF	, igo	00	7 110	.00	ode	Code	Prope	eriy	Deploy		<u> </u>	Num	Trans
<b>00</b> 7			ant's Nam									<u> </u>		18	F		o	С	6	YE	s	N	N	ı	N/A	NO
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	Axles																						NC	0		
	Carrier	arrier's Name							Addre	ss		',				Carrie	er City						Sta	ate (	Carrier	's Zip
	Owner'	Owner's Last Name							r's Firs	t Nar	me		Own	er's Mic	ldle N	Name			Owne	er's Coı	mpany	/ Name				
	FRING	GER						ELIZ	ABET	Н																
	Street	Addres	S					0	wner's	City			•			State	Own	er Zip		Owner's	Phor	ne				
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	Trailer	or Tow	ed Type	Yea	r	Make	Lic.	Year	Lic Sta	ite	License N	Num	Traile	r or Tov	wed	Туре	Year		Make	Lic	. Year	Lic St	ate L	_icen	se Nur	n
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	Date of			ccupation	1									Seat Pos	Age	Sex	k Ra	ace	Injury Code	OP Code	OF Pr	Oused Operly	Airbag Deploy	Ejected	EMS Num	Med Trans
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ŀ	Numbe	r of		Gro		cle/Com				HazMat	Placar				lacard 4						AN		1-digi		:Mat Rele	
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	Owner' H <b>IMA</b> l			е				Own	er's Fin	st Nam	е			Owne	er's Mid	dle N	lame			Ow	ner's	Compar	ny Name	)		
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Ľ	ALLS	TATI							81	09721	73				les (1)											
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4			nant's	Name (I	ast Firs	st Middle	e) /							Verilo	1				Injury	OP	OF	D Used	Airhag		EMS	Med
	Pos	Occu	pant's	Address	(Street	City St	ate Zip)					ı			Age	Sex	( Ra	ice	Injury Code	Code	Pr	operly	Airbag Deploy	Ejected	Num	Trans
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ŀ					AF	PPAREN	NT CON	TRIBL	JTING F	FACTO	RS								DRIVE	ER'S A	CTIOI	NS		<u>EQUEN</u> IRST	CE OF E	VENTS
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L					SUB	INETT							rn13lC	AL U	וווטאט	OIN			At	Interse	cuon					

DRIVER	HAD I	NOT CONS	SUMED ALCOHOL			1	NO APP. D	EFECTS			PEDESTRIAN	Not At Ir	ntersection				
ā	Breath	Test Results	3		Driver P	Physical (	Condition - C	ther			PED	Pedestri	ian Action - 0	Other			
ΦD	VEH N	O. Road C	ondition	Road S	Surface			Traffic Con	trol		Road	l Lanes	Road Desig	ın Div	Road	Design	
ROAD	02	DRY		PAVE	D CENTER	RANDI	EDGE LIN	TRAFFIC	SIGNA	LS	2 L <i>A</i>	NES	PAINTED	DIVIDE	FULI	L ACCES	S CT
			APPARENT	CONTR	IBUTING FA	CTORS					DF	RIVER'S A	ACTIONS			NCE OF E	VENTS
EVENT														E	FIRST EVENT SECON	D	
EVE	DISRE	GARDED	TRAFFIC SIGNAL, DF	RIVER I	INATTENT	ION				GOIN	G STI	RAIGHT	•	-	EVENT THIRD EVENT		
														F	OURTI EVENT	H	
		DRI	VER/PEDESTRIAN/PEDA	LCYCLI	IST			/PED/PEDA		ST			EDESTRIAN	I/PEDALC	CYCLIS <sup>®</sup>	T ACTION	
			SOBRIETY				PHY	SICAL CON	IDITION		-   z	At Inters	section				
DRIVER	HAD I	NOT CONS	SUMED ALCOHOL			١	NO APP. D	EFECTS			PEDESTRIAN	Not At Ir	ntersection				
	Breath	Test Results	3		Driver P	Physical (	Condition - C	ther				Pedestri	ian Action - 0	Other			
	•		ROXIMATELY 1257 H				NARRA				•						
I TH APP DID	EN SP PROAC NOT H	. FOR HER OKE TO D HING MOU IAVE INJU	RAN THE RED LIGHT RECK, BACK, RIBS, RIVER #2 WHO ADVIS JNTAIN RD. DRIVER # RIES AND HER VEHIC TNESS IDENTIFIED AS GHT WHEN SHE APPR	HIPS A SED SH \$2 STA CLE WA S, OSW	AND HEAD HE THOUG TED SHE S AS TOWED VALDO PIN	COMP HT SHI STRUCI FROM IZON, N	PLAINTS. V E HAD A G K VEHICLE II THE SCE WHO STAT	EHICLE # REEN LICE #1 AND NE. TED HE W	1 WAS SHT HE THINKS	NOT I	SOUT RAN	ABLE A THBOUN THE RE	ND WAS 1 ND ON I-25 D LIGHT. I	FRONT ORIVER	FROM AGE F #2 AD	THE SCE RD VISED SH	ENE. HE
		Туре	Description of Property a	nd Dama	age												
	er perty olved	Owner's La	Last Name				Owner's Fi	rst Name				(	Owner's Mide	dle Name			
	,,,,,,	Owner's S	treet Address		(	Owner's	City				State	e Zip C	Code	Owner's Ph	hone		
(0	Witnes	s's Last Nar	ne		L	Witnes	s's First Nam	ne				Witness's	s Middle Nan	ne			Age
IES(	PINZ	NC				oswa	ALDO										
WITNESS	Witnes	s's Street Ad	ddress		Witness's	s City				State NM	Zip Co <b>8712</b>		Witness's (505) 49				
					ENI	FORCE	MENT AC	TION - VIC	DLATIO	NS							
VEH	NO. L	ast Name		Fin	st Name			Middle Na	ame		Vi	olation (C	Common Nar	me)		Action	
	Notified		1 1						Supervi	sor at S	cene						
12:5		13:02	DISPATCH														
	ked By <b>? - SYN</b>	IES, DAIN	- 1/22/2019														
Office	er's Sigr	4.		Officer'	's Name				Rank			ID No	ımber	Dist	rict	Report Dat	te
			c Martinez	MART	TINEZ, CHE				P1/C			4879		234	<u> </u>	01/14/201	19
Cra		ort Number:			<del></del>	S	TATE OF N	NM ST	ATUTE	66-7-2		SH REI	PORT		_	Sheet 3 (	Of 4
ĺ	Cas	se ivumber:	190004365	1				NN	ADOT C	OPY						I	

NMDOT COPY





#### **ALBUQUERQUE POLICE DEPT**

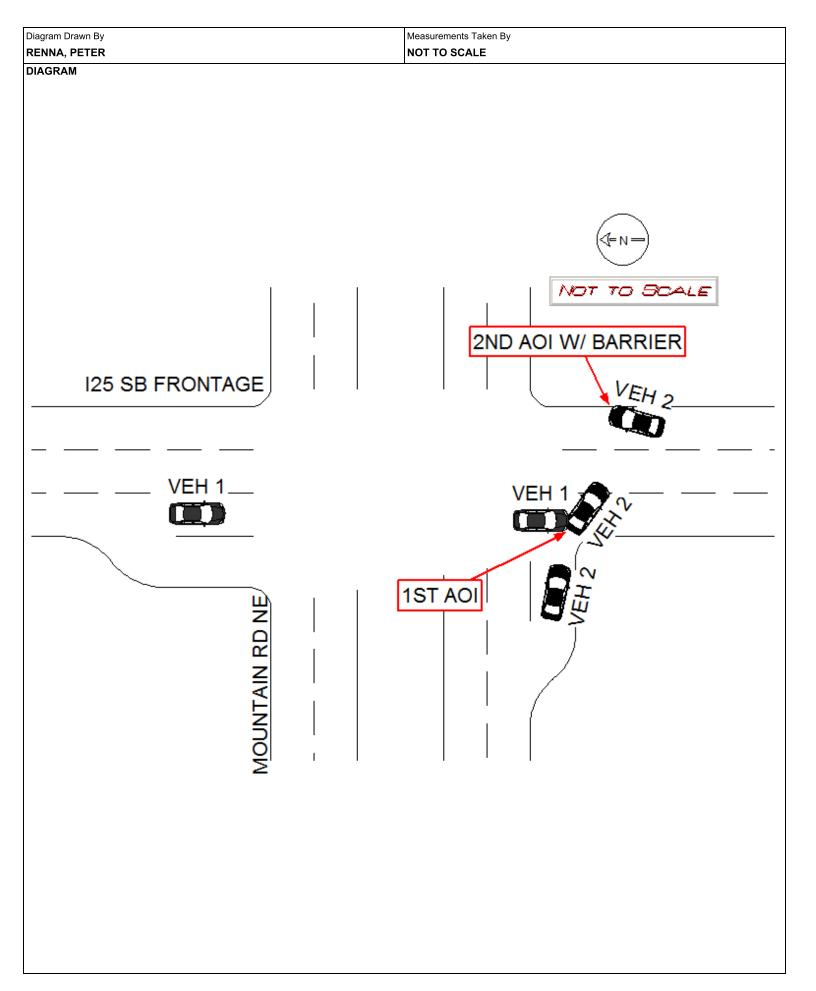
STATE OF NEW MEXICO UNIFORM CRASH REPORT

710558829

er cation sh Occur ROAD VEHIL HEAD Driver' GARC Driver' 51437	Measu  WAY  CLE NO	Military T 09:33 Occurred 125 SB I rement	On:	Da On City AL (Route	Occurre BUQUI	⇒\$500 ed In ERQUE		,	and F	Run?	Са	se Num NME		Coui	nty	ILLO		CAD	Num: '	190160	373			
of Weel DNESE er cation ch Occur ROAD VEHIC HEAE Driver' GARC Driver' 51437	k DAY Measu rred WAY CLE No	Military T 09:33 Occurred 125 SB I rement	On:	City AL (Route	Occurre BUQUI No. or	ed In		ore NO	·			NME			•			CAD	Num: '	190160	373			
of Weel DNESE er cation ch Occur ROAD VEHIC HEAE Driver' GARC Driver' 51437	k DAY Measu rred WAY CLE No	09:33 Occurred I25 SB I	On:	AL (Route	BUQUI No. or	RQUE									•									
of Weel DNESE ser cation sh Occur ROAD VEHIC HEAL Driver' GARC Driver' 51437	Measu rred WAY	Occurred I25 SB I	RON	(Route	No. or																			
er cation sh Occur ROAD VEHIL HEAD Driver' GARC Driver' 51437	Measu mred WAY CLE No	I25 SB I	RON	NTAG		Name)		09:33 ALBUQUERQUE																
venuer of the control	Measu rred WAY CLE N	rement			E RD I	Day of Week Occurred On: (Route No. or Name)							ame) At Intersection With:									Tribal La	and?	
ROAD VEHIC HEAD Driver' GARC Driver' 51437	rred WAY CLE No		Direc	ction		WEDNESDAY 125 SB FRONTAGE RD NE								MOUNTAIN RD NE										
ROAD VEHIC HEAD Driver' GARC Driver' 51437	WAY CLE N	O.			Other Measurement Direction Permane							section						Milepo	st	t Lat:			•	
VEHION HEAD Driver' GARO Driver' 51437	WAY CLE N	<b>D</b> .		Location																Long:				
VEHION HEAD Driver' GARO Driver' 51437	CLE N	<u></u> Э.	Crash Occurred Crash Classification						ation Analysis									· L						
Driver' GARC Driver' 51437	DED	D.		отн	ER VE	HICLE					C	)2 - ON	NE RIG	НТ	TURI	N/ENTER	ING A	r angi	.E					
Driver' GARC Driver' 51437	DED		VEHICLE NO. Unit Direction On:											L					Po	Posted Speed		Safe Sp	eed	
GARO Driver' 51437	's Last N	01 SOUT			JTH   I25 SE			B FRONTAGE RD NE										of the Crash? <b>NO</b>						
Driver' <b>5143</b> 7		Driver's Last Name					Driver's First Name					Driver's Middle Name						Driver's Street Address						
51437	CIA						ISIDRO					ISA	IAH				830	8 TIER	TIERRA SERENA			PL NE		
					Status I	tatus Restrictions Endorsements Expir											State Zip Code			de Phone				
	75429			NM D		v l			11/14/		1/2020 ALB		UQUERQUE				NM	1 .				05) 681-1944		
TDate o	Date of Birth Occupation										1	Seat Pos Age Se				Injury	OP	P OP Used		Airbag Fiecter		EMS Med		
	10/15/1999											Pos LF	Age	Sex	Ra	ce Códé	Code	Prope	erly [	Deploy	Ejected	Num	Trans	
													19	М	0	0	6	YE	s	F	N	AFD	NO	
Pos	Occup	ant's Addı	ess (S	Street	City Sta	te Zip)		ı						<u> </u>							ļ	+		
																	L.,		$\perp$					
		Vehicle Make									, ,									Ve	Vehicle Disabled			
2018	F	ORD			BLACK	( - BL	BLK PC			<u> </u>	Туре			P						[				
							Plate Number VIN					DOT#							EAVY 1 2			2 3 4	5	
2019	2019 NM 736WHS					3FADP4TJ4JM13				JM1303	0361					_	Extent Land					$\bigcup$ 6		
Interstate Carrier? Towed By																		DISABLED					•	
							UND					5 BROADWAY BLVD. SE ALBU												
						Weight Rating					Ha	Hazmat Placard 4-digit OR Hazmat Nar I					me	AND 1-						
Axies																								
Carrie	Carrier's Name						Street Address					Carrier City									Stat	e Carri	er's Zip	
												Owner's Middle Na			lame		er's Company Name							
GARCIA JOSEPH																								
Street Address Owner's City														State			Owner's Phone							
8308	8308 TIERRA SERENA PL NE									ALBUQUERQUE					NM	87122		(505) 6	505) 681-1944					
Insured By: (Name of Company)							Policy Number				Trailer or Towed			Туре	Year	Make	ke Lic. Yea		ar Lic State L		cense N	um		
AAA							M		MA 090503066			Vehicl	es (1)											
	or Tow	<sub>ed</sub> Type	Yea	r	Make	Lic.	. Year	Lic Stat	te License N		um	Traile	r or Tow	ed .	Туре	Year	Make	Lic	. Year	r Lic State		License Num		
Trailer	es (2)											Vehicl	es (3)											
	a. =	O.	t Direc	Direction On:							,						Left the Scene of the Crash?		sted Speed		Safe Speed			
Vehicle	CLE N					HEADED 02 EAST MOUNTAIN RD NE											OI LITE	NO						
Vehicle VEHI			EA			MOU	NIAT	I RD N	E															
	Veh. Yence Y	Veh. Year V 2018 F Lic. Year S 2019 N Interstate Carr Number of Axles Carrier's Name Owner's Last I GARCIA Street Address 8308 TIERR Insured By: (N AAA Trailer or Tow Vehicles (2)	Veh. Year Occupant's Address  Veh. Year Vehicle March FORD  Lic. Year State  2019 NM  Interstate Carrier?  Number of Axles  Carrier's Name  Owner's Last Name  GARCIA  Street Address  8308 TIERRA SERE  Insured By: (Name of CAAA  Trailer or Towed Vehicles (2)	Veh. Year Vehicle Make 2018 FORD Lic. Year State 2019 NM Interstate Carrier?  Number of Axles  Carrier's Name  Owner's Last Name GARCIA Street Address 8308 TIERRA SERENA FINSURE By: (Name of Compara AAA  Trailer or Towed Vehicles (2)  Type Year	Seat Occupant's Name (Last First Pos Occupant's Address (Street Pos Occupant's Address (Street Pos Occupant's Address (Street Pos Occupant's Address (Street Pos Occupant's Address (Street Pos Occupant's Address Pos Occupant's Address Pos Occupant's Address Pos Occupant's Address Pos Occupant Pos Occupan	Seat Occupant's Name (Last First Middle) Pos Occupant's Address (Street City Sta  Veh. Year Vehicle Make 2018 FORD  Lic. Year State License P 2019 NM 736WHS  Interstate Carrier? Towed By VALLEY  Number of Axles  Carrier's Name  Owner's Last Name GARCIA  Street Address 8308 TIERRA SERENA PL NE  Insured By: (Name of Company) AAA  Trailer or Towed Type Year Make	Seat Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip)  Veh. Year Vehicle Make  2018 FORD BLACK  Lic. Year State License Plate Nun  736WHS  Interstate Carrier? Towed By  VALLEY IMPO  Number of Axles  Carrier's Name  GARCIA  Street Address  8308 TIERRA SERENA PL NE  Insured By: (Name of Company)  AAA  Trailer or Towed Vehicles (2)  Type Year Make Lic.	Seat Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip)  Veh. Year Vehicle Make Color 2018 FORD BLACK - BL Lic. Year State License Plate Number 2019 NM 736WHS  Interstate Carrier? Towed By VALLEY IMPOUND  Number of Axles Gross Vehicle/Comb Weight Rating Axles Carrier's Name Street  Owner's Last Name Owne GARCIA JOSE 8308 TIERRA SERENA PL NE Insured By: (Name of Company) AAA  Trailer or Towed Type Year Make Lic. Year Vehicles (2)	Seat Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip)  Veh. Year Vehicle Make Color  2018 FORD BLACK - BLK  Lic. Year State License Plate Number 736WHS  Interstate Carrier? Towed By VALLEY IMPOUND  Number of Axles  Carrier's Name Street Address  Carrier's Name Street Address  Owner's Last Name Owner's First JOSEPH  Street Address  8308 TIERRA SERENA PL NE ALBUQUE  Insured By: (Name of Company)  AAA  Trailer or Towed Type Year Make Lic. Year Lic State Vehicles (2)	Seat Pos Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip)  Veh. Year Vehicle Make Color  2018 FORD BLACK - BLK  Lic. Year State License Plate Number VIN  736WHS 3FAI  Interstate Carrier? Towed By  VALLEY IMPOUND  Number of Axles  Carrier's Name Street Address  Owner's Last Name Owner's First Name  GARCIA JOSEPH  Street Address Owner's City  ALBUQUER  Insured By: (Name of Company)  AAA Policy Number Of Name Owner's City AlbuQUER  Trailer or Towed Type Year Make Lic. Year Lic State Lice State	Cocupant's Name (Last First Middle) / Occupant's Address (Street City State Zip)   Cocupant's Address   Color	Seat Pos Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip)  Veh. Year Vehicle Make Color Body Styl  2018 FORD BLACK - BLK PC  Lic. Year State License Plate Number 736WHS 3FADP4TJ4JM130:  Interstate Carrier? Towed By VALLEY IMPOUND 8705  Number of Axles Gross Vehicle/Comb Weight Rating HazMat Placard? Haxles  Carrier's Name Street Address  Owner's Last Name Owner's First Name JOSEPH  Street Address Owner's City ALBUQUERQUE  Insured By: (Name of Company) Policy Number NMA 090503066  Trailer or Towed Type Year Make Lic. Year Lic State License Num	Seat Pos Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip)  Veh. Year Vehicle Make Color Body Style Car Typ  2018 FORD BLACK - BLK PC Typ  Lic. Year State License Plate Number VIN 3FADP4TJ4JM130361  Interstate Carrier? Towed By VALLEY IMPOUND 8705 BROA  Number of Axles Gross Vehicle/Comb Weight Rating HazMat Placard? Hazmat P  Axles Carrier's Name Street Address  Owner's Last Name Owner's First Name Owner's First Name JOSEPH  Street Address Owner's City ALBUQUERQUE  Insured By: (Name of Company) Policy Number NMA 090503066 Vehicle (Vehicles (2))  Trailer or Towed Type Year Make Lic. Year Lic State License Num Trailer Vehicles (2)	Seat Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip)  Veh. Year Vehicle Make FORD BLACK - BLK PC Type  Lic. Year State License Plate Number 736WHS Towed To 8705 BROADWAY  Number of Axles Gross Vehicle/Comb Weight Rating HazMat Placard? Hazmat Placard 4  Axles Carrier's Name Street Address  Carrier's Name Owner's First Name Owner's First Name JOSEPH  Street Address  Owner's City ALBUQUERQUE  Insured By: (Name of Company) AAA  Trailer or Towed Type Year Make Lic. Year Lic State License Num Trailer or Tow Vehicles (2)  Trailer or Towed Type Year Make Lic. Year Lic State License Num Trailer or Tow Vehicles (3)	Seat   Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip)  Veh. Year   Vehicle Make   Color   Body Style   Cargo Body   Type    2018   FORD   BLACK - BLK   PC   Type    Lic. Year   State   License Plate Number   VIN   3FADP4TJ4JM130361    Interstate Carrier?   Towed By   VALLEY IMPOUND   Axles   Argument of Argument of Argument of Argument of Argument of Axles   Argument of Argumen	Seat   Occupant's Name (Last First Middle)   7	Seat   Occupant's Name (Last First Middle) / Pos   Occupant's Address (Street City State Zip)   19 M O O Occupant's Address (Street City State Zip)   19 M O O Occupant's Address (Street City State Zip)   19 M O O Occupant's Address (Street City State Zip)   19 M O O Occupant's Address (Street City State Zip)   19 M O O Occupant's Address   19 M O O Occupant's Address   19 M O O Occupant's Address   19 M O O Occupant's Address   19 M O O Occupant's Address   19 M O O Occupant's Address   19 M O O Occupant's Address   19 M O O Occupant's Address   19 M O O	Seat Occupant's Name (Last First Middle) / Pos Occupant's Address (Street City State Zip)	Seat   Occupant's Name (Last First Middle)   7	Seat Occupant's Name (Last First Middle) / Pos Occupant's Address (Street City State Zip)  Veh. Year Vehicle Make Color Body Style Cargo Body Veh. Use1 Veh. Use2 Veh. Tow YES  DIC. Year State License Plate Number Address  Lic. Year State License Plate Number Address  License Plate Number Ovale Yes Address  Towed To VALLEY IMPOUND  Number of Address  Carrier's Name Street Address  Carrier's Name Street Address  Carrier's Name Owner's First Name Owner's Middle Name Owner's Company  AAAA  Trailer or Towed Type Year Make Lic. Year Lic State License Num Trailer or Towed Type Year Make Lic. Year Vehicles (2)  Type Year Make Lic. Year Vehicles (3)  Type Year Make Lic. Year Vehicles (3)  Trailer or Towed Type Year Make Lic. Year Vehicles (3)	Seat   Occupant's Name (Last First Middle) / Pos   Street City State Zip)   19   M   O   O   6   YES   F	Seat   Occupant's Name (Last First Middle) / Pos   Occupant's Address (Street City State Zip)   19   M   O   O   6   YES   F   N	Seat   Occupant's Name (Last First Middle) / Pos   State   Occupant's Address   Struet City State Zip)	

	REYE	s							4	ANA						R						11	18 1	/2 EDIT	H BLV	D NE			
Ī	Driver's	s Lice	nse N	umbei	r St	tate	Туре	Status			ons E	Endorse	ments		xpires	,	City							State Zip			hone		
F	51400					М	D	٧	W	<i>'</i>				09	9/17/2		ALBU	JQU	ERQ	UE				NM 87			505) 5		1
	Date o <b>08/17</b> /			ccupat	ion											eat os L <b>F</b>	Age	Sex	x R	ace	Injury Code	OP Cod	e F	Properly	Airbag Deploy	Ejecte		MS um	Med Trans
	Seat Pos				e (Last ess (Sti			e) / ate Zip)									20	F		0	0	6		YES	N	N	A	FD	NO
-																													
_																													
																	-												
													<u> </u>				1												
	Veh. Y <b>2010</b>	ear		le Mal				Color	`K	- BLK				Body C	Style	Car Typ	go Body e	<b>,</b>	Veh.	Use1	Veh.	Use2		Veh. Tov		'	ehicle) <b>Y</b>	Disa ES	bled
F	Lic. Ye	ar	State			Lic	cense F	Plate N				VIN						DC	T#		<u> </u>		D	amage S <b>HEA\</b>	•		Dama 1 2	age A 3 4	rea 5
F	2020 Intersta	ate Ca	NM				FJN33 owed E					1C3C	C4FB4		12070									Exter		12	11 10	9 8	$\int_{7}^{6}$
	intorste	ato Oc	iiiici :					Y IMP	οu	JND							DWAY	BL	VD.	SE /	ALBU	QUE	Α	PPEAR	ANCE		1,08,0		
	Numbe Axles	er of		C	Gross V	'ehic	le/Com	ıb Weig	ht F	Rating	Ha	azMat P	lacard′	?	Hazr	mat P	lacard 4	l-digi	it OR	Hazı	nat Na	me	1A	ND	1-digi	t# H	azMat <b>O</b>	Rele	ased
	Carrier	's Naı	ne						s	Street A	ddre	ss			_				Carri	er Ci	ty						-	arrie	r's Zip
	Owner	's Las	t Nam	ne					C	Owner's	Firs	t Name				Owne	er's Mid	dle N	lame			Ov	vner's	s Compar	ny Name	)			
F	REYE		.00						Δ	ANA	ner's	City				R			State		vner Zi		Tow	ner's Pho	.no				
	1118			BLV	D NE							QUERQ	UE						NM		102-0	•		5) 507-					
	Insured	-	Name	e of Co	ompany	/)						cy Num I16186					r or Tow les (1)	/ed	Type	Ye	ar	Mak	е	Lic. Yea	ar Lic S	State	Licens	e Nu	m
	Trailer		wed	Туре	Year		Make	Li	c. Y	ear L	ic Sta	ate Lic	ense N	Num			r or Tow	ved	Туре	Ye	ar	Mak	e	Lic. Yea	ar Lic S	State	Licens	e Nu	m
	Vehicle Seat	Occu	pant's	Name	e (Last	First	Middle	e) /							\	Vehic	les (3) Age	Sex	, D	ace	Injury Code	OP		P Used	Airbag Deploy	Figoto	, EM	ИS	Med
า	Pos	Occu	pant's	Addre	ess (Sti	reet	City Sta	ate Zip)									Age	36/	^		Code	Cod	e F	Properly	Deploy	, Ejecte	Nt Nt	ım	Trans
	Lightin	na						We	ath	er						R	oad Cha	aract	er					Road	d Grade				
	DAYL	-	Т						EA.								TRAIG		<u> </u>					LEV					
	VEH N <b>01</b>		Road (	Conditi	ion					Surface		R AND	FDG	FI			Control	·ΝΔ	ıs		Road La			d Design		Road	Desig		
	-		71(1			API	PAREN					ACTOR				ou i	10 010				DRIV					SEQUE			/ENTS
																										IRST VENT	M	VT	
																			001	NO.	CTD A	IOLIT				ECON VENT	D		
	JIHE	K - N	O DI	KIVEF	RERR	UR													GOI	NG	STRA	IGH [				HIRD VENT			
																										OURT	Н		
1			DR	IVER/				DALCY	'CLI	IST			D				DALCY		ST					STRIAN/F	PEDALC	YCLIS	T ACT	ION	
L					S	OBF	RIETY							PF	11310	AL U	ONDITI	OIN			At	Inters	ectioi	1					
																					L								

DRIVER	HAD N	NOT CONS	SUMED ALCOHOL				NO APP. D	EFECTS			PEDESTRIAN	Not At I	ntersection				
DRI	Breath	Test Results	;		Driver F	Physical	Condition - C	ther			PEDE	Pedestr	ian Action	- Other			
ROAD	VEH N	O. Road Co	ondition	Road Surf		R AND	EDGE LIN	Traffic Con		LS	Road	Lanes NE	Road Des	-		d Design	SS CT
EVENT	FAILE	D TO YIEL	APPARENT  D RIGHT OF WAY	CONTRIBL	JTING FA	ACTORS	5			RIGHT		:N	ACTIONS		FIRST EVENT SECON EVENT THIRD EVENT FOURT EVENT	FO FO	
		DRI	VER/PEDESTRIAN/PED. SOBRIETY	ALCYCLIST				/PED/PEDA SICAL CON		ST		At Inters		AN/PEC	DALCYCLIS	ST ACTION	1
DRIVER	HAD N	NOT CONS	SUMED ALCOHOL				NO APP. D	EFECTS			PEDESTRIAN	Not At I	ntersection	1			
	Breath	Test Results	3		Driver F	Physical	Condition - C	ther			I	Pedestr	ian Action	- Other			
DRIV FRC SIDI THE THE	VER 2 ONTAG E OF V EAST SCEN	STATED T E. DRIVER EHICLE 2 SIDE OF <sup>-</sup> IE.	E 1 SUSTAINED HEA HAT SHE WAS HEAI 2 2 STATED THAT WI WAS THEN STRUCK THE FRONTAGE ROA ER 2 WERE CHECKE	DED EAST HEN SHE <sup>-</sup> BY THE F AD. VEHIC	BOUND THOUGI RONT ( LE 2 SU	ON M HT TRA OF VEH JSTAIN	OUNTAIN F AFFIC WAS HICLE 1. VE NED HEAVY	RD NE, PF FAR ENC EHICLE 2 DAMAG	REPARII DUGH B THEN S E TO TH	NG TO SACK, S PUN A IE LEF	TAKI SHE T ROUI T REA	E A RIG OOK H ND ANI AR ANI	IER RIGH D COLLIE D FRONT	IT TUF DED W AND	RN. THE L /ITH THE   WAS TOV	EFT REA	AR R ON
		Туре	Description of Property														
	er perty olved	Owner's La	l ast Name				Owner's Fi	rst Name					Owner's M	iddle Na	ame		
	, veu	Owner's St	treet Address			Owner's	City				State	z Zip (	Code	Owner	's Phone		
WITNESS	Witnes	s's Last Nan	ne		•	Witnes	ss's First Nam	ne			,	Witness'	s Middle N	ame			Age
WIT	Witnes	s's Street Ad	ldress		Witness'						Zip Co	ode	Witness	's Phor	ne		
VEH	NO. IL	ast Name		First N		FORCE	EMENT ACT	Middle Na		NS	IVi	olation (	Common N	ame)		Action	
									1								
Time <b>09:3</b>	Notified 6	Time Arri	ved Notified By  DISPATCH						Supervis	sor at Sc	ene						
	ked By ) <b>- LOV</b>	VELL, S :	2/6/2019														
	er's Sign	ature	Re-	lame PETER	<u> </u>			Rank <b>PSA</b>			ID N	umber <b>5</b>		District 234	Report D		





Crash Report Number: 710562955

Case Number: 190117744

# ALBUQUERQUE POLICE DEPT

REPORTING DEPARTMENT

STATE OF NEW MEXICO UNIFORM CRASH REPORT

Priva	te Prope	erty?	∏F	atal		operty image	?	С	ase N	luml	per: <b>19</b> 0	0117	744													
NO			☐ Ir	njury	On		<b>√</b> \$50	0 or More	YES				N	MD	OT:						СА	D Num	: 19360	0041		
Crasl	n Date		Military T	ime	City	/ Occurr	ed In					•				Cour	nty									
12/2	6/2019		01:31		AL	BUQU	ERQUI	Ε								BEF	RNAL	ILL	0							
Day o	of Week		Occurred	On:	(Route	e No. or	Name)					Δ	At Inter	rsec	tion W	ith:									Tribal La	and?
THU	RSDA	Y	I 25 FR	ONT <i>A</i>	GE F	RD						N	1UON	NTA	IN RE	) NE	•								NO	
Othe	er	Measu	rement	Direc	tion		Permar	nent Landm	ark - C	County	Line	e - Inters	ection	1							Mile	post	L	at:		
Loca	ation																						Lor	ng:		
Crasl	n Occur	red			Cras	h Classi	fication						Analy	ysis	Code											
OFF	ROAD	WAY	•		FIXE	ED OB	JECTS						19 -	LIG	HT S	TAN	DAR	D (L	IGHT	POLE	)					
	VEHIC	LE N	0.	Uni	t Direc	ction	On:													Left the	e Sc Cras	ene sh?	Posted Sp	peed	Safe Sp	eed
	HEAD	ED	01	so	UTH		I 25 F	RONTA	E RD	)											ES		40		40	
	Driver's	Last I	Name					Driver's F	irst Na	me				Drive	er's Mid	ldle N	Name			Drive	r's S	treet A	ddress			
	UNKN	OWN	1																							
	Driver's	Licen	se Numbe	er	State	Туре	Status	Restriction	s End	orsem	ents	Expir	es		City						St	tate Zi	p Code	Pł	none	
	Date of	Birth	Occupa	tion									Sea Pos	it 3	Age	Sex	Ra	се	Injury Code	OP Code	OP Pro	Used	Airbag Deploy	Ejected	EMS Num	Med Trans
_													LF	╧									1 ,		IVain	Hans
001	Seat Pos		ant's Nam ant's Addi													U	C	9	0	0	U	INK	N	N		NO
<u>.</u>		Pos Occupant's Address (Street City State Zip)																								
Е	•																									
VEHICLE NO																										
VE	•																									
												Body Sty	yle C	Carg	o Body				Veh. L	lse2	V	eh. Tov		V	ehicle Dis <b>YES</b>	
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	Lic. Ye		State			cense P	late Nu	mber	VIN							DO	Т#					HEA	•		Damage 2 3 4	5
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	Intersta	ite Car	rier?			owed B	•					Towe									D	ISAB		1	1 10 9 8	
						CME													# A AL						01,11,12	
	Numbe Axles	r of		Gross	Vehic	cle/Coml	b Weigh	t Rating	HazM	lat Plac	card	? <u>H</u>	azma	t Pla	acard 4	-digit	ORF	lazm	nat Nam	ne	ANE	)	1-digit		zMat Rel	eased
								1																NC		
	Carrier	's Nam	ie					Street Ad	dress							ľ	Carrie	r City	У					Sta	te Carri	er's Zip
	Out of Forthern													.l. N4:.l.	N.				lo	1 - 6	<u> </u>	NI				
	Owner's Last Name Owner's First Name											A	wne	's Midd	ie iv	ame			Owne	ers	Jompa	ny Name				
	ULIBARRI FELIX Street Address Owner's City											^				State	0	ner Zip		)una	er's Pho	ono				
	Street Address Owner's City  321 GORMAN AVE BELEN															NM		пег zip 002		JWITE	ers Pric	one				
	Insured By: (Name of Company)  Policy Number											_	.,	-	_	Гуре	Yea		Make	l	ic Ve	ar Lic St	ata I	icense N	um	
	Folicy Number													or Tow s (1)	ed	i ype	Tea	u	iviake		LIC. TE	ai Lic Si	ale  L	icerise iv	ulli	
	Trailer or Towed Type Year Make Lic. Year Lic State License Num										Num					Tyne	Yea	ır	Make		ic Ve	ar Lic St	ate I	icense N	um	
	Vehicles (2)										vuill			or Tow s (3)	ed	Гуре	ı ed	''	wane	ľ	_10. T <del>C</del> i	ال ال	uio L	IOCI IOC IV	u111	
√eh.												1	· /				Injury	OP	ΩP	Used	Airbag		EMS	Med		
Num													Age	Sex	Ra	се	Code	Code		perly	Deploy	Ejected	Num	Trans		
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Ω	Lighting	ng		Weather			Ro	ad Charac	ter				Road G	rade		
COND	DARK	K LIGHTE	D	CLEAR			ST	RAIGHT					ON GR	ADE		
	VEH N	O. Road C	Condition	Road Surfa	ace		Traffic Co	ontrol		Road	Lanes	Road De	esign Div	Roa	d Design	
ROAD	01	DRY		PAVED C	ENTER A	ND EDGE LIN	TRAFF	C SIGNA	LS	3 LA	NES	UNDIV	IDED	ОТН	HER	
			APPARENT	CONTRIBU	TING FACTO	ORS				DR	IVER'S	ACTIONS			ENCE OF E	VENTS
														FIRST	-	
F														SECO		
EVENT	AVOID		TACT - OTHER						GOING	: STE	AIGHT	-		EVENT		
	AVOID	NO CON	TACT - OTHER						Comic	, 011	(AIOIII			THIRD EVENT		
														FOUR		
														EVENT		
		DR	IVER/PEDESTRIAN/PEDA	LCYCLIST			R/PED/PEI		ST				IAN/PEC	ALCYCLIS	ST ACTION	
			SOBRIETY			PH	YSICAL CC	MOITION		z	At Inter	section				
띪	SOBR	RIETY UNI	CNOWN			NO APP.	DEFECTS	:		RIA	NI-4 A4 I	ntersectio	_			
DRIVER	OODIK	CILIT OIL				NO ALT.	DEI EGI	•		PEDESTRIAN	NOLALI	ntersectio	ori			
Δ	Breath	Test Resul	te		Driver Physi	 ical Condition -	Other			PEC	Padasti	ian Action	n - Other			
	Broatti	1001110001			Bilverringe	iodi Goridilion	Culci				i cacon	iai i 7 totioi	0 0 0 10 1			
						NARF	RATIVE									
			6, 2019 AT APPROXIM			I WAS DISP	ATCHED	TO THE	INTERS	SECT	ION OF	I 25 SB	FRON	TAGE AN	ID MOUNT	ΓΑΙΝ
			CE TO A SINGLE VEH CLE #1, UNOCCUPIED			E OF THE RO	DADWAY	FACING	THE WI	RONG	G DIRE	CTION.	THE VE	HICLE H	AD STRU	CK A
LIGI	HT POL	LE AS WE	LL AS A FENCE. THE	TRUCK W	AS TOWE	D FROM THE	SCENE	BY ACME	E TOWII	NG A	ND RE					
WAS	S FOR		TO THE HIT AND RUN			R VIDEO WAS	SUPLOA	DED TO E	EVIDEN	CE.C	OM.					
		Type	Description of Property a  CHAIN LINK FENCE	nd Damage												
Oth	er	<u> </u>	ast Name			Ournaria	First Name					Owner's N	Aiddla Na			
	perty	UNKNO				Owners	riist Name					Owners	viidule iva	anie		
invo	olved		Street Address		Own	er's City				State	Zin (	Code	Owner	's Phone		
			7.110017 (dd1000			ioi o oity				Otato		3000	0 111101	0.1 110110		
		Туре	Description of Property a	nd Damage												
		U	LIGHT POLES	0												
Oth		Owner's L	.ast Name			Owner's I	First Name					Owner's N	/liddle Na	ame		
	perty olved	UNKNO	WN													
		Owner's S	Street Address		Own	er's City				State	Zip (	Code	Owner	's Phone		
Ø	Witnes	s's Last Na	me		Wi	tness's First Na	ıme			١	Witness'	s Middle N	Name			Age
WITNESS																
Ę	Witnes	ss's Street A	ddress	,	Witness's Cit	у			State	Zip Co	de	Witnes	s's Phor	ne		
<u> </u>																
						RCEMENT A			NS							
VEH	NO. La	ast Name		First N	ame		Middle	Name		Vio	olation (	Common	Name)		Action	
Time	Notified	d Time Arr	ived Notified By					Supervis	sor at Sc	ene						
01:3		01:51	DISPATCH					N/A								
	ked By		<u> </u>													
	,	RTIN, PAL	IL - 12/26/2019													
Office	er's Sign	nature		Officer's Na	ame			Rank			ID N	umber		District	Report Da	te
		-	ALT .	WHITE. D	).			P1/C			476	9		234	12/26/20	19

Diagram Drawn By <b>WHITE, D.</b>	Measurements Taken By
DIAGRAM -	
	MOUNTAIN RD NE
SB125 FRONTAGE	P.O.I. 2 P.O.I. 2 P.O.I. 7



## ALBUQUERQUE POLICE DEPT

STATE OF NEW MEXICO UNIFORM CRASH REPORT

710563246

REPORTING DEPARTMENT

Priva	te Prop	erty?		Fat	.ai   [	Property Damage		er \$500	<i>-</i>	and I	Run?		Ca	ase Nu	mber: <b>1</b>	9002	3943									
NO				Inju		Only	<b>✓</b> \$500	or Mo	ore NC	)				NM	DOT:						CADI	Num:	: 190730	)253		
	h Date <b>4/2019</b>		Military 07:50			ity Occurr		Ē									unty <b>RNA</b>	LILI	LO							
•	of Week					ute No. or	,						A <sup>-</sup>	t Inters	ection \	With:									Tribal La	nd?
Othe	er .	Measu	ı rement	: D	Direction	1	Perman	ent Lar	ndmark	- Cou	unty Li	ne -	· Interse	ection							Milepo	st	La	at:		
	ation	50 FT	-	N	NORTH	l	MOUN	TAIN	RD NE	<b>=</b>													Lon	.g:		
Cras	h Occur	red			Cra	ash Classi	fication							Analys	is Code	;							II			
ON I	ROAD	WAY			ОТ	THER VE	HICLE							08 - B	отн (	GOIN	IG ST	RA	IGHT/F	ROM	SAME	DIR	2			
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	Driver's		Name					Driver SUS	's First <b>AN</b>	Name	е			Dri	ver's M	liddle	Name	)			er's Stre		ddress	ST NE	<u> </u>	
	Driver's	s Licen	se Num	ber	Stat	te Type	Status	Restric	tions E	Endor	semer	nts	Expire	es	City						State	e Zip	p Code	Ph	one	
	10076	2757			NM	I D	٧						11/26	6/2021	ALB	UQL	JERQ	UE			NM	87	7111	(50	05) 710-	8021
	Date o	f Birth	Occu	patic	on	<u> </u>								Seat Pos	Age	Se	x R	ace	Injury Code	OP Code	OP U	sed	Airbag Deploy	Ejected	EMS Num	Med
001		Occup				irst Middle								LF	39	F	:	н	0	6	YE		N	N	Num	Trans
Ö	Pos	Occup	ants A	aares	ss (Stree	et City Sta	ite Zip)																			
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	Lic. Ye	ar S	State			License P	late Nur	nber	ŀ	VIN				I		D	OT#					ge S LI <b>G</b> l	everity	1 1	Damage A	Area 5
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	Intersta	ate Car	rier?			Towed B	у		,				Towed	d To		•						Exter E <b>AR</b>	ANCE	1	1 10 9 8 <b>06</b>	7
	Numbe Axles	er of		Gr	oss Vel	hicle/Coml	b Weigh	t Rating	д На	zMat	Placa	rd?	Ha	azmat F	Placard	4-dig	jit OR	Hazı	mat Nan	ne	AND		1-digit	# Haz	zMat Rele	eased
	Carrier	's Nam	ie					Street	Addres	SS							Carri	er Ci	ity					Stat	-	er's Zip
	Owner TORF	's Last	Name					Owne	r's First	t Nam	ne			Owr	er's Mi	ddle I	Name			Own	er's Coı	npar	ny Name			
		Addres						<u> </u>	wner's	City							State	10	wner Zip	. l	Owner's	Dhe	200			
				AS	ST NE				LBUQ	,	QUE						NM		w⊓er ∠ιρ 7111		(505) 7					
	Insure		Name of	f Con	mpany)					cy Nu 2721					er or To		Туре	Ye	ear	Make	Lic	. Yea	ar Lic Sta	ate Li	cense Nu	ım
	Trailer Vehicle	or Tow		pe \	Year	Make	Lic.	Year	Lic Sta		_icens	e Nı	um	Traile	er or To	wed	Туре	Ye	ear	Make	Lic	. Yea	ar Lic Sta	ate Li	cense Nu	ım
		CLE N	О.		Unit Dir		On:							veillo	Jies (3)					Left th of the	e Scene Crash?	e F	Posted Sp	eed	Safe Spe	eed
	HEAD	ED	0	2	SOUT	Ή	PAN.	AMER	RICAN	WES	ST HY	/ NI	E								<b>10</b>					
	Driver's	s Last l	Name					Driver	's First	Name	е			Dri	ver's M	liddle	Name	)		Drive	er's Stre	et A	ddress			

