



Mountain Rd. Rehabilitation Hospital

(Mountain Rd. / Woodward Pl.)

Crash Analysis

June 3, 2024

DRAFT



A handwritten signature in blue ink that reads "Terry O. Brown".

Terry O. Brown, P.E.
5571 Midway Park Pl. NE
Albuquerque, NM 87109
(505) 883-8807



A handwritten signature in blue ink that reads "Ron R. Bohannon".

Ronald R. Bohannon, P.E.
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Presented to:

Curtis Cherne, P.E., Senior Traffic Engr.
City of Albuquerque, NM
&
Margaret Haynes, P.E.
NM DOT District 3 Traffic Engineer

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**

| Type of Crash | Year | | | | | Total |
|---------------|------|------|------|------|------|-------|
| | 2018 | 2019 | 2020 | 2021 | 2022 | |
| 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**

| | Year | | | | | |
|-----------------------|------|------|------|------|------|-------|
| Type of Crash | 2018 | 2019 | 2020 | 2021 | 2022 | Total |
| Right-Angle (WB / SB) | 6 | 2 | 2 | 6 | 3 | 19 |
| Right-Angle (EB / SB) | 2 | 3 | 1 | 2 | 2 | 10 |
| 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 |

Note: One driver reported that they saw the light behind them turn green in their rear view mirror and proceeded forward.

Note: Two drivers reported that they mistakenly saw the green light on the East Frntg. Rd.

48
Total Annual Entering Trips 11,515,750
Average Crashes per year 9.6
Crash rate per Million Entering Vehicles 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%.

APPENDIX

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 |
| 710766201 | 8/27/2020 | 15:51 | Thursday | MOUNTAIN RD NE | EDITH BLVD NE | W | | | | Injury Crash | 3 | Daylight | Not Involved | Not Involved |
| 710584999 | 9/17/2021 | 10:49 | Friday | EDITH BLVD NE NM 98 | MOUNTAIN RD NE | S | | | | Injury Crash | 3 | Daylight | Not Involved | Not Involved |
| 710802971 | 11/7/2021 | 15:49 | Sunday | EDITH BLVD NE NM 98 | MOUNTAIN RD NE | N | | | | PDO Crash | 2 | Daylight | Not Involved | Not Involved |
| 710881002 | 2/2/2022 | 17:45 | Wednesday | EDITH BLVD NE | MOUNTAIN RD | S | N | 8 | FT | PDO Crash | 2 | Daylight | Not Involved | Not Involved |
| 710907255 | 10/14/2022 | 23:32 | Friday | MOUNTAIN RD | EDITH BLVD | E | E | | | PDO Crash | 2 | Dark-Lighted | Not Involved | Not Involved |
| 710913277 | 8/30/2022 | 8:14 | Tuesday | EDITH BLVD NE NM 98 | MOUNTAIN RD NE | N | N | 50 | FT | PDO Crash | 1 | Daylight | 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 | DIRECTION FROM INTERSECTION OR LANDMARK | 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 | N | | | 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 | N | | | 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 |