HEND	ERS	ON					AND	REA									18	17 CI	EDAR	WOOD A	AVE NV	v	
Driver's	s Lice	nse Nui	mber	State	е Туре	Status	Restric	tions	Endorsem	ents	Expire	es	City				ı	S	State Z	ip Code	Pho	one	
03785	1361			NM	D	V					10/25	5/2021	ALBU	JQUE	ERQU	E		N	8 MI	7120	(50	5) 350-	2202
Date of <b>09/25/</b>			upatio	on								Seat Pos <b>LF</b>	Age	Sex	Rad	ce Injury Code	OP Code	OF Pr	OUsed roperly	Airbag Deploy	Ejected	EMS Num	Med Trans
Seat	Occu	pant's N		(Last Fi								LF	42	F	С	С	6	,	YES	N	N		
Pos	Occu	pant's A	Addre	ss (Stree	et City S	tate Zip)																	
-																							
-						1																	
-																							
Veh. Y	ear	Vehicle	· Mak	e		Color				В	ody Sty	de Car	go Bod	 	/eh. U:	se1 Veh	Use2		√eh. Ta	wed?	Ve	hicle Disa	abled
2005		SATU					ER - SII	L		P		Тур	e ot	,	· • · · · · ·	P	0002		YE	S		NO	
Lic. Ye		State				Plate Nu	ımber		VIN					DO	Т#				ımage \ <b>IODEI</b>	Severity RATE	1	amage A	rea 5
2019 Intersta		NM		<u> </u>	414-SA Towed				1G8AM	12F3	5Z101								Exte	ent	12	10 9 8	$\int_{7}^{6}$
IIItorste	ale oe	irricr:			Towca	Бу					Tower	u 10						FL	JNCTI	ONAL		06,12	
Numbe Axles	er of		Gı	ross Veh	icle/Cor	nb Weig	ht Ratin	g F	lazMat Plad	card?	Ha	azmat P	lacard 4	4-digit	OR H	azmat Na	ame	AN	D	1-digit		Mat Rele	ased
Carrier	la Nar						Street	. Addr						1,	Carrier	City					NO State	Carria	rla 7in
Carrier	S INAI	ne					Siree	. Auui	ess						Jamei	City					State	Carrie	i s zip
		t Name					Owne	r's Fir	st Name			Own	er's Mid	ldle N	ame		Ow	ner's	Compa	ıny Name	ı		
HEND							AND		- 0:4					- 1,	21-1-	Jo			I- DI-				
Street /			OD A	AVE NV	v				s City <b>QUERQU</b>	E						Owner Z 87120	.ip		ier's Ph 5) 350				
Insured	d By: (	(Name	of Cor	mpany)				Po	licy Numbe	r		Traile	r or Tov	ved 7	Гуре	Year	Make	)	Lic. Ye	ar Lic St	ate Lic	ense Nu	m
STAT				.,	1	l			90000-D1				les (1)		_	.,				1: 0:			
Trailer Vehicle		wed  1)	ype	Year	Make	e Li	c. Year	Lic S	tate Licer	ise N	um		r or Tov les (3)	ved	Гуре	Year	Make	)	Lic. Ye	ear   Lic St	ate Lic	ense Nu	m
VEHIC	CLE	NO.		Unit Dir	ection	On:									1		Left to	the So ie Cra	cene ish?	Posted Sp	peed	Safe Spe	ed
HEAD Driver's			03	SOUTI	1	PAN	_		N WEST I	HY N	E	D.:	ver's Mi	-1-11 - <b>N</b>			lp.:	NO	24	Address			
BENN			ł				PATI					ווטו	ver s iviii	uule N	varne					REED S	ΓNW		
Driver's	s Lice	nse Nui	mber	State	е Туре	Status	Restric	tions	Endorsem	ents	Expire	es	City				ı	S	State Z	ip Code	Pho	one	
<b>51653</b> Date of			upatio	NM on	D	V					02/16	5/ <b>2027</b> Seat					OP			7114		5) 370-	0694 Med
02/07/			upau	JII								Seat Pos <b>LF</b>	Age	Sex	Rad	ce Injury Code	Code	Pr	O Used roperly	Airbag Deploy	Ejected	Num	Trans
Seat Pos				(Last Fi									65	F	С	С	6	,	YES	N	N		
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Veh. Y						Color					ody Sty		I			se1 Veh			√eh. To	wed?	Ve	l hicle Disa	abled
ash Repo		mber: 7 mber: 1							S1	ATE	OF N		EXICO STATU			I CRAS	H REP	ORT	•		s	heet 2	Of 7

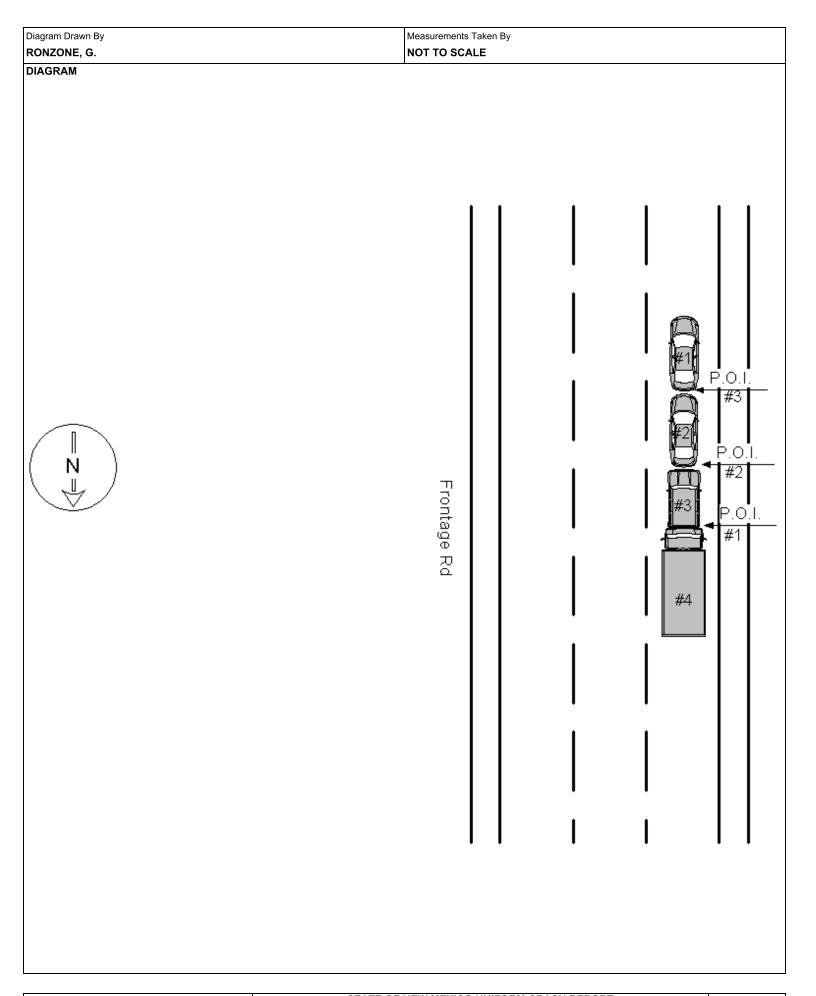
2017 Lic. Ye 2019	ear	FORI	)			cense F	BLAC			VIN 1FΔ	.DP54	S	V HL114	Тур	go Bod e <b>OT</b>	_	OT#		P		Dar	YE nage :	Sever	rity	1 1 12	NO amage A	irea 5
Intersta	ate Ca				T	owed E		NIWC	NG	1			Towed	То	ON					1	U	Exte		ı	¥	10 9 8 <b>06,12</b>	7
Numbe Axles			G	ross	Vehic	e/Com	ıb Weigl		J		t Placa	rd?	На	zmat P	lacard	4-dig			mat Nar	ne	AND	)	1-	digit #	NO	Mat Rele	
Carrier									eet Addre					1				ier C	ity	1					State	Carrie	r's Zip
Owner BENN	NETT-	ALDE						РА	ner's Firs		ne			Own	er's Mic	idle i						Compa		ame			
11004	SAN	IDRE							Owner's	QUÉI	-						State NM	87	wner Zip <b>7114</b>	(	415	er's Ph ) 370	-069				
Insured AAA	d By: (								MN	NA13	umber <b>73005</b>				r or Tov les (1)	wed	Турє			Make		Lic. Ye				ense Nu	
Trailer Vehicle		wed T	уре	Year		Make		:. Yea	ar Lic St	ate	Licens	e Nu	ım		r or Tov les (3)	wed	Турє	Ye	ear	Make		Lic. Ye				ense Nu	
VEHIC		NO.	04		Direc	tion	On: PAN	AME	ERICAN	N WE	ST HY	/ NE	E							Left the of the	e Sce Cras IO	ene sh?	Poste	ed Spe	eed	Safe Spe	ed
Driver's	os						1	SH	ver's Firs						er's Mi	ddle	Nam	e			ANG	GRE	DE C	RIST	_		
Driver's <b>50963</b>			ımber		State <b>NM</b>	Type <b>D</b>	Status <b>V</b>	Rest	trictions	Endo	rsemer	nts	Expire <b>09/01</b>	/2019	City CED	AR (	CRE	ST			N		37008	3	(50	5) 449-	7344
Date of <b>08/02</b>	/1994		cupati											Seat Pos <b>LF</b>	Age	Se	x F	Race	Injury Code	OP Code		Used operly		picy	Ejected	EMS Num	Med Trans
Seat Pos						Middle City Sta	e) / ate Zip)								24	N	1	С	0	6	Y	ES_	1	N	N		
Veh. Y	ear	Vehic	e Mak	·e			Color					Bo	ody Styl	Δ			Veh	l lee'	1 Veh. l	lse2	\ \	eh. To	owed?		Ve	nicle Disa	abled
V CII. I	Jui	V GITICI	o iviak				50101													DEDO		5 10	ou :				

STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209 NMDOT COPY Crash Report Number: 710563246 Case Number: 190023943

	2004			ATIONA	L TRUC					-	тн	C;	argo Bod <sup>(pe</sup> <b>OT</b>		IB		С		Da	NO mage S	everity		Dan	NO	ırea
	Lic. Ye <b>2019</b>	ar	State NM		License F 205NHT		nber		VIN <b>1HTM</b>	IMAAI	L94H67	70936		DO	OT#					SLIGH		12	45	3 4	5 <b>7</b> 6
	Intersta 4 - OT		arrier? R OPERA	TION/N	Towed B	Sy		ı			Towe	ed To		. I					FU	Exter <b>JNCTIC</b>			11 11	9 8	7
	Numbe Axles	er of			hicle/Coml	-	t Rating	Ha N(	nzMat P O	Placard	? Н	lazmat	Placard <sub>(</sub>	1-dig	it OR	Haz	mat Naı	me	AN	D	1-dig		lazMa NO	at Relea	ased
	Carrier CRYS		me . <b>SPRING</b>	S BOTT	LED WA	TFR	Street /								Carri AL B		ity <b>UERQ</b>	UE						Carrier <b>87199</b>	•
			st Name				Owner'					Ow	ner's Mic	dle I					vner's	Compar	y Nam				
	Street	Addr	ess				Ow	ner's	City						State	e Ov	wner Zi <sub>l</sub>	)	Own	er's Pho	ne				
		-	(Name of 0				er or Tov cles (1)	ved	Туре	Ye	ar	Mak	e	Lic. Yea	ır Lic S	State	Licer	nse Nui	m						
	Trailer Vehicle	es (2)			Make		Year L	ite Lid	Num		er or Tov	ved	Туре	Ye	ar	Mak	e	Lic. Yea	r Lic S	State		nse Nui	m		
√eh. Num	Seat Pos	Occi Occi	upant's Nar upant's Ado	ne (Last F dress (Stre	irst Middle et City Sta	e) / ate Zip)						Age	Se	x R	ace	Injury Code	OP Code	e Pr	OUsed roperly	Airbag Deploy	, Eject		EMS Num	Med Trans	
0	Lightin	ighting Weather Road Character Road Grade																							
COND	DAYL	-	IT			CLE							STRAIG		lei						GRAD				
ROAD	∨EH N <b>01</b>		Road Cond	lition			l Surface		R AND	) EDG	E LIN		Control	LS			Road La			Design I			d Des <b>E W</b>	-	
					<u>APPAREN</u>	IT CONT	RIBUTI	NG FA	ACTOR	RS							DRIVE	ER'S A	ACTIOI	NS	F	SEQUE FIRST EVENT		OF E\	<u>/ENTS</u>
EVENT	NONE														STC	)PPI	ED FO	R SIC	SN/SI	GNAL	E	SECO! EVENT	Γ		
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			DRIVE		TRIAN/PEI BRIETY	DALCYC	LIST						EDALCY		ST		At		EDES <sup>1</sup> ection	TRIAN/P	EDALC	YCLIS	ST AC	TION	
L																									

DRIVER	HAD NO	CONSUMED ALCOHOL			NO APP. D	EFECTS		PEDESTRIAN	Not At I	ntersection	
	Breath Tes	t Results		Driver Physica	I al Condition - C	ther		PE	Pedestr	ian Action - Other	
ROAD	VEH NO. <b>02</b>	Road Condition  DRY	Road Surfa		D EDGE LIN	Traffic Control NO CONTROLS			Lanes NES	Road Design Div	Road Design ONE WAY
		APPARENT	CONTRIBU	TING FACTOR	RS			DR	IVER'S	ACTIONS	SEQUENCE OF EVENTS
EVENT	NONE						STOPF	PED F	FOR SI	GN/SIGNAL	FIRST EVENT  SECOND EVENT  THIRD EVENT  FOURTH EVENT
		DRIVER/PEDESTRIAN/PEDA	ALCYCLIST		DRIVER	/PED/PEDALCYCLIS	ST		F	PEDESTRIAN/PEDAL	
		SOBRIETY				SICAL CONDITION			At Inter	section	
								AN			
DRIVER	HAD NO	CONSUMED ALCOHOL			NO APP. D	EFECTS		PEDESTRIAN	Not At I	ntersection	
_	Breath Tes	t Results		Driver Physica	al Condition - C	ther		ВE	Pedestr	ian Action - Other	
ΦD	VEH NO.	Road Condition	Road Surfa	ace		Traffic Control		Road	Lanes	Road Design Div	Road Design
ROAD	03	DRY	PAVED 0	ENTER AND	EDGE LIN	NO CONTROLS		3 LA	NES	PAINTED DIVIDE	ONE WAY
		APPARENT	CONTRIBU	TING FACTOR	RS			DR	IVER'S	ACTIONS	SEQUENCE OF EVENTS
EVENT	NONE						STOPF	PED F	FOR SI	GN/SIGNAL	FIRST EVENT SECOND EVENT THIRD EVENT FOURTH
									l -		EVENT
		DRIVER/PEDESTRIAN/PEDA SOBRIETY	ALCYCLIST			PED/PEDALCYCLISICAL CONDITION	ST		At Inter	PEDESTRIAN/PEDAL	CYCLIST ACTION
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DRIVER	HAD NO	CONSUMED ALCOHOL			NO APP. D	EFECTS		PEDESTRIAN	Not At I	ntersection	
	Breath Tes	t Results		Driver Physica	al Condition - C	ther		Ы	Pedestr	ian Action - Other	
ROAD	VEH NO.	Road Condition	Road Surfa			Traffic Control		Road	Lanes	Road Design Div	Road Design
RO	04	DRY	PAVED 0	ENTER AND	EDGE LIN	NO CONTROLS		3 LA	NES	PAINTED DIVIDE	ONE WAY
		APPARENT	CONTRIBU	TING FACTOR	RS			DR	IVER'S	ACTIONS	SEQUENCE OF EVENTS
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EVENT	DRIVER I	NATTENTION					GOING	STF	RAIGHT	-	SECOND EVENT
										-	THIRD EVENT
		DDIVED/DEDECTDIANIZED	N CVCL IST		DD11/ED	(DED/DED &LOVO)					FOURTH EVENT CYCLIST ACTION
		DRIVER/PEDESTRIAN/PEDA SOBRIETY	ALCYCLIST			PED/PEDALCYCLISICAL CONDITION	01		At Inter		5. 52.5. 7.6 HON
DRIVER	HAD NO	CONSUMED ALCOHOL			NO APP. D					ntersection	
					l .						

												PEDESTRIAN						
	Breath <sup>-</sup>	Test Results				Driver F	Physical C	ondition - Ot	her				Pedest	rian Action	- Other			
								NARRA	TIVE									
VEH FRO STR #2, M VEH DRIN BEH #4, M	ICLES. NTAGE UCK FI MS. AN ICLE #3 IER #3 IND BY MR. SH. A STOP	CONTAC E ROAD IN ROM BEHI DREA HEI 3, CA LICE , MS. PATI VEHICLE ANE HANI JUST ON	T WA I THE IND E NDER ENSE RICE E #4, I DS, W	OUTHBOUND ON S MADE WITH I E RIGHT LANE, I BY VEHICLE #2, ISON, WHO ADN #8AEJ332. DRI BENNET-ALDE NM LICENSE #2 WHO ADVISED H OTHER SIDE, A BACK OF VEHIC	DRIVER # DUE TO A NM LICE! VISED SH VER #2 C R, WHO A 05-NHT. E E WAS SI	1, MS. S RED LI NSE #41 E WAS OMPLA DVISEI DRIVER OUTHB MPTED	GUSAN T GHT AT 14-SAN. STOPPE INED OF D SHE W #3 COM OUND O	ORRES, W MOUNTAI DRIVER #7 ED BEHIND HEAD PA (AS STOPF PLAINED ON THE FROM HIS BRAK	VHO ADN N RD NE 1 DID NO VEHICL NN, BUT PED BEH OF PAIN ONTAGE (ES, BU	/ISED S E, WHEN OT COMF LE #2, W REFUS IIND VEI , BUT R E ROAD T DUE T	HE WA LAIN HEN H ED RE HICLE EFUSE COMIN O THE	S ST VEHIN OF IN IER V SCUI #2 W ED RE NG O FUL	OPPEI CLE (#* NJURY. /EHICL E ON S /HEN H ESCUE. VER TH L LOAI	O IN TRAI 1), NM LIG CONTAG E (#2) W/ CENE. CG ER VEHIG CONTAG HE CRES	FFIC SC CENSE CT WAS AS STR ONTAC CLE (#3 CT WAS T WHE S UNAI	OUTHBO #NKA-8 S MADE RUCK FR T WAS ! 3) WAS ! S MADE N HE FO	OUND ON 1 17, WAS WITH DRI' OM BEHIN MADE WIT STRUCK WITH DRI OUND TRA	THE VER ND BY H VER FFIC
		Туре		ription of Property a					<u>., c</u>		_							
	er berty Ived	Owner's La	ıst Naı	ne				Owner's Firs	st Name					Owner's M	liddle Na	ame		
		Owner's St	reet A	ddress			Owner's C	City				Stat	e Zip	Code	Owner'	's Phone		
ESS	Witness	s's Last Nam	ie				Witness	's First Name	е				Witness	's Middle N	lame			Age
WITNESS	Witness	s's Street Ad	dress			Witness	s City				State	Zip C	ode	Witnes	s's Phon	ne		•
						EN	FORCE	MENT ACT	ION - VI	OLATIO	NS			<u> </u>				
1 H3V	NO. La	ist Name			First N	Name			Middle N	ame		V	iolation (	Common N	Name)		Action	
Time <b>07:5</b> (	Notified )	Time Arriv <b>07:50</b>		Notified By <b>SELF</b>						Supervis	or at So	ene						
	ed By	TINEZ, LA	WRE	NCE - 3/14/2019	)					_								
	r's Signa	ature			Officer's N					Rank				lumber		District	Report Da	
		A Carojin	e		RONZO	NE, G.				P1/C			239	U		234	03/14/20	19





### ALBUQUERQUE POLICE DEPT

STATE OF NEW MEXICO UNIFORM CRASH REPORT

710563770

REPORTING DEPARTMENT

		Property? Fatal Property Index \$500 Hit and Run?																						
Priva	te Prop	erty?		Fatal		operty amage		ler \$50	_	t and l	Run?	Ca	ase Num	nber: <b>19</b>	003	3715								
NO				Injury		nly	<b>✓</b> \$50	0 or Mo	ore N	0			NME	OOT:					CADI	Num:	191020	659		
Crasl	n Date		Military	Time	Cit	y Occurr	ed In								Cou	ınty								
04/1	2/2019	)	13:25		AL	.BUQU	ERQU	E							ВЕ	RNAL	ILLO							
Day o	of Week	<	Occurre	d On	: (Rout	e No. or	Name)					A	t Interse	ction W	√ith:								Tribal I	Land?
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Othe		Measu	ırement	Dir	ection		Permar	nent La	ndmark	c - Coi	unty Line	- Inters	ection						Milepo	st	La	at:	<u> </u>	
	ation										,										Lon			
Crasl	n Occur	red			Cras	sh Classi	ification						Analysis	. Code								9.		
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	HEAD				VEST		IVICO	1					- In :										<u> </u>	
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			se Numb	er					ctions	Endor	sements	Expire		City						Zip			ione	
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	Date o		Occup	ation	!								Seat Pos	Age	Se	x Ra	ce Injury	OP Code	OP U	sed erly	Airbag Deploy	Ejected	I EMS	
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	Street	Addres	ss						wner's				<u> </u>			State	Owner Z	ip I	Owner's	Phon	ne			
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_	Axles																							N	<b>)</b>	
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(	Owner	's Las	t Nam	ne				Own	er's Fir	rst Nam	ie			Owne	er's Mid	dle N	lame			Ow	ner's	Compar	ny Nam	<u> </u> e		
L	MAIN							DAV																		
	Street 3300			VE NE					Owner': Al RII	s City <b>QUER</b>	OUF						State NM		vner Zi ' <b>122</b>	p	Own	er's Pho	ne			
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l	PROC	RES				•			70	14899	8				les (1)											
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	Seat	Occi	ıpant's	Name (	Last Fir	st Middle	e) /								Age	Sex	/ Ra	ace	Injury Code	OP	Ōŀ	D Used	Airbag Deploy	, Ejected	EMS	
1	Pos	Occi	ipant's	Addres	s (Stree	t City St	ate Zip)	I			I				Age	00%	110	100	Code	Code	e Pi	operly	Deploy	, Ljectet	Num	Trans
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	Lightir <b>DAYI</b>	-	_					ather EAR							oad Cha <b>TRAIG</b>		er						l Grade <b>GRAD</b>			
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DRIVER	HAD	NOT	CONSU	MED ALCOHOL			ı	NO APP. DE	FECTS			PEDESTRIAN	Not At	Intersection	1			
	Breat	h Test	Results			Driver P	hysical	Condition - Of	ther			PE	Pedest	rian Action	- Other			
ROAD	VEH I		Road Cond	dition	Road Surfa		STRIE		Traffic Cor		LS		Lanes	Road Des	-		d Design .L ACCES	S CT
				APPARENT	CONTRIBU <sup>*</sup>	TING FA	CTORS	3				DF	RIVER'S	ACTIONS		SEQUE	NCE OF E	VENTS
EVENT	DRIV	ER II	NATTENT	TION							LEFT <sup>-</sup>	TUR <b>!</b>	N			FIRST EVENT SECON EVENT THIRD EVENT FOURT EVENT	ND	
			DRIVE	R/PEDESTRIAN/PEDA	LCYCLIST			DRIVER/	PED/PEDA	או כעכו וי	L ST			PEDESTRIA	AN/PEDA	LCYCLIS	ST ACTION	
ÆR	HAD	NOT		SOBRIETY  MED ALCOHOL	LOTOLIOT		1		ICAL CON			PEDESTRIAN		section	1			
DRIVER	Breat	h Test	t Results			Driver P	hysical	Condition - Of	ther			PEDES	Pedest	rian Action	- Other			
				THAT VEHICLE TW OF WESTBOUND M					DRIVER									
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Oth	er				nd Damage			Ta . =										
Pro	perty olved	Ow	vner's Last	Name				Owner's Fir	st Name					Owner's M	iddle Nan	ne		
	ı	Ow	vner's Stree	et Address			Owner's	City				State	e Zip	Code	Owner's	Phone		T
WITNESS	Witne	ess's L	ast Name				Witnes	ss's First Nam	e		1			's Middle N	ame			Age
MI	Witne	ess's S	Street Addr	ess	\	Witness's						Zip C	ode	Witness	s's Phone			
						ENF	ORCE	MENT ACT	1		NS							
VEH		Last N		ı	First N	ame			Middle Na	1			olation (	Common N	lame)		Action	
Time 12:5	Notifie  4		ime Arrived	Notified By  DISPATCH						Supervis NONE	sor at Sc	ene						
	ked By	'	EZ, REGI	NA - 4/16/2019														
Office	Officer's Name ANDRADE, PAULINA												ID N <b>598</b>	umber 3		istrict <b>34</b>	Report Da	

Diagram Drawn By	Measurements Taken By
ANDRADE, PAULINA	N/A
DIAGRAM	
MOUNTAIN RD NE	
AREA O	F IMPACT
SOUTH FRONTAGE RD	2   N I NOT TO SCALE



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STATE OF NEW MEXICO UNIFORM CRASH REPORT

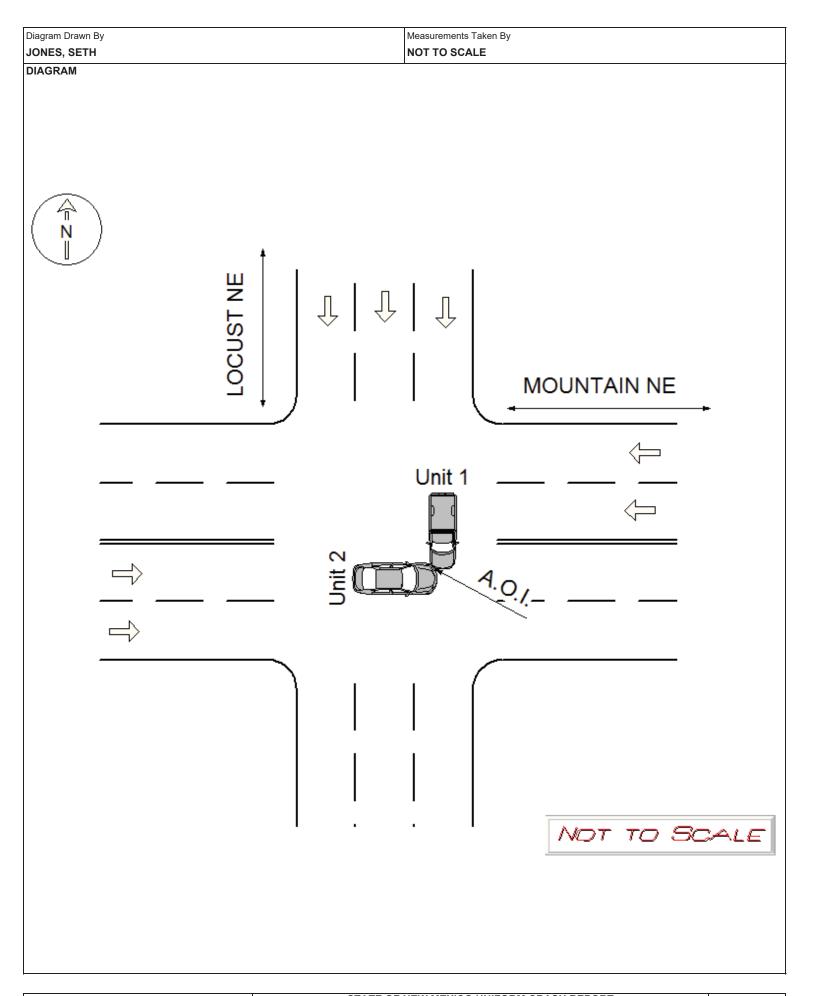
	ALBUQUERQUE POLICE DEPT	
	REPORTING DEPARTMENT	
·	·	

Priva	te Prop	erty?	П	atal		operty amage		er \$500	J	and R	Run?		Cas	e Num	ber: <b>19</b>	0043	3714										
NO			<b>✓</b> I	njury	On		\$50	or Mo	ore NO	)				NMD	OT:						CAD N	um: <b>1</b>	91311	449			
Crash	n Date		Military 1	ime	City	y Occurre	ed In		·							Cou	nty										
05/1	1/2019	)	23:54		AL	.BUQUI	ERQUE	Ē								BEF	RNAI	LILL	0								
Day o	of Week	(	Occurred	d On:	(Route	e No. or	Name)						At I	nterse	ction W	ith:									Tribal	Land	?
SAT	URDA	Y	MOUNT	ΓAIN	RD N	ΙE							LO	CUST	STN	Е									NO		
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Loca	ation	0 FT		SOI	UTH																		Long	j:			
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	Driver's	s Last N	Name					Driver	's First	Name	)			Driv	er's Mic	ddle 1	Name	!		Drive	r's Stree	t Add	ress				
	KRAL	JSE						GRE	G											4007	ROMA	NE					
	Driver's	s Licen	se Numb	er	State	Туре	Status	Restric	tions	ndors	ements	s E	xpires		City						State	Zip C	ode	Ph	one		
	03715	1734			NM	D	V					08	8/25/2	2021	ALBU	IQUI	ERQ	UE			NM	8710	8(	(50	)5) 41	7-14	100
	Date o	f Birth	Occupa	ation	•	•	•		•			•	Ş	Seat Pos	Age	Sex	k Ra	ace	Injury Code	OP Code	OP Use Proper	ed A	irbag eploy	Ejected	EM		Med
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o	1 00	PEAR		1633 (	Olicet	Oity Ota	· · · ·	ERIN																			
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	2008	1	TOYOTA	١			SILVE	R - SII	L			PK		Тур	9				Р			ES		_	YE		
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	Numbe	er of		Gross	s Vehic	cle/Comb	Weigh	t Ratino	g Ha	zMat l	Placard	1?	Hazı	mat Pl	acard 4	l-digi	t OR	Hazn	nat Nam	ie .	AND		1-digit#	Haz	Mat R	eleas	sed
	Axles																							NO	)		
	Carrier	's Nam	ie					Street	Addre	SS							Carrie	er Cit	У					Stat	e Cai	rier's	Zip
	Owner	's Last	Name						r's First	t Name	е			Owne	r's Mid	dle N	lame			Owne	er's Com	pany	Name				
	KRAL	JSE						GRE	G																		
		Addres							wner's	,							State		ner Zip	C	Owner's F	Phone	;				
	4007	ROMA	NE					Α	LBUQ	UER	QUE						NM	87	108	(	505) 41	7-14	00				
	Insured	d By: (N	Name of C	Compa	any)				Polid	cy Nun	nber				or Tow	/ed	Туре	Yea	ar	Make	Lic. `	Year	Lic Sta	te Li	cense	Num	
	STAT	E FAF	RM						031	9528	3-E12-	31F		Vehicle	es (1)												
		or Tow	red Type	Yea	ır	Make	Lic.	Year	Lic Sta	ite Li	icense	Num			or Tow	/ed	Туре	Yea	ar	Make	Lic. `	Year	Lic Sta	te Li	cense	Num	
	Vehicle	es (2)												Vehicl	es (3)												
	VEHIC	CLE N	Ο.	Un	it Direc	ction	On:													Left the	e Scene Crash?	Pos	ted Spe	eed	Safe S	peed	t
	HEAD	DED	02	EA	AST		MOU	NTAIN	I RD N	IE											10	25					
	Driver's	s Last N	Name					Driver	's First	Name				Driv	er's Mic	ddle 1	Name			Drive	r's Stree	t Add	ress				

	GARI	NEF	2					JUS	TEN	_					_				396	N 1	00 W				
ľ	Driver'	s Lice	nse N	umber	Stat	е Туре	Status	Restri	ictions	Endors	sements	Expire	es	City					ı.	S	tate Zip	Code	Ph	ione	
ļ	UA30	9848	G		ID	D	V					08/20	)/2026	ST C	HARI	LES				IC		272	(5	05) 414	9195
ı	Date o <b>08/20</b>			ccupation	on								Seat Pos <b>LF</b>	Age	Sex	Rad	ce In	jury ode	OP Code	OP Pro	Used operly	Airbag Deploy	Ejected	I EMS Num	Med Trans
				Name	(Last Fi	rst Middl	e) /						LF	21	М	С	:	0	6	١	/ES	F	N	57	NO
-	Pos	Occı	pant's	Addre	ss (Stree	et City St	ate Zip)										+						-		
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Ļ	2017			VROL	ET T		WHITI		HI	I	F	PC	Ту	pe			F		_	Daı	mage S		ار	Damage 2 3 4	
l	Lic. Ye <b>2020</b>	ar	State NM			License	Plate Nu <b>0</b>	mber		VIN <b>1G1Z</b>	ZH5SX8	3HF124	820		DO.	I #					HEAV	Υ	12	2 3 4	5 <b>1</b> 6
Ļ	Interst	ate Ca			<u>[</u>	Towed I				1.0		Towed								_	Exter		1	1 10 9 8	7
L						BONE	s TOW	NG 8	SAL	VAGE		105 E	ALE	AVE. N	IE AL	BUQ	UER	QUE	Ξ, Ν		DISABI	-ED		01,11,12	!
	Numbe Axles	er of		Gı	ross Vel	nicle/Com	nb Weigh	nt Ratir	ng H	HazMat	Placard?	? Ha	azmat f	Placard -	4-digit	OR H	lazma	t Nar	me	ANI	)	1-digi		zMat Rel	eased
	Carrie	's Na	me					Stree	et Addr	'ess					Id	Carrier	City						NC Stat		er's Zip
	ournoi	0110	110					Ou o	ot / taal	000					ľ	ournor	Oity						Ota	Carri	or o zip
ŀ	Owner	's Las	t Nam	е				Own	er's Fir	st Nam	е		Owr	ner's Mic	ldle N	ame			Own	er's (	Compar	y Name	;		
ŀ	GARI							KEI		0					L	<u> </u>	I.a.								
ı	Street <b>5632</b>			E					Owner's	s City <b>ANCH</b>	0					State NM	Own				er's Pho 5) <b>317-</b>				
ŀ					mpany)					licy Nur			Traile	er or To	-		Year		Make	`	<u> </u>	r Lic S	tate L	icense N	um
L	GEIC	0							44	84756	780		Vehic	cles (1)											
- 11	Trailer		wed	Type	Year	Make	Lic	. Year	Lic St	tate L	icense N	lum		er or To	wed T	Гуре	Year		Make		Lic. Yea	r Lic S	tate Li	icense N	um
4	Vehicle Seat	. ,	nant's	Name	(I ast Fi	rst Middle	e) /						veni	cles (3)			In	iurv	OP	I OF	Used	Airbag		EMS	Med
1	Pos	Occi	pant's	Addre	ss (Stree	et City St	ate Zip)	1						Age	Sex	Rad	ce C	jury ode	Code		operly	Deploy	Ejected	Num	Trans
							Τ				1			4											
t	Lightir	ıg					Wea	ather					F	l Road Ch	aracte	er					Road	Grade			
	DARI	C LIC	HTE	D			CLI	EAR					5	STRAIG	ЭНТ						DIP				
	VEH N			Conditio	n		Roa	d Surfa	ace			-	Traffic	Control			Roa	nd La	ines R	load I	Design	Div	Road I	•	
1	01	1	PRY								D EDG	E LIN	TRAF	FIC SIG	GNAL	_S		ANE	ER'S AC		VIDED		ONE	WAY ICE OF E	VENITO
ŀ					F	APPAREI	NI CON	IKIBU	ITING I	FACTO	KS						D	KIVE	ER S AC	TION	NO.	F	IRST	MVT	VENIS
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l.	- 4 11 -	D T	VIE	. D. D.		- 14/A \/										COIN	C 61	-D A	СПТ				ECOND VENT	)	
ľ	AILE	ו ט ו(	, TIE	רח אונ	оні О	F WAY									[	GOIN	<b>5</b> 51	KA	OH I				HIRD VENT		
																						-	OURTH		
-																			DE	DEST		E	VENT	ACTION	
L			DR	IVER/F		RIAN/PE BRIETY	DALCY	CLIST			D	RIVER/I PHYS		EDALC'		ľ		At	Intersed		MAIN/F	EDALO	TOLIST	ACTION	

Crash Report Number: 710565348	STATE OF NEW MEXICO UNIFORM CRASH REPOR NM STATUTE 66-7-209
	NW STATUTE 66-7-209
Case Number: 190043714	NMDOT COPY

DRIVER	HAD	O NOT	CONSUM	IED ALCOHOL				NO APP. D	DEFECTS			PEDESTRIAN	Not At	Intersection	n			
DR	Breat	th Tes	t Results			Driver I	Physical	Condition - 0	Other			PEDE	Pedest	rian Action	ı - Other			
ROAD	VEH <b>02</b>		Road Condi			CENTE		EDGE LIN	Traffic Cor		LS	2 LA	Lanes	Road De	ED DIVII	DE OTI	d Design	VENTO
EVENT	FAIL	ED T	O YIELD R	APPARENT	CONTRIBL	JTING F	ACTORS	3			GOING			<u>actions</u>		SEQUI FIRST EVENT SECON EVENT THIRD EVENT FOUR	ND 「 「 TH	VENTS
			DRIVER	/PEDESTRIAN/PEDA SOBRIETY	LCYCLIST				R/PED/PED/		ST		At Inter		IAN/PED		ST ACTION	
DRIVER	HAD	NO1	CONSUM	IED ALCOHOL				NO APP. D		MOTHON		PEDESTRIAN		Intersection	n			
	Breat	th Tes	t Results			Driver I	Physical	Condition - 0	Other			H	Pedest	rian Action	ı - Other			
			4) 14/4 O TT	AVELING SOUTH				NARR.				4.011						
DRIV NE. DRIV COM DRIV	/ER / V1 ( /ER / /ER / /ER /	OF VOLUMENTS	1 STATED IDED INTO 1 HAD MIN OF INJUR 2 STATED 2 STATED	HE HAD A GREEN THE FRONT DRIV TOR CUTS AND SO Y BUT WAS TRAN HE WAS WAITING HE COLLIDED INT	I LIGHT, I VER SIDE RAPES I ISPORTE AT THE	LOOKE OF V2 TO HIS ED TO T RED LI	ED BOT AT THI ARMS THE HO IGHT AI	H DIRECTI E INTERSE BUT WAS SPITAL FO ND WHEN COUGH THI	ONS AND CTION. V NOT TRAI DR NAUSE IT TURNE E INTERSI	PROCE /1 ROLL NSPOR EA. D GREE ECTION	EEDED LED ON TED TO EN HE F	THRO TO T THE PROC ER O	OUGH HE DR HOSP EEEDE F V2 H	THE INTI IVER'S S PITAL. PA D THROU AD NO C	ERSECT BIDE OF ASSEN UGH TH	TION OF THE VE GER OF	HICLE. V1 HAD N	<b>10</b>
		Ту	pe De:	scription of Property a	nd Damage	•												
	er perty olved	, l	vner's Last N	lame				Owner's F	irst Name					Owner's M	∕liddle Na	me		
		Ov	vner's Street	Address			Owner's	S City				State	Zip	Code	Owner'	s Phone		
WITNESS			ast Name					ss's First Nar	me					's Middle N				Age
MI	Witne	ess's S	Street Addres	SS		Witness						Zip Co	ode	Witnes	ss's Phon	e		
VEH	NO.	Last N	Name		First N		IFORCE	EMENT AC	Middle N		NS	Vio	olation (	Common N	Name)		Action	
Time 23:5	Notifie		ime Arrived	Notified By DISPATCH						Supervis <b>NONE</b>	sor at Sc	ene						
Chec	ked B	•	Z, MATTHI	EW - 5/13/2019						1								
		gnatur			Officer's N					Rank P1C			ID N	umber 6		District 234	Report Da	
			_			-	-	_					_	_		_	_	





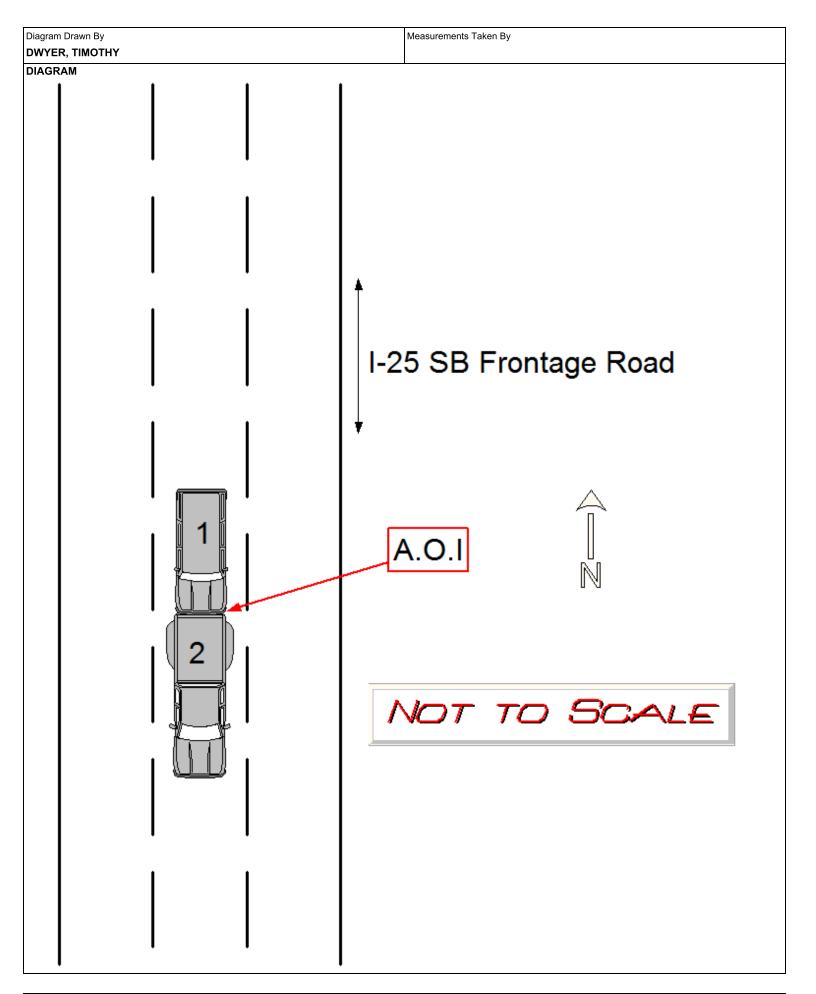
STATE OF NEW MEXICO UNIFORM CRASH REPORT

ALBUQUERQUE POLICE DEPT	
REPORTING DEPARTMENT	_

Privat	te Prop	erty?	П	atal		operty amage	Und	er \$500	0 Hit	and	Run?		Cas	se Num	ber: <b>19</b>	009	1872									
NO				njury	On		<b>✓</b> \$500	or Mo	ore NO	)				NMD	OT:					C/	AD Nu	m: <b>1</b> 9	927802	78		
Crash	n Date		Military T	ime	City	y Occurr	ed In									Cou	nty									
10/0	5/2019	)	07:49		AL	.BUQU	ERQUE	•								BEF	RNAL	ILLO								
Day c	of Week	(	Occurred	On:	(Route	e No. or	Name)						At I	Interse	ction W	/ith:								Т	ribal La	nd?
SAT	URDA	Y	FRONT	AGE	RD N	ΝE																		r	10	
Othe	r	Measu	rement	Direc	ction		Perman	ent Laı	ndmark	- Co	unty Lin	ie - Ir	ntersec	ction						Mil	lepost		Lat:			
		250 F	Т	NOF	RTH		MOUN	TAIN	RD N	Ε													Long:			
Crash	o Occur	red			Cras	h Classi	fication						А	nalysis	Code								ı			
ON F	ROAD	WAY			ОТН	IER VE	HICLE						2	3 - RE	AR E	ND (	COLL	/SAME	DIR							
	VEHIC	CLE N	0.	Uni	it Direc	ction	On:												Left to	he So e Cra	cene	Pos	ted Spe	ed S	Safe Spe	eed
	HEAD		01	so	UTH		FROM	ITAG	E RD I	NE									01 111	NO	3511:					
•	Driver's	s Last N	Name					Driver	r's First	Nam	ne			Driv	er's Mid	ddle I	Name		Driv	/er's	Street	Addr	ess			
	ROWI	E						BAIL	.EY					Α					612	2 CH	ARLI	ES P	L NW			
	Driver's	s Licen	se Numbe	er	State	Туре	Status	Restric	tions E	Endo	rsement	s E	Expires	<u></u>	City					5	State	Zip C	ode	Pho	ne	
	50743	2905			NM	D	v					c	06/06/	2023	ALBU	JQU	ERQI	JE		1	M	8710	7-0000	(50	5) 463-	0389
	Date of	f Birth	Occupa	tion					ı				:	Seat Pos	Age	Sex	k Ra	ce Injur	y OP Code	S	P Use	d Ai	rbag eploy E	jected	EMS	Med
	05/06/	/1994												LF	, 19			Cou	Code	Г	roperly	/  De	epioy   -	100.00	Num	Trans
001			ant's Nam										,		25	F	(	; o	6		YES		N	N	NA	ИО
	Pos	Occup	ant's Add	ess (	Street	City Sta	ite Zip)																			
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VEHICLE NO.							L																	ļ		
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•	Veh. Y	ear \	/ehicle Ma	ake			Color					Bod	y Style		go Bod	y \	√eh. L	lse1 Veh	. Use2	,	Veh. T		l?	Veh	icle Dis	abled
	2008	H	HONDA				BLUE	- BLU				sv		Тур	е			Р			YE				YES	
	Lic. Ye	ar S	State		Li	icense F	late Nur	nber		VIN						DO	T#			Da	amage HE		erity	1 1	amage A	Area 5
	2021	١	MM		N.	XR283				JHL	.RE387	'X8C	0421	18										12		6
•	Intersta	ate Car	rier?		Т	Towed B	у		· ·			Т	owed	То							Ext  DISA	ent DI E	n	11	10 9 8	7
					E	BONES	TOWI	NG &	SALV	AGE	<b></b>	1	05 D	ALE A	VE. N	ΕAI	LBUC	UERQ	JE, N		DISA	DLL		0	1,11,12	
	Numbe	er of		Gross	Vehic	cle/Com	b Weigh	Rating	g Ha	azMa	t Placard	d?	Haz	zmat Pl	acard 4	1-digi	t OR I	lazmat N	ame	AN	ID	1	I-digit#	HazN	/lat Rele	eased
	Axles																							NO		
	Carrier's Name								t Addre	ss							Carrie	r City						State	Carrie	r's Zip
	Owner'	's Last	Name					Owne	r's Firs	t Nan	ne			Owne	er's Mid	dle N	lame		Ow	ner's	Comp	any N	Name			
	ROWI	E						ANN						Н												
	Street	Addres	S					0	wner's	City							State	Owner 2	Zip	Owr	ner's P	hone				
		• •	Name of C		• /					•	umber				or Tov	ved	Туре	Year	Make		Lic. Y	ear	Lic State	) Lice	ense Nu	ım
	METR	ROPOL	_ITAN D	IREC	T	1	•		494	372	3522			Vehicle	es (1)											
	Trailer		red Type	Yea	r	Make	Lic.	Year	Lic Sta	ate	License	Nun	า		or Tov	ved	Type	Year	Make		Lic. Y	ear	Lic State	e Lice	ense Nu	ım
	Vehicle	es (2)												Vehicle	es (3)											
	VEHIC	CLE N			it Dired		On:												Left to		cene ash?	Pos	ted Spee	∍d S	Safe Spe	eed
	HEAD	ED	02	SC	UTH		FROM	ITAG	E RD I	NE										NO						
	Driver's	s Last N	Name					Driver	r's First	Nam	ne			Driv	er's Mid	ddle i	Name		Driv	/er's	Street	Addr	ess			

	FEIJC	O-M	ART	INEZ					JUL	.IO					G						410	)1 C(	ONSTA	NCE P	L NE			
ŀ	Driver's	s Lice	nse N	lumber	Sta	te Ty	/ре	Status	Restri	ictions	Endorse	ements	E>	xpires	<u> </u>	City						S	tate Zip	Code	PI	hone		
ŀ	50778				NM	I D	,	V	В				05	5/16/2		ALBU	IQU	ERQ					IM 87		`	505) 2		
	Date o <b>04/16</b> /			ccupat	ion										eat os <b>-F</b>	Age	Sex	k Ra	ice (	njury Code	OP Code	OF Pr	Used operly	Airbag Deploy	Ejecte	d EN		Med Trans
		Occi	pant's		e (Last F											63	М	ŀ	+	0	6	,	YES	N	N	N.	A	
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	√eh. Y <b>2006</b>	ear	Vehice FOR	cle Mal	ke			Color <b>GREE</b>	N C	DNI			3ody <b>PK</b>	Style	Car Typ	go Body e	y \	Veh. L		Veh.	Use2	\	eh. Tov	ved?	V	ehicle <b>N</b>	Disal I <b>O</b>	oled
L	Lic. Ye	ar	State			Licer		late Nu		KN	VIN		- K				DO	T#		Г	$\dashv$		mage S		1	Damag	ge Ar 3 4 5	ea
L	2019		NM			PSF	703				1FTS	W21P	16E	A0479	94							IV	Exter		12			6
	ntersta	ate Ca	arrier?			Tow	ed By	у					То	owed T	O							FU	JNCTIC	DNAL	·	11 <sub>10</sub> g <b>06</b>		7
	Numbe	er of		G	Gross Ve	hicle/	Comb	o Weigh	nt Ratir	ng F	HazMat F	Placard	?	Hazn	nat Pl	lacard 4	l-digi	t OR I	Hazm	at Naı	me	AN	D	1-digi	t# Ha	zMat F	Relea	sed
ļ	Axles Carrier	'c No	mo						Stron	et Addr	2000						1	Carrie	r Cit	,					N( Sta		rrior'	s Zip
	Same	5 INA	iiie						Street	at Addi	<b>C</b> 33							Carrie	ii City						Sie	ile Ca	airici	3 ZIP
	Owner FEIJC										st Name	)				er's Mid	dle N	lame			Ow	ner's	Compar	ny Name	,	,		
L	Street			INEZ					JUL	Owner's	s City				G			State	Owi	ner Zij	<u> </u>	Own	er's Pho	ne				
ŀ	4101	CON	STAI	NCE F	PL NE					ALBU	QUERO	QUE						NM	871	09-0	000	(505	5) 235- <sup>-</sup>	1950				
	nsured	-	•	e of Co	ompany)						olicy Num B <b>L6RW</b>	nber				r or Tow les (1)	ved i	Туре	Yea	r	Make		Lic. Yea	ar Lic S	tate L	icense	Nun	า
-	Trailer	or To		Туре	Year	М	lake	Lic	. Year	Lic S		cense N	Num	7	raile	r or Tow	ved	Туре	Yea	•	Make		Lic. Yea	ar Lic S	tate L	icense	Nun	1
4	Vehicle Seat	` '	ınant'e	Name	e (Last F	irct M	liddlo'	\ /						\	/ehicl	es (3)				nium	OP	Lor	P Used	Airbog		. EM	ic I	Med
'n	Pos	Occi	ipant's	Addre	ess (Stre	et Cit	y Sta	te Zip)	I							Age	Sex	( Ra	ice (	njury Code	Code	Pr	operly	Airbag Deploy	Ejected	Nui		Trans
	Lightin	-	-						ather							oad Cha		er						Grade	-			
-	VEH N			Conditi	on				EAR d Surfa	ace				Tra		TRAIG Control	п		Ro	ad La	ines F	Road	Design I			Design	<u> </u>	
	01		DRY		•						ER ANI	D EDG	ELI				LS			LAN			TED D		ONE	•		
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ĒR	HAD	NOT CON	SUME	D ALCOHOL				NO APP. DE				PEDESTRIAN	Not At	Intersection	<u> </u>			
DRIVER												EDES.	Not At	mersection	'			
	Breath	n Test Resu	ts			Driver Pl	hysical	Condition - O	ther				Pedest	rian Action	- Other			
ROAD	VEH I		Conditio		Road Surfa		AND		Traffic Con				Lanes	Road Des	Ü		d Design	
ĕ	02	DRY		APPARENT (				EDGE LIN	NO CON I	KUL3			ANES RIVER'S	PAINTE ACTIONS	ווייום ט		EWAY	EVENTS
_				, , <del></del>												FIRST EVENT	MVT	
EVENT	IMPR	OPER BA	CKING	<b>.</b>							BACK	ING				SECON		
																THIRD EVENT FOURT		
																EVENT		
		DF	RIVER/F	PEDESTRIAN/PEDAI SOBRIETY	LCYCLIST				PED/PEDA		ST			PEDESTRIA rsection	AN/PED	ALCYCLIS	ST ACTION	N
~				OODINETT				11110	ICAL CON	BITION		NA NA	At Inte	Section				
DRIVER	HAD	NOT CON	SUME	D ALCOHOL			1	NO APP. DE	EFECTS			PEDESTRIAN	Not At	Intersection	ו			
	Breath	n Test Resu	ts			Driver Pl	hysical	Condition - O	ther			B	Pedest	rian Action	- Other			
								NARRA	TIVE									
A STA	TOP E ONT O VED F (ISED T HE VER # LLIN(	EHIND IT F VEHICL ROM TE S THAT HE WAS TRY 2 WHY H G OUT. I C	DRIVIE # 1. SCENE WAS: ING TO E HAD HECK	IN. DRIVER # 1 S ER # 1 SAID THA DRIVER # 1 HAD  OFFICER L. AR STOPPED IN THE D KEEP IT FROM PUT HIS VEHICL ED THE ROADW, JARKS LEFT BY BRAKING AT THE	T SHE WAND COMING TO COMING THE PROPERTY OF TH	AS NOT PLAINT: 75 RESI LANE I G WHEI REVERS DID NOT NT TIRE	SURE S OF II PONDI DUE TO N HE V E AND SEE A	WHY, BUT NJURY AT ED AND SP O THE FAC WAS SUDD! D BACKED ANY SIGNS VEHICLE #	DRIVER THE SCE TOKE WIT T THAT V ENLY HIT UP AND I OF TIRE 1 THAT S	# 2 PU NE. VEI H DRIV /EHICL FROM DRIVER MARK SHOULI	T VEHIO HICLE : ER#2W BEHIN :#2W S LEFT D HAVE	CLE : # 1 H AS I /AS S ID BY OULD BY V	# 2 INT IAD HE HE SPO STALLI VEHIO VEHICI EN PRE	O REVER AVY FRO DKE SPAN NG OUT CLE # 1. ( ADVISE LE # 1 AT ESENT HA	RSE AN ONT ENI NISH OI ON HIM DFFICE THAT I TEMPT	D BACKI D DAMA NLY. DRI I. DRIVEI R ARMIJ HIS VEHI ING TO I	ED INTO GE AND IVER # 2 R # 2 SA IO ASKE ICLE WA BRAKE,	THE WAS ID ID AS NOR
		Туре	Desc	ription of Property ar	nd Damage													
	er perty olved	Owner's	Last Na	me				Owner's Fir	st Name					Owner's M	liddle Na	me		
		Owner's	Street A	ddress		C	Owner's	City				State	e Zip	Code	Owner's	s Phone		
ESS	Witne	ss's Last Na	ıme				Witnes	s's First Nam	е				Witness	's Middle N	ame			Age
WITNESS	Witne	ss's Street A	Address		,	Witness's	City				State	Zip Co	ode	Witness	s's Phone	е		
						ENF	ORCE	MENT ACT	ION - VIC	LATIO	NS							
VEH	NO.	_ast Name			First N	ame			Middle Na	ime		Vi	olation (	Common N	lame)		Action	
Time <b>07:4</b>	Notifie	d Time Ar	rived	Notified By  DISPATCH	<u> </u>					Supervis	sor at Sc	ene					<b> </b>	
Chec	ked By			<u> </u>														
		DON, SE	AN - 10	0/5/2019	1													
Office	er's Sig	nature			Officer's Na		łΥ			Rank P1/C			ID N	lumber 5		District <b>234</b>	Report D 10/05/20	
		A STATE OF THE PARTY OF THE PAR			- 11 1 LIX,		··			,0			170		[		10/03/20	- 10



Crash Report Number: 710565932	STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209
Case Number: 190091872	NM STATUTE 00-1-209



Crash Report Number: 710570258

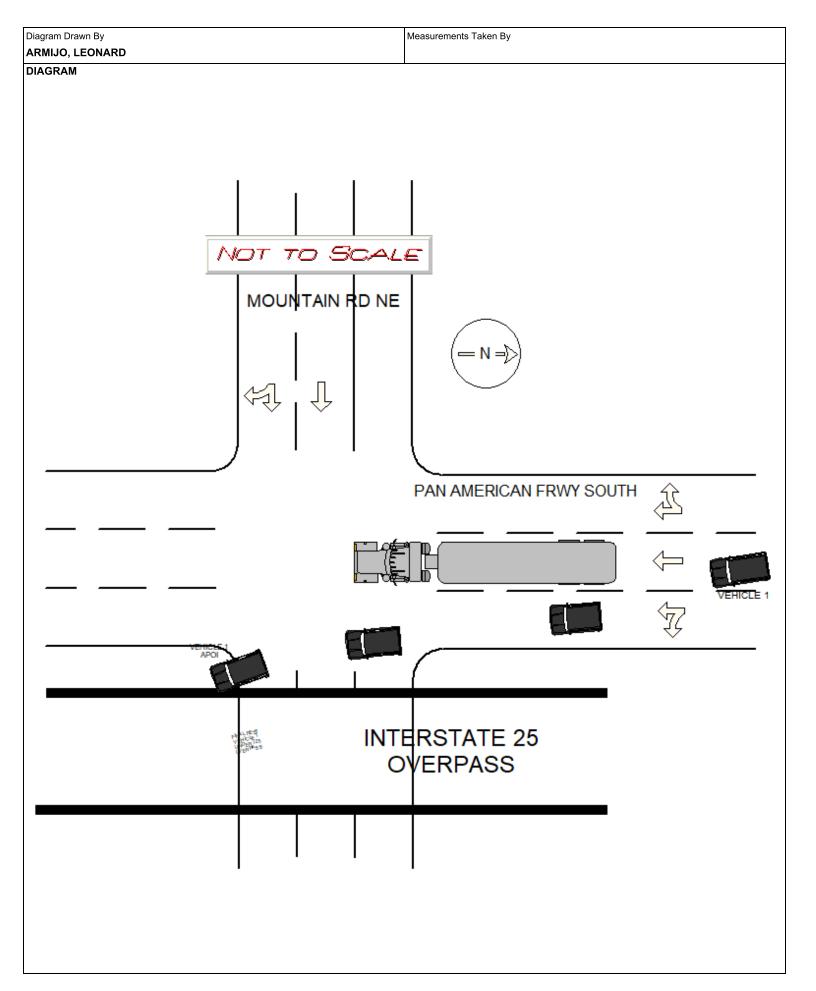
Case Number: 190082602

# ALBUQUERQUE POLICE DEPT REPORTING DEPARTMENT

STATE OF NEW MEXICO UNIFORM CRASH REPORT

	e Prop	erty?		atal jury	Proper Damag		_	er \$500 or More		nd Ru	ın?	С		mber: <b>19</b>	008	2602				T					
NO Crock	Date		Military Ti		Only City Oc			OI WOLC	NO				NM	DOT:	Cou	ntv				CAI	D Num:	192500	1758		
	7/ <b>201</b> 9	)	14:43	me	ALBU											RNAL	.ILL	.0							
Day c	f Week	(	Occurred	On: (	(Route No	or Nan	me)					Δ	At Inters	ection W	/ith:									Tribal La	nd?
SAT	URDA	Y	PAN AN	IERIO	CAN FW	sou	JTH					N	NOON	TAIN R	D NI	Ē								NO	
Othe				Direc	tion	Per	rmane	ent Land	mark -	Count	ty Line	- Inters	ection							Mile	post	Lá	at:		
Loca	tion	15 FT	•	EAS	Т	PA	N AI	MERIC	AN FV	VRY	AND	MOUN	TAIN I	RD NE								Lon	g:		
	Occur				Crash Cla								1	is Code											
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	Driver'	s Last I	Name					Driver's	First N	ame			Dri	ver's Mi	ddle	Name			Drive	r's S	treet Ad	dress			
	VELL	ANI						ADAM						_					9500	MC	DEST	O RD N	IE		
			se Numbe		State Typ		itus F	Restrictio	ns En	dorse	ments	Expir		City							ate Zip			one	
ŀ	51445		T <sub>0</sub>		NM D	V						10/2		ALBU	JQU	ERQ	JE	1	00	N			(50	05) 720-	
	Date o 09/29		Occupa STUDE										Seat Pos <b>LF</b>	Age	Se	k Ra	ice	Injury Code	OP Code	Pro	Used perly	Airbag Deploy	Ejected	EMS Num	Med Trans
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9	1 00	Оссир	ant's Addi	C33 (C	oli eet Oity	State 2	<u> </u>																		
VEHICLE																									
\E																									
											<u> </u>														
						1						1													
•	Veh. Y	oar \	/ehicle Ma	ko		Cole	lor					Body Stv	ulo ICa	rgo Bod	 	Veh I	leo1	Veh. U	502	\/ <sub>1</sub>	eh. Tow	ed?	Ve	hicle Dis	abled
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ŀ	Lic. Ye		State		Licens	e Plate				IN			ļ		DC	T#				Dan	nage Se	•	[ 1	Damage A	Area 5
	2020	١	MM		AFZY	97			5	XYZT	3LB6	JG569	976								HEAV		12		<b>7</b> 6
-	Interst	ate Car	rier?		Towe	d By						Towe	d To							_	Exten ISABL		1	1 10 9 8	7
					STA	R TOW	VING	;				601	coso	AV. SE	E AL	BUQ	UEF	RQUE,	NM	U	ISABL		01,02	03,11,12	,14,15
	Numbe Axles	er of	(	Gross	Vehicle/C	omb We	eight)	Rating	Hazi	Mat Pl	lacard'	? <u>H</u>	lazmat F	Placard 4	4-digi	t OR I	Hazr	mat Nam	ie	AND	)	1-digit		Mat Rele	ased
							ı																NC		
	Carrier	's Nam	ie					Street A	ddress	i						Carrie	er Ci	ty					Stat	e Carrie	r's Zip
•	Owner <b>VELL</b>	's Last	Name					Owner's	First N	Name			Owr	er's Mid	dle N	lame			Owne	er's C	Compan	y Name		1	
•	Street	Addres	s					Owr	ner's Ci	ity						State	Ov	wner Zip		Dwne	r's Pho	ne			
	9500	MODE	STO RD	NE				ALE	BUQU	IERQ	UE					NM	87	122	(	505)	720-1	430			
			Name of Co	•	ny)				Policy					er or Tov	ved	Туре	Yea	ar	Make	L	₋ic. Yea	r Lic Sta	ate Li	cense Nu	ım
-	Trailer	or Tow		Year	· Ma	ке	Lic.	Year Li	c State		ense N	Num	Traile	er or Tov	ved	Туре	Yea	ar	Make	L	₋ic. Yea	r Lic Sta	ate Li	cense Nu	ım
Veh.	Vehicle Seat	` '	ant's Nam ant's Addr	e (Las	st First Mic	dle) /							venio	cles (3)		, D-		Injury	OP		Used	Airbag	Ciontari	EMS	Med
Num	Pos	Occup	ant's Addr	ess (S	Street City	State Z	Zip)							Age	Sex	( Ra	ice	Injury Code	Code			Deploy	Ejected	Num	Trans
											1			-											

9	Lightin	ng			Weather	r			Road	d Charact	ter				Road G	rade		
COND	DAY	LIGH	IT		CLEAR	₹			STR	RAIGHT					ON GR	ADE		
	VEH N	NO. F	Road Condition	n	Road Su	ırface			Traffic Cor	itrol		Roa	d Lanes	Road D	esign Div	Road	d Design	
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		•		APPARENT (	CONTRIE	BUTING FA	CTOR	3				DI	RIVER'S	ACTION	3		NCE OF E	/ENTS
_																FIRST EVENT		
EVENT	AVOII	D NO	CONTACT	VEHICLE, EXCE	SSIVE S	SPEED					GOIN	G ST	RAIGH	Т		SECON EVENT		
				,,,												THIRD EVENT		
																FOURT EVENT		
			DRIVER/F	PEDESTRIAN/PEDA	LCYCLIS	T			PED/PED/		ST				RIAN/PED	ALCYCLIS	T ACTION	
				SOBRIETY				PHYS	ICAL CON	NOITIUI		- A	At Inte	rsection				
DRIVER	HAD	NOT	CONSUME	D ALCOHOL				NO APP. DE	FECTS			J PEDESTRIAN	Not At	Intersection	on			
	Breath	n Test	Results			Driver F	Physical	Condition - O	ther				Pedes	trian Actio	n - Other			
								NARRA	TIVE									
MY I RAT SOL TRA DAN	INTER E OF JTH. A ILER IAGE	RVIEV SPEI ACCO AND TO V	W WITH THE ED, AS VEI ORDING TO LOST CON /EHICLE OF	D NE. UPON MY E DRIVER AND W HICLE ONE APPE BOTH OF THE V TROL OF HIS VE NE. THE DRIVER FAMILY MEMBER	VITNESS ROACHE VITNESS EHICLE. HAD C	SES I WAS ED THE II SES DRIN THE VEI OMPLAIN	S ABL NTERS /ER OI HICLE NTS OI	E TO LEARI SECTION, A F VEHICLE ( CRASHED F A HEAD IN	N THAT \ TRACT( ONE SWI INTO THI IJURY, H	/EHICLE OR TRA ERVED E CONC IE WAS	E #1 W ILER V TO GO RETE TREA	AS S VAS I ARC BRID TED	OUTH N THE DUND T OGE SU AT THE	ON PAN CENTER THE SLO JPPORT E SCENE	AMERION LANE WER MONTH MICH	CAN FRW ALSO TR OVING TF CAUSED 'EHICLE'	/Y AT A H AVELING RACTOR HEAVY	IGH
		Type Description of Property and Damage																
	er perty olved	Ow	vner's Last Na	me				Owner's Fir	st Name					Owner's	Middle Na	ame		
		Ow	vner's Street A	ddress			Owner's	s City				Stat	e Zip	Code	Owner	's Phone		
SS			ast Name			•		ss's First Nam	e				Witnes	s's Middle	Name			Age
TNESS	Witne					Witness'	BEN s City				State	Zin C	ode	Witne	ss's Phor	10		
₹	***************************************					TVIII 1000	o ony				Otato	Lip 0			450-23			
WITNESS	Witne:		ast Name				Witne CHE	ss's First Nam <b>RYL</b>	e				Witnes	s's Middle	Name			Age
WITN	Witne	ss's S	Street Address			Witness'	s City				State	Zip C	ode		ss's Phor <b>544-62</b> 3			
						ENI	FORC	EMENT ACT	ION - VIC	DLATIO	NS			•				
VEH	NO. L	Last N	lame		First	t Name			Middle Na	ame		٧	iolation	(Common	Name)		Action	
Time	Motifica	d Ti	ime Arrived 4:52	Notified By						Supervis	sor at So	cene						
14:4		14	4.32	COMMUNICATION	ONS					NONE								
<b>14:4</b> Chec	<b>3</b> ked By	,			ONS													
14:4 Chec 1271	<b>3</b> ked By	DON	I, SEAN - 9/		Officer's	Name							ID I	Number		District	Report Dat	e





STATE OF NEW MEXICO UNIFORM CRASH REPORT

ALBUQUERQUE POLICE DEPT
REPORTING DEPARTMENT

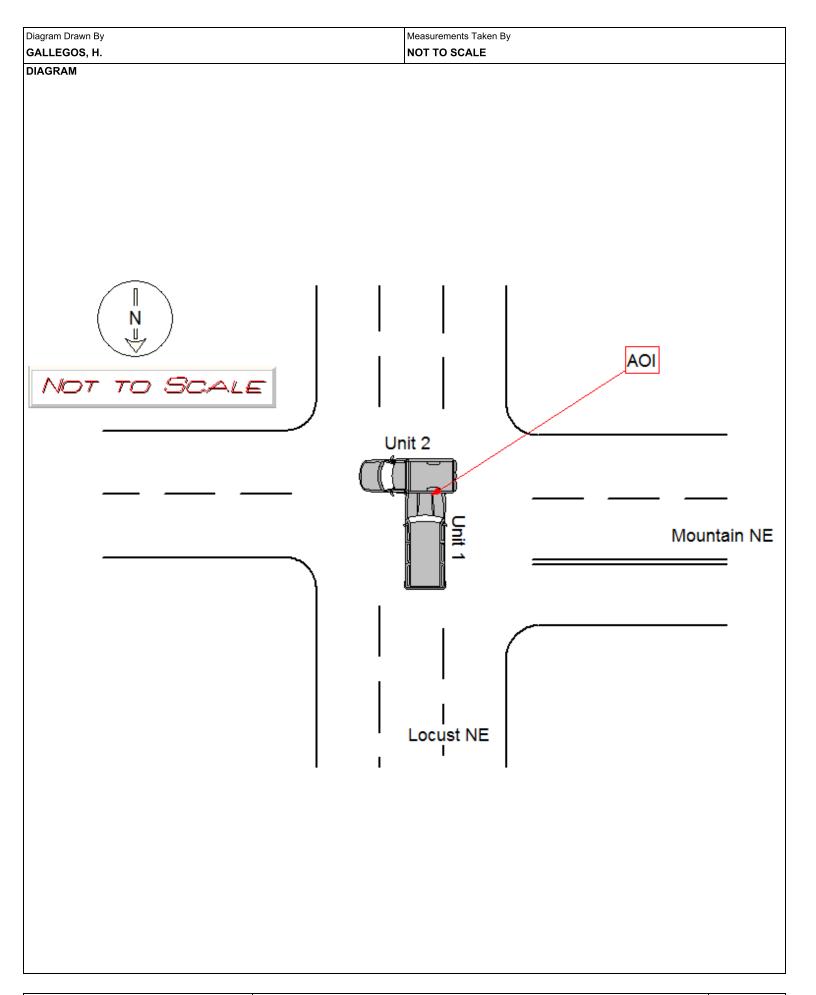
Priva	te Prop	erty?	F	atal		operty mage	1 1	er \$500		and F	Run?		Cas	se Num	ber: <b>19</b>	008	3125										
NO				njury	On		<b>✓</b> \$50	0 or Mor	e NC	<b>)</b>				NME	от:						CAD N	um: <b>1</b>	92520	561			
Crash	n Date		Military T	ime	City	Occurr	ed In									Cou	inty										
09/0	9/2019	)	10:56		AL	BUQU	ERQUI	<b></b>								BEI	RNA	LILL	.0								
Day o	of Week		Occurred	On:	(Route	e No. or	Name)						At	Interse	ction W	/ith:									Triba	al Lan	d?
MON	IDAY		LOCUS	T ST									MC	OUNT	AIN RI	D NI	E								NO		
Othe	er	Measu	rement	Direc	ction		Permar	ent Lan	dmark	- Cou	unty Lir	ie - I	Interse	ction							Milepos	t	La	at:			
Loca	ation																						Lon	g:			
Crash	n Occur	red			Cras	h Classi	fication						А	Analysis	Code												
ON F	ROADI	WAY			ОТН	IER VE	HICLE						0	)1 - B(	OTH G	OIN	G S	ΓRA	IGHT/E	NTER	ING AT	ANG	ELE				
	VEHIC	CLE N	0.	Uni	it Direc	ction	On:													Left th	e Scene Crash?	Pos	ted Sp	eed	Safe	Spee	ed
	HEAD	ED	01	SC	UTH		LOC	JST ST	•												10						
	Driver's	s Last N	Name	•			•	Driver's	s First	Name	е			Driv	er's Mid	ddle	Name	)	•	Drive	r's Stree	t Addı	ess				
	SHIRL	_EY						MEGA	٨N					GL	ENHA	BAH	1			31 0	REEN	MEA	DOW	RD			
	Driver's	s Licen	se Numbe	er	State	Туре	Status	Restricti	ions E	Endors	sement	s	Expires	S	City					•	State	Zip C	ode	Ph	one		
	51377	7213			NM	D	٧						10/23/	/2019	YATA	HE'	Y				NM	8737	75-000	00			
	Date of	f Birth	Occupa	ition										Seat Pos	Age	Se	x R	ace	Injury Code	OP Code	OP Use Proper	ed A	irbag eploy	Ejected		MS um	Med Trans
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EHICLE																									$\top$		
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						J					•														1		
	Veh. Y	ear \	/ehicle Ma	ake			Color					Boo	dy Style		go Bod	y ,	Veh.	Use1	Veh. L	Jse2	Veh.		d?	Ve		Disa	bled
	2013	7	OYOTA				RED -	RED				PK		Тур	е				Р			ES				ES	
	Lic. Ye	ar S	State		Li	cense F	late Nu	mber		VIN						DC	T#				Damag	e Sev AVY	erity	1 1	Jama 2	ige Ai	ea
	2020	١	MM		88	34RLP				JTE	BU5JF	R8D	51386	641										12			<b>)</b> 6
	Intersta	ate Car	rier?		Т	owed B	у						Towed	То								ktent <b>\BLE</b>	'n	1	1 10		7
					N	/IACY'S	S TOW	ING				ŀ	106 RI	IO BR	AVO E	BL S	E				Dior	,DLL			12	2	
	Numbe	er of		Gross	Vehic	le/Com	b Weigh	t Rating	На	azMat	Placar	d?	Haz	zmat Pl	acard 4	1-digi	it OR	Hazı	mat Nan	ne	AND		1-digit :	# Haz	zMat	Relea	sed
	Axles																							NC	<u> </u>		
	Carrier	's Nam	е					Street	Addre	SS							Carri	er Ci	ty					Stat	e C	arrier	's Zip
														1						-							
	Owner'							Owner'		t Nam	ne			Owne	er's Mid	dle N	lame			Own	er's Com	pany	Name				
			I-SHIRL	EY				WINO																			
	Street								ner's	•							State		wner Zip	(	Owner's I	Phone	)				
	РО В							ST	MIC								ΑZ	┰┷	5511								
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	Driver's	s Last l	vame					Driver's	s rirst	ıvame	ㅂ			DLIA	er's Mic	uuie I	ıvame	;		DLINE	r's Stree	ı Addı	ess				

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	07/24													LF	Age	36		ace	Code	Code	P	roperly	Deploy	, Ejeciei	Num	Trans
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	Lic. Ye <b>2019</b>	ar	State CO			icense l	Plate Nu <b>∆</b>	mber		VIN 1GC	1CXC	G71	BF1658	864		DO	Т#					ODER		1 12	2 3 4	5 1 1 6
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	Carrier	's Na	me					Stree	et Addr	ress						Į,	Carrie	er Ci	tv					NC Sta		er's Zip
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	Owner			ne				Own	er's Fir	rst Nam	е			Own	er's Mid	dle N	ame			Ow	ner's	Compar	ny Namo	9		
	DUST							 	Owner'	's City						I.	State	Ov	vner Zi		Owr	ner's Pho	ne			
				IICK A	VE				PUEB	-							CO		001	þ	OWI	101 3 1 110	, i i i			
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				MUTUA		1	-			352498					les (1)											
	Trailer Vehicle			Type Y	ear	Make	Lic	. Year	Lic S	state L	icense	Nu			r or Tov les (3)	ved	ıype	Yea	ar	Make	)	Lic. Yea	ar Lic S	state L	icense N	um
		Occi	ipant's	Name ( Addres	(Last Fir	st Middle	e) /								Age	Sex	R	ace	Injury Code	OP Code	Ol	P Used roperly	Airbag Deploy	, Ejected	EMS	Med
า	Pos	Occi	рапта	Addres	13 (01166	t Oily Oi	ate Zip)												Code	Code	; [	торену	Deploy	1	Num	Trans
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		i			Al	PPAREI	NT CON	TRIBU	TING	FACTO	RS								DRIV	ER'S A	CTIO	NS			ICE OF E	EVENTS
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			DF	IVER/PI		RIAN/PE BRIETY	DALCY	CLIST					IVER/PE				T_		Δt	PE			PEDALC	YCLIST	ACTION	1
1																										

Crash Report Number: 710570897	STATE OF NEW MEXICO UNIFORM CRASH REPOR' NM STATUTE 66-7-209
Case Number: 190083125	NM STATUTE 60-7-209 NMDOT COPY

DRIVER	HAD	NOT CONS	SUMED ALCOHOL			ı	NO APP. D	EFECTS			PEDESTRIAN	Not At I	ntersection				
D	Breath	Test Results	3		Driver Ph	nysical	Condition - O	ther			- BEI	Pedestr	ian Action - 0	Other			
ROAD	VEH N	IO. Road Co	ondition	Road Sur	face CENTER	STRIE	PE	Traffic Con		LS		Lanes	Road Desig		Road OTH	l Design	
		•	APPARENT	CONTRIBL	JTING FAC	CTORS					DR	IVER'S	ACTIONS	S	EQUE	NCE OF E	EVENTS
															IRST VENT		
EVENT	DRIVE	ER INATTE	NTION							GOIN	G STF	RAIGHT		S	SECON EVENT	ID	
														E	HIRD VENT	'H	
														E	VENT		
		DRI'	VER/PEDESTRIAN/PEDA SOBRIETY	LCYCLIST	-			PED/PEDA SICAL CON		ST	Z.	At Inters	EDESTRIAN section	I/PEDALC	YCLIS	T ACTION	1
DRIVER	HAD	NOT CONS	SUMED ALCOHOL			ı	NO APP. DI	EFECTS			PEDESTRIAN	Not At I	ntersection				
	Breath	Test Results	;		Driver Ph	nysical	Condition - O	ther				Pedestr	ian Action - 0	Other			
					•		NARRA	TIVE									
LOC	UST S	ST NE. COI	57 HOURS, I WAS DIS MMENTS ON THE CAL TH BOTH DRIVERS A	L STATE	D THAT	OWT	VEHICLES	HAD BEE	EN INVO								
STA SHE THE	TED T STAT TIRE.	THAT SHE I TED THAT ' #1 WAS TF	RAVELING SOUTHBOOM HAD A GREEN LIGHT VEHICLE #1 WAS GOOM RAVELING EASTBOUM WENT THROUGH THE	WHEN S ING EAS <sup>T</sup> ND ON M	HE WAS TBOUND OUNTAIN	GOIN ON M	G THROUGIOUNTAIN	SH THE IN NE. SHE ( ING THE	ITERSE COLLID INTERS	CTION ED WI	I. AS S TH VE ON WI	SHE WE	ENT THRO #2 ON ITS	UGH THI LEFT R	E INTI EAR I	ERSECT FENDER	ION NEAR
WIT	NESSI	ES STATEI	O THAT VEHICLE #1 H	IAD THE	GREEN I	LIGHT	•										
VEH	ICLE :	#1 WAS TO	WED.														
		Туре	Description of Property a	nd Damage	е												
	er perty olved	Owner's La	ast Name				Owner's Fir	st Name					Owner's Midd	dle Name			
		Owner's S	treet Address		C	wner's	City				State	e Zip 0	Code	wner's Ph	ione		
တ္	Witnes	ss's Last Nan	ne			Witnes	ss's First Nam	ie			,	Witness'	s Middle Nan	ne			Age
NES													_				
WITNESS	Witnes	ss's Street Ad	Idress		Witness's					State	Zip Co	ode	Witness's	Phone			
=				l=		ORCE	MENT ACT			NS	ls a					I	
VEH		ast Name		First	Name			Middle Na				olation (C	Common Nar	ne)		Action	
	Notified	11:10	ved Notified By  APD DISPATCH						Supervis NONE	sor at So	cene						
	ked By		I						NONE								
			A.C 10/3/2019						1							1	
Office	er's Sigr	nature ∄.	<i>├</i> ~	Officer's N					Rank P1C			ID No <b>462</b> 9	umber <b>9</b>	Dist. <b>234</b>		Report D. 09/09/20	
Cras	sh Rep	ort Number: 7	10570897			S	TATE OF N	IEW MEX	ICO UN	IFORM	I CRA	SH RE	PORT				

Case Number: 190083125



CRASH
INVESTIGATION
SH 10070
Rt. July 2018
NAMEOTUCE
E July 2018

## ALBUQUERQUE POLICE DEPT

STATE OF NEW MEXICO UNIFORM CRASH REPORT

100	— E	JULY_	_2018		<u> </u>						REPOR	RTING D	EPARIME	NI									′ '	0300	•••	
Priva	ite Prope	erty	Fata	l Prop		Unde	er \$500		Hit-and-F School B		ectly Involv	ved	Case Num	nber: <b>2</b> (	0010	032	2			CAE	) Num	n: <b>2035</b>	0132	4		
Seco	ndary C	Crash	Injur		Only 🗸	\$500	or More				lirectly Invo	1.2	Agency: '	1 - ALI	BUQ	UEF	RQUE	POLI	CE DE	PAR	ТМЕ	NT				
Crash D	Date		Crash T	Time	City Oc	curre	ed In					1			Cou	nty										
12/15/2	2020		2134		ALBU	QUE	ERQU	E							BEI	RNA	ALILLO	)								
Day of \	Neek		Occurre	ed On: (I	Route No	o. or	Name)							At Int	ersec	tion	With:									
TUES	DAY		LOCU	ST ST I	NE									MOL	JNTA	AIN	RD NE	•				T				
Other		/leasu	rement	Direct	ion		Permar	nent L	andma	rk - C	ounty Lin	e - Inte	rsection -	Milepo	st								Lat:			
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TRA	4FF	=10		NIT	01																					
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Driver's									Oriver's DESIR		Name						-	river's IICOL		Nam	е					
Driver's			ess						City								_		<b>E</b> Zip Co	de		Phone				
7423 V				E					•	QUEI	RQUE								87113			(505) 8	59-89	915		
Date of	Birth	Drive	er's Lice	ense Nur	nber S	tate	Туре	CDL	Statu	s Re	strictions	Endo	rsements	Expi	res		Interloc	k Occ	upatio	n						
06/22/			50162	5	N	M	D	N	V	1,			1		2/20	22	NO									
Incident	Respo	onder									# of Occu	upants	Seat Po	s Age	S	ex	Race	Injury Code	OF Cod		OP sed	Airbag Deploy	Eject		MS mber	Med Trans
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- 1	Vehicle			<i>)</i>		V	ehicle N	/lodel				Col	or	Veh U	se1	Veh	Use2	Veh U	se3	V	eh. To	wed?		Veh. I	Disable	d?
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Gross V	ehicle/	/Comb	Weigh	t Rating	HazMa (Cargo				Mat Re		d Hazı	mat Pla	card 4-di	git OR I	Hazma	at Na	ame	AN	D		1	-digit #	DOT	#		
State #			Numb				e Code	ļ .																		
Otate #			of Axl		Carrier	тур	e Code																			
Carrier's	s Name	<del></del>					Stre	et Ado	dress						Carrie	er Ci	ty						State	Carrie	er's Zip	)
																	•									
Owner's	Last N	Name					Owr	er's F	irst Nar	me			Owne	r's Midd	lle Na	ame			Owne	er's Co	mpar	ny Name	9	I		
HERN	ANDE	Z					DES	SIRE	E				NICC	LE												
Street A	ddress	3						Owne	r's City						State	Ov	wner Zi	)		Owne	er's Ph	none				
7423 V	IA DE	SIRE	ETO NI	E				ALBI	JQUE	RQU	E				NM	Ш.	7113-0	000		(505)	859	-8915				
Insured	By: (N	ame c	of Comp	any)					olicy N	umbe	er		Trailer c		d Ty	ре	Year	Ma	ake	Lic	Year	Lic Sta	ate l	icense	Num	
NONE				,					IONE				Vehicles	s (1)												
Trailer o		ed Ty	/pe Ye	ear	Make	Li	ic Year	Lic	State	Licer	nse Num		Trailer o		d <sup>Ty</sup>	pe	Year	Ma	ake	Lic	Year	Lic Sta	ate  L	icense	Num	

Con	ditio	n Info	orma	tion																				
Light	ing				Wea	ather								Interse	ection <sup>*</sup>	Туре			Relation	on To Ju	ınction			
DAR	K LIG	HTED			CL	EAR	2							FOU	R-WA	Y			INTE	RSECT	ION			
Work	Zone I	Location			•		Work	Zone	Туре					Worke	ers Pre	sent	Lav	w Enfo	rcemen	t Presen	nt			
Road	Chara	cter	Road	Grade	Road	Cond	dition				F	Road S	Surface					Т	raffic C	ontrol				
STR	AIGH	Т	LEVE	L	DRY						F	PAVE	D CENT	ER AN	ID ED	GE L	INE	1	RAFF	IC SIG	NALS			
Road	Lanes	}			Road	Desi	gn Div				F	Road E	Design											
4+ L	ANES	3			PAIN	ITEC	DIVI	DER	(>4 FT)	)	1	rwo-	WAY, N	OT DI	/IDED	)								
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																						EVENT	1	
																						MHE	MVT	
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l					۵.																			
HAL	NOI	CONS	JMED	ALCOH	OL					NO	APP. C	)EFE	CIS				Acti	ons at	Time of	f Crash				
Breat	th Test	Results					Driver	Phys	sical Con	dition -	- Other						Loc	ation a	t Time	of Crash	l			
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	ICLE			V Type					Di	irection	n On:									Left Sce	ene Pos	sted Spe	eed Safe	Speed
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GRII									NICOME															
		et Addre	ess					_	City								Sta	ate Zi	ip Code	)	Phone			
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	of Birth		er's Lice	ense Numl	ber St	ate	Туре		Status	,		Endor	rsements	Expir	es	Inte	erlock		pation		(/			
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Incide	ent Res	sponder						<u> </u>	ı	# (	of Occup	oants	Seat Pos	Age	Sex	R	ace	Injury	OP	OP	Airbag	Ejecte	d EMS	Med
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-		Cargo E	Rody	Lic. Year	Stat				License F	Plate N	Jumber		VIN							Damage	Severity		1 2 3 4	1 5
MT	O.y.o	Type	ody	2099	NM				G-8319		<b>Tambo</b>		1FDUI	F4HT1	BEB3	3907	,			HEA Ext		12		6
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Gros	s Vehic	cle/Comb	Weigh	t Rating	HazMa (Cargo				Mat Rele go Only)		Hazm	at Pla	card 4-dig	it OR H	lazmat	Name	Э	AND			1-digit #	DOT#	ŧ	
State	#		Numb of Axl		Carrier	Турє	e Code														1	1		
Carri	orle Nic	mo					Ct	et Ado	dross					12	Carrier-	City					ı	State I	Carriaria 3	'in
Carri	er's Na	iile					Stree	51 AQ(	u ess						Carrier	UILY						Sidle	Carrier's Z	.ip

Crash Report Number: 710580111

Case Number: 200100322

Owner's Last Name				Ow	ner's First	Name			Owner	's Midd	lle Na	ame			Ow	/ner's	Company	/ Name		
SANTO DOMING	O PUEBLO I	EMS													SA	NTO	DOMIN	IGO PUE	BLO	EMS
Street Address					Owner's C	City					State	e O	wner	Zip		Ow	ner's Pho	one		
PO BOX 88					SANTO	DOMI	INGO PU	EBLO			NM	87	7052							
Insured By: (Name of	of Company)				Polic	y Numl	ber		Trailer or	r Towe	d Ty	ype	Yea	r	Make	L	ic Year	Lic State	Licer	nse Num
BERGER BRIGG	S INSURAN	CE			PCA	9500	299-11		Vehicles	(1)										
Trailer or Towed Vehicles (2)	/pe Year	Make		Lic Yeaı	r Lic State	e Lic	ense Num		Trailer or Vehicles		d T	ype	Yea	r l	Make	L	ic Year	Lic State	Licer	nse Num
Condition Info	ormation	ı	·			ı													ı	
Lighting		,	Weath	er						Inters	ectio	n Ty	/ре		Re	elation	n To Juno	ction		
DARK LIGHTED		(	CLEA	\R						FOU	R-W	/AY			IN	NTER	SECTIO	ON		
Work Zone Location				Work	k Zone Typ	oe				Work	ers P	rese	ent	Law E	nforce	ment l	Present			
Road Character	Road Grade	Ro	oad Co	ondition				Road S	Surface	1					Traf	ffic Co	ntrol			
STRAIGHT	DOWNHILL	. D	RY					PAVE	D CENT	ER AI	ND E	ΞDG	E LI	NE	TRA	AFFI	C SIGN	ALS		
Road Lanes	•	Ro	oad De	esign Di	v			Road D	Design						•					
3 LANES		U	NDIV	IDED				ONE-	WAY											
	AP	PARE	NT CC	NTRIB	UTING FA	CTOR	S							RIVER	S'S ACT	TIONS	3			CE OF EVENTS
																		FIR EVE		MVT
																		SEC EVE	COND	
FAILED TO YIEL	D RIGHT-OF	-WAY	,								GOII	NG	STR	AIGH	т			THI	RD	
																			JRTH ENT	
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					-				/						DEL	DEST	RIANI/DE	DALCYCL		
DRIV	ER/PEDESTR SOBI	IAN/PE RIETY	DALC	YCLIST			DF		ED/PEDA CAL CON					Г	$\overline{}$	nterse		I I		Intersection
														Actions						
LIAD NOT CONS	IMED ALOO						NO ADD	DEEE	0.00											
HAD NOT CONS	DIMED ALCO	HOL					NO APP.	DEFE	CIS				•	Actions	at Tim	ne of (	Crash			
Breath Test Results				Drive	er Physical	l Condi	ition - Othe	r						Locatio	on at Ti	ime of	f Crash			
NARRAT	IVE																			
ON 12/15/2020, I V AMBULANCE ANI WITH ALL INVOL' AMBULANCE #36	D A PASSEN VED PARTIES	GER V S AND	/EHIC	LE. TH E COM	E AMBUL PLAINED	LANCE OF IN	E WAS IN	THE P	ROCESS	OF T	RAN	SPC	DRTII	NG A F	PATIE	NT TO	O UNM I	HOSPITA	L. I CH	HECKED
I SPOKE WITH DE SIGNAL TURNED SOUTHBOUND A' HEAVY DAMAGE ACME IMPOUND.	GREEN AND T A HIGH RA	SHE TE OF	STAR SPE	TED D	RIVING IN JTHBOUN	NTO T ND ON	HE INTER	RSECTION OF AND O	ON. DRI\ COLLIDE	/ER 1 D WIT	STA H TI	TEC HE F	O AT RIGH	THAT	TIME, E OF V	, VEH VEHIC	IICLE 2 V	WAS DRI EHICLE	VING 1 SUS	TAINED
I SPOKE WITH DE SPEED WITH HIS GREEN AT MOUN THE INTERSECTI SAW VEHICLE 10 STOP COMPLETE FRONT BUMPER/	EMERGENC' ITAIN RD. DR ON, SO HE S CROSSING T ELY. DRIVER	Y LIGH RIVER PED U HE IN 2 STA	HTS A 2 STA IP TO TERSI TED I	ND SIF ATED A CLEAI ECTION HE COI	RENS ACT S HE GO R THE INT N WESTB LLIDED W	TIVAT OT CLO TERSE BOUND WITH V	ED. DRIVI OSER, THI ECTION B D. DRIVER /EHICLE 1	ER 2 STE LIGHT BEFORE R 2 STA 1 IN TH	TATED H T TURNE E ANY VE TED HE E INTER	IE EXI ED RE EHICL APPL SECTI	TED D. DI ES A IED <sup>-</sup> ON.	I-25 RIVI ARRI THE VEH	S SO ER 2 IVED BR/ HICL	UTHBO STAT D. DRIV AKES E 2 SU	OUND ED HE 'ER 2 : TO AT ISTAIN	ONTO E DID STAT TEMI NED I	O LOCU N'T SEE IED AT PT TO S MODER	ST AND ANYON THE LAS TOP, BU	THE L E APP T SEC T WAS	IGHT WAS ROACHING OND, HE S UNABLE TO
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Crash Report Number: 710580111	STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209
Case Number: 200100322	NMDOT COPY

CONCLUSION										
Time Notified	Time Arrived Notified B		Notified By	Ву		Supervisor at Scene				
2134	2147 SANDO		VAL COUNTY		NONE					
Time Roadway Cl	eared	d Time Incident Cleared		Checked	necked By					
2310		2330 5074 -		5074 - C	OLLQUIST, RENEE - 12/19/2020					
Officer's Signature					Officer's Name	Rank	ID Number	District	Report Date	
Duf					GONSALEZ, DAVID	P1C	6644	234	12/15/2020	

DIAGRAM		
Diagram Drawn By	Measurements Taken By	
GONSALEZ, DAVID		
DIAGRAM		
Crash Report Number: 710580111	STATE OF NEW MEXICO UNIFORM CRASH REPORT	
Case Number: 200100322	STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209 NMDOT COPY	Sheet 5 Of 5



#### ALBUQUERQUE POLICE DEPT

STATE OF NEW MEXICO UNIFORM CRASH REPORT

710581577

a miran and				ALBUQUERQ	DE POLICE DEF	1	
				REPORTING	DEPARTMENT		710
Private Property?	Fatal	Property Damage	prider \$300	Hit and Run?	Case Number:20	0002713	
NO	Injury	Only	\$500 or More	NO	NMDOT:		CAD Num: 200090848
Crash Date	Military Time	City Occurr	red In			County	

Cı 01/09/2020 15:16 ALBUQUERQUE **BERNALILLO** Day of Week Occurred On: (Route No. or Name) At Intersection With: Tribal Land? **THURSDAY** I-25 SB FRONTAGE MOUNTAIN RD NE NO Permanent Landmark - County Line - Intersection Measurement Direction Milepost Lat: Other Location Long: Crash Occurred Crash Classification Analysis Code ON ROADWAY **OTHER VEHICLE** 01 - BOTH GOING STRAIGHT/ENTERING AT ANGLE Left the Scene of the Crash? Unit Direction On: Posted Speed Safe Speed VEHICLE NO. SOUTH 01 I-25 SB FRONTAGE NO 45 **HEADED** Driver's Last Name Driver's First Name Driver's Middle Name Driver's Street Address **PADILLA** CARMEN 2536 CHEROKEE CIR Driver's License Number State Туре Status Restrictions Endorsements Expires City State Zip Code Phone LAS CRUCES 502055682 NM D В 09/06/2022 NM 88011-0000 (575) 640-1040 Date of Birth Seat Pos OP Code OP Used Properly Airbag Deploy **EMS** Med Occupation Injury Code Race Age Sex **Ejected** Num Trans 08/07/1988 LF 001 0 YES Occupant's Name (Last First Middle) 31 F 0 6 N N Seat Pos Occupant's Address (Street City State Zip) VEHICLE NO. **ALTAMARANO ADRIAN** RR **YES** 6 M 0 0 6 Ν Ν BACA **RAYLENE** LR 10 F 0 0 6 YES N N Veh. Towed? Vehicle Disabled Veh. Year Vehicle Make Color Body Style Cargo Body Veh. Use1 Veh. Use2 Type YES YES **HYUNDAI BLUE - BLU** PC 2011 Damage Severity Damage Area VIN License Plate Number DOT# Lic. Year State **UNKNOWN** 2020 NM 405WMW 5NPEC4AB0BH315665 Extent Interstate Carrier? Towed By Towed To 11 10 9 8 7 **UNKNOWN** OWNER REQUEST **OWNER DESTINATION** 12 Gross Vehicle/Comb Weight Rating HazMat Placard? Hazmat Placard 4-digit OR Hazmat Name AND 1-digit # HazMat Released Number of Axles 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 **PADILLA** CARMEN Street Address Owner's City Owner Zip Owner's Phone State **2536 CHEROKEE CIR** LAS CRUCES MM 88011-0000 (575) 640-1040 Insured By: (Name of Company) Policy Number Гуре Year Make ic. Year Lic State License Num Trailer or Towed **PROGRESSIVE** Vehicles (1) 914851881 Year Make Lic. Year Lic State License Num Year Make ic. Year Lic State License Num Type ype Trailer or Towed Trailer or Towed Vehicles (2) Vehicles (3) Left the Scene of the Crash? Unit Direction On: Posted Speed Safe Speed VEHICLE NO. MOUNTAIN RD NE 02 WEST 25 **HEADED** NO Driver's Last Name Driver's First Name Driver's Middle Name Driver's Street Address

Crash Report Number: 710581577

Case Number: 200002713

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	owner <b>.ADN</b>		t Nam	е						ner's Fi		ne				er's Mid HAEL		Name	Э		C	)wner	's Comp	any N	lame			
S	Street	Addre	ss							Owner	's City							Stat	e O	wner Z	Zip	O۱	vner's Pl	none				
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DRIVER	HAD	NOT CON	SUME	D ALCOHOL				NO APP. D	EFECTS			PEDESTRIAN	Not At	Intersection	n			
	Breath	n Test Resu	lts			Driver F	Physical	Condition - C	Other			- H	Pedest	rian Action	- Other			
ROAD	VEH N	NO. Road  DRY	Conditio			CENTE		EDGE LIN	Traffic Cor		LS	2 L/	d Lanes	Road De:	D DIVII	DE OTI	d Design HER	
				APPARENT	CONTRIBL	JTING FA	ACTORS	3				DF	RIVER'S	ACTIONS			ENCE OF	EVENTS
EVENT																FIRST EVEN	ND	Γ
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																FOUR'	Γ	
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				SOBRIETT				FIII	SICAL CON	IDITION		- z	At Intel	rsection				
DRIVER	HAD	NOT CON	SUME	D ALCOHOL				NO APP. D	EFECTS			PEDESTRIAN	Not At	Intersection	n			
	Breath	n Test Resu	lts			Driver F	Physical	Condition - C	Other				Pedest	rian Action	- Other			
								NARRA	ATIVE									
DRI'AREINTI	INTE LIGH VER 2 EA AN ERSE NESS ONTAC I THE	RSECTIO IT AND SI STATED D THOUG CTION, VE 1 STATE GE ROAD RED LIGH	N DUE HE WA HE WA HT TH EHICLE D SHE HAD J HT FOR	VAS TRAVELING TO THE LIGHT E S UNABLE TO A  AS TRAVELING W E LIGHT WAS GI E 1 STRUCK THE WAS BEHIND WE UST TURNED GI R WB MOUNTAIN TOWED FROM TH	BEING GE VOID THI VB ON M REEN AS PASSEN EHICLE 1 REEN, SO I RD NE A	REEN. C E COLL OUNTA HE EN' IGER SI WHEN VEHIC AND VE	ORIVER ISION. IN RD I TERED DE OF SHE OF LE 1 P HICLE	NE WHEN TO THE INTEL OF THE INT	THAT WITHE COLL RSECTION LE. THE COL D THROU ABLE TO	HEN SH LISION ( N. DRIV LISION IGH THI	OCCUF ER 2 S OCCU INTE	RRED STATI JR. W RSEC	D THE I	ER 2 STA T ONCE	CTION, TED HI HE WA	VEHICL E WAS N S IN THI	E 2 RAN IOT FRO E FOR TH	N THE  DM THE  E SB
ALL	SUB	Type	-	ription of Property a			KEFUS	ED IKANS	PURI.									
		1,7,7																
	er perty olved	Owner's	Last Na	me				Owner's Fi	rst Name					Owner's M	liddle Na	ime		
		Owner's	Street A	ddress			Owner's	s City				Stat	e Zip	Code	Owner'	s Phone		
S	Witne	ss's Last Na	ime				Witne	ss's First Nan	пе				Witness	s's Middle N	lame			Age
IES	GRIE	GO					JENA	AIS										37
WITNESS	Witne	ss's Street /	Address			Witness	's City				State	Zip C	ode		s's Phon <b>492-45</b> 7			
						EN	FORCE	EMENT AC	TION - VIC	OLATIO	NS							
VEH		Last Name			First I	Name			Middle Na				iolation (	(Common N	Name)		Actio	n
15:1		15:19	rived	Notified By  DISPATCH						Supervi:	sor at So	cene						
	ked By			4/40/0000														
2500 - RODRIGUEZ, A.C 1/13/2020												Т	D: 1 : :	lp	<u> </u>			
Office	er's Sig		Llijjr		Officer's N		Н			Rank PSA			ID N <b>576</b>	lumber 69		District 322	01/09/2	

Crash Report Number: **710581577**Case Number: **200002713** 

Diagram Drawn By	Measurements Taken By
	NOT TO SCALE
Mountain Rd NE  Mountain Rd NE	NOT TO SCALE
(mar)	A.O./.
1-2	

CRASH
NVESTRIATION
SH 10074
Rev July 2018
NAMOTUCS
E July 2018

STATE OF NEW MEXICO UNIFORM CRASH REPORT

710761796

ALBUQUERQUE POLICE DEPT

E JULY 2018

REPORTING DEPARTMENT

Private Pro	operty	F		perty	nder \$50	o   -	Hit-and School		ctly Involved	C	ase Numb	er: <b>21</b> 0	00800	02			CAD	Num:	2128	00768		
Secondary	/ Crash	☐ In		Only 🗸 \$	500 or Mo	ore	_		ectly Involve icle Involved	1 / / /	gency: 1	- ALB	UQUE	ERQU	E POL	ICE DE	PART	MEN	١T			
Crash Date		Crash	n Time	City Occ	urred In					•		1	Count	у								
10/07/2021		1457	,	ALBUC	UERQ	UE							BERN	NALIL	LO							
Day of Week	(	Occu	rred On:	(Route No.	or Nam	e)						At Inte	rsectio	on With	:							
THURSDA	Υ	MOL	JNTAIN	RD NE								I 25 F	RON'	TAGE	RD							
Other	Meas	ureme	nt Direc	ction	Perm	naner	nt Landma	ark - Co	unty Line -	Inter	section - N	/lilepost								Lat:		
Location					MOI	JNT	AIN RD	NE / 12	5 SB OF	RP									L	ong:		
Crash Occur ON ROAD				First Harm			OD VE	UICI E			Manner of FRONT	•		EV T	DONE	ANGI			r of Cra		<b>ЛТЦ /Т</b>	-BONE)
Work Zone		ruction	I- ::				OK VE	HICLE			FRONT	-10-3	IDE (I	LA. 1-	BONE						•	-BONE)
Work Zone Work Zone	e-Maint		NO	and? Ana	IN TR		PORT										ation of ROAI			ul Even	Į.	
TRAF		C I	INIT	Γ <b>∩</b> 1																		
								<b>5</b> 1 41									l off	Coons				
VEHICLE I	NO.	01	MV Type IN TRAI	NSPORT				W	on On:	NTAII	N RD NE						of Ci	Scene rash? <b>IO</b>	Pos	sted Spe	eed Sa	fe Speed
Driver's Last	Name	;					Driver's	s First N	lame						Driver's	Middle	Name					
BEARGRO	UND						JOSH	UA							NOEL							
Driver's Stre	et Add	ress					City								State	Zip Co	de	Р	Phone			
971 LAS R	OSA	S DR	SE			-	LOS	UNAS	;						NM	87031		(4	406) 3	18-655	i1	
Date of Birth			icense Nu		1 .			us Res	trictions	Endors	sements	Expire		Interl		cupatio	n					
12/08/1999		63033	861	NI	<b>л</b>   I	N	ı v					12/31	/2022	2 NO	N/			n I.	Λ : .ula = au		LEMO	Mad
Incident Res	ponde	r						1	of Occupa	ants	Seat Pos <b>LF</b>	Age	Sex	Rac	e Injui Cod	y OF e Coo	le Us		Airbag Deploy	Ejecte	d EMS Numb	
Supplen	ent	al O	ccupai	nt Infor	matic	on .				ı		21	М	- 1	0	6	YE	S	F	N	AFF	R NT
Vehicle																						
	cle Ma		1011		Vehicle	e Mod	del			Colc	or ,	Veh Use	e1 Ve	eh Use	2 Veh	Use3	Vel	n. Tow	red?		Veh. Disa	abled?
2009 CHE	VRO	LET			IMPA					SIL		ТВ		Р			701	YES			YES	
Body Style		Body	Lic. Ye	ar State	;		Licens	e Plate	Number	•	VIN		•					age Se			1 2 3	4 5
PC	Type		2022	МТ			22119	92D			2G1W	Γ57N99	91264	1974				IEAV		12		6
Towed By			•	•				Towed <sup>-</sup>	То		•							Extent SABL		14-	11 10 9	8 7 Jndercarriage
ACME T &	R							8705 E	ROADW	AY E	BLVD. SI	E # A .	ALBU	JQUE	RQUE,	NM				04		Jiidorodi ilago
Gross Vehic	le/Con	nb Wei	ght Rating	HazMat (Cargo			lazMat R Cargo Or		Hazma	it Plac	card 4-digi	t OR Ha	azmat	Name	1A	ND .		1-	digit#	DOT#		
		1																				
State #			mber Axles	Carrier <sup>-</sup>	Гуре Со	de																
Carrier's Nar				reet /	Address					С	arrier	City						State	Carrier's	Zip		
Owner's Las	t Nam	е			0	wner'	s First Na	ame			Owner's	s Middle	e Nam	ie		Owne	er's Con	npany	/ Name	)		
BEARGRO	DUND				J	OSH	UA				NOEL											
Street Addre	SS					Ow	ner's Cit	у				S	tate	Owner	Zip		Owner'	's Pho	one			
971 LAS R	OSA	S DR	SE			LC	S LUN	AS				N	М	87031			(406)	318-	6551			
Insured By: (	Name	of Cor	npany)				Policy N	Number			Trailer or	Towed	Туре	Year	. 1	1ake	Lic Y	'ear	Lic Sta	ate Lie	ense Nu	ım
NOT INSU				T	1.		00000				Vehicles	(1)										
Trailer or To	wed	Туре	Year	Make	Lic Ye	ar L	ic State.	Licens	se Num		Trailer or Vehicles		Туре	Yea	· N	lake	Lic Y	'ear	Lic Sta	ate Lic	ense Nu	ım
	_	_				_			·		· <u></u>							_				

Condition	n Info	rmation																					
Lighting			٧	Veathe	r							Inter	section	on Ty	/ре		R	elatio	n To Ju	ınction			
DAYLIGHT			C	CLEAF	₹							FOL	JR-V	VAY			11	NTEF	RSECT	ION			
Work Zone Lo	ocation				Work	Zone	Туре					Worl	kers I	Prese	ent	_aw En	force	ment	Presen	t			
Road Charact	tor I	Road Grade	IPo	ad Con	dition				l <sub>D</sub>	load Su	ırfaco						Trat	ffic Co	ontrol				
STRAIGHT		Noau Glade DOWNHILL			idition						CENT	ED A	ND	EDG	E I IK	ıE			C SIG	NAIS			
Road Lanes		DOWNIEL		ad Des	ian Div	,				Road De			MD	LDC	L LIIV	'L	III	AI I I	C 31G	IVALO			
1 LANE				IDIVIE	•						VAY, NO	ח דכ	חואו	FD									
ILANE		ΔΡ				ITING	FACTO	RS	<u> </u>	****	7A1, IN	J 1 D	1410		DF	RIVER'	S AC	TION	S		SEQUE	ICF OF	FVFNT:
		Al	IAILI	11 001	TITLE	THIVE	TAOTO	ito								(IV LIV	0710	11011			FIRST	MVT	LVLIVI
																					EVENT		
																					SECOND EVENT		
DISREGAR	DED TI	RAFFIC SIG	SNAL.	DRIVE	ER INA	ATTE	NTION						GO	ING	STRA	IGHT					THIRD EVENT		
			,																		FOURTH		
																					EVENT		
																					MHE	MVT	
	DRIVE	R/PEDESTRI	IAN/PEI	DALCY	CLIST				DRIV	/ER/PE	D/PEDA	LCYC	CLIST	Г			PE	DEST	RIAN/P	PEDALC'	YCLIST A	CTION	
		SOBF	RIETY						Р	HYSIC	AL CON	DITIC	N				At Ir	nterse	ection		Not a	t Interse	ction
															A	ctions	Prior	to Cr	ash				
HAD NOT C	CONSU	MED ALCO	HOL					NO.	APP. D	EFEC.	TS												
		/ 0						,			. •				A	ctions	at Tir	ne of	Crash				
Breath Test R	Results		Drive	r Phy	sical Con	dition -	Other						L	ocatior	n at T	ime o	f Crash						
TRAF	FIC	UNIT	Γ Ω	2																			
VEHICLE N		MV Type					D	irection	On:										_eft Sce	ne Po	sted Spe	ed Safe	e Speed
HEADED	0.			RT			s			RONT	AGE R	D							eft Sce of Crasl <b>NO</b>	h?   ' °	otou opo		о оросо
Driver's Last I	Name	1				- li	Driver's F	irst Na								Driver's	s Mide	dle Na	ame				
SOTELO M	ARQUE	Z					JUAN									F							
Driver's Stree	t Addres	S				-	City									State	Zip (	Code		Phone			
1228 SAND	LER D	R NE					ALBUQ	UERQ	UE							NM	871	12		(505)	377-979	5	
Date of Birth	Driver	's License Nu	mber	State	Туре	CDI	Status	Restr	ictions	Endors	ements	Ехр	ires		Interio	ck Oc	cupa	tion					
03/17/1976	5038	23730		NM	D	N	ν					11/	18/2	021	NO	N/	Ά						
Incident Resp	onder			•		•		# o	f Occup	ants S	Seat Pos	Ag	e :	Sex	Race	Injur		OP ode	OP Used	Airbag Deploy	Ejected	EMS Numbe	Med Trans
								1			LF												
Supplem	ental	Occupa	nt Inf	<b>iorm</b> a	atior	)						45	)	М	Н	0		6	YES	N	N	AFR	NT
Vehicle i	nform	ation																					
	le Make			Ve	ehicle N	∕lodel				Color	r	Veh l	Use1	Vel	n Use2	Veh l	Use3		Veh. To		١	eh. Disab	led?
2003 FOR	D			F	250					GRY	<b>'</b>	T	В		Р				YE	S		YES	
	Cargo Bo	ody Lic. Ye	ar S	State			License I	Plate N	umber		VIN								Damage	•	1	2 3	4 5
PK	Гуре	2023	N	IM			667TXV	٧			1FTNV	V20L	.73E	C44	245				HEA		12		6
Towed By		•					То	wed To	)										DISAE		14-T	11 10 9	8 7 ndercarriag
ACME T &		87	05 BF	ROADV	VAY B	LVD. S	E #	A AL	LBU	QUER	QUE,	NM		2.07.12		12		idercarriag					
Gross Vehicle	e/Comb \	Weight Rating	Hazi	Mat Pla	card?	Haz	:Mat Rele	ased	Hazma	at Placa	ard 4-dig	it OR	Hazr	mat N	lame	A۱	ND	<u> </u>		1-digit #	_		
			(Car	go Onl	y)	(Ca	rgo Only)	l															
State #		Number	Carr	ier Typ	e Code	<u> </u>																	
		of Axles																					
Carrier's Nam	ne				Stre	et Ad	dress						Carr	rier C	ity						State C	arrier's 2	<b>Z</b> ip
															-								•
Owner's Last	Name				Owr	ner's F	irst Nam	e			Owner	's Mid	l Idle N	Name			Ow	/ner's	Compa	ny Nam	<u> </u> e		
SOTELO M		Z		λN					F	_		_				_	, -						
Street Addres							er's City				<u> </u>		Stat	e lo	wner Z	.ip		Ov	vner's P	hone			
1228 SAND		R NF					UQUER	OUF					NM		7112	-				7-9795			
IZZU SAND	LLIV DI	\ I <b>\</b> L				~_0	CWULK	.≪∪L					1 4 1A1	3				(3	JJ J1	51 53			

Insured By: (Nan	ne of Co	mpany)				Policy N	Number		Trailer or	Towe	Type	Year	Make	Lic Year	Lic State	Lic	ense Num
ALLSTATE						84447	8272		Vehicles		,u						
Trailer or Towed Vehicles (2)	Туре	Year	Mak	ke L	ic Year	Lic State	License Num	1	Trailer or Vehicles		Type	Year	Make	Lic Year	Lic State	Lice	ense Num
Condition i	nforn	nation	- 1				L						L		I		
Lighting				Weathe	er					Inters	section Ty	/ре	Rela	ation To Jun	iction		
DAYLIGHT				CLEA	R						JR-WAY		INT	ERSECTI	ON		
Work Zone Locat	tion				Work	Zone Type				Work	ers Prese	ent Lav	v Enforceme	ent Present			
Road Character	Ro	ad Grade	F	Road Co	ndition			Road S	Surface			•	Traffic	Control			
STRAIGHT	DC	DWNHIL	L I	DRY				LANE	MARKE	RS			TRAF	FIC SIGN	ALS		
Road Lanes			F	Road Des	sign Div			Road D	Design								
3 LANES				PHYSIC				ONE-	WAY								
		A	PPAR	ENT CO	NTRIBU	TING FACT	ORS					DRIV	ER'S ACTION	ONS			NCE OF EVENTS
																RST ŒNT	MVT
																COND	
																IIRD	
NO DRIVER E	RROR										GOING	STRAIG	HT		ΕV	'ENT	_
																URTH ENT	
															MH	HE.	MVT
	DI\/ED/	DEDEST	DIANI/E	DEDALC)	/CLIST		Di	DI\/ED/D	PED/PEDA	LCVC	I ICT		PEDE	STRIAN/PE	DALCYC	LIST A	ACTION
D	DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY								CAL CON					rsection		1	at Intersection
												Acti	ons Prior to	Crash			
HAD NOT COI	NSUM	ED ALC	оног	L			NO APP.	. DEFE	стѕ			Acti	ons at Time	of Crash			_
Breath Test Resu	ults				Driver	Physical C	ondition - Othe	er				Loca	ation at Tim	e of Crash			
NARRA	TΙ\	/E															
#2 WAS TRAVINTERSECTION AND COLLIDE TRANSPORTE REMOVED THI CONTROL DEV	ELING N AGA D WITH D. BO E VEHI VICE.	SOUTHE INST A F I THE VE TH DRIV CLES FF	BOUN RED L EH #1, ERS \ ROM T	D ON 12 IGHT. \ , HITTIN WERE A	5 FRON 'EH #2 G THE BLE TO	ITAGE RD TRAVELE AREA OF D REMOVE	, APPROACH D THROUGH THE PASSEI E ALL ITEMS	HING IN THE SANGER S OF VA	ITERSEC' AME INTE SIDE C-PI LUE FRO	TION ERSE LLAF M TH	WITH M CTION C R. AFR E IEIR RES	OUNTAII ON A GR EVALUA <sup>-</sup> SPECTIV	N RD NE. EEN LIGH IED BOTH E VEHICLI	VEH #1 TF T. VEH #2 DRIVERS ES. ACME	RAVELED WAS UN AND NO TOWING	THR IABLI ONE AND	E TO STOP : O RECOVERY
VIOLA	ΓΙΟ	N 0	1														
VEH NO. Last Name First I 01 BEARGROUND JOS									Middle NOEL		Э		iolation (Co	mmon Nam LIGHT	ie)		Action CITED
CONCL	.US	ION															
Time Notified T	Time Arr	ived No	otified	Ву						Su	pervisor a	at Scene					
1457 1	1513	JI	UAN I	MARQU	ΙΕΖ					N/	Ά						
Time Roadway Clea	ared Tir	ne Incident	Cleared	d Check	ed By												
1608		610			•	CON, JEN	NIFER - 10/1	10/2021									
Officer's Signatu	re				Offic	er's Name				Ra	ank		ID Nun	nber	Distri	ct	Report Date
	Joseph	Sumble				MBLE, JO	SEPH				I/C		5673		234		10/07/2021
<u> </u>						•				<u> </u>			<u> </u>				

DIAGRAM		
Diagram Drawn By	Measurements Taken By	
GUMBLE, JOSEPH	NOT TO SCALE	
DIAGRAM		
Crash Report Number: 710761796	STATE OF NEW MEXICO UNIFORM CRASH REPORT	
Case Number: 210080002	STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209 NMDOT COPY	Sheet 4 Of 4

CRASH
INVESTIGATION
SH 10070
Rt. July 2018
NAMEOTUCE
E July 2018

## ALBUQUERQUE POLICE DEPT

STATE OF NEW MEXICO UNIFORM CRASH REPORT

	—E_,	- JULY	_2018								REPORT	ING DE	PARTMEN	IT								7	1078	4377	
Priva	ate Prop	erty	Fat		perty [	Unde	er \$500		Hit-and- School		ectly Involve	d Ca	ase Numi	ber: <b>210</b>	0353	53			C	CAD Nun	n: <b>21</b> 1	12812	49		
Seco	ondary C	Crash	<b>✓</b> Inju		Only [	\$500	or Mor	e 📙	4		irectly Involvenicle Involve	ΙΔι	gency: 1	- ALBI	UQUE	RQUI	E PO	LICE	DEP	ARTME	NT				
Crash E			Crash <b>2244</b>	Time		Occurr <b>3UQU</b>	red In	IE							County BERN		LO								
Day of \	Week		Occur	red On: (	Route	No. or	Name)	)						At Inter	rsection	n With:									
SATU	RDAY		MOU	NTAIN I	RD NE	•								I-25 S	OUTH	BOU	ND F	RON	TAGE	<b>.</b>					
Other		/leasu	ıremen	t Direc	tion		Perma	inent	Landma	ırk - C	ounty Line	- Inters	section -	Milepost								Lat:			
Locati													ı							1		Long:			
Crash C							l Event N W/N		R VEI	HCL F	<b>=</b>		Manner FRON	-		Y T.I	RON	FΔN	IGI F		er of C		: РАТ	Н (Т-В	ONE)
	< Zone-0		uction	Tribal L					ZIX VLI	IIOLL	_		I KOK	1-10-0	DE (E		5011			on of Fir				(1-0	ONL)
	k Zone-N k Zone-l		nance	NO			N TRA		ORT											OADW		a			
TRA	<b>AF</b> I	=10	CU	INI	0	1																			
VEHIC HEAD				MV Type I <b>N TRAI</b>	NSPO	RT				Direct <b>S</b>	ion On:	SOUT	HBOUN	D FRO	NTAG	Ε			L	_eft Scer of Crash <b>NO</b>	ne P	Posted I <b>5</b>	Speed	Safe :	Speed
Driver's		lame							Driver's	First	Name						Drive	r's Mi	ddle Na	ame					
HAYN									ERIN																
Driver's			ess						City LOS L	LINIA	c						State		Code		Phone	Э			
	CARSAN CT e of Birth   Driver's License Number   State   Type   CDL										strictions	Endors	eamante	Expire	e	Interle	NM	Occup	031						
05/08/			246668		IIIDCI	NM	D	N	V	В		W	ocinicinto	06/08		NO	JOK (	эссар	ation						
Incident	t Respo	onder				I		- 1			# of Occup	ants	Seat Pos	Age	Sex	Race	e Inj	ury	OP Code	OP Used	Airba Deplo		cted	EMS lumber	Med Trans
											1		LF	27	F	0		B	6	UNK	В			R3	NT
Supp	leme	enta	al Oc	cupar	ıt Inf	form	atio	n						37	Г	U		ь	•	UNK	ь	'	4	KO	IN I
Vehic				on																					
Year	Vehicle		e				/ehicle	Mode	d			Colo		Veh Use	e1 Ve	h Use2	2 Vel	h Use:	3	Veh. To			Veh	n. Disable YES	ed?
	JEEP			II:- X-	le		)2		lı :	- DI-4-	NI la	GRI	1			Р			_	ات ا Samage S		,	4	2 3 4	-
Body St		ype	Body	Lic. Ye 2021		State NM			226W		Number		VIN	JABB9	JPH2	2951				UNKN		<b>'</b>	12	734	5 6
Towed	<u> </u> By								l	Towed	То									Exte					7
NEW I	•	ю то	OWING	G					;	3705	BROADV	VAY E	BLVD. S	E#C	ALBU	QUEF	RQUI	E, NN	1	DISAB	LED	01	14-Top , <b>10,11</b> ,		ercarriage
Gross \	/ehicle/	/Coml	b Weigl	ht Rating	Haz	Mat Pl	acard?	Ha	zMat Re	elease	d Hazm	at Plac	ard 4-dig	it OR Ha	azmat N	lame	,	AND		1	l-digit	# DO		<u>-</u>	
					(Car	go On	ly)	(Ca	argo On	ly)															
State # Number Carrier Type Code of Axles										•											•				
Carrier's	Carrier's Name Street								dress					C	arrier C	ity						State	e Car	rier's Zip	p
Owner's	s Last N	Name					Ow	ner's	First Na	me			Owner	's Middle	Name	)		0	wner's	Compa	ny Nar	me	ı		
HAYN	ES						ER	IN																	
Street A	Address	3						Own	er's City	′				St	tate O	wner 2	Zip		Ov	vner's Pl	none				
2 CAR								Щ,	LUNA					N		7031		1					ı		
Insured <b>ESUR</b>	• .		of Com	pany)					Policy N <b>PANM</b>				Trailer or Vehicles		Туре	Year		Make	•	Lic Year	Lic S	State	Licen	se Num	
Trailer o		ed T	ype Y	'ear	Make	L	ic Yea	r Lic	State	Licer	nse Num		Trailer or		Туре	Year		Make		Lic Year	Lic S	State	Licens	se Num	

<b>Condition I</b>	nfori	mation																					
Lighting			We	athe	r							Inter	section	on Ty	уре		R	elatio	n To Ju	nction			
DARK LIGHTI	ED		CL	EAF	₹							T-IN	ITER	RSE	CTION		11	NTEF	RSECT	ION			
Work Zone Loca	tion		•		Work	Zone	Туре					Worl	kers F	Prese	ent	aw Er	force	ment	Presen	t			
Road Character	Ro	oad Grade	Road	Con	dition				R	oad Su	ırface						Traf	fic Co	ontrol				
STRAIGHT	LI	EVEL	DRY						L	ANE I	WARKE	RS					TR	AFFI	C SIGI	NALS			
Road Lanes			Road	Des	ign Div				R	oad De	esign												
3 LANES			PAIN	ITE	D DIVI	DER	(>4 FT)		О	NE-W	/AY												
		APPA	ARENT	CON	ITRIBU	TING	FACTO	RS							DF	RIVER'	S AC	TION	<u>S</u>			NCE OF	EVENT
																					FIRST EVENT	MVT	•
																				•	SECONE	· FO	
																					EVENT THIRD		
NO DRIVER E	RROF	₹											GO	ING	STRA	IGHT					EVENT		
																					FOURTH EVENT		
																						- NAV /7	
																					MHE	MVT	
D	RIVER	PEDESTRIAI/ SOBRIE		LCY	CLIST						D/PEDA			Γ	_		1			EDALC)			
		SOBRI	=						Г	H 1 310.	AL CON	חוום	/IN		_		_		ction		Not a	at Inters	ection
															Α	ctions	Prior	to Cr	ash				
HAD NOT CO	NSUM	ED ALCOH	OL					NO A	APP. D	EFEC	TS				I.								
															P	ctions	at I ir	ne of	Crash				
Breath Test Res	ulte				Drivor	Dhy	sical Con	dition	Othor						1	ocation	at T	imo o	f Crash				
Dieatii TestiNes	uito				Dilvei	гпу	sical Con	uition -	Other							ocatioi	ıaıı	iiie o	i Ciasii				
<b>TRAFF</b>	IC	UNIT	02																				
VEHICLE NO.		MV Type	_				Di	rection	On:									l	₋eft Sce of Crasl	ne Po	sted Spe	ed Sa	fe Speed
HEADED	02	IN TRANS	SPORT	•			W			NTAIN	I RD NE	<b>E</b>							of Crasl <b>NO</b>	h? <b>30</b>		30	•
Driver's Last Nar	ne					[	Driver's F	irst Na	me							Driver's	s Mide	dle Na	ame				
BARELA							CHRIST	ОРНЕ	R														
Driver's Street A	ddress						City									State	Zip (	Code		Phone			
5801 DAVID C	T NW					/	ALBUQ	UERQ	UE							NM	871	07					
Date of Birth	Driver's	License Num	ber S	tate	Туре	CDL	Status	Restr	ictions	Endors	ements	Ехр	ires		Interio	ck Oc	cupa	tion		l			
12/10/2002	516609	9028	N	M	D	N	V	В				06/	01/2	021	NO								
Incident Respon	der		<u> </u>		1		_1	# o	f Occup	ants S	Seat Pos	Ag	e s	Sex	Race	Injur		OP	OP	Airbag	Ejected	EMS	
								1			LF					Cod	e C	ode	Used	Deploy		INUITIL	
Supplemer	ntal (	Occupant	Info	rma	ation			·				18	3	М	0	0		6	UNK	В	N	R5	NT
Vehicle Inf															1	-1				1	II.		I
Year Vehicle N				Ve	ehicle M	lodel				Color	r	Veh l	Jse1	Vel	h Use2	Veh I	Use3		Veh. To	owed?		Veh. Disa	abled?
2010 TOYOT	Ά			04	4					BLK					Р				YE	S		YE	3
Body Style Car	go Bod	v Lic. Year	Sta	te			License F	Plate N	umber		VIN							۱	Damage	Severity		1 2 3	4 5
PC Typ		2021	NM				21T156	800			3TML	J4EN	IOAN	M050	0537				UNKN	OWN	12	a	6
Towed By							To	wed To	`									_	Exte			11 10 9	8 7
NEW MEXICO	TOW	ING								/AV R	LVD. S	F #	C A1	BH	OUE	OUE	ΝМ		DISAE	BLED	14-1		Jndercarriag
			I	. 51		I														4 4:4:4	01,02,		
Gross Vehicle/C	omb w	eight Rating	HazMa (Cargo				Mat Rele go Only)		Hazma	at Place	ard 4-dig	IL OR	Hazr	nau	vame	Al	ND			1-digit #	DOT#		
0:	1		,			,																	
State #		lumber f Axles	Carrier	Тур	e Code																		
													,										
Carrier's Name					Stree	et Ado	dress						Carr	rier C	ity						State	carrier's	Zip
Owner's Last Na	vner's Last Name Owner										Owner	's Mid	ldle N	lame	)		Ow	ner's	Compa	ny Name	Э		
BARELA					REN	IEE																	
Street Address						Owne	r's City						State	e O	wner Z	ip		Ov	vner's P	hone			

Insured By:	•	of Co	mpany)				Policy N			Trailer or		Туре	Year	Ma	ake	Lic Year	Lic State	Licen	se Num
STATE FA	ARM						31-339	1-M91		Vehicles	(1)								
Trailer or To Vehicles (2)	weu	Гуре	Year	Make	e L	ic Year	Lic State	License Num	ı	Trailer or Vehicles		Туре	Year	Ма	ike	Lic Year	Lic State	Licens	se Num
Conditio	n Inf	forn	nation	)		l		II.											
Lighting					Weathe	r					Interse	ection Ty	/pe		Relat	tion To Jur	nction		
DARK LIG	HTED	)			CLEA	R					T-INT	ERSE	CTION		INTE	ERSECTI	ON		
Work Zone	Locatio	n				Work Z	one Type				Worke	ers Prese	ent L	aw Enfo	orceme	nt Present			
Road Chara	acter	Ro	ad Grade	R	Road Cor	ndition			Road S	Surface					Traffic	Control			
STRAIGH	Т	LE	VEL	D	DRY				LANE	MARKE	RS				TRAF	FIC SIGN	IALS		
Road Lanes	3				Road Des	•			Road D	Design									
2 LANES				P	PAINTE	D DIVID	ER (>4 F	T)	TWO-	WAY, DI	VIDED	)							
			Α	PPARE	ENT CO	NTRIBUT	ING FACT	ORS					DR	IVER'S	ACTIO	NS		NO.T	E OF EVENTS
																		RST ENT	MVT
																		COND ENT	
DISDECA		TDA	EEIC CI	ICNIAL								COINC	CTDA	ICUT			TH	IRD	
DISREGA	KUEU	IKA	KEFIC SI	IGNAL	-							GOING	SIKA	IGHI				ENT	
																		URTH ENT	
																	MH	IE	MVT
	DRI	VER/	PEDESTI	RIAN/P	EDALCY	/CLIST		DF	RIVER/P	PED/PEDA	LCYCL	JST			PEDES	STRIAN/PI	EDALCYC	_IST AC	TION
	SOBRIETY									CAL CON					At Inter	section		Not at I	ntersection
													Ad	ctions P	rior to (	Crash	•		
HAD NOT	AD NOT CONSUMED ALCOHOL							NO APP.	DEFE	стѕ									
													Ad	ctions a	t Time o	of Crash			
Breath Test	Results	S				Driver	Physical C	ondition - Othe	er				Lo	ocation	at Time	of Crash			
							-												
NARF	2 Δ ٦	ГТ\	/ <b>F</b>																
INAKI	<b>\</b> \\	Ι Ι /	<i>/</i> L																
								TED INTERS										NTAGE	RD IN
								ID ON THE IN											
TRAFFIC S	SIGNA	L. DF	RIVER O	NE ST	ATED A	S SHE	WAS CON	) NE. DRIVER ITINUING SH WER BOX O	E THEN	N FELT A	SUDD	EN IMF	ACT T	O THE	DRIV	ERS SIDE			
DDIVED T	WO ST	ATE	D HE W	AC TD	A \ /E	C WEST	r BOUND	ON MOUNT	NIN DD	NE ADDE	00466	JINIC TI	JE INITI	EDSEC	TION	OE 1 25 C	OUTU DO	NIND E	DONTAGE
								ON MOUNTA E WAS BEIN											
								OLLOWING I CEEDING TH											
PASSENG	ERS S	IDE I	FRONT	OF THE	E VEHIC	CLE.													
ALL ON S	CENE	WER	E EXAM	IINED E	BY ALB	UQUER	QUE FIRE	E RESCUE AI	ND DEC	CLINED T	O BE	TRANS	PORTE	ED.					
THERE IS NOTHING FURTHER AT THIS TIME.																			
PROPERTY 01																			
Туре	De	script	tion of Pro	operty a	and Dam	age													
С	GI	ENEF	RATOR	OR PC	OWER I	вох													
Owner's Las	st Name	Э					О	wner's First Na	ame					(	Owner's	Middle N	ame		
POWER N	IEW M	IEXIC	o																
Owner's Str	eet Add	ress					0	wner's City					St	tate 2	Zip Cod	e O	wner's Pho	ne	
414 SILVE	R AVI	E SW	I #4				Α	LBUQUERQ	UE				N		37102		05) 246-	700	
VIOL	AΤ	IΩ	N C	1_															
	Last Na		1 <b>1</b> U			I F	irst Name			Middle	Name			Violati	on (Cor	nmon Nan	ne)		Action
,	_GG! 110					['	o. Hallie			- Vildule	. tanie			Violati	J., (OUI	on Nall	,		
<u> </u>														1					<u> </u>

CONC	LUS	SIO	N						
Time Notified	Time A	Arrived	Notified By	у		Supervisor at Scene			
2244	2248		DISPATO	СН					
Time Roadway Cl	eared	Time Incide	ent Cleared	Checked	Ву				
2354		2354		5047 - E	BRIONES, BONNIE - 5/12/2021				
Officer's Signat	ure				Officer's Name	Rank	ID Number	District	Report Date
	Sic	SAS	5		ATENCIO, XAVIER	PSA	6838	322	05/08/2021

DIAGRAM		
Diagram Drawn By	Measurements Taken By	
ATENCIO, XAVIER	NOT TO SCALE	
DIAGRAM		
Crash Report Number: 710784377	STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209 NMDOT COPY	
Case Number: 210035353	NM STATUTE 66-7-209	Sheet 5 Of 5

GRASH
INVESTIGATION
SH 10070
Rev. July 2018
INVESTIGATION
E July 2018

# ALBUQUERQUE POLICE DEPT REPORTING DEPARTMENT

STATE OF NEW MEXICO UNIFORM CRASH REPORT

	_JUL	Y_2018	8		<u> </u>																				
Private Pro	operty	□ F		Prope Dama		Unde	r \$500			us Direct	ly Involved	'	ase Numb	er: <b>210</b>	0386	16			CA	D Num	n: <b>2114</b> (	00681			
Secondary	/ Crash	<b>✓</b> Ir			nly _	\$500	or More				ctly Involve cle Involved	ΙΔα	gency: 1	- ALBI	UQUE	RQU	E POL	CE D	EPAF	RTME	NT				
Crash Date <b>05/20/2021</b>		Cras	h Time <b>7</b>		City O		ed In E <b>RQUE</b>	<b>.</b>							County <b>BERN</b>		LO								
Day of Week			rred O		Route N	o. or l	Name)							At Inter											
Other	Meas	ureme	nt D	irectio	on		Perman	ent L	andma.	rk - Cou	nty Line -	Inters	section - N	l Milepost								Lat:			
Location																					Lo	ong:			
Crash Occur	red			F	First Ha	rmful	Event						Manner	of Impac	ct					Manne	er of Cra	sh			
ON ROAD							1 W/MC		R VEH	IICLE			FRONT	-TO-SI	IDE (E	X. T-	BONE,				RSECT			(T-B	ONE)
Work Zone Work Zone						•	is Code		<b>.</b> D.T.												st Harmf	ul Even	ıt		
Work Zone			NO				TRAN	ISPC	)K I									O	N RO	ADW	AY				
TRAF	FI	Cι	JN	IT	01	L																			
VEHICLE N	NO.		MV Ty	уре					1	Direction									Let of	ft Scer Crash	ne Pos	ted Spe	eed S	Safe S	Speed
HEADED		01	IN TF	RANS	SPOR	T				S	LOCU	IST S	Т				1			NO					
Driver's Last SANCHEZ		9							Oriver's STEVE	First Na	ime						Driver's	Middl	e Nam	ne					
Driver's Stree		Iress							City								State	Zip Co	ode		Phone				
			ERENA DR NW ALBUQUERQUE												NM	8711			(505) 2:	،20-33	47				
Date of Birth	Dr	Driver's License Number   State   Type   CDL   Status   Restrictions   Endorsemer									ements	Expire	s	Interl	ock Oc	cupation	on	1							
06/22/1965	02	76770	631		I	NM	D	N	V	В				07/22	/2023	NO									
Incident Res	ponde	er								_	of Occupa	ants	Seat Pos	Age	Sex	Rac	e Injur Cod	y O e Co		OP Jsed	Airbag Deploy	Ejecte	d Nun		Med Trans
NO		-1-0					. 48			1			LF	55	М	0	С		6 L	JNK	F	N	R	19	NT
Supplem				ant	: INTC	)rma	ation															<u> </u>			
<b>Vehicle</b> I	cle Ma		ion			1,7	ehicle M	lodol				Colo	r	Veh Use	-1 Ve	h Hse	2 Veh	lse3	`	√eh. Tov	wad?		Veh. Di	isahler	12
			COR	P.			DOOR					GRY		V 011 000		Р	VOIT	3000	,	YES				ES	
Body Style	Cargo	Body	Lic.	. Year	r Sta	ate			License	Plate N	lumber		VIN						Da	ımage S	Severity		1 2	3 4 5	5
PC	Туре		202	21	N	M			ALFP1	14			KNDJ	273324	15300°	173				HEA	VΥ	12			6
Towed By			<u> </u>						Т	owed T	0		1						r	Exter DISAB		44	11 10		
TNC RECO	OVER	Υ							2	800 BI	ROADW	AY B	LVD. S	E ALBI	UQUE	RQU	E, NM	871					Top 1   <b>1,12</b>	5-Unaer	rcarriage
Gross Vehicl	le/Cor	nb Wei	ght Ra	ting			icard?		Mat Re		Hazma	t Plac	ard 4-digi	t OR Ha	azmat l	Name	Λ	ID		1	-digit#	DOT #	#		
					(Carg	o Onl	y)	(Car	go Onl	y)															
State #			mber Axles		Carrier Type Code																				
Carrier's Nar	ne	Street Address										C	arrier C	City					:	State	Carrier	's Zip	ı		
Owner's Last	t Nam	е					Own	er's F	irst Naı	ne			Owner'	s Middle	e Name	Э		Own	er's C	ompar	ny Name	:			
SANCHEZ							STE	VE																	
Street Addre	SS						C	Owne	r's City					St		Owner.			Own	er's Ph	none				
10211 AVE					1W		/			RQUE		-		N		7114			1.	5) 220					
Insured By: ( STATEFAR	`	of Co	mpany)	)					Policy N 205 282	umber <b>23-E17</b>	-31A		Trailer or Vehicles		Туре	Year	·  N	lake	Lic	c Year	Lic Sta	te Li	cense l	Num	
Trailer or Tov Vehicles (2)	wed	Туре	Year	٨	Make	Li	c Year	Lic	State	License	e Num		Trailer or Vehicles		Туре	Year	N	lake	Lic	: Year	Lic Sta	te Lic	cense l	Num	
								1													1				

Condition	Info	rmation																					
Lighting			Wea	ther								Inters	sectio	n Ty	фе		R	elatio	n To Ju	nction			
DAYLIGHT			CLE	AR								FOU	IR-W	ΑY			IN	TEF	RSECT	ION			
Work Zone Lo	cation		•	W	/ork Z	one T	уре					Work	ers P	rese	ent L	aw En	force	nent	Presen	t			
Road Charact	er f	Road Grade	Road	 Conditi	ion				R	oad Su	ırface				<u> </u>		Traf	ic Co	ontrol				
STRAIGHT		_EVEL	DRY						Р	AVED	CENT	ER A	ND E	DG	E LIN	E	TRA	۱FF	C SIGI	NALS			
Road Lanes				Design	Div					oad De													
3 LANES			PAIN	TED C	DIVID	)ER (>	>4 FT)		c	NE-W	ΙΑΥ												
		APP	ARENT (			`									DR	IVER'	S AC	ION	S		SEQUE	ICE OF	EVENT
																					FIRST	MVT	
																					EVENT SECOND		
																					EVENT		
DRIVER INA	ATTEN	ΓΙΟΝ											GOII	NG	STRA	IGHT					THIRD EVENT		
																					FOURTH		
																					EVENT		
																					MHE	MVT	
	DRIVE	R/PEDESTRIA	N/PEDAI	CYCL	.IST				DRIV	/ER/PE	D/PEDA	LCYC	LIST				PE	EST	RIAN/P	EDALC,	YCLIST A	CTION	
		SOBRI	ETY						Р	HYSIC	AL CON	DITIO	N				At In	terse	ection		Not a	t Interse	ection
															А	ctions	Prior	o Cr	ash				
HAD NOT C	ONSU	MED ALCOH	OL					NO A	APP. D	EFEC	TS												
			_												Α	ctions	at Tin	ne of	Crash				
				ı																			
Breath Test R	esults			D	river F	Physic	al Cond	dition -	Other						L	ocation	at Ti	me o	f Crash				
TRAF	FIC	UNIT	02																				
VEHICLE N		MV Type	<u> </u>				Dir	rection	On:									1	_eft Sce	ne Po	sted Spe	ed Sat	fe Speed
HEADED	O. 02		SPORT				w			NTAIN	I RD NE	<b>=</b>							eft Sce of Crasl <b>NO</b>	h?	sica opci	Ju	с орсса
Driver's Last N		-				Dri	iver's Fi	rst Naı							1	Oriver's	Mido	le Na					
CORDOVA							AIAH									MATH							
Driver's Street	t Addres	s				Cit	ty									State	Zip C	ode		Phone			
9715 TRIAN	IA PL N	IW				AL	BUQL	JERQ	UE						ı	M	871	4-0	000	(575) 7	79-814	)	
Date of Birth	Driver	's License Num	ber St	ate Ty	/pe	CDL :	Status	Restri	ctions	Endors	ements	Expi	ires		Interlo	ck Oc	cupat	ion					
05/23/2001	5150	66691	NI	M D	l	N,	V					06/2	22/20	22	NO								
Incident Resp	onder						<u> </u>	# o	f Occup	ants S	Seat Pos	Age	e S	ex	Race	Injur Cod	y (	OP ode	OP Used	Airbag Deploy	Ejected	EMS Number	
NO								1			LF	-											
Suppleme	ental	Occupant	Infor	mat	lon							19	'   '	VI	0	С		6	UNK	F	N	R19	NT
Vehicle li	nform	ation																					
Year Vehicle	e Make			Vehic	cle Mc	odel				Color	•	Veh L	Jse1	Veh	n Use2	Veh l	Jse3		Veh. To	owed?	\	/eh. Disa	
2012 ACU	RA			TL						BLK					Р				YE	S		YES	•
Body Style C	Cargo Bo	ody Lic. Year	State	<del>-</del>		Lic	cense F	late N	umber		VIN					ı			Damage	•	1	2 3	4 5
PC T	Гуре	2021	NM			PF	PN916				19UU <i>A</i>	\8F27	7CA0	181	193				HEA	VY	12		6
Towed By							Tov	wed To	)		ı							-	DISAE			11 10 9	8 7
TNC RECOVERY							280	00 BR	ROADV	VAY B	LVD. S	E AL	BUQ	UEI	RQUE	, NM	871		DISAL	DLED	14-To		Indercarriage
Gross Vehicle	/Comb \	Veight Rating	HazMat	Placar	rd?	HazM:	at Relea	ased	Hazma	at Placa	ard 4-dig	it OR I	Hazm	at N	lame	A۱	ID			1-digit#		, 12	
			(Cargo				o Only)	4004															
State #		Number	Carrier	Type C	Code																		
		of Axles	ouo.	. , po o																			
Carrier's Name	Δ			1	Stroot	Addre	200					1	Carrie	ar C	ity						State C	arrier's	7in
Carrier 3 Marri	C			`	Olicei	Addie	<i>-</i> 33						Carrie	51 0	ity						State C	arrier 3	Ζip
Ouront- L- 11	Name -			1.	O	wlo Fire	ot NI==				I 0	'o N4:-'	dla N				Io.	I	Corre	m. Al			
Owner's Last I	ıvame						st Name	=			Owner	s Mid	uie Na	arne			low	ner's	Compa	ny Nam	ð		
CHACON				4	AUDI						Α	-		1-				-					
Street Address						wner's	•								wner Z			Ov	vner's P	hone			
PO BOX 743	D BOX 743							E TA	os				NM	87	7557-0	743							

Case Number: 210038616						2.70		NM S	STATU	TE 66- T COP	7-209					Sheet 3 Of 4	١
Crash Report Nu	,			INON	on, inc		TE OF	NEW ME			RM CRA			RT	234	03/20/2021	_
Officer's Signature	Nom	_			r's Name CKI, THO	MAS			Ran PS/				0 Numb <b>237</b>	er	Distric	Report Date <b>05/20/2021</b>	
1331	1411		3924			- 5/20/2021			_			-			I	. I_	
Time Roadway Clear	ed Time Inc	ident Cleare	Check	ed By													
1228	236	DISPA	тсн						NO	NE							
Time Notified Ti	me Arrived	Notified	Ву						Sup	ervisor a	at Scene						
CONCL	USIC	N															
VEH NO. Last N				Fi	rst Name			Middle	Name			iolatio	n (Con	nmon Nam	e)	Action	
VIOLAT	ION	01															
I HAD NO FURT	HER INVO	LVEMEN	IT WITH	THIS INC	CIDENT.												_
RTC ADVISED	THAT THE	RE WERI	E NOT A	NY WOR	KING CA	MERAS AT	THE INT	TERSECT	ION OI	F LOCL	JST AND	MOU	INTAI	N RD NE.			
BOTH DRIVERS	WERE NO	OT TRAN	SPORTE	D.													
ASSESS ON SC					AS NOT I	-UNCTIONAI	L AND I	KEQUIRE	ד סא ד	viNG.							
RD NE AND NO	RTH FROI	NTAGE R	OAD) AN	ND BEGA	AN WEST	BOUND ON	MOUNT	AIN RD I	NE. DR	IVER 2						PAIN AND WAS	
SOUTHBOUND	COLLIDIN	G WITH	HIS VEHI	CLE. WH	HEN QUE	STIONED FU	JRTHER	R, DRIVEF	2 ST	ATED T	HAT HE	"HAD	A GF	REEN LIG	HT AND T	HAT VEHICLE 1 WEST (MOUNTAI	N
DRIVER 2 STAT																	
ASSESSED ON	SCENE B	Y RESCU	IE 19. VE	HICLE 1	WAS NO	T FUNCTIO	NAL AN	ID REQU	RED T	OWING	<b>3</b> .						
	H THE INT	ERSECT	ION SOU	ITHBOUI	ND AFTE	R VEHICLE 2	2 COLL	IDED WIT	Н НІМ	. DRIVE	ER 1 COI					PAIN AND WAS	
VEHICLE 2 ENT	ERED TH	E INTERS	SECTION	DRIVING	G WESTB	OUND COLL	LIDING	WITH HIS	VEHI	CLE. W	HEN QU	ESTIC	ONED,	DRIVER	1 STATE	THAT HE HAD A	4
DRIVER 1 STAT																ITAIN RD NE WHE ANE THAT	ΞΝ
NARRA <sup>*</sup>	TIVE																
	TTVE																
Breath Test Resul	īS			Driver F	nysical Co	ondition - Othe	er				Loca	ation a	ıt Time	of Crash			
D # = :=				To :													
HAU NOT CON	AD NOT CONSUMED ALCOHOL					NO APP.	. DEFE	CIS			Actio	ons at	Time o	of Crash			
HAD NOT SST	AD NOT CONSUMED ALCOHOL					NO 155	D===	OTC.			ACTIO	JIIS Pr	ioi to C	ภสรก			
		SUBRIE	1				FRISI	CAL CON	אטחוט		Activ	_	t Inters			Not at Intersection	
DR	IVER/PEDI	ESTRIAN/ SOBRIET		/CLIST		DI		PED/PEDA								IST ACTION	
															МНЕ		
															EVE		
PINIVER INATI	LIVITON									JUING	JIRAIG				FOL	IRTH	
DRIVER INATT	ENTION								6	OING	STRAIG	нт			THI	RD	
																OND	_
															FIRS	ST MVT	
I LANE					ER (>4 F ING FACT		JOINE	.1\			DRIV	ER'S	ACTIO	NS_	SEC	QUENCE OF EVEN	TS
Road Lanes 1 LANE			Road Des	Ü	ED /~4 F	т\	Road D	•									
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Crash Report Number: 710786140	STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209 NMDOT COPY	Sheet 4 Of 4
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CRASH
INVESTIGATION
SH 10070
Rt. July 2018
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E July 2018

Crash Report Number: 710789489

Case Number: 220042701

### ALBUQUERQUE POLICE DEPT

STATE OF NEW MEXICO UNIFORM CRASH REPORT

E_JULY_2018											REPORT	TING DE	PARTI	MENT									71	078	9489	
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HOLDER, ROBERT		
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Crash Report Number: 710789489	STATE OF NEW MEXICO UNIFORM CRASH REPORT	
Case Number: 220042701	STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209 NMDOT COPY	Sheet 4 Of 4

CRASH MVESTIGATION SH 1007d Bear July 2018 E July/2018

### ALBUQUERQUE POLICE DEPT

STATE OF NEW MEXICO **UNIFORM CRASH REPORT** 

710795635

REPORTING DEPARTMENT E\_JULY\_2018 Hit-and-Run Property Case Number: 210091095 CAD Num: 213191101 Private Property Fatal Under \$500 School Bus Directly Involved Damage School Bus Indirectly Involved Only **▼** \$500 or More Injury Secondary Crash Agency: 1 - ALBUQUERQUE POLICE DEPARTMENT Commercial Vehicle Involved Crash Date Crash Time City Occurred In County 11/15/2021 1620 **ALBUQUERQUE BERNALILLO** Day of Week Occurred On: (Route No. or Name) At Intersection With: MONDAY **LOCUST AVE MOUNTAIN RD NE** Measurement Direction Permanent Landmark - County Line - Intersection - Milepost Lat: Other Location Lona: Crash Occurred First Harmful Event Manner of Impact Manner of Crash ON ROADWAY **COLLISION W/MOTOR VEHICLE** FRONT-TO-SIDE (EX. T-BONE, ANGLE) INTERSECTING PATH (T-BONE) Work Zone-Construction Tribal Land? Analysis Code Location of First Harmful Event Work Zone-Maintenance NO **MV IN TRANSPORT** ON ROADWAY Work Zone-Utility TRAFFIC UNIT Left Scene of Crash? VEHICLE NO. MV Type Direction On: Posted Speed Safe Speed **HEADED** 01 IN TRANSPORT Ε MOUNTAIN RD NE NO 35 00 Driver's Last Name Driver's First Name Driver's Middle Name **ZIEGLER JACKSON** Driver's Street Address City State Zip Code Phone 2932 LA PALOMITA RD NE NM 87111 **ALBUQUERQUE** (505) 389-8313 Status Restrictions Endorsements Occupation Date of Birth Driver's License Number State Type CDL **Expires** Interlock NM 01/27/2005 517399591 D Ν В 02/26/2023 NO STUDENT OP OP Airbag FMS Med Injury Code Incident Responder # of Occupants Seat Pos Sex Race **Ejected** Age . Deploy Code Used Number Trans LF 16 M C 0 3 YES Ν **Supplemental Occupant Information** TRACY RYAN 17 C 0 3 YES Ν Ν 12613 ELAINE PL NE **ALBUQUERQUE** NM 87112 CHACO RILEY RR F YES 16 C 0 3 N N 11813 PHOENIX AVE NE **ALBUQUERQUE** NM 87112 PEREZ **CHRISTOPHER** 16 M 0 3 YES Ν 412 GENERAL STILWELL ST NE ALBUQUERQUE 87123 NM Vehicle Information Vehicle Make Color Veh Use1 Veh Use2 Veh Use3 Veh Disabled? Vehicle Model Veh. Towed? YES 2009 MAZDA RED 3 Damage Severity Lic. Year State License Plate Number VIN 2 3 4 5 Body Style Cargo Body **HEAVY** Type PC BBDH67 2023 NM JM1BK343691195344 Extent Towed By Towed To 11 10 9 8 7 DISABI ED 14-Top 15-Undercarriage 8705 BROADWAY BLVD. SE # A ALBUQUERQUE, NM ACME T & R 10,11,12 Gross Vehicle/Comb Weight Rating HazMat Released Hazmat Placard 4-digit OR Hazmat Name AND 1-digit # DOT # HazMat Placard? (Cargo Only) (Cargo Only) State # Number Carrier Type Code of Axles 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 **ZIEGLER MATTHEW** Street Address Owner's City Owner Zip Owner's Phone State 2932 LA PALOMITA RD NE **ALBUQUERQUE** NM 87111 (505) 389-8313

Insured By: (Nan	ne of Co	ompany)			Р	olicy Nur	mber			Trailer or	Towe	д Ту	ре	Year	M	lake	Lic Yea	r Lic S	tate L	icens	e Num		
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Crash Report Number: 710795635	STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209	Shoot 3 Of 4
Case Number: 210091095	NMDOT COPY	Sheet 3 Of 4

DIAGRAM		
Diagram Drawn By	Measurements Taken By	
HOFFMAN, DOUGLAS		
DIAGRAM		
Crash Report Number: 710795635	STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209 NMDOT COPY	Sheet 4 Of 4
Case Number: <b>210091095</b>	NMDOT COPY	

CRASH INVESTRATION SH 1007d Rev. July 2018 NAMBOTUCE E July 2018

**SELF** 

STATE OF NEW MEXICO UNIFORM CRASH REPOR

**UNIFORM CRASH REPORT** ALBUQUERQUE POLICE DEPT 710796028 REPORTING DEPARTMENT E\_JULY\_2018 Hit-and-Run Property CAD Num: 212730728 Private Property Fatal Under \$500 Case Number: 210077917 School Bus Directly Involved Damage School Bus Indirectly Involved ✓ Injury Only \$500 or More Secondary Crash Agency: 1 - ALBUQUERQUE POLICE DEPARTMENT Commercial Vehicle Involved Crash Date Crash Time City Occurred In County 1350 09/30/2021 **ALBUQUERQUE BERNALILLO** Day of Week Occurred On: (Route No. or Name) At Intersection With: **THURSDAY MOUNTAIN RD NE** I 25 FRONTAGE RD Measurement Direction Permanent Landmark - County Line - Intersection - Milepost Lat: Other Location Long: Crash Occurred First Harmful Event Manner of Impact Manner of Crash ON ROADWAY **COLLISION W/MOTOR VEHICLE** FRONT-TO-SIDE (EX. T-BONE, ANGLE) INTERSECTING PATH (T-BONE) Work Zone-Construction Tribal Land? Analysis Code Location of First Harmful Event Work Zone-Maintenance NO **MV IN TRANSPORT** ON ROADWAY Work Zone-Utility TRAFFIC UNIT MV Type VEHICLE NO. Direction On: Posted Speed Safe Speed W **HEADED** 01 IN TRANSPORT MOUNTAIN RD NE NO 25 Driver's Middle Name Driver's Last Name Driver's First Name SANDOVAL **PAULINE VERONICA** Driver's Street Address City State Zip Code Phone **524 TRADING POST TRL SE ALBUQUERQUE** NM 87123-0000 (505) 550-2029 Date of Birth Driver's License Number Status Restrictions State Type CDL Endorsements **Expires** Interlock Occupation 09/08/1959 083185317 NM В B,E,M P,S 10/08/2022 NO Airbag OP OP FMS Med Injury Code Incident Responder # of Occupants Seat Pos Sex Race **Ejected** Age Deploy Code Used Number Trans NO 3 LF 62 F н 0 0 UNK Ν Ν NT **Supplemental Occupant Information ROELES ALEXA** н 0 0 UNK Ν Ν NT 800 ODELIA RD NW **ALBUQUERQUE** NM 87102 HERNANDEZ **ADRIANA** BP F UNK NT н 0 n N N 800 ODELIA RD NW ALBUQUERQUE NM 87102 **Vehicle Information** Vehicle Make Veh Use1 Veh Use2 Veh Use3 Veh. Disabled? Year Vehicle Model Color Veh. Towed? YES 2013 BLUEBIRD SCHOOL BUS YEL SB G YES Damage Severity VIN 1 2 3 4 5 License Plate Number Body Style Cargo Body Lic. Year State MODERATE Type BU 2099 NM SKB1044 1BAKGCPA9DF295259 Extent Towed By Towed To DISABLED 15-Undercarriage UNKNOWN **OWNER DESTINATION** 02,03,04 Gross Vehicle/Comb Weight Rating Hazmat Placard 4-digit OR Hazmat Name AND 1-digit # DOT # HazMat Placard? HazMat Released (Cargo Only) (Cargo Only) State # Carrier Type Code Number of Axles 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 **APS/HERRERA SCHOOL BUSSES** Street Address Owner's City Owner's Phone State Owner Zip 10605 CENTRAL AVE NW **ALBUQUERQUE** NM 87121 Insured By: (Name of Company) Type Year Policy Number Make Lic Year Lic State License Num

Crash Report Number: 710796028	STATE OF NEW MEXICO UNIFORM CRASH REPORT	Shoot 1 Of F
Case Number: 210077917	NM STATUTE 66-7-209 NMDOT COPY	Sheet 1 Of 5

**SELF** 

Trailer or Towed Vehicles (1)

	er or Tooles (2)	wed Ty	pe Y	ear N	Make	Li	c Year	Lic Sta	te Li	cense	Num		Trailer or Vehicles		Туре	Year		/lake	Lic Yea	r Lic Sta	ate Li	cense N	Num	
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Owner's Last Nan	ne			Own	er's First Na	me		Owner'	s Mido	dle Nan	ne		Own	er's Compar	ny Name			
BRITO				EDV	VARD			WILLI	AM									
Street Address				<u> </u>	Owner's City					State	Ow	vner Zip	I	Owner's Ph	none			
5913 CARLOS	REY (	CIR SW			ALBUQUE	RQUE				NM	87	121-0000	)	(505) 340	-8825			
Insured By: (Nam-	e of Co	mpany)		1	Policy N	umber		Trailer or	Towe	d Typ	е	Year	Make	Lic Year	Lic Sta	ite L	icense Num	_
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NAKKA	11/	/ L																
UNIT 1 WAS WI			MOUNTAI	N RD NE	. UNIT 2 W	AS SOUTHB	OUND	ON 125 S	OUTH	IBOUN	1D	FRONTA	GE RD N	IE. THE FR	RONT O	F UNI	T 2 STRUCK	
DRIVER 1 ADVI								DROVE	THRC	OUGH 1	THI	E INTERS	SECTION	. DRIVER	1 BELIE	EVES	UNIT 2 RAN TH	ΙE
DRIVER 2 ADVI																	S UNIT 1 RAN	
																	IEDE WEDE N	_
THE APD RTCC															OLLISIC	M. II	HERE WERE NO	J
DASSENCED O	E HIND	[ 2 DEDO	DTEN BAI	N ALL O	VED													
PASSENGER O	r UNI	I Z KEPU	NIED PAI	N ALL U	VER.													
NO OTHER INJ	URIES	WERE RI	EPORTED															
PROPER	$\overline{T}$	$\sqrt{01}$																
			erty and Da	mage														
	•	LINK FE	•	<b>J</b> -														
Owner's Last Nan			_		Ov	vner's First Na	ame						Owner	's Middle Na	ame			
APS							•								-			
Owner's Street Ad	ldress				Ov	vner's City						State	Zip Co	de O	wner's P	hone		
807 MOUNTAIN		NE				_BUQUERQ	UE					NM	87102					
		<del></del>																
Crash Report Nu	ımber:	71079602	18			STA	TE OF	NEW ME		UNIF			SH REP	ORT			Shoot 2 Of 5	
Case Nu	ımber:	21007791	7							OT CO							Sheet 3 Of 5	,

VIOLA	VIOLATION 01 VEH NO.   Last Name   Middle Name   Violation (Common Name)   Action														
VEH NO. Las	t Nam	е			First Name	Middle Na	ame	Violation (Common Nam	e)	Action					
CONC	LU	SIO	N												
Time Notified	Time	Arrived	Notified B	у			Supervisor at Scene								
1428	1431		APD DIS	PATCH			NONE								
Time Roadway Cl	leared	Time Incide	ent Cleared	Checked B	у										
1530		1600		3936 - CL	INGENPEEL, MARC - 10/4/2021										
Officer's Signat				C	Officer's Name		Rank	ID Number	District	Report Date					
	K	m-		E	BEEM, KEVIN		P1C	5526	234	09/30/2021					

DIAGRAM			
Diagram Drawn By	Measurements Taken By		
BEEM, KEVIN			
DIAGRAM			
Cook Broot Number 7 4070000	CTATE OF NEW MEVICO LINIFORM CRACIL REPORT		
Crash Report Number: 710796028  Case Number: 210077917	STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209 NMDOT COPY	Sheet 5 O	f 5

CRASH
NVEST/SATION
SH 1007d
R. July 2918
NAMOOTUCE
E July 2018

Crash Report Number: 710796039

Case Number: 210088421

# ALBUQUERQUE POLICE DEPT REPORTING DEPARTMENT

STATE OF NEW MEXICO UNIFORM CRASH REPORT

	—Е	_JULY_	_2018		<u> </u>					ŀ	REPORTIN	IG DE	PARIMEN	ı						]		710	9003	9
Priv	ate Pro	perty	Fata	l Prop		Jnder 9	\$500			us Directl	y Involved		ase Numb	er: <b>210</b>	08842	21			C	AD Nu	m: <b>213</b> 0	91076		
Sec	condary	Crash	<b>✓</b> Injur	y C	Only	500 or	r More	Н			tly Involve le Involved	ΙΔ.	gency: 1	- ALBU	JQUE	RQUE	POLI	CE D	EPA	RTMI	ENT			
Crash 11/05			Crash 7	Гіте	City Occ			=				ı			County	ALILL	0							
Day of				ad On: (F	Route No	_								At Inter										
FRID				RONTA		. OI IN	ame)							MOUN			w							
Other Locat		Measu	rement	Direct	ion	Pe	erman	ent l	₋andmar	k - Cour	nty Line -	Inter	section - N	Milepost								Lat:		
					Cinct I Ioun	-6.1.							Managar	- f l						1.4		ong:		
Crash ON R					First Harr COLLIS			)TO	D VEH	ICI E			Manner of FRONT	•		Y T_6	ONE	ANG	21 E1		ner of Cr		∧ТЫ /T_	BONE)
		-Constru	ıction						IN VEII	ICLL			I KONT	-10-31	DL (L	. A. 1-L	JOINE,						•	BONL)
Wo		-Mainten		NO	and? Ana	•	Code TRAN		ORT											DADW		ful Event		
		,	CU	NIT	01																			
VEHI				IV Type					С	irection	On:								Le	eft Sce of Cras	ne Po	sted Spe	ed Safe	e Speed
HEAD			01 IN	N TRAN	SPORT				S	6	I 25 FF	RON	TAGE R	D					l °	NO	45			
Driver'		Name							Driver's I		me						Driver's		le Na	me			•	
Driver'	s Stree	et Addre	ess						City								State	Zip C	ode		Phone			
5541	541 CAMINO ESCONDIDA								LAS CF	RUCES	3						NM	8801	1-00	00	(575)	644-865	0	
	Date of Birth   Driver's License Number   State   Ty 06/06/1987   500408341   NM   D							CDI <b>N</b>	Status <b>V</b>	Restri <b>B</b>	ictions E	ndor	sements	Expires <b>08/26/</b>		Interio	ck Oc	cupat	ion					
Incide	nt Res	ponder			1			<u> </u>		# o	f Occupa	nts	Seat Pos	Age	Sex	Race	Injur	y C	OP ode	OP	Airbag	Ejected	EMS Numbe	Med
NO										2			LF							Used	Deploy		Numbe	
Sup	olem	enta	l Occ	cupan	t Info	ma	tion							34	М	С	0		0	UNK	N	N		NT
RF -	IARR						SELA				ELIZABET			36	F	С	0		0	UNK	N	N		NT
		AGUA				SAN	ITA F	E			NM	8750	05-0000											
	1	<b>Infori</b> cle Make		on		1						Colo	1.	\/ab    a	4 1/2	h Haan	Veh l	10				,	/-b Dib	.1- 40
Year <b>2003</b>			e				nicle M ITBA					GR		Veh Use	e i ve	P	vent	Jses		Veh. To			√eh. Disab <b>YES</b>	neu ?
Body S	<u> </u>	Cargo E	Rody	Lic. Yea	ır Stat		, IDA		License	Plate N	umher	<b>O</b>	VIN			•			D	amage	Severity		1 2 3	4 5
PC PC	riyic	Type	Jouy	2022	NM	C			RBX05		amber		1	168613	76523	27			ı	MODE		12		6
Towed	Ву			1					To	owed To	)									DISA			11 10 9 a	
AAA									О	WNER	DESTI	NAT	ION							Біоді		01,02,0		idercamage
Gross	Vehicl	e/Comb	Weigh	t Rating	HazMat				Mat Rel		Hazma	t Plac	card 4-digi	t OR Ha	zmat N	lame	A۱	ID	ı		1-digit#		, ,	
					(Cargo	Only)		(Ca	rgo Only	')														
State #	#		Numb of Axl		Carrier	Type	Code																	
Carrie	's Nan	ne					Stree	et Ad	dress					Ca	arrier C	ity						State C	Carrier's Z	Zip
Owner	's Last	t Name					Own	er's f	First Nan	пе			Owner'	s Middle	Name	)		Owi	ner's (	Compa	ıny Nam	е		
MANI							ZAC	HA	RY				ARTH	UR										
Street	Addre	SS							er's City					St		wner Z			Ow	ner's F	hone			
		NO ES					L		CRUC					N		8011-			⊥`		4-8650			
Insure NATIO	• (	Name o	ot Comp	any)					Policy Nu <b>723OJ (</b>		)		Trailer or Vehicles		Туре	Year	\[\big ^\epsilon	lake	L	ic Yea	r Lic St	ate  Lic	ense Nur	m
	railer or Towed Type Year Make Lic Ye hicles (2)							Lic	State	License	Num		Trailer or	Towed	Туре	Year	М	ake	L	ic Yea	r Lic St	ate Lic	ense Nur	n
Vehicle		wed											Vehicles											

Condi	tion i	nfor	mation																					
Lighting				Wea	ather								Inter	secti	ion Ty	/ре		Rel	atio	n To Ju	nction			
DARK	LIGHTE	Đ		CL	EAR								FO	JR-V	NAY			INT	ER	SECT	ION			
Work Zo	ne Loca	tion			٧	Vork Z	Zone	Туре					Wor	kers I	Prese	ent L	aw En	forcem	ent	Presen	t			
Road Ch	aracter	ΙR	oad Grade	Road	Condit	ion				IR	load Su	ırface						Traffic	: Co	ntrol				
STRAIG			EVEL	DRY	o o a . t							MARKE	RS							C SIGI	NALS			
Road La					Design	Div					load De							1						
3 LANE					SICAL		IDEI	₹				ACCES	s co	NTF	ROL	(E.G. I	HIGH	NAY (	OR	INTER	RSTATE	≣)		
			APP					FACTO	RS	-						•		S ACTI				SEQUEN	ICE OF	EVENT:
			, , ,																			FIRST EVENT	MVT	
																						SECOND EVENT		
NO DD	VED E	DDO	_												INC	CTDA	ICUT					THIRD		
NO DR	IVERE	KKUI	τ.											GU	ING	STRA	IGHI					EVENT		
																						FOURTH EVENT		
																						MHE	MVT	
	_		/======		0.401							/			-			DEDE	TP	RIΔNI/D	EDALC	YCLIST A		
	ט	RIVER	PEDESTRIAI! SOBRII		LCYCL	.IST						ED/PEDA SAL CON			ı	_		At Inte			LDALO	$\neg$	t Interse	ction
																	ctione I	Prior to					t intoroc	Ottori
																	CHOITS	i iioi to	Ole	3511				
HAD N	OT CO	NSUN	IED ALCOH	OL					NO A	APP. D	EFEC	TS				Δ	ctions :	at Time	of I	Crash				
																	CHOITS	at Time	, 01 1	Orasii				
Breath T	est Resi	ults		river	Phvs	ical Con	dition -	Other						Lo	ocation	at Tim	e of	f Crash						
							,																	
				0.0																				
I R A	$\lambda$ FF.		UNIT	02																				
VEHICL	E NO.		MV Type					Di	rection	On:									L	eft Sce of Crash	ne Po	sted Spe	ed Safe	e Speed
HEADE	D	02	IN TRANS	SPORT				E		MOU	NTAIN	N RD N	N						'	NO	"			
Driver's I	_ast Nar	ne					С	river's F	irst Na	me							Driver's	Middle	Na	ıme	ı		L.	
FUNNE	LL						L	.ORI								r	MICHE	ELLE						
Driver's	Street A	ddress					C	City								5	State	Zip Co	de		Phone			
2817 G	EORGI	A ST	NE				A	LBUQ	UERQ	UE						r	MM	87110	)-00	000	(505)	301-555	3	
Date of E	Birth [	Oriver's	License Num	ber St	ate Ty	уре	CDL	Status	Restri	ictions	Endors	ements	Exp	ires		Interlo	ck Oc	cupatio	n					
07/16/1	989 5	0325	9605	N	M D	1	N	٧		,	W		09/	12/2	029	NO								
Incident	Respon	der							# o	f Occup	ants S	Seat Pos	Ag	е	Sex	Race	Injur	y Ol		OP Used	Airbag Deploy	Ejected	EMS Numbe	Med Trans
NO									1			LF			_							T	Itambo	
Suppl	emer	tal (	Occupant	Info	mat	lon							32	۱ ا	F	С	С	0	)	UNK	F	N		NT
Vehic	le Inf	orma	ation													•						•		
Year \	/ehicle N	/lake			Vehi	cle M	odel				Colo	r	Veh I	Use1	Vel	n Use2	Veh l	Jse3		Veh. To	owed?	\	/eh. Disab	led?
2018 H	HYUND	ΑI			SAN	I ATI	FE				SIL					Р				YE	S		YES	
Body Sty	le Car	go Boo	dy Lic. Year	Stat	e		L	icense F	Plate N	umber		VIN					1			Damage :	Severity	1	2 3 4	4 5
sv	Тур	e	2022	NM				214SNE	)			5NMS	G73[	D09F	H259	662				HEA	VY	12	AT	6
Towed B	l							To	wed To	)										Exte			11 10 9	8 7
TNC RE	-	RY									VAY R	SLVD. S	FΔI	BUG	OUF	ROUF	NM s	871		DISAE	BLED	14-T		ndercarriag
			loight Dating	1184-	. DI	10	11			1											1 diait #	DOT#		
Gross Vehicle/Comb Weight Rating   HazMat Placard? (Cargo Only)								Mat Rele go Only)		Hazma	at Place	ard 4-dig	IL UR	Hazi	mativ	iame	AN	טו			1-digit #			
0				` -	• • •		`																	
State #			lumber of Axles	Carrier	Type C	Code																		
Carrier's	Name					Stree	t Add	Iress						Carı	rier C	ity						State C	arrier's Z	Zip
Owner's	Last Na	me				Owne	er's F	irst Nam	e			Owner	's Mic	ddle N	Name			Own	er's	Compa	ıny Nam	е		
FUNNE	LL					LOR	I					МІСН	ELLE	Ξ										
Street Address Owner							r's City				-1		Stat	te O	wner Zi	р	-1	Ow	ner's P	hone				
2817 G	EORGI	A ST	NE			A	LBU	JQUER	QUE					NM	l 8	7110-0	000		(50	05) 301	1-5558			
İ														<u> </u>					<u> </u>	-				

Insured By: (N	lame of C	ompany)			Policy	Number		Trailer or	Towed	Туре	Year	Ma	ake	Lic Year	Lic State	Licen	se Num	 1
PROGRESS	SIVE				95254	0424		Vehicles										
Trailer or Tow Vehicles (2)	red Type	Year	Make	Lic Yea	r Lic State	License Num	1	Trailer or Vehicles		Туре	Year	Ма	ake	Lic Year	Lic State	Licens	se Num	
Condition	Infor	nation									l							
Lighting			We	eather					Interse	ection Ty	pe		Relat	tion To Jur	nction			
DARK LIGH	ITED		СГ	_EAR					FOUF	R-WAY			INTE	ERSECTI	ON			
Work Zone Lo	ocation			Wor	k Zone Type				Worke	rs Prese	ent L	aw Enfo	orceme	nt Present				
Road Charact	er Ro	oad Grade	Road	d Condition			Road S	Surface	ı				Traffic	Control				
STRAIGHT	U	PHILL	DRY	<b>′</b>			LANE	MARKE	RS				TRAF	FIC SIGN	IALS			
Road Lanes				d Design D			Road D	Ü										
3 LANES					/IDER (>4	<u> </u>	FULL	ACCES	CON	TROL	`			R INTER				
DISREGAR DRIVER IN		AFFIC SI			UTING FAC	D BY OTHER	R ACTIV	VITY,	G	GOING			ACTIO	NS .	FIF EV SE EV TH EV	COND ENT IIRD ENT OURTH ENT	MVT MVT	VENTS
	רטוי/כם	/DEDECTE		AL CYCLIC	<b>T</b>	DI		NED/DEDA	LCVCL	ICT			PEDES	STRIAN/PE				
	DRIVER		RIAN/PED/ BRIETY	ALCYCLIS <sup>*</sup>	l	Di		ED/PEDA CAL CON					At Inter			1	ntersect	tion
HAD NOT O	MILSNO	ED AL CO	OHOI			NO APP	DEEE	CTS.			Ac	ctions P	rior to (	Crash				
IIAD NOT C	0110011	LD ALO	OHOL			NO ALL	. DLI L	010			Ad	ctions a	t Time o	of Crash				
Breath Test R	esults			Driv	er Physical C	Condition - Othe	er				Lc	cation	at Time	of Crash				
NARR	ΑΤΙ	VΕ																
						SSING THRO		DUNTAIN	. UNIT	2 WAS	EAST	BOUN	D MOL	INTAIN, F	PASSING	THROU	IGH TH	IE 125
DRIVER 1 A UNIT 2 WAS		THE LIGH	IT FOR S	ОИТНВО	JND TRAF	FIC WAS GRE	EN AN	D HE DR	OVE IN	то тн	E INTE	RSEC <sup>*</sup>	TION. I	ORIVER 1	ADVISE	D THE L	LIGHT F	FOR
DRIVER 2 A	DVISED	SHE HEA	RD A TR	AIN, LOO	KED BACK	AND THE CO	DLLISIO	N OCCUI	RRED.									
WITNESS 1 GREEN.	WAS BE	HIND UNI	IT 1 AND	OBSERV	ED UNIT 2 I	RUN A RED L	.IGHT P	RIOR TO	THE C	OLLIS	ON. W	ITNES	S 1 AD	VISED TI	HE LIGHT	FOR U	INIT 1 \	WAS
DRIVER 2 C	OMPLAII	NED OF F	PAIN, NO	OTHER IN	IJURIES W	ERE REPORT	ΓED.											
WITN	ESS	01																
Witness's Las						Vitness's First N	Name					Witne	ess's M	iddle Name	e			Age <b>48</b>
Witness's Stre						ss's City <b>REAU</b>					State <b>NM</b>	Zip C <b>873</b> 2			ness's Pho <b>75) 799-2</b> 4			•
VIOLA	ATIC	N 0	1															
VEH NO. La					First Name			Middle	Name			Violati	on (Cor	nmon Nam	ne)		Action	
1					1							<u>I</u>					1	

CONC	LUS	SIO	N								
Time Notified	Time A	Arrived	Notified B	у			Supervisor at Scene				
1941	1945		APD DIS	PATCH			NONE				
Time Roadway C	Time Roadway Cleared Time Incident Cleared Checked By										
2026		2029		3936 - C	CLINGENPEEL, MARC - 11/11/2021						
Officer's Signat					Officer's Name		Rank	ID Number	District	Report Date	
	K-	m-			BEEM, KEVIN		P1C	5526	234	11/05/2021	

DIAGRAM			
Diagram Drawn By	Measurements Taken By		
BEEM, KEVIN			
DIAGRAM			
Crash Report Number: 710796039	STATE OF NEW MEYICO LINIFORM CDASH DEDORT		
Case Number: 210088421	STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209 NMDOT COPY	Sheet 5 (	Of 5

CRASH
INVESTIGATION
SH 10070
Rt. July 2018
NAMEOTUCE
E July 2018

### ALBUQUERQUE POLICE DEPT REPORTING DEPARTMENT

STATE OF NEW MEXICO UNIFORM CRASH REPORT

E	_JULY_	_2018								REPORTIN	IG DEI	PARTMEN	Т								7107	99513	•
Private Pro	perty	Fatal	Prope		Unde	r \$500			us Direct	ly Involved		ase Numb	er: <b>21</b> 0	00897	83			CA	AD Nun	n: <b>2131</b>	41086		
Secondary	Crash	<b>✓</b> Injury	C	nly [	\$500	or More				ctly Involve de Involved	ΙΔα	gency: 1	- ALB	UQUE	RQU	E POL	ICE D	EPA	RTME	NT			
Crash Date		Crash Ti	me	City C	Occurre	ed In	1,							County	/								
11/10/2021		1748		ALB	UQUE	ERQUI	E							BERN	IALIL	LO							
Day of Week		Occurred	d On: (F	Route I	No. or I	Name)							At Inte	rsectio	n With	:							
WEDNESD	PΑΥ	I 25 FR	ONTAG	GE RI	D								MOUI	NTAIN	N RD	NE							
Other	Measu	rement	Directi	on		Permar	nent L	.andmar	k - Cou	nty Line -	Inters	section - N	Milepost	t							Lat:		
Location												1								L	ong:		
Crash Occur					armful							Manner	-	ct						er of Cra			
ON ROAD		1	(	COLL	ISION	1 W/M	ото	R VEH	ICLE			SIDES	WIPE						FRO	M SAM	E DIRE	CTION	
Work Zone Work Zone		nance	Tribal La		•	is Code															ul Event		
Work Zone	e-Utility		МО		MV IN	TRAN	ISPO	ORT									О	N RC	ADW	AY			
TRAF	FIC	ว บเ	VIT	0	1																		
VEHICLE N	١٥.	M۱	/ Type						Direction	n On:								Le	eft Scer f Crash	ne Pos	sted Spee	d Safe	Speed
HEADED		01 IN	TRAN	SPOF	RT			5	-		RON	TAGE R	D						NO				
Driver's Last								Driver's		ime						Driver'		le Nai	ne				
GONZALE  Driver's Stree		200					ROQUI	-							GABF State	Zip C	odo		Phone				
7337 LUEL			NE					ALBUG	UFRO	UE						NM	8710			FIIOHE			
Date of Birth		er's Licer		nber	State	Туре		Status		ictions E	ndors	sements	Expire	es	Inter	<u> </u>	cupati		1				
07/14/1956	012	360045			NM	D	N	v	В				11/08	3/2025	NO								
Incident Res	ponder					•			# 0	of Occupa	nts	Seat Pos	Age	Sex	Rad	e Inju		)P ode	OP Used	Airbag Deploy	Ejected	EMS Number	Med Trans
									1			LF	65	м	0				YES	F	N	Hamber	NT
Supplem				t Inf	orma	ation	1																
Vehicle I	<b>Infori</b> cle Mak		<u>n</u>		1						Cala		\/-b    -	-4 1/-	. h . l . l . a	2 Veh	l la a 2					D:	110
	VROL	-				ehicle N <b>500</b>	/lodel				Colo RED		venus	e i  ve	P	Z  Veii	uses		Veh. To		V	eh. Disabl <b>YES</b>	eur
1			Lic. Yea	r G	tate	300		License	Plate N	lumber	IXLL	TVIN						D	amage S		1	2 3 4	1 5
PK	Cargo l Type		2021		R			433HV		unbei		2GCE	:19R1	V1249	1407				MODE	-	12		<b>n</b> 6
Towed By		l'							owed To	n									Exte		1	1 10 9 8	3 7
A&M TOW	ING									° ESERT F	RD S	E							DISAB	LED	14-To		dercarriage
Gross Vehicl	e/Comb	Weight	Rating	HazN	Mat Pla	card?	Haz	:Mat Rel	eased	Hazma	t Plac	ard 4-digi	t OR Ha	azmat l	Name	ΙA	ND		1	I-digit#			
				(Car	go Only	y)	(Ca	rgo Only	<b>'</b> )														
State #		Number of Axle		Carri	ier Typ	e Code							<u> </u>										
Carrier's Nan	ne					Stre	et Ad	dress					Ic	arrier (	Citv						State C	arrier's Z	ip qi
															,								
Owner's Last	Own	er's F	irst Nar	ne			Owner'	s Middle	e Nam	e		Owr	ner's (	Compai	ny Name								
GONZALE	RO	QUE					GABR	IEL															
Street Addre	-	Owne	r's City					S	tate C	Owner	Zip		Owi	ner's Pl	none								
7337 LUEL	,	ALB	UQUE	RQUE				N	ім в	37109	-0000												
Insured By: (Name of Company)							F	Policy Nu	ımber			Trailer or	Towed	Туре	Yea	r N	/lake	Li	c Year	Lic Sta	ite Lice	nse Num	n
NOT AVAILABLE							1	A TO	/AILAI	BLE		Vehicles											
Trailer or Towed Vehicles (2)					Li	c Year	Lic	State	License	Num		Trailer or Vehicles		Туре	Yea	r N	1ake	Li	c Year	Lic Sta	ite Lice	nse Num	า

Cond	ition	infor	matio	n																					
Lighting	J				Weat	ner							Inte	rsec	tion T	уре		Re	elatic	n To Ju	nction				
DARK	- NOT	LIGH	TED		CLE	٩R							T-II	NTE	RSE	CTIO	N	TH	HRC	UGH	ROAD	WAY			
Work Z	one Loca	ation				Wor	k Zon	е Туре					Wo	rkers	s Prese	ent	Law Er	nforcer	nent	Presen	t				
Road C	haracter	R	Road Grac	de	Road C	ondition				R	oad Sı	urface						Traff	ic C	ontrol					
STRA	IGHT	L	.EVEL		DRY					L	ANE	MARKE	RS					TRA	FF	IC SIGI	NALS				
Road L	anes				Road D	esign D	V			R	oad De	esign						ı							
3 LAN	ES				PAINT	ED DI\	'IDEF	R (>4 FT)		O	NE-W	VAY													
				APPAF	RENT C	ONTRIB	UTIN	G FACTOR	RS							D	RIVER'	S ACT	ION	S		SEQUE	ENCE	OF E	VENT:
																						FIRST EVENT	M	IVT	
																						SECON	D		
																						EVENT			
NO DE	RIVER E	RRO	R											G	OING	STR	AIGHT	•				THIRD EVENT			
																						FOURT	-		
																						EVENT			
																						MHE	M	IVT	
	Г	DRIVER	R/PEDES	TRIAN/	PEDAL	CYCLIS	-			DRIV	ER/PE	ED/PEDA	LCY	CLIS	ST			PEC	EST	TRIAN/P	EDALC	YCLIST	ACTI	ON	
				OBRIET						Р	HYSIC	AL CON	DITIO	ON				At In	terse	ection		Not	at Int	ersect	ion
																1	Actions	Prior t	o Cr	ash					
LIADA	IOT CO	NICLIA	AED AL	00110					NO.	. DD D		·TC													
HAU I	101 00	NOON	MED AL	СОПО	L				NO A	APP. D	EFEC	.13				1	Actions	at Tim	e of	Crash					
Breath	h Test Results Dr							sical Con	dition -	Other							ocatio	n at Tii	ne c	of Crash					
ΤD	۸ГГ	TC	LINI	TT.	$\sim$																				
IΚ	АГГ		UN:	T I	UZ																				
VEHIC	LE NO		MV Ty	ype				Di	rection	On:										Left Sce of Crash	ne Po	sted Sp	eed	Safe	Speed
HEAD	ED	02	IN TF	RANSF	PORT			S		I 25 F	RON	TAGE R	D							NO					
Driver's	Last Na	me						Driver's F	irst Naı	me							Driver'	s Midd	le N	ame					
NELS	NC							RHOND	A								LEE								
l	Street A							City									State	Zip C			Phone				
2011 7	ROY K	ING F	RD TRLI	R				FARMIN	GTO	1							NM	8740	1-0	000					
Date of			s License	Numbe		1				ctions	Endors	sements	1 '	pires		Interl	ock O	ccupat	on						
04/21/		03993	37280		NM	D	N	V	В				_	/21/	2022	NO					1				
Inciden	t Respor	nder								f Occup	ants	Seat Pos	Αg	ge	Sex	Rac	e Inju Cod	ry   C	)P ode	OP Used	Airbag Deploy	Ejecte		MS Imber	Med Trans
									1			LF	- 5	8	F	0	О		6	YES	N	N			NT
Supp	leme	ntal	Occup	ant l	Infor	natio	n						Ŭ	J	•	L									
Vehic	ele inf	form	ation																						
Year	Vehicle					Vehicle	Mode	el			Colo	r	Veh	Use	1 Ve	h Use:	2 Veh	Use3		Veh. To				Disable	d?
2019	DODG	E				PICK-	JP				BLK	(				Р				YE	S			YES	
Body S	,	rgo Bo	dy Lic.	Year	State			License F	Plate N	umber		VIN								Damage :			1 2	3 4	5
PK	Ту	pe	202	22	NM			S24621				1HD1k	(GF	1XK	(B682	2057				MODE		12			6
Towed	By							To	wed To	)		ı								Exte				9 8	7
A&M	OWING	3						63	74 DE	SERT	RD S	E								DISAE	PLED		-Тор ) <b>,11,1</b> :		ercarriag
			Veight Rat	ting	lazMat I	Dlacard?	На	I zMat Rele	asad	Hazma	at Plac	ard 4-dig	it OF	≀ Ha	zmat N	Jame	1Δ	ND			1-digit #				
0,000	7 01110107 0		voigint i ta	-	Cargo C			argo Only)	asca	Hazine	411140	ara raig		110	Linati	101110	, ,	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			T digit ii		•		
State #		l <sub>r</sub>	Number		`arriar T	vne Coo																			
State #	ate # Number Carrier Type Cod																								
	arrier's Name Str													10								0			
Carrier	Carrier's Name							ddress						Ca	rrier C	ity						State	Carrie	er's Zip	)
								First Name	9			Owner	's Mi	ddle	Name	:		Owi	ner's	Compa	ny Nam	е			
NELSON RHO							ONE	)A				LEE		_											
Street Address O							Own	er's City						Sta	ate O	wner	Zip		O۱	wner's P	hone				
2011 7	2011 TROY KING RD TRLR							RMINGTO	N					N	VI 8	7401	-0000								
							<b>!</b>																		

Insured By: (Nam	e of Co	ompany)						Number <b>03942</b>		Trailer or Vehicles		Туре	Year	Ma	ake	Lic Yea	ır Lic State	Licer	nse Num	1
Trailer or Towed Vehicles (2)	Туре	Year	Mak	е	Lic Year	Lic	State	License Num	1	Trailer or Vehicles		Туре	Year	Ма	ike	Lic Yea	r Lic State	Licen	se Num	l
Condition I	form	nation																		
Lighting		iiativii		Weath	her						Interse	ection Ty	/pe		Rela	tion To Ju	unction			
DARK - NOT L	IGHTI	ĒD		CLE	AR							ERSE	•		THE	ROUGH	ROADWA	·Υ		
Work Zone Locat	ion			1	Work	Zone	Туре				Worke	rs Prese	ent La	aw Enfo	orceme	nt Preser	nt			
Road Character	l Do	ad Grade	10	Pood C	ondition				Road S	Purfoso				ı	Troffic	Control				
STRAIGHT		ed Grade VEL		Road C DRY	onallion					MARKE	DQ.					FIC SIG	NAI S			
Road Lanes					esign Div				Road D						IIVAI	110 010	IIALO			
3 LANES					ED DIVI		(>4 F	-Τ)	ONE-	•										
		A			ONTRIBL								DRI	VER'S	ACTIC	NS	SE	QUENC	CE OF E	VENTS
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																		ENT COND		
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DRIVER INAT	ENTI	ON									c	CHANG	ING LA	ANES				IRD ENT		
																		URTH		
																	EV	ENT		
																	MH	IE	MVT	
DI	RIVER/	PEDEST			CYCLIST			DF		PED/PEDA					PEDE:	STRIAN/F	PEDALCYCI	_IST AC	TION	
		SOE	BRIET'	Y					PHYSI	CAL CON	DITION				At Inter	rsection		Not at	Intersect	tion
													Ac	tions P	rior to	Crash				
HAD NOT CON	ISUM	ED ALC	оног	-				NO APP.	. DEFE	CTS			Ac	tions a	t Time	of Crash				
Breath Test Resu	Its				Drive	r Phv	sical C	ondition - Othe	er				Lo	cation	at Time	e of Crash	1			
						,														
NARRA	TI۱	/E																		
ON NOVEMB REFERENCE T DRIVER 1 SA FROM THE RIG CHECKED OUT DRIVER 2 ST LEFT INTO THI TOWED FROM	O A TI TED I HT SI BY A ATED FIRS THE S	RAFFIC A IE WAS T DE OF H IFR. VEH SHE WA IT LANE I SCENE B	ACCIE TRAV IS VE IICLE IS HE BUT S Y A&I	DENT VELING HICLE 1 WAS ADING SHE DI	WITH IN. S SOUTH WHICH TOWEL S TOWEL S SOUTH ID NOT S VING.	JURII BOU CAU D FR BOU SEE	ES. JND O ISED I OM TH JND O VEHIC	ON I-25 FRON HIM TO DRIV HE SCENE B' ON I-25 FRON CLE 1 AND TH	ITAGE I E INTO Y A&M ITAGE I HEN HIT	RD NE IN A POLE TOWING RD NE IN T VEHICL	THE F DRIVE THE S .E 1. DI	IRST L ER 1 HA BECONI RIVER :	ANE. D AD COM D LANE 2 HAD I	RIVER IPLAII I. DRIV	R 1 TH NT OF /ER 2 OMPLA	EN ADV WRIST THEN A	ISED VEHIO PAIN BUT DVISED SH INJURY AI	CLE 2 I REFUS IE WEI ND VEI	HIT HIM SED TO NT TO 1 HICLE 2	BE TURN WAS
WITNESS 1 S MERGED INTO													N INE S	SECO	ND LA	NE AND	THEN AD	VISED .	VEHICL	.E Z
PROPE	۲T)	Y 01	L																	
Туре	escrip	tion of Pro	perty	and Da	mage															
H  1	RAFF	IC SIGN	IALS																	
Owner's Last Nar	ne						0	wner's First Na	ame					(	Owner's	s Middle I	Name			
CITY OF ABQ							c	ITY OF ABC	)											
Owner's Street A	ddress						0	wner's City					Sta	ate Z	Zip Coc	le (	Owner's Pho	ne		
400 ROMA AV	E NW						Α	LBUQUERC	QUE				N	VI 8	37102					
WITNE	SS	01																		
Witness's Last Na		<u> </u>					l <sub>v</sub>	/itness's First N	Namo					Witne	occ'e M	liddle Nar	mo.			Age
	POSTLETHWAIT													VVIIII	533 3 IVI	iludie ivai	116			Age
Witness's Street	Addres	S					Witnes	ss's City					State	Zip C	Code		itness's Pho			1
																(7	707) 280-90	J/5		
VIOLAT	ĪO	$\overline{N}$ 0	1																	
VEH NO. Last N						First	Name			Middle	Name			Violati	on (Co	mmon Na	ime)		Action	
Crash Report Number: 710799513								STA	TE OF	NEW ME	XICO	UNIFO	RM CF	RASH	REPC	RT				

CONC	LU:	SIO	N						
Time Notified	Time .	Arrived	Notified B	у		Supervisor at Scene			
1751	1759		DISPAT	СН					
Time Roadway C	leared	Time Incid	ent Cleared	Checked	Ву				
1906		1906		3936 - 0	CLINGENPEEL, MARC - 11/11/2021				
Officer's Signat	ture				Officer's Name	Rank	ID Number	District	Report Date
	T	Fixtur My	•		HOY, TRISTAN	PSA	7445	234	11/10/2021

DIAGRAM		
Diagram Drawn By	Measurements Taken By	
HOY, TRISTAN	NOT TO SCALE	
DIAGRAM		
Crash Report Number: 710799513	STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209 NMDOT COPY	Sheet 5 Of 5
Case Number: <b>210089783</b>	NMDOT COPY	SHEELD UID

CRASH
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E July/2018

## ALBUQUERQUE POLICE DEPT REPORTING DEPARTMENT

STATE OF NEW MEXICO UNIFORM CRASH REPORT

E	_JULY_	_2018		<u> </u>						REPORTIN	NG DEF	PARIMEN	ı							/ 10	<i>J</i> 003	430	
Private Pro	operty	Fata	l Prop		Unde	er \$500			Bus Direc	tly Involved		ise Numb	er: <b>21</b> (	008804	49			CAD No	ım: <b>213</b>	08089			
Secondary	/ Crash	<b>✓</b> Injur	y   (	Only [	\$500	or More	•   <del> </del>			ectly Involve cle Involved	IΔα	ency: 1	- ALB	UQUE	RQUI	E POLI	CE DE	PARTM	ENT				
Crash Date		Crash T	ime	City	Occurr	ed In								County									
11/04/2021		1529		ALE	BUQUI	ERQU	E							BERN	ALILI	-0							
Day of Week	(	Occurre	ed On: (	Route	No. or	Name)	)						At Inte	rsection	n With:								
THURSDA	Y	MOUN	TAIN F	RD									FRON	ITAGE	RD								
Other	Measu	rement	Direct	tion		Perma	nent l	_andma	ırk - Cou	ınty Line -	Inters	ection - N	/lilepost	t						Lat:			
Location			WES	T																Long:			
Crash Occur	red			First H	larmful	Event						Manner	of Impa	ct				Mar	ner of C	rash			
ON ROAD				COLI	LISIO	N W/M	ОТО	R VE	HICLE			FRONT	-TO-S	IDE (E	X. T-I	BONE,	ANGL	E) INT	ERSEC	TING	PATH	I (T-B	ONE)
Work Zone			Tribal La	and?	Analys	is Cod	е											ation of F		nful Eve	nt		
Work Zone	e-Utility		NO		MV IN	I TRA	NSP	ORT									ON	ROAD	VAY				
TRAF	FIC		NIT	0	1																		
VEHICLE N			V Type						Directio									Left Sc of Cras	ene Posh?	osted Sp	eed	Safe S	Speed
HEADED		01 IN	TRAN	ISPO	RT		Г		W	MOUN	ITAIN	I RD						NO	)				
Driver's Last <b>BACA</b>	Name								First Na MARIE							Driver's	Middle	Name					
Driver's Stree	et Addre	ess						City	WANE	•						State	Zip Cod	le.	Phone				
115 JIMEN								SANT.	A FE								87501			306-22	22		
Date of Birth	Driv	er's Lice	ense Nur	nber	State	Туре		L Statu		rictions E	ndors	ements	Expire	s	Interle	ock Occ	upatio	ı	1, ,				
02/17/1958	010	36658	5		NM	D	N	v					07/31	/2027	NO								
Incident Res	ponder								#	of Occupa	ints S	Seat Pos	Age	Sex	Race	Injury Code	OF Cod		Airbag Deplo			MS Imber	Med Trans
elow	4-	1.000		4 1-4		<b>-41</b> -			1			LF	63	F	0	С	6	YES	В	N			NT
Supplem				it im	iorini	atioi																	
Yehicle I	cle Mak		n		T <sub>V</sub>	ehicle	Mode	1			Color	r I	Veh Us	e1 Ve	h Use2	Veh U	se3	Vob 1	owed?		Veh	Disable	d?
2018 DOE		.0				OURN					WHI				Р	.   '			ES			YES	<b>.</b>
<u> </u>	Cargo	Body	Lic. Yea	ar S	State			License	e Plate I	Number		VIN						Damage	Severity		1 2	3 4	5
PC	Туре	•	2021		MM.			AMTK				3C4PD	DGG7	'JT296	345			HE.	AVY	1	2		6
Towed By								[-	Towed T	·o									tent				7
TNC RECO	VERY	,						:	2800 B	ROADW	AY B	LVD. SI	E ALB	UQUE	RQUI	E, NM 8	71	DISA	BLED	02,03,			rcarriage
Gross Vehicl	le/Comb	) Weigh	t Rating		Mat Pla				eleased	Hazma	t Placa	ard 4-digi	t OR Ha	azmat N	lame	AN	) <u> </u>		1-digit #	# DOT			
				(Car	go Onl	ly)	(Ca	rgo On	ly)														
State #		Numb of Axl		Carr	ier Typ	e Code	е																
Carrier's Nar	ne					Stre	et Ad	dress					С	arrier C	City					State	Carrie	er's Zip	)
															,								
Owner's Last			Ow	ner's l	First Na	me			Owner'	s Middle	e Name	)		Owne	r's Comp	any Nan	ne	l					
BACA			AN	NAM	IARIE																		
Street Addre			_	Owne	er's City	,				S	tate O	wner 2	Zip	1	Owner's	Phone							
115 JIMENEZ ST							SAN	TA FE	•				N	IM 8	7501-	0000		(505) 30	6-2222	:			
Insured By: (Name of Company)							F	Policy N	lumber		-	Trailer or	Towed	Туре	Year	M	ake	Lic Yea	r Lic S	tate L	icense	Num	
STATE FARM							(	075852	23 <b>E</b> 283	10	\	Vehicles	(1)										
Trailer or Towed Type Year Make Vehicles (2)						ic Year	Lic	State	Licens	e Num		Trailer or Vehicles		Туре	Year	Ma	ake	Lic Yea	ar Lic S	tate L	icense	Num	
																						-	

Cond	ition	Info	rmat	ion																				
Lighting	)				We	ather								Inte	rsect	ion Ty	/ре		Rela	ion To Ju	unction			
DAYL	IGHT				CL	EAR								FO	UR-	WAY			INTE	ERSEC1	ΓΙΟΝ			
Work Z	one Loc	cation					Work	Zone	Туре					Woı	rkers	Prese	ent L	aw En	forceme	nt Preser	nt			
Road C	haracte	er	Road G	ade	Road	Conc	dition				F	Road Su	urface						Traffic	Control				
STRA	IGHT		LEVE	L	DRY						F	AVEC	CENT	ER A	٩ND	EDG	E LIN	E	TRAF	FIC SIG	NALS			
Road L	anes	<u> </u>			Road	Desig	gn Div				F	Road De	esign						1					
3 LAN	ES				PAIN	ITED	DIVI	DER	(>4 FT)		c	THEF	₹ .											
				APPA					FACTOR	RS							DF	RIVER'S	S ACTIO	NS		SEQUI	ENCE (	OF EVENT
																						FIRST		
																						EVENT		
																						SECON EVENT	U	
NO DE	NED	FRRC	)B												GC	NNG	STRA	ICHT				THIRD		
INO DI	(1 <b>V</b> L 1 (	LIXIXC	<b>,</b> , ,													, <b>.</b>	OTIVA					EVENT		
																						FOURT EVENT	7	
																						MHE	M۱	VT
																			DEDE	STRIAN/F	DEDALC			
		DRIVE	R/PED	ESTRIAN SOBRIE		LCYC	CLIST						ED/PEDA CAL CON			Т		$\overline{}$	At Inter		EDALO	$\overline{}$		ersection
				CODITIE	- • •						•	111010	, IL 0011						1			INOI	at inte	rsection
																	l <sup>A</sup>	ctions	Prior to (	Crash				
HAD N	OT C	ONSU	MED A	ALCOHO	OL					NO A	APP. D	EFEC	TS											
																	A	ctions	at Time	of Crash				
D (1	th Test Results Dr							Di		luci .	011								. T.	10 1				
Breath	th Test Results Dr							Phys	sical Cond	dition -	Other							ocation	ı at Time	of Crash	1			
	RAFFIC UNIT 02																							
TR	ΔFF	=TC	'	TIL	02																			
					02				Б.		lo.									Loft So	200 B	1 10		0.1.0
	LE NO			/ Type						ection		. I T A C	- DD							Left Sce of Cras	sh?	sted Sp	eed	Safe Speed
HEAD		02	Z	TRANS	PORI				S			NTAG	E KU				1.			NO				
Driver's		ame							Driver's Fi		me								Middle	Name				
OTER									CRYSTA	\L_								NICOL			1			
Driver's									City										Zip Cod		Phone			
	ANSIN								ALBUQI		-							NM	87105-		(505)	381-36	71	
Date of				nse Numb			Type				ictions	Endors	sements		pires		Interlo	ck Oc	cupation					
05/16/	1981	1235	86263	1	N	М	D	N	V	В				03	/29/2	2025	NO							
Inciden	t Respo	onder									f Occup	ants S	Seat Pos	Αg	ge	Sex	Race	Injur Cod	y OP e Code	OP Used	Airbag Deploy	Ejecte		MS Med
										1			LF		$\overline{}$	_								
Supp	leme	ental	Occ	upant	Info	rma	tion	1						4	۱	F	0	С	6	YES	В	N		NT
Vehic	ele In	form	atio	n																				
Year	Vehicle					Vel	hicle M	1odel				Colo	r	Veh	Use1	l Vel	n Use2	Veh l	Jse3	Veh. T	owed?		Veh. D	isabled?
2017	TOYO	TΑ				TA	СОМ	Α				ONG	<b>3</b>				Р			N	0		Y	ES
Body S	tyle C	argo Bo	ody I	Lic. Year	Sta	e			License P	late N	umber		VIN					ı		Damage	Severity		1 2	3 4 5
PK	•	ype	, I	2021	NM				750WBL		4111001		3ТМС	75 A I	ман	MOZO	1750			HEA	AVY	12		6
				2021	14141								3111102		14311	14107	,, 55		_	Ext	tent		11 10	9 8 7
Towed	-									ved To										DISA	BLED	14		15-Undercarriag
TNC F	RECOV	/ERY							280	00 BR	ROADV	VAY B	BLVD. S	E AI	LBU	QUE	RQUE	, NM	871			01,	11,12	
Gross \	/ehicle/	Comb \	Weight	- 1	HazMa				Mat Relea	ased	Hazm	at Plac	ard 4-dig	t OR	R Haz	mat N	lame	A۱	<u>ID</u>		1-digit #	DOT:	#	
					(Cargo	Only,	)	(Ca	rgo Only)															
State #	ate # Number Carrier Type Co																				1			
	of Axles																							
Carrier'	arrier's Name Str							et Ade	dress						Car	rier C	itv					State	Carrie	r's Zip
0									u. 000						-		,					O.a.o	•	. o <u></u> .p
Owner's Leet Name								Tirot NI				I C	- N 4"	الماما	Ne-			10	la C-	- N N.				
								First Name	<del>;</del>			Owner		udie	ivame			Owner	's Compa	апу мат	е			
OTERO CRYS												NICO	.E											
Street Address Ov						Owne	er's City			_	_		Sta	te O	wner Z	ip	0	Owner's F	Phone					
120 LANSING DR SW A						ALB	UQUER	QUE					NN	1 8	7105-0	0000	[6	505) 68	1-3671					

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

Sheet 2 Of 5

Crash Report Number: 710803498

Insured By: (Name PROGRESSIVE	of Co	mpany)				Policy N			Trailer or Vehicles		Туре	Year	Ma	ake	Lic Year	Lic State	License 1	Num
Trailer or Towed Vehicles (2)	уре	Year	Make	Lic	c Year	Lic State	License Num	1	Trailer or Vehicles		Туре	Year	Ma	ake	Lic Year	Lic State	License N	- Num
Condition Inf	orn	nation				I.	1.											
Lighting			٧	Neather						Interse	ction Ty	<sub>′</sub> ре		Rela	ation To Jur	nction		
DAYLIGHT			C	CLEAR	2					FOUR	R-WAY			INT	ERSECTI	ON		
Work Zone Location	1				Work 2	Zone Type				Worke	rs Prese	ent L	aw Enf	orceme	ent Present			
Road Character	Ro	ad Grade	Ro	ad Con	dition			Road S	Surface					Traffic	Control			
STRAIGHT	LE	VEL	DF	₹Y				PAVE	D CENT	ER AN	D EDG	E LINI	Ε	TRAF	FIC SIGN	IALS		
Road Lanes			Ro	ad Desi	ign Div			Road D	Design									
3 LANES			PA	AINTE	DIVID	DER (>4 F	T)	OTHE	R									
DISREGARDED OF-WAY		FFIC SIC	GNAL,	DRIVE	R INA	TING FACT	N, FAILED T				GOING		IVER'S			FIF EV SE EV TH EV FO EV	ENT COND ENT RD ENT JRTH ENT E PM	ıv
DRIV	/ER/I	PEDESTR	IAN/PE RIETY	DALCY	CLIST		DF		PED/PEDA CAL CON						STRIAN/PE	EDALCYCI	Not at Inter	
HAD NOT CONS	UME	ED ALCO	OHOL				NO APP.	. DEFE	стѕ				etions F		Crash of Crash			
Breath Test Results	;				Driver	Physical C	ondition - Othe	er				Lo	cation	at Time	e of Crash			
ON 11/04/2021 I V TALKED TO BOT  DRIVER 1 ADVIS LIGHT AT THE IN VEHICLE 1. DRIV TRANSPORTED.  DRIVER 2 ADVIS APPROACHING STOP. DRIVER 2 KNEE PAIN AND TO DISABLING D WITNESS 1 ADVITHAT HE SAW T THIS CONCLUDE  WITNESS'S Last Name LAUER  Witness's Street Advitness's Street Advices	ED TITER 1 VEH ED S THE   ATT WAS DAMA SSED HE L	DRIVING ARTIES E CHAT SHE SECTION ADVISE ICLE 1 SHE WAS INTERSE EMPTED SEXAMINAGE TO THE WAS IGHT TUILY INVOLV	E WAS N, AND ED THA USTAIL TRAVI CTION TO GO NED BY THE FR S PARK RN REI	DRIVING M' ATTEM T SHE NED DI ELING T THE L O THECO ONT O	Y INVE  IG WE: IPTED  HAD C  SABLI  SOUTH  IGHT H  CAL PI  F THE  THE S  VEHIC	STIGATIO STBOUND TO DRIVI HEST PA NG DAMA HBOUND HAD TURN ITHE INTEL ERSONAL VEHICLE GOUTHWE LE 2 AND INCIDENT	ON.  ON MOUNT E THROUGH IN, AND WAS GE TO THE ON FRONTAG IED YELLOW RSECTION C. ON SCENE ST CORNER	TAIN WHEN SEXAM RIGHT TO AND DESCRIPTION OF THE ATTEMPS	HEN THE TERSEC TINED BY SIDE OF WHEN TI THAT SH G THE CO ENIED TI	COLLITION, VIMEDIC THE VI THE COL E TRIE DLLISIC RANSP	SION C WHEN Y CAL PE EHICLE LLISION ED TO E DN WIT ORTAT	OCCUR VEHICLERSON, E, AND N OCCUBREAK H VEHICON, V	RED. I LE 2 R AL ON HAD T JRREI BUT I ICLE 1 EHICL E COLI	DRIVE AN THE SCH TO BE TO BE D. DRIV REALL L. DRIV E 2 W LISION RSECT	R 1 ADVIS HE RED LI NE, AND D TOWED I VER 2 ADV ZED SHE VER 2 ADV VAS TOWE N OCCURE TION COLI	SED SHE GHT COL DENIED TO FROM TH VISED AS WOULD N VISED SH ED FROM RED. WITI LIDING W	HAD THE LIDING WID D BE E SCENE. SHE WAS IOT HAVE E WAS HA THE SCEN NESS 1 AD TH VEHIC	GREEN ITH S TIME TO AVING NE DUE
VIOLAT	$\Omega$	NΩ	1												(50	95) 382-42	200	
VIOLATION 01 VEH NO.   Last Name						irst Name			Middle	Name			Violati	on (Co	mmon Nam	ne)	I Ac	tion
Last Na				wildale	. 40.110			Violati		ion ivan		710						

CONC	LUS	SIO	N								
Time Notified	Time /	Arrived	Notified B	у		Supervisor at Scene					
1529	1529		FIRST O	N SCEN	E	NONE					
Time Roadway Cleared Time Incident Cleared Checked By											
1610		1615		5383 - E	BENAVIDEZ, TOMMY - 11/5/2021						
Officer's Signat	ture	-	-		Officer's Name	Rank	ID Number	District	Report Date		
	2	an p	<u>-=</u>		MAESTAS, DAVID	PSA	6842	234	11/04/2021		

DIAGRAM		
Diagram Drawn By	Measurements Taken By	
MAESTAS, DAVID	NOT TO SCALE	
DIAGRAM		
Crash Report Number: 710803498	STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209 NMDOT COPY	
Case Number: 210088049	NM STATUTE 66-7-209 NMDOT COPY	Sheet 5 Of 5

CRASH NVESTEATION SH 10074 Rev. July 2018 NAMO TUCK E JULY 2018

## ALBUQUERQUE POLICE DEPT REPORTING DEPARTMENT

STATE OF NEW MEXICO UNIFORM CRASH REPORT

E	_JULY	_2018		<u> </u>						REPORTI	NG DE	PARTMEN	Т								7100	001371	
Private Pro	operty	Fatal	Prop		Unde	er \$500		-1	Bus Direc	tly Involved	'	ase Num	oer: <b>22</b> 0	00090	90			СА	D Nun	n: <b>2203</b>	50858		
Secondary	Crash	Injury			\$500	or More	╸	4		ectly Involve	ΙΔ	gency: 1	- ALB	UQUE	RQU	E POL	ICE D	EPAI	RTME	NT			
Crash Date		Crash T	ime	City C	Occurr	ed In							1	County	/								
02/04/2022	2	1537		ALB	UQU	ERQU	E							BERN	IALIL	LO							
Day of Week	(	Occurre	d On: (l	Route N	No. or	Name)							At Inte	rsectio	n With	:							
FRIDAY		I 25 FR	ONTA	GE RI	)								MOU	NTAIN	I RD I	NE							
Other	Measu	rement	Direct	ion		Perma	nent	Landma	ırk - Cou	unty Line -	Inter	section -	Milepost	t							Lat:		
Location			1									T							I		ong:		
Crash Occur						l Event	отс	. D. V.E.				Manner		ct						er of Cra		OTION	
ON ROAD		untion	J					OR VEH	HICLE			SIDES	WIPE				Π.				E DIRE	CHON	
Work Zone		nance	Tribal La <b>NO</b>		•	sis Cod N TRA		OPT											ADW		ul Event		
Work Zone						VIKA	NSP	ORI									U	N RO	ADW	AT			
TRAF	FIC	C UI	NIT	· 0:	1																		
VEHICLE N	NO.	M	√ Type						Directio	n On:								Le	ft Scer Crash	ne Pos	sted Spe	ed Safe	e Speed
HEADED		01 IN	TRAN	SPOF	₹T				S	I 25 F	RON	TAGE R	D					01	NO	'			
Driver's Last									First Na	ame						Driver's		e Nan	ne				
MARQUEZ								ANGE	L							GABF							
Driver's Stree								City	OHED	OLIE						State	Zip Co 8710:			Phone			
Date of Birth		er's Lice	neo Nur	mbor	State	Туре		ALBU	-	trictions E	ndor	comonte	Expire	NC	Inter	NM ock Oc	cupation		<b>J</b> U				
09/09/1995		399240		ilbei	NM	D	N	V	13 11631	IIICIIOIIS  L	_IIUOI	sements	1 .	; 3/2024		OCK OC	cupatio	JII					
Incident Res				ļ					#	of Occupa	ants	Seat Pos	Age	Sex	Rac	e Injui	уО		OP.	Airbag	Ejected	EMS	Med
									1			LF	_			Cou			Used	Deploy		Numbe	
Supplem	nenta	ıl Occ	upan	t Inf	orm	atio	n						26	М	0	0	•	3	YES	N	N	<u> </u>	NT
Vehicle I	Infor	matio	n																				
Year Vehic	cle Mak	e			V	ehicle	Mode	d			Colo	or	Veh Us	e1 Ve	eh Use	2 Veh	Jse3	١	Veh. To		\	/eh. Disab	led?
1996 CHE	VROL	.ET			S	SUBUF	RB	ı			BR	0			Р			_	NC			NO	
	Cargo l Type	,	Lic. Yea		tate					Number		VIN							amage S MODEF	-	1	2 3 4	4 5
sv	1,00		2022	N	М			PAD1				3GNE	C16R3	TG10	6958				Exte		12		
Towed By								7	Towed T	ō								FU	JNCTI	ONAL	14-To	11 10 9 8 op 15-Un	dercarriage
																					01,02,03	,11,12	
Gross Vehicl	le/Comb	o Weight	Rating	HazN (Card	∕lat Pla go Onl	acard? ly)		zMat Re argo Onl		Hazma	it Plac	card 4-dig	it OR Ha	azmat l	Name	1A	1D		1	I-digit #	DOT#		
State #		Numbe	or			oe Code																	
State #		of Axle		Calli	егтур	Je Cou	3																
Carrier's Nar	me					Stre	et Ac	dress					Ic	arrier (	City					ı	State C	arrier's Z	in.
Carrier 5 Mar	110						,01710	au 033						arrier	Jity						State	unioi 5 Z	-iP
Owner's Last			Owi	ner's	First Na	me			Owner	's Middle	e Name	<u> </u>		IOwn	er's C	compar	ny Name						
RAMON			G						MARC			-					,						
Street Address							Own	er's City	,				S	tate C	Owner	Zip		Own	er's Pl	none			
52 OSHA PL							LOS	LUNA	S				N	IM 8	37031	-9490							
Insured By: (Name of Company)								Policy N	lumber			Trailer or	Towed	Туре	Yea		1ake	Lic	: Year	Lic Sta	ite Lice	ense Nur	n
LOYA								624914	114320	<u> </u>		Vehicles	(1)		1								
Trailer or Towed Vehicles (2)					L	ic Year	Lic	State	Licens	e Num		Trailer or Vehicles		Туре	Yea	·	lake	Lic	c Year	Lic Sta	ite Lice	ense Nun	n

Cond		Info	rmat	tion																				
Lighting					Wea	ther								Inters	sectio	n Ty	ре		Relation	on To Ju	nction			
DAYLI	GHT				CLE	AR								T-IN	TER	SEC	TION		THRO	DUGH	ROADV	VAY		
Work Z	one Loc	ation				W	ork Z	one Ty	уре					Work	ers P	rese	nt La	aw Enfo	rcemen	Presen	t			
Road C	haracte	er F	Road (	Grade	Road	Conditi	on				R	oad Su	ırface						Traffic C	ontrol				
STRAI	GHT	ı	LEVE	L	DRY						L	ANE I	WARKE	RS				,	TRAFF	IC SIGI	NALS			
Road La	anes				Road	Design	Div				R	oad De	esign											
3 LAN	ES				PHYS	SICAL	DIVI	DER			o	NE-W	/AY											
				APPA	RENT (	CONTR	RIBUT	ING F	ACTOR	lS							DRI	VER'S	ACTION	IS		SEQUE	NCE OF	EVENT:
																						FIRST	MVT	
																						EVENT		
																						SECOND EVENT		
			_															<u> </u>				THIRD		
NO DF	RIVER	ERRO	PR												GOII	NG :	STRAI	GHT				EVENT		
																						FOURTH EVENT		
																					ŀ			
																						MHE	MVT	
		DRIVE	R/PEC	DESTRIAN	I/PEDAI	CYCL	IST				DRIV	ER/PE	D/PEDA	LCYC	LIST				PEDES	ΓRIAN/P	EDALC	CLIST A	CTION	
				SOBRIE	TY						Pl	HYSIC	AL CON	OITIC	N				At Inters	ection		Not a	t Interse	ection
																	Ac	tions P	rior to Cı	ash				
HADN	101 C	ONSU	MED	ALCOH	JL					NO A	APP. D	EFEC	15				Ac	tions at	: Time of	Crash				
Breath <sup>-</sup>	Test Re	eults				Ιn	river F	2hvsic:	al Cond	ition -	Other						10	cation a	at Time o	of Crash				
Broattr	1001110	ouno						11,010	ai oona	1011	Otrioi							oution	at 111110 t	or Gradin				
	AFFIC UNIT 02																							
TR	ΔFF	FIC	Ш	NIT	02																			
					<u> </u>				D:		0									Loft Sco	ne D	4 1 0		. 0
VEHIC				V Type	DODE					ection		DONI		_						Left Sce of Crasi	h? Pos	sted Spe	ed  Sai	fe Speed
HEAD		02	2 IN	ITRANS	PORT				S			RONI	TAGE R	ט			-			NO				
Driver's		ame							ver's Fir	rst Nar	me								Middle N	ame				
AHAS	TEEN							SH	IAY								S	TORN	1					
Driver's	Street	Addres	s					City	y								S	tate Z	ip Code		Phone			
08 M E	MM 1	8 HW	Y 491					ME	EXICAI	N SPF	RINGS						N	M 8	7320-0	000				
Date of	Birth	Driver	's Lice	nse Numb	er St	ate Ty	/ре	CDL S	Status	Restri	ctions E	Endors	ements	Expi	ires		Interloc	< Occ	upation					
04/20/ <sup>-</sup>	1996	51270	05049	•	N	M D		N I	v	В				10/2	23/20	25	NO							
Incident	Respo	nder			<u> </u>					# of	f Occupa	ants S	Seat Pos	Age		ex	Race	Injury	OP	OP	Airbag	Ejected	EMS	
										1			LF	7.9		<b>υ</b> λ	11400	Code	Code	Used	Deploy	Ljootoa	Numbe	er Trans
Gunn	lomo	ntal	Occ	upant	Info	meti	lon							25	i   1	VI	0	0	6	YES	N	N		NT
						IIIGL	<u> </u>							]										
Vehic			atio	<u>n</u>								Ια .	1				0							
	Vehicle		_				cle Mo	odel				Color	r	Veh L	Jsei			Veh Us	se3	Veh. To		`	eh. Disa/ <b>NO</b>	
2020	CHEV	ROLE	T			MAL	.IBU					SIL					Р			N				
Body St		argo Bo	ody	Lic. Year	Stat	е		Lic	ense P	late Νι	umber		VIN							Damage	•	1	2 3	4 5
PC	Ту	/pe		2022	NM			A١	/MD15	5			1G1ZE	5ST	5LF1	432	52			MODE	RAIL	12		6
Towed	Bv								Tow	ved To	)		1							Exte			11 10 9	
	-,																			FUNCT	IONAL	14-T		Indercarriage
											I	. =:										09,10,	11,12	
Gross V	ehicle/0	Comb v	/Veight		HazMat				at Relea Only)	sed	Hazma	it Placa	ard 4-digi	t OR	Hazm	at Na	ame	ANE	)		1-digit #	DOT#		
	(Cargo Only)							(Ourgo	, Only,															
State #																								
	of Axles																							
Carrier's	Carrier's Name Stre							Addre	ess						Carrie	er Ci	tv					State C	arrier's	Zip
Samo s riamo																	,							
												10						<u> </u>						
							t Name				Owner'		dle Na	ame			Owner's	Compa	ıny Name	e				
AHASTEEN SHAY						Y					STOR	M												
Street Address Or						wner's	City				•		State	Ov	vner Zip	)	O	wner's P	hone					
08 M E	MM 1	8 HW	Y 491				М	EXIC.	AN SP	RING	SS				NM	87	320-0	000						
L											-					1,								

Insured By: (Name																
	of Compan	y)			Policy N	Number		railer or		Туре	Year	Make	Lic Year	Lic State	License	Num
SENTRY INSUR	ANCE				11406	790978	V	ehicles (	[1)							
Trailer or Towed Vehicles (2)	ype Year	Mak	ke L	₋ic Year	Lic State	License Num	'	railer or /ehicles (		Туре	Year	Make	Lic Year	Lic State	License	Num
Condition inf	ormatic	on	1			<u>I</u>								1		
Lighting			Weath	er					Intersed	ction Ty	ре	Rel	ation To Jun	iction		
DAYLIGHT			CLEA	R					T-INTE	ERSEC	CTION	тн	ROUGH F	ROADWA	Y	
Work Zone Location	1			Work 2	Zone Type				Worker	s Prese	ent Law	Enforcem	ent Present			
Road Character	Road Gra	ade l	Road Co	ndition			Road Sur	rface				Traffic	Control			
STRAIGHT	LEVEL	l	DRY				LANE N	IARKE	RS			TRA	FFIC SIGN	ALS		
Road Lanes	1	F	Road De	sign Div			Road Des	sign								
3 LANES		ļ	PHYSIC	AL DIV	IDER		ONE-W	ΑY								
		APPAR	ENT CO	NTRIBU	TING FACT	ORS	•				DRIV	ER'S ACTI	ONS	SEC	QUENCE	OF EVENTS
														FIRS		VT
															OND	
IMPROPER LAN	E CHANG	SE.							С	HANG	ING LAI	NES		THIF		
														FOL EVE	IRTH NT	
														мне	M	VT
DRI	/ER/PEDE	STRIAN/F	PEDALC	YCLIST		DF	RIVER/PEI	D/PEDAI	CYCLI	ST		PEDE	STRIAN/PE	DALCYCL	IST ACTI	ON
	9	SOBRIET	Y				PHYSICA	AL CONE	NOITION			At Inte	ersection		Not at Inte	ersection
											Actio	ons Prior to	Crash			
HAD NOT CONS	UMED AI	-COHOI	-			NO APP.	DEFECT	ΓS			Actio	ons at Time	of Crash			
				In:	DI	100						<del> </del>				
Donath Took Donath			Driver	Physical C	ondition - Othe	r				Loca	ition at Tirr	e of Crash				
Breath Test Results																
NARRAT	IVE	2 AT AP	PROXIN	MATELY	1539 HOI	IRS I WAS D	ISPATCH	ED TO	125 SB	FRON	TAGE RI	NE/MOL	INTAIN RD	NE IN RE	FERENC	E TO A
NARRAT ON FEBRUARY TRAFFIC ACCIDE	IVE 4TH, 202 ENT WITH	NO INJU	JRIES.													
NARRAT ON FEBRUARY TRAFFIC ACCIDE DRIVER 1 STATA	IVE 4TH, 202 ENT WITH FED HE W	NO INJU	JRIES. VELING	SOUTH	I BOUND	ON FRONTAG	GE RD IN	THE FI	RST LA	ANE. D	RIVER 1	ADVISED	THAT VEI	HICLE 2 C	HANGEI	D INTO HIS
ON FEBRUARY TRAFFIC ACCIDE DRIVER 1 STA' LANE AND SIDES THE SCENE. DRIVER 2 STA'	TVE  4TH, 202 ENT WITH FED HE W SWIPED H	NO INJU AS TRA' IIM, CAU	JRIES. VELING SING H VELING	SOUTH	I BOUND RUN INTO	ON FRONTAC A CURB. DRI	GE RD IN IVER 1 HA	THE FI AD NO THE SI	RST LA COMPL	ANE. D LAINT	RIVER 1 OF INJU	ADVISED RY AND V	THAT VEI EHICLE 1	HICLE 2 C WAS ABL HE MOVE	HANGEI E TO DE	D INTO HIS RIVE FROM INTO THE
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ON FEBRUARY TRAFFIC ACCIDE DRIVER 1 STA' LANE AND SIDE: THE SCENE. DRIVER 2 STA' FIRST LANE BUT DRIVE FROM TH  VIOLATI VEH NO. Last Na  CONCLUTIME Notified Time	TVE  41H, 202 ENT WITH FED HE W SWIPED H FED HE W DID NOTE SCENE.	NO INJUAS TRA' IM, CAU AS TRA' SEE VE	JRIES. VELING SING H VELING HICLE	SOUTH IM TO F SOUTH 1 AND H	H BOUND RUN INTO H BOUND HE SIDEW	ON FRONTAC A CURB. DRI	GE RD IN IVER 1 HA	THE FI AD NO THE SI VER 2 H	RST LACOMPLECOND AD NO	ANE. D LAINT LANE COMI	RIVER 1 OF INJU  DRIVEI PLAINT (	ADVISED RY AND V R 2 ADVIS DF INJUR	O THAT VEI FEHICLE 1 SED THAT I Y AND VEH	HICLE 2 C WAS ABL HE MOVEI HICLE 2 W	HANGEI E TO DI D OVER AS ABL	D INTO HIS RIVE FROM INTO THE E TO
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ON FEBRUARY TRAFFIC ACCIDE DRIVER 1 STA- LANE AND SIDES THE SCENE. DRIVER 2 STA- FIRST LANE BUT DRIVE FROM TH  VIOLAT  VEH NO. Last Na  CONCLU- Time Notified 1539 158 Time Roadway Clearer	TIVE  44TH, 202 ENT WITH FED HE W SWIPED H FED HE W FOLD NOTE SCENE.  FOR A STENE  SERVICE  FOR A STENE  TIME Incid	NO INJUAS TRA' IM, CAU  AS TRA' SEE VE  O 1  N  Notified  DISPA	JRIES. VELING SING H  VELING HICLE	SOUTHIN TO F	H BOUND RUN INTO H BOUND HE SIDEW	ON FRONTAG A CURB. DRI ON FRONTAG IPED VEHICL	GE RD IN IVER 1 HA GE RD IN E 1. DRIV	THE FI AD NO THE SI VER 2 H	RST LACOMPLECOND AD NO	ANE. D AINT	RIVER 1 OF INJU  DRIVEI PLAINT (	ADVISED RY AND V R 2 ADVIS DF INJUR	O THAT VEI VEHICLE 1 SED THAT I Y AND VEH	HICLE 2 C WAS ABL HE MOVEI HICLE 2 W	HANGEI E TO DE D OVER AS ABL	D INTO HIS RIVE FROM INTO THE E TO
ON FEBRUARY TRAFFIC ACCIDE DRIVER 1 STA' LANE AND SIDE: THE SCENE. DRIVER 2 STA' FIRST LANE BUT DRIVE FROM TH  VIOLAT VEH NO. Last Na  CONCLUTIME Notified 1539 Time Roadway Cleared 1627	TIVE  44TH, 202 ENT WITH FED HE W SWIPED H FED HE W FOLD NOTE SCENE.  FOR A STENE  SERVICE  FOR A STENE  TIME Incid	NO INJUAS TRA' IM, CAU  AS TRA' SEE VE  O 1  Notified DISPA' ent Cleared	JRIES. VELING SING H  VELING HICLE	SOUTH TO F	H BOUND H BOUND HE SIDEW	ON FRONTAG A CURB. DRI ON FRONTAG IPED VEHICL	GE RD IN IVER 1 HA GE RD IN E 1. DRIV	THE FI AD NO THE SI VER 2 H	RST LACOMPI	ANE. D LANE COMI	RIVER 1 OF INJU  DRIVEI PLAINT (	ADVISED RY AND N R 2 ADVIS DF INJUR	O THAT VEI VEHICLE 1 SED THAT I Y AND VEH	HICLE 2 C WAS ABL HE MOVE HICLE 2 W	HANGEI E TO DE D OVER AS ABL	D INTO HIS RIVE FROM INTO THE E TO

DIAGRAM		
Diagram Drawn By	Measurements Taken By	
HOY, TRISTAN		
DIAGRAM		
Crash Report Number: 710881377	STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209 NMDOT COPY	Sheet 4 Of 4
Case Number: <b>220009090</b>	NMDOT COPY	51100t 7 Ol 4

CRASH
INVESTIGATION
SH 10070
Rt. July 2018
NAMEOTUCE
E July 2018

#### ALBUQUERQUE POLICE DEPT

STATE OF NEW MEXICO UNIFORM CRASH REPORT

	— E	JULY	_ _2018								REPORT	ING DE	PARTMEN	Т								71	0883	736	
Priva	ate Pro	perty	Fata		perty [	Und	er \$500		Hit-and- School		ectly Involve	d Ca	ase Numb	per: <b>220</b>	0400	18			CAE	O Num	: 2214	6075 <sup>2</sup>	1		
Sec	ondary	Crash	<b>✓</b> Injur		Only [	\$500	or Mor	e	-		directly Involvehicle Involve	ΙΔα	jency: 1	- ALBI	JQUE	RQUE	POL	ICE D	EPAR	RTME	NT				
Crash [ <b>05/26/</b>			Crash 7	Гime		Occurr B <b>UQU</b>	ed In	JE				•			County BERN		٥.								
Day of THUR				ed On: (			Name)	)						At Inter			IE								
Other		Measu	irement	Direc	tion		Perma	nent	Landma	ark - C	ounty Line	- Inters	section - I	Milepost								Lat:			
Locati	ion				1																L	ong:			
Crash (							l Event N W/N		OR VEI	HICLE	E		Manner FRON1			X. T-I	SONE	. ANG			er of Cra		PATH	(Т-В	ONE)
Wor	k Zone-	-Constru -Mainte		Tribal L	and?	Analys		е										Lo	cation		t Harmf			<b>\</b>	
			<u> </u>	NIT	- 0	1																			
VEHIC	LE N	Ю.	M	IV Type							tion On:	DON		D					Left of 0	t Scen Crash	e Pos	sted Sp	peed	Safe S	Speed
HEAD Driver's			01 II	N TRAN	NSPOI	K I			Driver's	S		RON	rage R	ט			Drivor	's Middl		NO					
	DELGADO-SUBIRIAS								JOSE	, , , , ,	Name						G	3 Milaui	CINAIII	C					
Driver's Street Address									City								State	Zip Co	ode	F	Phone				
7043 2ND ST NW UNIT 4							_		ALBU	QUE	RQUE						NM	8710	7-000	0 (	505) 3	91-92	238		
Date of Birth Driver's License Number State								CD N	L Statu V	us Re	estrictions	Endors	ements	Expire <b>07/23</b>		Interio	ock O	ccupatio	on						
Inciden							D				# of Occup	ants	Seat Pos		Sex	Race	Inju	iry O			Airbag	Eject		MS	Med
											1		LF	_		ш	C			/ES	Deploy	-	INU	mber	Trans NT
Supp	lem	enta	ıl Occ	cupar	t Inf	form	atio	n						42	М	Н	_	<u>'</u>	י וי	E3	N	N			IN I
Vehic	ele I	nfor	matic	n								•													
Year		le Mak	e				ehicle	Mode	el			Colo		Veh Use	e1 Ve	h Use2	Veh	Use3	٧	eh. Tow	ved?			Disable <b>NO</b>	d?
	FOR			l v	16		-550		1			WHI	1			Р			Dar	mage S	everity				_
Body S <b>PK</b>		Cargo Type	Body	Lic. Yea		State NM			TEMP		e Number		VIN 1FDAF	-56S21	EC02	573			Dai	HEAV		1	1 2	3 4	6
Towed	Ву			I	<u> </u>				-	Towed	і То		ı						FU	Exten INCTIC		1.			7 rcarriage
C \	/ala:ala	-/0	h 10/a:h	4 Datina	1		10	1			ed Hazma	at Dias	a.a.d 1 alia	:4 OD 11-		Jamas		ND			-digit #		,09,10 #		
GIUSS	venicie	e/Com	o vveign	t Rating		go On			argo On		ed Mazini	at Plac	aru 4-uig	IL OK Ha	ızınatı	varne		ואט			-uigit #	IDOI	#		
State # Number Carrier Type of Axles								е			•			•											
Carrier's Name								eet A	ddress					C	arrier C	City					;	State	Carrie	er's Zip	)
Owner's	s Last	Name					Ow	ner's	First Na	ıme			Owner	's Middle	. Name	9		Own	er's Co	ompan	y Name	<u> </u>			
DELG								SE					G								,				
Street A	Addres	SS					<u> </u>	Own	er's City	/			1	St	tate C	)wner 2	<b>Z</b> ip		Owne	er's Ph	one				
7043 2	ND S	ST NV	V UNIT	4				ALE	BUQUE	RQU	ΙE			N	м 8	7107-	0000		(505	) 391-	9238				
Insured	l By: (l	Name (	of Comp	any)					Policy N	lumbe	er		Trailer or Vehicles		Туре	Year		Make	Lic	Year	Lic Sta	ate L	icense	Num	
Trailer (		ved T	уре Ү	ear	Make	L	ic Yea	r Lic	State	Licer	nse Num		Trailer or Vehicles		Туре	Year	ľ	Make	Lic	Year	Lic Sta	ate L	icense	Num	

Con	ditio	n Info	rma	tion																				
Lightii	ng				Wea	her								Inters	ection T	уре		Re	latio	n To Ju	nction			
DAY	LIGH	Т			CLE	AR								FOU	R-WAY									
Work	Zone I	Location				١	Work Z	one Type	9					Worke	ers Prese	ent	Law Er	forcen	ent	Presen	t			
Road	Chara	cter	Road	Grade	Road (	Condi	tion				R	oad Su	rface					Traffi	с Сс	ntrol				
STR	AIGH	Т	LEVE	L	DRY						L	ANE I	<b>IARKE</b>	RS				TRA	FFI	C SIGI	NALS			
Road	Lanes				Road I	Desig	n Div				R	oad De	sign											
3 LA	NES				UNDI	/IDE	D				О	NE-W	ΆΥ											
				APPA	ARENT C	ONT	RIBUT	NG FAC	TORS							С	RIVER'	S ACT	ONS	3		SEQUE	NCE OF	EVENT
																						FIRST EVENT	MVT	
																						SECOND		
																						EVENT		
отн	ER IN	IPROPE	R DR	IVING											GOING	STR	AIGHT					THIRD EVENT		
																						FOURTH		
																						EVENT		
																						MHE	MVT	
		DRIVE	R/PEI	DESTRIAN	N/PEDAL	CYC	LIST				DRIV	ER/PE	D/PEDA	LCYCI	IST			PED	EST	RIAN/P	EDALC	CLIST A	ACTION	
				SOBRIE									AL CON					At Int	erse	ction		Not a	t Interse	ction
																-	Actions	Prior to	Cra	ash				
LIAD	NOT	CONCI	IMED	AL COLL	<b>~</b> !						PP. DI		TC											
ПАО	NUI	CONSC	טםואוכ	ALCOH	OL				ľ	NO AI	PP. DI	EFEC	13			-	Actions	at Time	e of	Crash				
Breatl	Breath Test Results Driv							hysical (	Conditi	on - C	Other						Location	n at Tin	ne of	Crash				
	ΛГ	ГСТС	, , ,	NITT	00																			
١ĸ	(Ar	-110	. U	NIT	UZ																			
VEH	CLE	NO.	М	V Type					Direc	ction	On:								L	eft Sce of Crash	ne Po	sted Spe	ed Sat	e Speed
HEA	DED	0	2  11	I TRANS	PORT				w		MOU	NIAT	RD NE	<b>E</b>						NO				
Driver	's Las	t Name						Driver	's First	t Nam	е						Driver's	s Middl	e Na	ıme	•			
HOL	GUIN	-SOTO						JAVI	ER															
Driver	's Stre	et Addre	ss					City									State	Zip Co	ode		Phone			
8404	CEN	TRAL A	VE SI	STE				ALB	UQUE	RQU	JE						NM	8710	8-00	000				
Date	of Birth	n Drive	r's Lice	ense Numb	ber Sta	ite T	уре	CDL Sta	itus R	estrict	tions E	Endors	ements	Expir	es	Inter	lock Oc	cupation	on		•			
02/20	)/1960	0   1092	23011	1	N	1 0	)	٧	В	;				03/2	0/2025	NO								
Incide	nt Res	sponder					•		•	# of 0	Occupa	ants S	Seat Pos	Age	Sex	Rac	e Injui	y O		OP Used	Airbag Deploy	Ejected	EMS Number	Med Trans
										2			LF										INUITIDE	
Sup	plen	nental	Occ	upant	Infor	mat	tion							62	М	Н	0	'	3	YES	NA	N		NT
		CIA PIN		-		ANG				Е														
RF	503 S	PRUNK	RD N	IE		ALB	UQUE	RQUE			NM	8710	2-0000	58	М	Н	С		5	YES	NA	N	E,R 4	I EG
Veh	icle	Inform	natio	n													ı					ı	1	
Year		icle Make				Veh	icle Mo	del				Color		Veh U	se1 Ve	h Use	2 Veh	Use3		Veh. To	owed?	,	/eh. Disa	bled?
1992	POI	NTIAC				TRA	ANSS					WHI				Р				YE	S		YES	i
								Licen	se Plat	te Nur	mher		VIN							Damage :	Severity		1 2 3	4 5
Body Style   Cargo Body   Lic. Year   State   VN   2023   NM								MZS		10 1101	IIIDOI			11061 2	BNT239	กวล				HEA	·VΥ	12	AT .	6
Towed By								WIZO	,				IONID	OUUL	3141233	020				Exte	ent		11 10 9	8 7
	•		<b>TOD</b>						Towe				DUGU			0740				DISAE	BLED	14-T		ndercarriage
BEK	NALII	LLO MO	TORS	· · · · · · · · · · · · · · · · · · ·					2/20	COC	JRS S	W AL	.BUQU	ERQU	E, NM	8/12	1					01,1	1,12	
Gross	Vehic	le/Comb	Weigh	t Rating	HazMat (Cargo (			HazMat F Cargo O		ed	Hazma	t Placa	ard 4-dig	it OR F	łazmat N	lame	1A	ND			1-digit #	DOT#		
					Cargo	Jiliy)	(	Cargo O	iliy <i>)</i>															
State	#		Numb		Carrier <sup>-</sup>	ype	Code																	
			of AxI	es																				
Carrie	er's Na	me	1	I			Street	Address						(	Carrier C	ity						State C	arrier's	Zip
Owne	Owner's Last Name Own								lame				Owner	's Midd	lle Name	)		Own	er's	Compa	ny Name	L		
																			0		.,	-		
HOLGUIN-SOTO JAVI							-17										1							

Street Address					Owner's City				St	ate O	wner Zip		Owner's Ph	one		
8404 CENTRAL	AVE S	SE STE			ALBUQUEI	RQUE			N	м 8	7108-00	00				
Insured By: (Name	of Con	npany)			Policy Nu	umber		Trailer or	Toward	Туре	Year	Make	Lic Year	Lic State	License	Num
PROGRESSIVE					033736	038		Vehicles								
17	Гуре \	⁄ear	Make	Lic Yea		License Num	1	Trailer or	Toward	Туре	Year	Make	Lic Year	Lic State	License	Num
Trailer or Towed Vehicles (2)	,,,,							Trailer or Vehicles		. , , , -						
<b>Condition Inf</b>	form	ation														
Lighting			Weat						Interse			Re	elation To Jun	ction		
DAYLIGHT			CLE						FOUR							
Work Zone Location	n			Wor	k Zone Type				Worker	s Prese	ent La	w Enforcer	ment Present			
Road Character	Road	d Grade	Road C	Condition			Road S	urface			<u> </u>	Traff	fic Control			
STRAIGHT	DO	WNHILL	DRY				LANE	MARKE	RS			TRA	AFFIC SIGN	ALS		
Road Lanes			Road D	Design Di	V		Road D	esign				ı				
2 LANES			PAINT	TED DIV	/IDER (>4 F	Γ)	OTHE	R								
		API	PARENT C	ONTRIB	UTING FACTO	ORS	1				DRI	/ER'S ACT	TONS	SEC	QUENCE	OF EVENTS
														FIRS		VT
															OND	
														EVE		
OTHER IMPROF	PER D	RIVING						G	OING	STRAIG	GHT		THII			
														FOL EVE	JRTH NT	
														MHE		VT
DBI	VED/D	EDESTRI	AN/PEDAL	CVCI 187	Т	DI	DI\/ED/D	ED/PEDA	LCYCLI	QT .		PEC	ESTRIAN/PE	DALCYCL	IST ACTIO	ON
DIG	V LIVII	SOBR		.CTCLIS	•			CAL CON		31		At In	tersection		Not at Inte	rsection
											Act	ions Prior t	o Crash			
HAD NOT CONS		D AL COI				NO ADD	DEFE	OTC.								
HAD NOT CONS	OIVIE	D ALCO	HUL			NO APP.	. DEFE	513			Act	ions at Tim	ne of Crash			
Breath Test Results	3			Drive	er Physical Co	ndition - Othe	er				Loc	ation at Ti	me of Crash			
NARRAT	ΓIV	Ε														
VEHICLE # 1 WA	S TRA	VELING	SOUTHB	OUND (	ON THE SOU	TH FRONTA	AGE RO	AD THRO	DUGH T	HE IN	TERSEC	TION OF	MOUNTAIN	RD NE W	HEN HIT	ВҮ
VEHICLE #2 ON	THE L	EFT SIDI	E OF THE	VEHICL	.E. VEHICLE	#2 WAS WE	EST BO	UND ON	MOUN'	TAIN F	RD TRAN	ELING T	HROUGH TH	IE INTERS	SECTION	AT
SOUTH FRONTA STATED THEY H																
WITNESSES. PA	SSEN	GER OF	VEHICLE	#2 REC	ENTLY HAD	KNEE SUR	GERY E	ARLIER	IN THE	WEE	CAND V	AS IN A	LOT OF PAI	AHT NI N	Γ AREA F	ROM THE
COLLISION. PAS BERNALILLO TO		ER NOF	VEH#2 W	AS TRA	NSPORTED	TO LOVELA	ACE HO	SPITAL	FOR TR	EATM	IENT. VE	HICLE #2	2 WAS TOW	ED FROM	SCENE	ВҮ
VIOLAT:		V 0:	1													
VEH NO. Last Na					First Name			Middle	Name		,	√iolation (C	Common Nam	e)	A	ction
01 DELG	ADO-S	SUBIRIA	s		JOSE			G				NO PRO	OF OF INS		С	ITED
CONCLU	JSI	ON														
Time Notified Tim	ne Arriv	red Noti	fied By						Sune	rvisor	at Scene					
1315 133			PATCH						Cape							
Time Roadway Cleare		Incident Cl	1	cked By												
1422	152		00	•	MAS, WILL	IAM - 6/4/20	022									
Officer's Signature			1027		icer's Name	5/-1/20			Rank			ID Ni	umber	Distric	Rend	ort Date
•	Tel Ju	0_			RAVENS, TO	חח			P1C			2760		234		6/2022
	in fra			- Cr					1- 10			2100	•	234	03/2	.0,2022

Crash Report Number: 710883736	STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209	Chart 2 Of 4
Case Number: 220040018	NM STATUTE 66-7-209 NMDOT COPY	Sheet 3 Of 4

DIAGRAM		
Diagram Drawn By	Measurements Taken By	
CRAVENS, TODD	NOT TO SCALE	
DIAGRAM		
Crash Report Number: 710883736	STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209 NMDOT COPY	01 11 55
Case Number: 220040018	NM STATUTE 66-7-209 NMDOT COPY	Sheet 4 Of 4

CRASH
NVESTRIATION
SH 10070
Rev July 2018
NAMED TUCK
E JULY 2018

E\_JULY\_2018

Crash Report Number: 710890876

Case Number: 220029243

## ALBUQUERQUE POLICE DEPT REPORTING DEPARTMENT

STATE OF NEW MEXICO UNIFORM CRASH REPORT

Private Pr	operty	Fata			nder \$50	00		t-and-Ru hool Bu		ctly Involv	ed	Case Nur	nber:	220	02924	3			C	CAD Nur	m: <b>221</b> (	080743	3		
Secondar	y Crash	<b>✓</b> Injur	ry Dam	_	500 or M	lore	_			ectly Invol		Agency:	1 - 4	ALBU	IQUEI	RQU	E PO	LICE	DEP	ARTM	ENT				
Crash Date		Crash <sup>-</sup>	Time	City Occi	urred Ir	1						l .		C	County										
04/18/2022	2	1408		ALBUQ	UERG	QUE								E	BERNA	ALIL	LO								
Day of Wee	k	Occurre	ed On: (I	Route No.	or Nam	ne)							At	t Inters	section	With									
MONDAY		l 25 S	OUTH-E	BD FW									М	IOUN	TAIN	RD N	١E								
Other	Measu	rement	Direct	ion	Perr	maner	nt La	ndmark	c - Co	unty Line	e - Int	tersection -	Mile	epost								Lat:			
Location																					l	_ong:			
Crash Occu	rred			First Harm	ful Eve	nt						Manne	r of I	mpac	t					Manr	ner of Cr	ash			
ON ROAD	WAY			COLLISI	ON W	/MOT	TOR	VEHI	CLE			FRON	T-T	O-SII	DE (E	X. T-	BON	E, AN	GLE)	INTE	RSEC	TING	PATH	ł (Т-В	ONE)
Work Zon			Tribal La	and? Ana	lysis Co	ode													Location	on of Fir	st Harm	ful Eve	nt		
Work Zon Work Zon		iance	NO	MV	IN TR	ANS	POF	RT										1	ON R	OADW	ΙΑΥ				
TRAF	FIC	CU	NIT	01																					
VEHICLE	NO.	N	/IV Type					Di	irectio	on On:									l	eft Sce of Crasi	ne Po	sted Sp	peed	Safe S	Speed
HEADED		01 II	N TRAN	SPORT				s		I 25	sou	JTH-BD F	W							NO	45	;		45	
Driver's Las	t Name						Dr	iver's F	irst N	ame							Drive	r's Mic	ldle Na	ame					
LOO							M.	ATTH	EW																
Driver's Stre	et Addre	ess					Ci	ty ELEN									State		Code		Phone				
	324 N 6TH ST								ı		ı		-			1	NM	870			(505)	319-15	25		
Date of Birth	''									trictions	End	orsements		xpires		Interl	ock (	Occupa	ation						
	3/11/1989 505701917 NM D								В	-f O		Seat Po	_		2028	NO	Ini	ury	OP	OP	Airbag			EMS	Med
NO	sponder								2	of Occu	parits	LF	s _ /	Age	Sex	Rac	e C	ode (	Code	Used	Deploy		ed Ni	umber	Trans
Supplen	nonts	l Oca	cunan	t Infor	matk	on.							-	33	M	- 1		0	6	YES	s	0			NT
LOO	iieiita		cupan		WARY		<u>.                                    </u>																		
RF —	I 6TH S	T			BELEI		•			NM	87	002		60	F	I	1	С	0	YES	S	0			NT
Vehicle	Infor	matic	on	<u> </u>						1	-			<u> </u>		<u>I</u>	<u> </u>				1	1	I		
	icle Mak				Vehicl	le Mo	del				С	olor	Vel	h Use	1 Veh	use:	2 Vel	n Use3	3	Veh. To	owed?		Veh.	Disable	d?
2014 CHI	RYSLE	R									М	IAR				Р				YE	s			YES	
Body Style	Cargo	Body	Lic. Yea	ar State			Li	cense l	Plate	Number		VIN	1							Damage	-		1 2	3 4	5
PC	Type		2022	NM			R	HR45	2			1C3C	СВІ	BB2E	EN150	284				HEA		1	2		<b>3</b> 6
Towed By				•			•	То	wed 7	То										DISAE		14	11 10 1-Top	0 9 8 15-Unde	7 ercarriage
0235								28	800 B	ROAD	WAY	BLVD.	SE A	ALBU	JQUEI	RQU	E, NN	<i>l</i> l 871					4,05	10 01100	or carriago
Gross Vehic	le/Comb	Weigh	nt Rating	HazMat				at Rele		Hazn	nat Pl	lacard 4-di	git O	R Ha	zmat N	ame	,	AND			1-digit#	DOT	#		
				(Cargo C	oniy)	()	Carg	o Only)	)																
State #		Numb of Ax		Carrier T	ype Co	ode																			
Carrier's Na	me				Is	treet .	Δddr	988						Ca	rrier C	itv						State	Carri	er's Zip	<u> </u>
Camor o Ma		, laai	000								,						Otato	Carri	01 0 21	•					
Owner's Las		)wner	's Fir	st Nam	ie.			Owne	r's M	/liddle	Name			0	vner's	Compa	ny Nam	 e							
LOO						/ATT			-												,	_			
Street Addre	ess				••			s City						Sta	ate O	wner i	7in		Ov	vner's P	hone				
324 N 6TH							ELEI	•						NI		7002				05) 319					
Insured By:		of Comp	oanv)					licy Nu	mber			Troilor	To			Year		Make	!`.		Lic St	ate L	icense	e Num	
PROGRES	,							31962				Trailer of Vehicle				L						_	_		
Trailer or To Vehicles (2)		ear L	_ic St	ate L	icens	se Num		Trailer o			Туре	Year		Make		_ic Year	Lic St	ate L	icense	e Num					
																			-1						

Condi	ition	Info	rmat	ion :																					
Lighting					We	athe	r							Inte	rsection	on Ty	/ре		R	elatio	n To Ju	nction			
DAYLI	GHT				CL	.EAF	₹							L-IN	NTER	RSE	СТІО	N	II	NTEF	RSECT	ION			
Work Zo	one Loc	cation					Work	Zone	: Туре					Wor	kers f	Prese	ent	Law Er	nforce	ment	Presen	t			
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Road C	haracte	er l	Road G	Grade	Roac	l Con	dition				IR	oad Su	ırface						Tra	fic Co	ontrol				
STRAI			LEVE		DRY		G.1						CENTI	FR 4	ND	FDG	:F	NF			C SIGI	NAIS			
Road La				_			ign Div					oad De					, L L .	-	111		0 0.0.	IALO			
2 LAN							AL DI\	/IDE	:D			AMP	,sigii												
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																							FOURTH EVENT		
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		DRIVE	R/PED	ESTRIAN		ALCY	CLIST						D/PEDA			Г	L		PE	DEST	RIAN/P	EDALC'	YCLIST A	CTION	l
				SOBRIE	:TY						Р	HYSIC	AL CONI	DITIC	DN				At I	nterse	ction		Not a	t Inters	ection
																		Actions	Prior	to Cr	ash				
HAD N	OT C	ONSU	MED	ALCOHO	OL.					NO A	APP. D	EFEC.	TS												
					_					,			. •					Actions	at Tir	ne of	Crash				
Breath 7	Test Re	esults					Driver	Phy	sical Cond	dition -	Other							Location	n at T	ime o	f Crash				
TD.	RAFFIC UNIT 02																								
I K/	466	-1C	UI	ИΤΙ	U2																				
VEHIC	LE NO	Э.	M۱	/ Type					Dir	ection	On:									ı	eft Sce of Crash	ne Po	sted Spe	ed Sa	afe Speed
HEADI	ED	02	2 IN	TRANS	PORT	Γ			E		MOU	NTAIN	I RD NE	•							NO	45		45	5
Driver's	Last N	ame							Driver's Fi	rst Naı	me							Driver's	s Mid	dle Na	ame				
HAMM	ACK							-	TIMOTH	Υ															
Driver's	Street	Addres	s					(	City									State	Zip (	Code		Phone			
739 W	OODL	AND A	AVE N	ıw					ALBUQI	JERQ	UE							NM	871	07					
Date of	Birth	Driver	's Lice	nse Numb	oer S	State	Туре	CDI	L Status	Restri	ctions	Endors	ements	Exp	oires		Interl	ock Oc	cupa	tion					
02/02/1	1960	0177	68425	i	N	IM	D	N	v					03/	01/2	026	NO								
Incident	Respo	nder			i		1	1		# o	f Occup	ants S	Seat Pos	Ag	IE !	Sex	Rac	e Injui		OP.	OP	Airbag	Ejected	EMS	
NO										1			LF	7.9	, ,	OUX	rtao	Cod	le C	ode	Used	Deploy	Бјоогоа	Numb	er Tran
Sunn	lome	ntel	Occ	upant	Info	rma	etlon	1		ı				62	2	М	С	0		6	YES	N	N		NT
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	Vehicle		iatio	<u> </u>		1,,	. I I N	41 - 1	1			Color	. 1	\/oh	Use1	1/0	h Heo	2 Veh	Llco2				,	/eh. Disa	ablad?
2008						\ve	ehicle M	ioaei				WHI		VEII	0361	Vei	P	Z VEII	0363		Veh. To			NC	
								1				VVIII					Г				Damage :				
Body St		argo Bo ype		Lic. Year	Sta				License P		umber		VIN							'	HEA			2 3	4 5
PK		,,,,		2022	NN	1			LHM041				1FTRX	(120	V58K	E94	995				Exte		12		6
Towed By								Tov	ved To	)										FUNCT		14-T	11 10 9 op 15-l	8 7 Undercarriag	
																						01,11			
Gross V	'ehicle/	Comb \	Neight	Rating	HazMa	at Pla	card?	Haz	Mat Relea	ased	Hazma	at Placa	ard 4-digi	it OR	Hazr	nat N	lame	1A	ND			1-digit#	DOT#		
					(Cargo	Only	y)	(Ca	rgo Only)																
State #			Numbe	er	Carrie	r Typ	e Code	<u> </u>																	
Oldic #			of Axle		Odino	ı ıyp	c couc																		
Carrier's	s Name	)					Stree	et Ad	dress						Carr	ier C	ity						State	arrier's	Zip
Owner's	Owner's Last Name Own								First Name	9			Owner'	s Mic	ddle N	lame			Ow	ner's	Compa	ny Nam	e		
намм	HAMMACK TIM								ΙΥ																
Street A	ddress	}						Owne	er's City				1		State	е О	wner	Zip	1	Ov	vner's P	hone			
739 W	ומסס	AND A	AVE N	ıw					UQUER	QUE					NM		7107								
	39 WOODLAND AVE NW									~ <b>~</b>					1.444										

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

Insured By: (Nam	o of Co	mnany	١			Policy	Number				д Туре	Voor	1.4	ake	Lic Year	Lic Sta	ato Li	cense Num
STATE FARM	ie oi oc	лпрапу	,				134 A21 31A		Trailer or Vehicles		d	l Gai	IVI	anc	Lic real	LIC Sta	ale L	cense Num
Trailer or Towed Vehicles (2)	Туре	Year	Mał	ke L	ic Year	Lic State	License Num		Trailer or Vehicles		Туре	Year	Ma	ake	Lic Year	Lic Sta	ate Li	cense Num
Condition I	nforn	natio	n			-1							l					
Lighting				Weathe	r					Inters	section Ty	/ре		Relat	tion To Jun	ction		
DAYLIGHT				CLEA	R					L-IN	TERSE	CTION		INTE	RSECTI	ON		
Work Zone Locat	ion			•	Work	Zone Type				Work	ers Prese	ent La	aw Enf	orceme	nt Present			
Road Character	Ro	ad Grad	de I	Road Cor	ndition			Road St	urface	ı				Traffic	Control			
STRAIGHT	LE	VEL	ı	DRY				PAVE	CENT	ER AI	ND EDG	E LINE	Ē	TRAF	FIC SIGN	IALS		
Road Lanes				Road Des	sign Div			Road Do	esign									
2 LANES			1	UNDIVI	DED			RAMP										
			APPAR	ENT CO	NTRIBU	TING FAC	TORS	L				DRI	VER'S	ACTIO	NS		SEQUI	ENCE OF EVENTS
																	FIRST EVENT	MVT
																	SECON EVENT	D
DISREGARDE	D TRA	AFFIC	SIGNA	L							GOING	STRAI	GHT				THIRD EVENT	
																-	FOURT EVENT	Н
																	MHE	MVT
DI	RIVER/	PEDES	TRIAN/F	PEDALCY	/CLIST		DF	RIVER/PE	ED/PEDA	LCYC	LIST			PEDES	STRIAN/PE	EDALCY	′CLIST	ACTION
		S	OBRIET	Υ					CAL CON					At Inter	section		Not	at Intersection
HAD NOT COM	ISIIMI	ED AL	COHOI	İ			NO APP.	DEEEC	ere			Ac	tions F	Prior to (	Crash			
INAD NOT CO	430IVII	LD AL	COHOL	_			NO AFF.	. DLI LO	,10			Ac	tions a	at Time o	of Crash			
Breath Test Resu	ilts				Driver	Physical C	ondition - Othe	er				Lo	cation	at Time	of Crash			
NARRA	TΙ\	/E																
ON APRIL 18, 2 MOUNTAIN RD EASTBOUND. STATED THAT OF VEHICLE O	WHEN THE DI HE MA	N IT WA RIVER AY HAY	AS STR OF VEI VE RAN	UCK IN HICLE N I THE RE	A T-BO UMBEI ED LIG	ONE FASH R ONE ST HT. BOTH	ION ON THE ATED THAT \ DRIVERS WE	RIGHT F	REAR SI TWO R	DE B'	Y VEHIC HE RED	LE NUI LIGHT.	MBER THE	TWO, DRIVE	WHICH W R OF VEH	VAS TR	AVEL NUMBI	ING
VIOLAT	ГΙО	N	01															
VEH NO. Last i	Name					First Name			Middle	Name	)		Violat	ion (Cor	nmon Nam	ie)		Action
CONCL	US	IOI	N															
	ime Arr <b>424</b>		Notified DISPA	•							pervisor a	at Scene	)					
Time Roadway Clear		ne Incide 5 <b>04</b>	ent Cleare		•	RERA, GF	REGORY - 05	5/03/202	2									
Officer's Signatur	e				Offic	er's Name				Ra	nk			ID Num	ber	Dis	strict	Report Date
	antro	ny Dur	wĸ		GUI	ERRERA,	ANTHONY			P1	С			5623		23	4	04/18/2022

DIAGRAM		
Diagram Drawn By	Measurements Taken By	
GUERRERA, ANTHONY		
DIAGRAM		
Crash Report Number: 710890876	STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209 NMDOT COPY	Sheet 4 Of 4
Case Number: 220029243	NMDOT COPY	

CRASH
INVESTMATION
SH 10078
Rev July 2018
NAMINOTUCE
E July 2018

#### ALBUQUERQUE POLICE DEPT REPORTING DEPARTMENT

STATE OF NEW MEXICO UNIFORM CRASH REPORT

	_JUL	Y_201	8																	_					
Private Pr	operty	П	atal	Prope Dama		Unde	er \$500			Bus Directl	y Involved		ase Numb	er: <b>220</b>	0895	44			С	AD Nun	n: <b>2231</b>	90998	3		
Secondar	y Crasl		njury		Only _	\$500	or More				tly Involve le Involved	ΙΔα	gency: 1	- ALBI	JQUE	RQU	E POI	ICE I	DEPA	ARTME	NT				
Crash Date 11/15/2022	2	Cras	sh Tim <b>5</b>	ne	City O		ed In E <b>RQUI</b>	<b>.</b>							County <b>BERN</b>		LO								
Day of Wee					Route N		Name)							At Inter											
Other	Mea	sureme	ent	Directi	ion		Permar	ent L	.andma	rk - Cour	nty Line -	Inters	section - N	l ∕lilepost								Lat:			
Location																					L	.ong:			
Crash Occu	rred			F	First Ha	rmful	Event						Manner	of Impac	ct					Mann	er of Cra	ash			
ON ROAD				(	COLLI	SION	/ W/M	ото	R VEF	IICLE			FRONT	-TO-SI	DE (E	X. T-	BONE	, AN	GLE)	INTE	RSEC	ring i	PATH	l (T-B	ONE)
Work Zon Work Zon						-	is Code														st Harmf	ul Ever	nt		
Work Zon	e-Utility	/	N	0	IV	IV IN	TRAN	ISPO	)R I										ON RO	OADW	AY				
TRAF	FFI	CI	UN	IIT	01																				
VEHICLE	NO.		MV	Туре						Direction	On:								L	eft Scer of Crash	ne Pos	sted Sp	eed	Safe S	Speed
HEADED		01	IN 1	ran:	SPOR	T		-		S		RON	TAGE R	D						NO					
Driver's Las <b>ROMERO</b>	t Nam	е							Oriver's <b>SANTI</b>	First Na	me						Driver PAU		dle Na	ime					
Driver's Stre	et Ad	dress							City	AGO							State	_	Code		Phone				
	CAMINO ALAMEDA SW								•	QUERQ	UE						NM		05-00		(505) 2	250-89	06		
Date of Birth	of Birth Driver's License Number State Type CDL St										ictions E	ndors	sements	Expire	s	Interl	ock O	ccupa	tion						
05/05/1998		12896	154		ı	MM	D	N	V					05/09	/2027	NO									
Incident Res	sponde	er								# o	f Occupa	ants	Seat Pos <b>LF</b>	Age	Sex	Rac	e Inju Co	iry de C	OP ode	OP Used	Airbag Deploy	Ejecte		MS Imber	Med Trans
NO <b>Supple</b> r	nani	hal O	-	man	t Info	FRA	etlon			'			LF	24	М	0	c	)	6	UNK	В	N		E4	NT
Vehicle						<b>/</b> 1 111	ativii															<u> </u>			
	icle Ma					V	ehicle M	1odel				Colo	r	Veh Use	e1 Ve	h Use	2 Veh	Use3		Veh. To	wed?		Veh. I	Disable	d?
2020 CH	EVRC	LET				4	DOOF	₹				GRY	<b>′</b>			Р				YE	s		`	YES	
Body Style		o Body	Li	c. Yea	r Sta	ate			License	Plate N	umber	1	VIN							Damage S			1 2	3 4	5
PC	Туре		20	023	NN	VI .			AYAH	36			1G1ZD	5ST4L	F019	886				HEA Exte		12	2		<b>3</b> 6
Towed By										owed To										DISAB		14		9 8 15-Unde	7 ercarriage
BERNALII								1	2	720 CC			LBUQUE	-								01,02,		12	
Gross Vehic	le/Co	nb We	ight R	Rating	HazM (Cargo		acard? y)		Mat Re		Hazma	t Plac	ard 4-digi	t OR Ha	ızmat N	Name	Α	.ND		1	I-digit #	DOT:	#		
State #			ımber				e Code																		
		of.	Axles																						
Carrier's Na	Carrier's Name S													C	arrier C	City						State	Carrie	er's Zip	)
Owner's Las	st Nam	ne					Own	er's F	irst Na	me			Owner'	s Middle	Name	<del></del>		Ow	/ner's	Compai	ny Name	 e			
ROMERO							SAN	AITI	GO				PAUL												
Street Addre	ess							Owne	r's City					St	tate C	)wner	Zip		Ow	ner's Pl	none				
3924 CAM								<b>ALB</b>	UQUE	RQUE				N			-0000		(50	)5) 250	-8906				
Insured By: ALLSTAT		e of Co	mpan	ıy)					Policy N 186081				Trailer or Vehicles		Туре	Year		Make		ic Year.	Lic Sta	ate Li	icense	Num	
Trailer or To		Type	Year	1	Make	Li	ic Year	Lic	State	License	Num		Trailer or Vehicles		Туре	Year		Make	L	ic Year	Lic Sta	ate Li	icense	Num	
,			Vehicles (3													<u> </u>					1				

Conditio	n Info	rma	tion																						
Lighting				W	eathe	r							Inter	rsection	on T	уре		Rel	atio	n To Ju	nction				
DARK LIG	HTED			CI	LEAF	₹							FO	UR-V	VAY	•		INT	ER	SECT	ION				
Work Zone	Location			•		Work 2	Zone	Туре					Wor	kers f	Prese	ent L	aw En	forcem	ent	Presen	t				
Road Chara	cter	Road	Grade	Roa	d Con	dition				R	oad Su	ırface						Traffic	Co	ontrol					
STRAIGH	Т	LEVE	L	DR	Y					P	AVED	CENT	ER A	AND	EDG	SE LIN	E	TRA	FFI	C SIGI	NALS				
Road Lanes	5					ign Div					oad De	•													
3 LANES				PAI	NTE	D DIVII	DER	(>4 FT	)	C	THER	}													
			APPA	RENT	L COV	ITRIBU	TING	FACTO	RS							DR	IVER'S	S ACTI	ONS	S		SEQUE	NCE O	FEV	ENT!
																						FIRST EVENT	MV	Т	
																						SECONE			
																						EVENT			
NO DRIVE	RERR	DR												GO	ING	STRA	IGHT					EVENT			
																						FOURTH EVENT			
																								_	
																						MHE	MV		
	DRIVE	R/PE	DESTRIAN		ALCY	CLIST						D/PEDA			Γ			1			EDALO	CYCLIST			
			SOBRIE	= I Y						r	n i SiCi	AL CON	אוווע	JIN				At Inte				Not a	at Inter	section	on
																A	ctions I	Prior to	Cra	ash					
HAD NOT	CONSU	MED	ALCOH	OL					NO A	APP. D	EFEC.	TS													
																A	ctions	at Time	of	Crash					
D45 T4	Danilla					I Dati	Disco	:! 0	-1141	045								_+ T:							
Breath Test	ath Test Results Driver Phys									Other							ocation	at IIII	ie oi	f Crash					
TRAF	FFIC	: U	NIT	02	2																				
VEHICLE		_	V Type		_			D	rection	On:									L	.eft Sce	ne p	osted Spe	ed S	afe S	Speed
HEADED			I TRANS	POR	т			l w			NTAIN	I RD NE	Ξ						(	eft Sce. of Crash <b>NO</b>	ነ?   ' '	oolog ope		u10 C	росс
Driver's Las		_					Ir	Driver's F								Ir	Driver's	Middle	Na Na						
GALINDO								EAND									NADIN		, , , ,						
Driver's Stre		SS						City										Zip Co	de		Phone	!			
7927 AMB			ı					ALBUQ	UERQ	UE								8712				363-413	2		
Date of Birth			nse Numb	oer S	State	Туре		Status			Endorse	ements	Exp	oires		Interlo		cupatio	n		()				
02/15/2002		92052	2		NM	D	N	v						17/2	023			•							
Incident Res	sponder								# o	f Occup	ants S	Seat Pos	Ag	ا ما	Sex	Race	Injur	у О		OP	Airbag	Ejected	, EM		Med
NO									1			LF	7.9	,	00X	rtacc	Code	e Co	de	Used	Deplo	y Ljootot	' Num	ber	Tran
Suppler	nental	Occ	upant	Info	orma	ation			I				20	0	F	0	С	6	i	UNK	В	N	E4	ı	NT
Vehicle													1							l				1	
	icle Make		<b>711</b>		\/a	ehicle M	lodel				Color		Veh I	Use1	Ve	h Use2	Veh l	Jse3		Veh. To	wed?		Veh. Dis	abled	l?
	MOTO		ORP.			DOOR					WHI					Р				YE			YE		
Body Style	Cargo B		Lic. Year	Q+	ate ·			License I	Diata N	umbor	1	VIN				-			[	Damage :	Severity		1 2 3	3 4 !	5
PC	Type	ouy	2023	N			- 1	AXCJ6		umber		5XXG	L/I 3	UKC	2/7	722				HEA		12	A		<b>1</b>
			2023	141	ν.							JAAG	I 4LJ	ono	,,,,,	122		-		Exte	ent		11 10 9	3 8	7
Towed By		TOD6							wed To			DUGU				07404				DISAE	BLED	14-7		-Under	carriag
	SERNALILLO MOTORS											.BUQUI										01,1			
Gross Vehic	Gross Vehicle/Comb Weight Rating HazMat Placard? (Cargo Only)								ased	Hazm	at Placa	ard 4-dig	it OR	Hazr	mat N	Name	AN	ID			1-digit ‡	# DOT #			
								go Only)																	
State #	State # Number Carrier Type Code of Axles																								
		OI AXI	es																						
Carrier's Na	me					Stree	et Add	dress						Carr	rier C	City						State	Carrier's	s Zip	
Owner's Las	st Name					Own	er's F	irst Nam	e			Owner	's Mic	ddle N	Name	<del></del>		Own	er's	Compa	ny Nan	ne			
GALINDO						LEA	NDF	RA				NADII	NE							•					
Street Addre								r's City				· · · · · ·		State	e n	wner Zi	ip	1	O۷	ner's P	hone				
							JQUER	OUE					NM		7121-0	•			) () 363		)				
7927 AMBERLY RD SW							LD	JUUER	પ્∪⊏					IAIAI	0	1 12 I-U	,000		(O	<i>33)</i> 303	J-4 I JZ	•			

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

Crash Report Number: 710913337

Insured By: (Nam	e of Co	mnany)				Policy	Number			_	Туре	Year	Ма	ke	Lic Year	Lic State	License I	Num
STATEFARM	e or oc	лпрапу)					678-022-31		Trailer or Vehicles		Type	leai	IVIC	ike	Lic real	Lic State	Licerise	Num
Trailer or Towed Vehicles (2)	Туре	Year	Make	e Lie	c Year	Lic State	License Num	1	Trailer or Vehicles		Туре	Year	Ма	ke	Lic Year	Lic State	License 1	Num
Condition in	form	nation								(-)								
Lighting		IIALION		Weather	-					Interse	ection Ty	<sub>′</sub> ре		Relat	ion To Jun	ction		
DARK LIGHTE	D			CLEAR	R					FOUF	R-WAY			INTE	RSECTI	ON		
Work Zone Locati	on				Work Z	Zone Type				Worke	ers Prese	ent La	w Enfo	orceme	nt Present			
Road Character	Ro	ad Grade	R	oad Con	dition			Road S	Surface	1				Traffic (	Control			
STRAIGHT	LE	VEL	D	RY				PAVE	D CENT	ER AN	ID EDG	E LINE	:	TRAFI	FIC SIGN	ALS		
Road Lanes			R	oad Desi	ign Div			Road [	Design				•					
1 LANE			Р	AINTE	DIVID	DER (>4	FT)	OTHE	R									
		A	PPARE	NT CON	ITRIBU1	TING FAC	TORS					DRI	VER'S	ACTIO	NS		·-	OF EVENTS
																FIRS		/T
																SEC	OND FO	)
DISREGARDEI	n TDA	EEIC SI	CNAL								GOING	STD A I	СПТ			THI		
DISKEGARDEI	JIKA	AFFIC 31	GNAL								JOING	SIRAN	ЗПІ			EVE	IRTH	
																EVE		
																мне	<b>M\</b>	<b>/</b> T
DF	RIVER/	PEDESTF	RIAN/PI	EDALCY	CLIST		DI	RIVER/F	PED/PEDA	LCYCL	.IST			PEDES	STRIAN/PE	DALCYCL	IST ACTIC	N
		SOE	BRIETY	,				PHYSI	CAL CON	DITION			<i>,</i>	At Inters	section		Not at Inte	rsection
												Act	tions P	rior to C	Crash			
HAD NOT CON	ISUMI	ED ALC	OHOL				NO APP	. DEFE	стѕ									
												Act	tions at	t Time o	of Crash			
Breath Test Resu	lts				Driver	Physical (	Condition - Othe	er				Loc	cation a	at Time	of Crash			
						,		-										
MADDA.	ТΤ\	/⊏																
NARRA <sup>®</sup>	11/	<i>/</i>																
ON 11/15/2022, REFERENCE TO									HBOUNE	FROI	NTAGE	ROAD	AND N	MOUNT	TAIN RD I	NE INTER	SECTION	IN
REFERENCE II	JAIN	WO VEH	ICLE C	OLLISI	JN KE	OULTING	IN WINOR IN	JURY.										
DRIVER 1 STAT																		
LIGHT AND "OI																		
THEN STATED SCENE BY AFR											COMP	LAIN O	F ANY	'INJUI	RIES AND	WAS AS	SESSED	ON
								-,	-									
DRIVER 2 COU BELT AND WAS																		
WITNESS 4 ST	ATED :	TUAT UE	- WAS	AL CO 1	DIVIN.	C SOUTI	IDOUND ON	TUELO	E COUTU	BOUN	D EDO!	ITACE	\A/LIE \	LUEO	DOEDVE	D THE CO	LLISION	WITNESS
WITNESS 1 STA 1 STATED THA																		
HE AND VEHIC																		
		ICLL 2 C	OLLID	LD WIII	V.	ICLL I B	I DIVING W	LOIDO	OND ON	WICON	II AIN I	D NL I	IIICOC	,GII II	IL IIVI LIX	SECTION.		
END OF REPOR																		
WITNE:	SS	01																
Witness's Last Na	ıme					V	Vitness's First N	Name					Witne	ess's Mi	iddle Name	) }		Age
ROMERO						F	RAMON											
Witness's Street A	Address	3				Witne	ss's City					State	Zip C	ode	Witr	ness's Phor	ne	
															(50	5) 903-26	74	
ΛΙΟΙ ΔΙ	TO	NL D	1															
VIOLATION 01  VEH NO.   Last Name   First Name									Middle	Nama			Viole*	on (Cor	nmon Nam		ΙΛ-	tion
VED NO. Last Name								iviluale	ivanie			violatio	JII (COII	mnon Naff	ie)	l <sup>AC</sup>	AUOI I	

CONC	LU:	SIO	N						
Time Notified	Time	Arrived	Notified B	у		Supervisor at Scene			
1814	1816	i	DISPAT	СН		NONE			
Time Roadway C	leared	Time Incide	ent Cleared	Checked	Ву				
1925		1950		5925 - F	ROLSTON, JASON - 11/17/2022				
Officer's Signat					Officer's Name	Rank	ID Number	District	Report Date
	1	lon	_		NOVICKI, THOMAS	P 2/C	7237	234	11/15/2022

DIAGRAM		
Diagram Drawn By	Measurements Taken By	
NOVICKI, THOMAS	NOT TO SCALE	
DIAGRAM		
Crash Report Number: 710913337	STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209 NMDOT COPY	Sheet 5 Of 5
Case Number: 220089544	NMDOT COPY	Sheet 3 Of 3

CRASH
NVEST/SATION
SH 10073
R--- July 2918
NAMOOTUCE
E July 2018

## ALBUQUERQUE POLICE DEPT REPORTING DEPARTMENT

STATE OF NEW MEXICO UNIFORM CRASH REPORT

_	E_JULY	_2018							K	EPORTING	G DEPA	ARIMEN							_		7 10	914004	•
Private P	roperty	Fatal	Prop		Unde	r \$500			us Directly	/ Involved		se Numb	er: <b>220</b>	10063	37			C	AD Nur	n: <b>2235</b>	90571		
Seconda	ry Crash	<b>✓</b> Injury			\$500	or More				tly Involved e Involved	Age	ency: 1	- ALBU	JQUE	RQU	E PC	LICE	DEPA	ARTME	NT			
Crash Date		Crash T	ime	City C	Occurre	ed In							(	County									
12/25/202	2	1608		ALB	UQUE	RQUE	Ē						E	BERN	ALIL	LO							
Day of Wee	k	Occurre	d On: (F	Route N	lo. or l	Name)							At Inter	section	With	:							
SUNDAY		125 SO	UTHBO	DUND	FR								MOUN	ITAIN	RD I	NE							
Other	Measu	ırement	Direct		F	Perman	ent L	andmar	k - Coun	ty Line - I	nterse	ection - N	/lilepost								Lat:		
Location			WES	Т															_	L	ong:		
Crash Occu				First Ha								Manner o	•							er of Cra			
ON ROAL	ne-Constri	uction						R VEH	ICLE		F	RONT	-TO-SI	DE (E	Х. Т-	BON						ATH (T-	BONE)
_	ne-Constru ne-Mainte	nance	Tribal La		•			\DT											on of Fir <b>OADW</b>	st Harmf '∧∨	ul Event		
Work Zor	ne-Utility		NO		VIV IIV	TRAN	ISPC	JK I									ľ	JN K	JADW	AT			
TRAI	FFIC	C UI	NIT	0:	1																		
VEHICLE	NO.	ΜV	V Type					D	irection	On:								L	eft Scer of Crash	ne Pos	sted Spe	ed Safe	Speed
HEADED		01 IN	TRAN	SPOR	₹T			S	3	125 SO	UTHE	BOUND	FR			•			NO				
Driver's Las									First Nar	ne							er's Mid		ime				
HOSKINS Driver's Str		.000						AUSTIN City	1							State	HAEL	Code		Phone			
2739 MOI			SE					•	UERQ	UE						NM	871			(505) 4	53-196	3	
Date of Birt	h Driv	er's Lice	nse Nun	nber	State	Туре	CDL	Status	Restri	ctions Er	ndorse	ments	Expires	s	Inter	ock	Occupa	ation		. ,			
12/28/199	4 514	1021015	5		NM	D	N	V	В	w	1		05/25	/2025	NO								
Incident Re	sponder									Occupar	nts S	eat Pos	Age	Sex	Rac	e In	jury ode (	OP Code	OP Used	Airbag Deploy	Ejected	EMS Number	Med Trans
<b>Q</b> ıımmlaı	monto	al Ooo		4 1-6	0.7750	atlan			1			LF	27	М	С		С	6	YES	В	N	E4	NT
Supple: Vehicle				t imi	orma	ation																	
	icle Mak		'n		Ve	ehicle M	lodel				Color	l v	√eh Use	e1 Vel	h Use	2 Ve	h Use3		Veh. To	wed?		Veh. Disabl	ed?
	NDA					D/HB	loudi				BRO				Р				YE			YES	
Body Style	Cargo	Body	Lic. Yea	ır St	tate		l	License	Plate Nu	umber		VIN							Damage S	Severity		1 2 3 4	5
PC	Type		2023	N	М		ı	NSS66	3			5J6TF1	H30DI	L0005	46				HEA		12		6
Towed By		1						To	owed To										DISAB		14-T	11 10 9 8	7 dercarriage
PRIVATE	TOW							Р	RIVATI	E TOW											09,10,		aoroamago
Gross Vehi	cle/Coml	b Weight	Rating		/lat Pla go Only			Mat Rel		Hazmat	Placa	rd 4-digit	OR Ha	zmat N	lame		AND		•	1-digit#	DOT#		
							(Cai	go Only	,														
State #		Number of Axle		Carrie	er Type	e Code																	
Corrierle Ne													I C	arrier C	14.					1	Ctata I	Commissio 7	in.
Camers Na	Carrier's Name Str												Ca	arrier C	пу						State C	Carrier's Z	ıp
Owner's La	Owner's Last Name Ov								ne.			Owner's	s Middle	Name			0	vner's	Compa	ny Name	L		
HOSKINSON												MICHA								.,			
Street Addr								r's City						ate O	wner	Zip		Ow	ner's P	hone			
2739 MOI	NTERE	Y AVE S	SE				٩LB١	JQUEF	RQUE				N	м 8	7106			(50	)5) 453	-1963			
Insured By:	(Name	of Compa	any)				Р	olicy Nu	ımber		Т	railer or	Towed	Туре	Yea	•	Make		ic Year	Lic Sta	ate Lic	ense Num	ı
USAA							0	2751 1	0 24C			ehicles (											
Trailer or Towed Vehicles (2) Year Make					Li	c Year	Lic S	State	License	Num		railer or ehicles (		Туре	Yea	-	Make	L	ic Year	Lic Sta	ite Lic	ense Num	1
			1		· · ·																		

Condition	ı info	rmation																						
Lighting			We	eathe	r							Inte	rsecti	ion Ty	уре		Rel	atio	n To Ju	nction				
DUSK			CL	.EAF	₹							FO	UR-V	NAY			IN	ER	SECT	ION				
Work Zone Lo	ocation				Work	Zone	Туре					Wor	kers	Prese	ent L	aw En	forcem	ent	Presen	t				
Road Charact		Road Grade			ndition				R	load Su	rface						Traffi							
STRAIGHT		LEVEL	DRY						P	AVED	CENT	ER A	AND	EDG	E LIN	E	TRA	FFI	C SIGI	NALS				
Road Lanes					ign Div					oad De	•													
3 LANES			UND						F	ULL A	CCES	S CC	NTF	ROL	•					RSTAT				
		APP.	ARENT	CON	<u> NTRIBU</u>	TING	FACTO	RS							DR	IVER'S	S ACTI	ONS	<u> </u>		SEQUE			VENT
																					FIRST EVENT	N	IVT	
																					SECONI EVENT	) <b>F</b>	o	
																					THIRD			
NO DRIVER	RERRO	)R											GO	ING	STRA	IGHT					EVENT			
																					FOURTH EVENT	1		
																						n.	#\/T	
								1									DEDI	-O-T	DIANI/D	EDAL	MHE		IVT	
	DRIVE	R/PEDESTRIA: SOBRI		ALCY	CLIST						D/PEDA AL CON			Т			1			EDAL	CYCLIST			
		JOBIN								1110107	AL CON	DITIC	) N				At Inte				☐ Not	at ini	tersect	ion
															l <sup>A</sup>	ctions I	Prior to	Cra	ash					
HAD NOT C	CONSU	MED ALCOH	OL					NO A	APP. D	EFEC.	TS				Ļ									
															l <sup>A</sup>	ctions	at Time	of	Crash					
Breath Test R	Poculto				Drivor	Dhye	sical Con	dition	Othor						1.	ocation	at Tim	0.01	f Crash					
Diealli lest iv	results		sical Coll	uition -	Other							Jealion	at IIII	ie 0i	Clasii									
<b>TRAF</b>	FIC	UNIT	02	2																				
VEHICLE N		MV Type					D	rection	On:									L	eft Sce of Crash	ne p	osted Sp	eed	Safe	Speed
HEADED	0:		SPORT	Г			W			NTAIN	RD NE	<b>E</b>						(	of Crash <b>NO</b>	h?				
Driver's Last N	Name						Driver's F	irst Naı	me						10	Driver's	Middle	Na	ıme					
PEREZ						/	ADAN								ı	SIDR	וטם כ	RAN	1					
Driver's Stree	t Addres	S				(	City								5	State	Zip Co	de		Phone	)			
645 ESPAN	IOLA S	T SE					ALBUQ	UERQ	UE						ı	MM	8710	3		(505)	385-65	49		
Date of Birth	Driver	's License Num	ber S	State	Туре	CDL	. Status	Restri	ictions	Endorse	ements	Exp	oires		Interlo	k Oc	cupatio	n						
12/24/1975	1002	54719	N	M	D	N	v	В				01/	25/2	2029	NO									
Incident Resp	onder		•		1	1	1	# o	f Occup	ants S	eat Pos	Ag	ie	Sex	Race	Injur	y O		OP	Airba			EMS	Med
								1			LF					Code			Used	Deplo	у	INC	ımber	
Supplem	ental	Occupant	t Info	rma	ation			· ·		· ·		47	7	M	Н	В	6	i	YES	N	N		E4	NT
Vehicle i															1	1	- 1				<u> </u>			1
	le Make			Ve	ehicle M	lodel				Color		Veh	Use1	Vel	h Use2	Veh l	Jse3		Veh. To	owed?		Veh.	Disable	ed?
1994 TOY	ОТА			07	7					WHI					Р				YE	S			YES	
Body Style (	Cargo Bo	odv Lic. Year	r Sta	ate			License I	Plate N	umber		VIN								Damage :	Severity	•	1 2	2 3 4	5
	Type										JT3VN	139W	/3R8	3063	371				HEA	VY	12	6		6
Towed By							DV999J	wed To	,										Exte			11 1	0 9 8	7
•	· OVEDI	ED TOWING							, ROADV	VAV D	I SE								DISAE	BLED			15-Unde	ercarriag
	OTCHA COVERED TOWING  ross Vehicle/Comb Weight Rating HazMat Placard?								1												01,02,09		1,12	
Gross Vehicle	ross Vehicle/Comb Weight Rating HazMat Placard? (Cargo Only)								Hazma	at Placa	ard 4-dig	it OR	Hazı	mat N	lame	AN	טו			1-digit	# DOT#	ŧ		
	, J																							
State #		Number of Axles	Carrie	r Typ	e Code																			
		017 01100																						
Carrier's Nam	ne				Stree	et Add	dress						Car	rier C	ity						State	Carri	er's Zi	р
Owner's Last	Name				Own	er's F	irst Nam	е			Owner	's Mic	dle 1	Name	)		Own	er's	Compa	ny Nar	ne			
PEREZ					ADA	١N					ISIDR	O DI	JRA	N										
Street Address Owner's City							r's City				1		Stat	te O	wner Z	р	1	Ow	ner's P	hone				
645 ESPANOLA ST SE ALBUQI							JQUER	QUE					NM		7108			(50	)5) 38 <u>5</u>	5-6549	)			
						-,						L					,-,	-, -,-						

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

Insured By:	(Name	of Co	mpany)			Poli	icy Num	ber		Trailer or	Towed	Туре	Year	М	ake	Lic Yea	ır Lic St	ate	License N	um
GEICO						426	670749	71		Vehicles	(1)									
Trailer or To Vehicles (2)	Jweu	Type	Year	Make	Lic Yea	ar Lic Sta	ate Lic	cense Num		Trailer or Vehicles		Туре	Year	M	ake	Lic Yea	r Lic St	ate	License N	um
Conditio	on In	forn	nation	I	L	l	<u> </u>						1	I			II			
Lighting				We	ather						Interse	ection Ty	уре		Rela	tion To J	unction			
DUSK				CL	EAR						FOUF	R-WAY			INTI	ERSEC <sup>-</sup>	ΓΙΟΝ			
Work Zone	Location	on			Wo	k Zone T	ype				Worke	ers Prese	ent La	aw Enf	forceme	nt Presei	nt			
Road Chara	acter	Ro	ad Grade	Road	Condition	1			Road S	Surface					Traffic	Control				
STRAIGH	Т	DC	WNHILL	DRY					PAVE	D CENT	ER AN	ID EDG	E LINE	<b>=</b>	TRAF	FIC SIG	NALS			
Road Lanes	3	- I		Road	Design D	iv			Road D	Design					ı					
2 LANES				PAIN	ITED DI	VIDER (>	>4 FT)		TWO-	WAY, DI	VIDED	)								
			AF	PPARENT	CONTRIE	BUTING F.	ACTOR	S					DRI	VER'S	ACTIC	NS				F EVENTS
																		FIRS1 EVEN		Т
																		SECC EVEN	ND FO	
DRIVER II	NATT	ENTI	NC								d	GOING	STRAI	GHT				THIRD		
																		FOUR		
																	EVEN	Т		
																		MHE	MV	Т
	DR	IVER/I		IAN/PEDA	LCYCLIS	Т		DR		ED/PEDA					PEDES	STRIAN/I	PEDALC	YCLIS	T ACTION	١
			SOB	RIETY					PHYSI	CAL CON	DITION				At Inter	section		N	ot at Inters	section
HAD NOT	CON	CHM		וחטו	NO APP.	DEEE	CTS			Ac	tions F	Prior to (	Crash							
IIAD NOT	CON	JOWN	LD ALCC	JIIOL				NO AFF.	DLIL	013			Ac	tions a	at Time	of Crash				
Breath Test	Resul	ts			Driv	er Physic	al Cond	ition - Other	r				Lo	cation	at Time	of Crash	1			
NARF	2Δ	ТТ\	/F																	
COLLIDED FRONTAG INTERSEC	WITH SE RO. CTION	H VEH AD W WHE	IICLE 2. \ HEN IT C N HE WA	/EHICLE OLLIDED S STRUC	2 WAS T WITH V K BY VE	RAVELII EHICLE HICLE 2	NG WE 1. DRIV 2. DRIVI	ER OF VE	ON MEHICLE	OUNTAIN 1 STATE 2 STATE	N RD N ED HE D HE N	IE AT T HAD TI WAS TF	HE INT HE GRE RAVELI	ERSE EN L NG W	CTION IGHT A ESTBO	WITH T AND PRO DUND O	HE 125 : DCEEDE N MOUN	SOUT D TH NTAIN	HBOUNE ROUGH	) THE
I ASKED 1 CAMERA.												нісн м	ІІСНТ Н	AVE	CAPTU	IRE THE	TRAFF	IC AC	CIDENT	ON
DRIVER O COMPLAII AND DRIV	NTS C	F HE	AD PAIN.	DRIVER	OF VEH	CLE 2 A	LSO H	AĎ BLOOI	D COM	ING FRO	M THE	RIGHT	REAR	POR	TION O	F HIS H				
VEHICLE PRIVATE		2 WE	ERE DISA	BLED AN	ID REQU	IIRED A	тоw т	RUCK TO	BE RE	MOVED	FROM	THE S	CENE.	VEHIC	LE 1 V	VAS TO	WED FR	ом т	HE SCEN	NE BY A
PROF		۲T)	Y 01																	
Туре	D	escript	tion of Pro	perty and [	amage															
U	S	TREE	T CURB																	
Owner's Las	st Nam	ie					Owne	er's First Na	me						Owner's	s Middle I	Name			
CITY OF							ALB	UQUERQ	UE											
Owner's Str	eet Ad	dress					Owne	er's City					St	ate	Zip Cod	le (	Owner's I	Phone		
UNKNOW	/N							UQUERQ	UE				NI		87102					
VIOL		ΊΩ	NΩ	1					-											
VEH NO.			11 0	_		First Na	me			Middle	Namo			Violat	ion (Cor	mmon Na	ıme\		Acti	ion
									iviluale	ivallie			violal	1011 (COI	minon Na	iiie)		ACII	011	
													<u> </u>							

CONC	LU:	SIO	N										
Time Notified Time Arrived Notified By Supervisor at Scene													
1613	1633		DISPAT	СН									
Time Roadway Cleared Time Incident Cleared Checked By													
1725		1815		6646 - H	HERRERA, GREGORY - 12/27/2022								
Officer's Signat	ture				Officer's Name	Rank	ID Number	District	Report Date				
	~	8-			ESQUIBEL, EZRA	P1/C	5621	234	12/25/2022				

DIAGRAM		
Diagram Drawn By	Measurements Taken By	
ESQUIBEL, EZRA		
DIAGRAM		
Crash Report Number: 710914664	STATE OF NEW MEXICO UNIFORM CRASH REPORT	
Case Number: 220100637	STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209 NMDOT COPY	Sheet 5 Of 5

GRASH
NVESTRATION
SH 10070
Rev. July 2018
NAMIO TUCK
E July 2018

# ALBUQUERQUE POLICE DEPT REPORTING DEPARTMENT

STATE OF NEW MEXICO UNIFORM CRASH REPORT

E	_JULY_	_2018								REI	PORTIN	G DEP	PARTMEN	T								710	910	200	
Private Pro	perty	Fatal	Prop		Unde	er \$500		Schoo		irectly Ir			se Numb	per: <b>22</b> 0	00916	625			(	CAD Nur	m: <b>P22</b> :	327047	1		
Secondary	Crash	<b>✓</b> Injury		Only [	\$500	or Mor	e 📗			-	Involved involved	Age	ency: 1	- ALB	UQU	ERQ	UE F	OLICE	DEP	ARTME	ENT				
Crash Date		Crash T	ime	City 0	Occurr	ed In									Count	ty									
11/23/2022	:	0954		ALB	UQU	ERQL	JE								BER	NALI	LLO								
Day of Week		Occurre	d On: (I	Route I	No. or	Name	)							At Inte	rsection	on Wi	th:								
WEDNESD	ΑY	FRONT	TAGE F	RD										MOU	IATV	N RD	NE								
Other	Measu	rement	Direct	tion		Perma	anent	Landn	nark - (	County	Line - I	Inters	ection - I	Milepos	İ							Lat:			
Location			SOU	TH																		_ong:			
Crash Occur	red			First H	armful	l Event	t						Manner	of Impa	ct					Manr	ner of Ci	ash			
ON ROAD				COLL	.ISIOI	N W/N	ЮТ	OR VI	EHICL	.E			FRONT	-TO-S	IDE (	EX.	Г-ВС	NE, A	IGLE	) INTE	RSEC	TING F	PATH	(T-B	ONE)
Work Zone Work Zone		nance	Tribal La		•															ion of Fir		ful Even	nt		
Work Zone			NO	ļ	MV IN	I TRA	NSP	ORT											ON F	ROADW	ΙΑΥ				
TRAF	FIC	C UI	NIT	0	1																				
VEHICLE N	١٥.	ΜV	√ Type						Direc	ction	On:									Left Sce of Crash	ne Po	sted Sp	eed	Safe S	Speed
HEADED		01 IN	TRAN	ISPOR	₹T				S	F	RON	TAGE	E RD							NO					
Driver's Last	Name									t Name	e							iver's Mi	ddle N	lame					
Driver's Stree	- t								THEV	V							_	AYLOR ate Zip	C		Dhana				
8008 BELL			JF.					City	UQUE	ERQU	F						NI NI		Code <b>110</b>	1	Phone				
Date of Birth		er's Lice		nber	State	Туре	CE	Ц_			ions Er	ndorse	ements	Expire	s	Inte	erlock								
12/28/2001		212370			NM	D	N	v						01/27		3 N	<b>o</b>								
Incident Res	ponder				l			I		# of C	Occupar	nts S	Seat Pos	Age	Sex	k Ra	асе	Injury Code	OP Code	OP Used	Airbag Deploy			MS mber	Med Trans
										1			LF										INU	IIDEI	
Supplem	enta	l Occ	upan	t Inf	'orm	atio	n							20	М		)	С	6	UNK	N	N			NT
<b>Vehicle</b> I	Infor	matio	n																						
	cle Mak	е				'ehicle		el				Color		Veh Us	e1 V		e2 \	√eh Use	3	Veh. To				Disabled <b>′ES</b>	d?
2018 NISS		1		- 1-		EDAI	N	I				BLK	1			Р			_	Damage:					_
	Cargo I Type	7	Lic. Yea		state					te Nun	nber		VIN	IZ A DC	11 00	2002				HEA		12		3 4	5 70 6
Towed By			2023	l I	IM			AFJ	1	al Ta			3N1CN	ITAPO	JLOZ.	2002				Exte	ent			9 8	ال 7
CAR STOP	TOW	ING							Towe		ARD E	) S	E ALBI	IOUE	2011E	= NIM	1 871	106		DISAE			Тор	15-Unde	
Gross Vehicl			Rating	Lozi	Mot DI	acard?	, lu <sub>a</sub>	zMat I	Release	_			ard 4-digi					AND				DOT #		11,12	
Oross veriler	C/ COITIL	vveigni	rtating		go Onl			argo C		eu <u>r</u>	lazillat	1 1000	ara +-aigi		<u>azmat</u>	Nam		AND			T-digit #		r		
State #		Number of Axle		Carri	ier Typ	oe Cod	le														1				
Carrier's Nan	no.					Str	oot A	ddress						Ic	arrier	City						State	Carrie	r'e 7in	1
Carrier 3 Mari	Carrier's Name								,						arrier	Oity						Otate	Carrie	1 3 ZIP	
Owner's Last	Ow	ner's	First N	Name				Owner'	s Middle	e Nam	ne		lo	wner's	s Compa	nv Nam	 e								
LARKIN							ATT.						TAYL								,				
Street Addres	SS							er's C	ity				1		tate	Owne	r Zip		0	wner's P	hone				
8008 BELL	.AMA	I AVE N	NE				ALE	BUQU	ERQI	UE				N		8711									
Insured By: (	Name o	of Compa	any)					Policy	Numb	er		Т	Trailer or	Towed	Тур	e Ye	ar	Make	9	Lic Year	Lic St	ate Li	cense	Num	
FARM BUF	REAU	PROPE	RTY					0000	00000	82217	750		/ehicles												
Trailer or Tov Vehicles (2)	Make	L	ic Yea	ır Lid	State	Lice	ense N	um		Γrailer or ∕ehicles		Туре	e Ye	ar	Make	)	Lic Year	Lic St	ate Li	cense	Num				

Cond	ition	Infor	matic	n																					
Lighting					Weat	her							Inte	rsecti	on Ty	уре		R	elatio	on To Ju	nction				
DAYLI	GHT				CLE	AR							FO	UR-V	VAY	•		IN	ITE	RSECT	ION				
Work Z	one Loca	ation				Wo	rk Zor	ne Type					Wor	kers l	Prese	ent	Law Er	nforce	ment	Presen	t				
	haracter	F	Road Gra			Conditio	1			R	load Si	urface								ontrol					
STRAI			OWNH		DRY					P	AVE	CENT	ER A	AND	EDG	E LII	NE	TR	4FF	IC SIGI	NALS				
Road La					Road D	esign [	)iv				load De	esign													
3 LAN	ES				PHYS	ICAL E	BARF	RIER		R	RAMP														
				APPAR	RENT C	ONTRI	BUTIN	IG FACTO	RS							D	RIVER'	'S AC	TION	IS		SEQUE	NCE	OF E	VENT:
																						FIRST EVENT	M	VT	
																						SECON EVENT	)		
																						THIRD			
NO DF	RIVER E	ERRO	R											GO	ING	STR	AIGHT					EVENT			
																						FOURTI EVENT	1		
																						MHE		VT	
									1									DEI	2507	EDIANI/D	EDALO				
	[	DRIVE	R/PEDES	STRIAN/I SOBRIET		CYCLIS	Τ					ED/PEDA CAL CON			Γ	_		7		FRIAN/P ection	EDALC	$\overline{}$		ersecti	
				OBIGET	<u>'</u>					<u> </u>	111010	J/ (L 0011	DITIO	211		-						INOL	at inte	ersecu	ion
																,	Actions	Prior	to Cr	asn					
HAD N	OT CO	NSU	MED AL	.соно	L				NO.	APP. D	EFEC	TS				-	Actions	- 4 - 75		0					
																ľ	Actions	at III	ne oi	Crasn					
Breath '	Test Res	sults				Dri	er Ph	ysical Cor	dition -	Other							ocatio	n at Ti	me c	of Crash					
Broatt	10011100	Juno						iyolodi Gol	idition	Othor						[		ii at ii	1110	or Gradin					
TR	4FF	IC	UN	IT (	02																				
	LE NO		MV T					С	irection	On:										Left Sce of Crasl	ne Po	sted Sp	eed	Safe	Speed
HEAD		02	IN T	RANSP	ORT			E		MOU	NTAIN	N RD NE	Ξ							NO NO	٦٢				
Driver's	Last Na	me						Driver's F	irst Na	me							Driver'	s Mido	dle N	ame	I				
WEST								CHARL	ES								МІСН	AEL							
Driver's	Street A	Address	3					City									State	Zip C	Code		Phone				
7624 V	IA TRA	NQU	ILO SW	1				ALBUQ	UERG	UE							NM	871	21						
Date of	Birth	Driver'	s License	e Numbe	r Sta	te Typ	e CI	OL Status	Restr	ictions	Endors	sements	Exp	oires		Interl	ock O	ccupa	tion		U				
09/24/	1983	12136	7335		NN	ı C	Υ	v					05/	/30/2	027	NO									
Inciden	Respor	nder						•	# 0	of Occup	ants	Seat Pos	Ag	je :	Sex	Rac	e Inju	ry (	OP ode	OP Used	Airbag Deploy	Ejecte		MS mber	Med Trans
									1			LF		_							. ,		INU	mbei	
Supp	leme	ntal	Occu	pant l	nfor	matic	n						39	9	М	0	0		6	UNK	N	N			NT
Vehic	le Inf	form	ation											•		•		•			•	•	•		
Year	Vehicle	Make				Vehicle	Mod	el			Colo	r	Veh	Use1	Vel	h Use:	2 Veh	Use3		Veh. To	owed?		Veh. I	Disable	d?
1999	FREIG	HTLIN	IER CC	DRP.		SEMI					PLE	:				С	N	IN		N	)			NO	
Body St	yle Ca	rgo Bo	dy Lic	. Year	State	l		License	Plate N	lumber		VIN			1		l .			Damage	Severity		1 2	3 4	5
TS	Тур	<sup>pe</sup> AT	20	23	NM			WD132	261			1FV6F	ILB/	A7XH	IA22	2249				SLIG	НТ	12	A		<b>1</b> 6
Towed	<u>l</u> Bv							I To	wed To	)									-	Exte				9 8	7
	-,									-										FUNCT	IONAL			15-Unde	ercarriag
Gross \	Gross Vehicle/Comb Weight Rating HazMat Placard?								eased	Hazm	at Dlac	ard 4-dig	it OP	Hazr	nat N	Jame	۱۸	ND			1-digit #		)7 +		
	Gross Vehicle/Comb Weight Rating HazMat Placard?  GREATER THAN 26,000 LBS. (Cargo Only)								NO	Hazini	at i iac	aru 4-uig		. I Iazi	nat i	varrie		שוא			1-digit #	2156			
	State # Number Carrier Type Cod								NO													2130	721		
		١.	of Ayles			• •																			
	315090		-	02 1	- IN I I	ERSTA								-								1			
Carrier	s Name					St	reet A	ddress						Carr	rier C	City						State	Carrie	er's Zip	)
Owner's	Last Na	ame				O	wner's	First Nam	ne			Owner	's Mic	ddle N	lame	)				Compa	•				
																		ТО	ΑD	Y VENT	URES	LLC			
Street Address Or							Owi	ner's City						Stat	e O	wner 2	Zip		Oı	wner's P	hone				
903 W WILSON AVE							GA	LLUP						NM	8	7301									
													•												

1																_				
Insured By: (Na	me of Co	ompany)				Po	olicy N	lumber		Trailer or		Туре	Year	Ма	ake	Lic Year	Lic Sta	te Lic	ense Num	ı
GREAT DIVIN	IE INSU	JRANCE	СОМ	IPAN	<b>(</b>	C	NA75	12455-12		Vehicles	(1)	AC	2018	K/	AUF	2099	NM	33	11FTK	
Trailer or Towed Vehicles (2)	Туре	Year	Make	е	Lic Yea	r Lic S	state	License Nun	n	Trailer or Vehicles		Туре	Year	Ма	ike	Lic Year	Lic Stat	te Lice	ense Num	
Condition	nform	nation				ı		I								<u> </u>				
Lighting				Weath	ner						Interse	ction Ty	/ре		Rela	tion To Jui	nction			
DAYLIGHT				CLE	٩R						FOUR	-WAY			INTI	ERSECT	ION			
Work Zone Loca	ation				Wor	k Zone <sup>-</sup>	Туре				Worker	s Prese	ent La	aw Enfo	orceme	nt Present	i			
Road Character		ad Grade PHILL		Road C	ondition					Surface	ER ANI	D EDG	E LINE			Control	NALS			
Road Lanes			R	Road D	esign Di	iv			Road D	Design										
2 LANES			P	PAINT	ED DIV	/IDER	(>4 F	T)	TWO-	WAY, NO	OT DIV	IDED								
		А	PPARE	ENT C	ONTRIB	UTING	FACT	ORS					DRI	VER'S	ACTIC	NS	5	SEQUE	NCE OF E	VENTS
																		IRST VENT	MVT	
																		SECOND		
																		VENT		
DRIVER INAT	TENTI	ON									G	OING	STRAI	GHT				HIRD VENT		
																		OURTH		
																	-	VENT		
																		MHE	MVT	
	RIVER/	PEDEST	RIAN/P BRIETY		CYCLIST	Т		D		ED/PEDA		ST				STRIAN/P	EDALCY:	$\overline{}$		·· - ·-
		301							111101	CAL CON	DITION					section		Not a	at Intersect	tion
													AC	uons P	rior to	Crasn				
HAD NOT CO	NSUM	ED ALC	OHOL					NO APP	. DEFE	CTS			Ac	tions at	t Time	of Crash				
Breath Test Res	sults				Drive	er Physi	ical Co	 ondition - Oth	er				Lo	cation a	at Time	of Crash				
NARRA	\TI\	/E																		
ON NOVEMBE MOTOR VEHIC				DISPA	TCHED	то ть	HE LC	CATION OF	SOUTH	HBOUND	FRONT	TAGE F	RD. ANI	) MOL	JNTAII	N RD. NE	IN REFI	ERENC	E TO A	
DRIVER 1 MA 2 TRAVELING TRAILER. MR VEHICLE 1 SU BY CAR STOR	EASTE LARK JSTAIN	BOUND C IN ADVIS ED DAM	ON MO SED O	UNTA F INJ	IN RD. JRIES /	NE DIS AT THE	SREG E TIMI	ARDED ITS E OF THE C	RED LI	GHT. RES	SULTIN VAS EV	G IN N /ALUA	IR. LAR TED BY	KIN IN	MPAC <sup>-</sup>	TING THE	REAR I	LEFT C	F VEHIC	LE 2'S ORTED.
AND FELT AN CLOSE NO NO	DRIVER 2 CHARLES WEST STATED HE WAS TRAVELING AND FELT AN IMPACT TO THE REAR OF THE TRAILER. IN CLOSE NO NO DAMAGES TO THE REAR LEFT SIDE OF T DRIVEN AWAY FROM THE SCENE.									IE OF NO	INJUR	RIES A	T THE T	IME C	F THE	INCIDE	NT. VEH	ICLE 1	SUSTAIN	NED
WITNESS CAI VEHICLE 1 HA										LE 1 AT 1	THE TIN	/IE OF	THE IN	CIDEN	IT. MS	. CARRY	DAVIS A	ADVISE	ED OF	
THIS CONCLU	JDES M	Y INVOL	VEME	NT TC	THIS	INCIDE	NT.													
WITNE	SS	01																		
Witness's Last N	lame							itness's First	Name					Witne	ess's M	iddle Nam	е			Age <b>51</b>
Witness's Street	Addres	S				V		s's City					State	Zip C	ode	Wit	tness's Pt	none		1
VIOLA	TIG	NI - 6																		
VIOLA <sup>*</sup>	110	$\Omega$																		
VEH NO. Last Name First Name						lame			Middle	Name			Violatio	on (Cor	mmon Nan	ne)		Action		
<u>                                       </u>																				

CONCLUSION														
Time Notified Time Arrived Notified By							Supervisor at Scene							
1001	1010		DISPAT	СН										
Time Roadway Cl	eared	Time Incide	ent Cleared	Checked	Ву									
1110 1110 1271 -				1271 - H	HIGDON, SEAN - 11/29/2022									
Officer's Signature					Officer's Name	I	Rank ID Number		District	Report Date				
Angel A. Sino					SIAS, ANGEL	7614	234	11/23/2022						

DIAGRAM		
Diagram Drawn By	Measurements Taken By	
SIAS, ANGEL	NOT TO SCALE	
DIAGRAM		
Crash Report Number: 710918208	STATE OF NEW MEXICO UNIFORM CRASH REPORT	
Case Number: 220091625	STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209 NMDOT COPY	Sheet 5 Of 5

CRASH
INVESTMENTON
SH 10070
Rev July 2018
INVESTMENTOTUCE
IE July 2018

### ALBUQUERQUE POLICE DEPT REPORTING DEPARTMENT

STATE OF NEW MEXICO UNIFORM CRASH REPORT

	E	_JULY	_2018																						
Priv	ate Pro	perty	Fatal	Prop	perty [	Unde	r \$500		it-and-Ru chool Bu		/ Involved	Ca	ase Numb	er: <b>220</b>	0994	18			CAD	Nun	n: <b>2235</b>	41324			
Sec	ondary	Crash	Injury		Only 🔽	\$500	or More	_	School Bus Indirectly Involved Commercial Vehicle Involved Agency: 1 - ALBUQUERQUE POLICE DEPARTMENT																
Crash <b>12/20</b> /			Crash T <b>2051</b>	ime		Occurre UQUE	ed In ERQUE					•			County BERN		_0								
Day of			Occurre MOUN	,		No. or I	Name)							At Inter			w								
Other		Measu	rement	Direc	tion	ı	Perman	ent La	ndmark	- Coun	ty Line -	Inters	section - N	/lilepost								Lat: <b>35</b>	.09336	633	
Locat	ion	654 F	Т	EAS	Т		MOUN	TAIN	RD./I2	25 NB F	FRONT	AGE	RD.								L	ong: <b>-1</b> (	06.633	21	
Crash ON R					First Ha		Event PECIFY	/ IN N	ARRA	TIVE)			Manner	of Impac	ct				N	/lann	er of Cra	ash			
Wor	rk Zone	-Constru		Tribal L	and?					····-,								Loc	ation o	of Fire	st Harmi	ul Even	t		
-	rk Zone rk Zone	-Maintei -Utility	nance	NO														ON	ROA	DW	AY				
TR	AF	FIC	C UI	NIT	0:	1																			
VEHIO HEAD				V Type	IC VE		-/ <b>-</b> 0U	IDME		irection	On:	IT A IA	N BD						Left of C	Scer Crash <b>NO</b>	ne Pos	sted Spe	eed S	afe Sp	peed
Driver's			UI  VV	OKKI	NG VE	HICLI	E/EQU			irst Nan		HAIP	אאט				Driver's	Middle							
SCRE	ETO	N						М	AX								R								
		et Addr IAS A	ess .TLAS [	OR SE				Ci <b>R</b> I	ty IO RAI	NCHO								Zip Cod <b>87124</b>			Phone (619) 4	51-471	36		
Date o			er's Lice			State	Туре			Restric	ctions E	ndors	sements	Expire	s	Interlo		cupation			(013) -	31-47	<del>,</del>		
10/18/			280661			NM	D	N	٧					09/21	/2024	NO								- I	
Incider NO	nt Res <sub>l</sub>	ponder								# of	Occupa •	ants	Seat Pos	Age	Sex	Race	Injury Code	OF Cod		)P sed	Airbag Deploy	Ejecte	d Num		Med Frans
	olem	enta	ıl Occ	upar	t Inf	orma	ation							33	М	С	0	6	YI	ES	F	N	N		LE
Vehi	cle i	nfor	matio	n												ı			ı	-					
Year		cle Mak	е				ehicle M	lodel				Colo		Veh Use	e1 Ve		Veh L	lse3	Ve	h. To			Veh. Dis		>
<b>2000</b> Body S	TOY		Podu	Lic. Yea	or G	02 tate	2	li :	00000	Olato Ni	ımbor	BLU	1			Р				YES YES  Damage Severity 1 2 3					
войу S РС	style	Cargo Type	,	2023		M			License Plate Number VIN  AYZK31 1NXBR:						2E2YZ308526						HEAVY 12				6
Towed	Ву								То	wed To									DI	Exte	nt LED	14	11 10 9 Top 15	9 8 7 i-Underci	arriago
GOTO	HA (	COVE	RED TO	WING	i				TC	OW YA	RD												<b>2</b>	-Onder G	arriage
Gross '	Vehicl	e/Coml	b Weight	Rating		/lat Pla go Only			lat Rele o Only)		Hazma	t Plac	ard 4-digi	t OR Ha	zmat N	lame	AN	D		1	I-digit #	DOT #	ŧ		
State #	ŧ		Numb of Axle				e Code																		
Carrier	'o Non	20	OI / UKI				Stroc	et Addr	*****					I c	arrier C	its /						State	Carriar	0. <b>7</b> in	
Carrier	5 INGII	iie					3000	t Addi	C33						airiei C	ity						State	Carrier	5 ZIP	
Owner	's Last	Name					Own	er's Fir	st Nam	е			Owner's	s Middle	Name	)		Owne	er's Co	mpar	ny Name	)			
SCRE							MAX		0''				R	lo			7'		0	. D					
Street . <b>4711</b>			TLAS [	OR. SE				Owner's <b>RIO R</b>	s City ANCH	0						wner 2 7124	<u>z</u> ip		Owne (619)		-4736				
			of Compa						licy Nur				Trailer or Vehicles (	Towed		Year	М	ake	· · ·		Lic Sta	ate Lie	cense N	lum	
Trailer Vehicle		wed T	ype Ye	ar	Make	Li	c Year	Lic St	tate L	icense	Num		Trailer or Vehicles (	Towed	Туре	Year	Ma	ake	Lic `	Year	Lic Sta	ate Lic	cense N	lum	

Condition	Inform	nation																
Lighting Weather					Inter				nters	ection Typ	е		Relation To Junction					
DARK LIGHTED CLEAR					T-II				T-IN	TERSEC <sup>-</sup>	TION		INTERSE	ECTION				
Work Zone Loca	ation			Work Zor	е Туре	e Wo				ers Presen	t Lá	Law Enforcement Present						
Road Character	r Ro	oad Grade	Road Con	dition			Road Surfac	ce					Traffic Contr	ol				
STRAIGHT LEVEL DRY					PAVED UNSTRIPE				D			TRAFFIC S						
Road Lanes			Road Des	ign Div			Road Design											
2 LANES				•	R (>4 FT)		TWO-WAY		IDE	D								
		APPA	ARENT CON								DRI	VER'S	ACTIONS		SEQUE	NCE OF E	VENT	
															FIRST	отс		
															SECONE	<u> </u>		
															EVENT			
UNDER INFL	UENCE	OF ALCO	HOL							GOING S	TRAI	GHT			THIRD EVENT			
															FOURTH	1		
															EVENT			
															мне	OTC		
	DRIVER	/PEDESTRIAI	N/PEDALCY	CLIST		DF	RIVER/PED/P	PEDALO	CYC	LIST			PEDESTRIA	N/PEDAL	CYCLIST	ACTION		
		SOBRIE	ETY				PHYSICAL (	CONDI	IOITI	V			At Intersection	on	Not	at Intersec	tion	
											Ac	tions F	rior to Crash	•				
CONSUMED	AI COL	101				UNDER 1	THE INFLU	ENCE	OF									
CONSOMED	ALCOI	IOL				MEDICATION/DRUGS/ALCO				OHOL A		Actions at Time of Crash						
Breath Test Res	sults			Driver Ph	ysical Cond	lition - Other					Lo	Location at Time of Crash						
NARRA	lΤΙ/	VΕ																
ON DECEMBI SECONDARY A DIRT AREA ADVISED HE IT IS TO BE N TOWED BY T THIS CONCLU	OFFIC JUST I WAS TI IOTED HE GO	ER. I ARRIVI EAST OF TH RAVELING E THAT THE V ICHA COVE	ED ON SCE IE I-25 NOR EASTBOUN EHICLE HA RED TOWI	ENE AT A RTHBOUN ID ON MC AD FRON' NG.	PPROXIMA D FRONT DUNTAIN F I END DA	ATELY 211 AGE ROAI RD. WHEN MAGE AS	17 HOURS. ( D. THE DRIN HE ATTEM! WELL AS A	UPON VER O PTED AIRBA	MY F TH TO '	ARRIVAL HE VEHIC "TURN AI EPLOYME	. I OB LE WI ROUN	SERV HO W. D ANI	ED THE VE AS LATER I D I GOT ST	HICLE FA IDENTIFIE UCK".	CING EA D AS MA	AST BOUN AX SCREI	ID IN ETON	
REFER TO CA	ASE #22	20099417 FC	R THE DW	I INVEST	GATION.													
WITNE																		
Witness's Last I					Witn	ess's First N	Jame					Witn	ess's Middle	Name			Age	
Williams											Williams Wilding							
Witness's Street Address Witness's					City		State Zip Code Witn			Witness's	itness's Phone							
VIOLA	TIC	N 01																
	t Name			Fire	t Name		lм	liddle N	Jame	\		Violati	on (Common	Name)		Action		
VEITING. Lasi	INaille			1 113	i ivailie		l IVI	iluule iv	vairie	•		violati	on (Common	i Naille)		Action		
		TON																
CONCI	LUS																	
Time Notified Time Arrived Notified By							Su	pervisor at	Scene									
2107	2117	DISP	ATCH															
Time Roadway Cle	eared Ti	me Incident Clea	ared Checke	ed By					1									
2130	2	130		•	, CHRIST	OPHER -	12/28/2022	2										
Officer's Signature Officer's Na							Ra	nk		I	ID Number	Ir	District	Report Da	ate			

QUINTANA, BIANCA

P2C

7628

322

12/20/2022

DIAGRAM		
Diagram Drawn By	Measurements Taken By	
QUINTANA, BIANCA		
DIAGRAM		
	OTATE OF NEW MEYOO UNIFORM OR AGU DEPORT	
Crash Report Number: 710920226	STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209 NMDOT COPY	Sheet 3 Of 3
Case Number: <b>220099418</b>	NMDOT COPY	