Station Report

30262149

| CRASH INVESTIGATION RM 10074 REVISED Mar. 6, 2014 HND/CSH 88238 | | REPORTING DEPARTMENT | | | | | | | | | | | |
|---|--|--|--|---|--|--|--|--------------------------------------|--|---------------------------|--|-------------------------------|--|
| <input type="checkbox"/> ON PRIVATE PROPERTY | | <input type="checkbox"/> FATAL INJURY | | <input type="checkbox"/> PROPERTY DAMAGE ONLY | | <input type="checkbox"/> UNDER \$500 | | <input type="checkbox"/> HIT AND RUN | | TOTAL NUMBER OF VEHICLES: | | Case Number: 206016149 | |
| <input type="checkbox"/> NMDOT: | | <input type="checkbox"/> \$500 OR MORE | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | CAD Num: 208510376 | |
| CRASH DATE (MM/DD/YY) 02/20/2020 | | MILITARY TIME 0620 | | CITY OCCURRED IN ALBUQUERQUE | | COUNTY BERNALILLO | | | | | | | |
| Sum <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S | | OCCURRED ON: (Route No. or Name) | | AT INTERSECTION WITH: S Frontage Rd & Main Rd | | TRIBAL LAND? <input checked="" type="checkbox"/> No | | | | | | | |
| OTHER LOCATION <input type="checkbox"/> FEET <input type="checkbox"/> MILES | | PERMANENT LANDMARK - COUNTY LINE - INTERSECTION | | Milepost | | LAT: | | LONG: | | | | | |
| CRASH OCCURRED <input type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway | | CRASH CLASSIFICATION <input type="checkbox"/> Overturned <input type="checkbox"/> Rollover <input type="checkbox"/> Other N-Col <input type="checkbox"/> R. R. Train <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Animal <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object | | ANALYSIS CODE: | | | | | | | | | |
| 1 <input type="checkbox"/> N <input type="checkbox"/> NE <input type="checkbox"/> NW <input type="checkbox"/> S <input type="checkbox"/> SE <input type="checkbox"/> SW <input type="checkbox"/> E <input type="checkbox"/> W | | On: | | Left Scene of Crash | | Posted Speed | | Safe Speed | | | | | |
| Driver's Full Name (Last, First, Middle) Van-Dinh, Lan Anh | | Address 9100 San Mateo Blvd NE Apt 2029 Albuquerque, NM 87113 | | | | | | | | | | | |
| Driver's License Number 516102764 | | State NM | | Type | | Status | | Restrictions | | Endorsements | | Expires 7/13/22 | |
| City/State Albuquerque, NM | | Zip Code 87113 | | Phone 503-863-1000 | | | | | | | | | |
| Date of Birth - M/D/YR 06/13/1992 | | Occupation Pediatric Resident Physician | | | | | | | | | | | |
| DOT # | | Interstate Carrier Code | | Towed By | | Towed To | | | | | | | |
| Number of Axles | | Vehicle Weight Rating/Gross Combination Weight Rating <input type="checkbox"/> 10,000 lbs. or less <input type="checkbox"/> 10,001 lbs. to 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs. | | HazMat Placard | | HazMat Placard 4 digit # | | OR HazMat Name | | AND | | 1 digit # | |
| Carrier's Name | | Carrier's Address | | Carrier's Zip | | | | | | | | | |
| Owner's Name Lan Anh Van-Dinh | | Owner's Company Name | | Owner's Address | | Owner's Zip | | Owner's Telephone | | | | | |
| Insured By: (Name of Company) State Farm | | Policy Number 164 2694-F04-31A | | Type | | Year | | Make | | License Yr. | | License State | |
| Type | | Year | | Make | | License Yr. | | License State | | License Number | | Type | |
| Year | | Make | | License Yr. | | License State | | License Number | | Type | | Year | |
| Make | | License Yr. | | License State | | License Number | | Type | | Year | | Make | |
| License Yr. | | License State | | License Number | | Type | | Year | | Make | | License Yr. | |
| License State | | License Number | | Type | | Year | | Make | | License Yr. | | License State | |
| License Number | | Type | | Year | | Make | | License Yr. | | License State | | License Number | |
| 2 <input type="checkbox"/> N <input type="checkbox"/> NE <input type="checkbox"/> NW <input type="checkbox"/> S <input type="checkbox"/> SE <input type="checkbox"/> SW <input type="checkbox"/> E <input type="checkbox"/> W | | On: | | Left Scene of Crash | | Posted Speed | | Safe Speed | | | | | |
| Driver's Full Name (Last, First, Middle) Morales, Erica B | | Address 311 Descanso Rd SE | | | | | | | | | | | |
| Driver's License Number | | State | | Type | | Status | | Restrictions | | Endorsements | | Expires | |
| City/State ALBUQUERQUE, NM | | Zip Code 87102 | | Phone | | | | | | | | | |
| Date of Birth - M/D/YR | | Occupation | | | | | | | | | | | |
| DOT # | | Interstate Carrier Code | | Towed By | | Towed To | | | | | | | |
| Number of Axles | | Vehicle Weight Rating/Gross Combination Weight Rating <input type="checkbox"/> 10,000 lbs. or less <input type="checkbox"/> 10,001 lbs. to 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs. | | HazMat Placard | | HazMat Placard 4 digit # | | OR HazMat Name | | AND | | 1 digit # | |
| Carrier's Name | | Carrier's Address | | Carrier's Zip | | | | | | | | | |
| Owner's Name | | Owner's Company Name | | Owner's Address | | Owner's Zip | | Owner's Telephone | | | | | |
| Insured By: (Name of Company) Fiesta Auto | | Policy Number NMP3022403 | | Type | | Year | | Make | | License Yr. | | License State | |
| Type | | Year | | Make | | License Yr. | | License State | | License Number | | Type | |
| Year | | Make | | License Yr. | | License State | | License Number | | Type | | Year | |
| Make | | License Yr. | | License State | | License Number | | Type | | Year | | Make | |
| License Yr. | | License State | | License Number | | Type | | Year | | Make | | License Yr. | |
| License State | | License Number | | Type | | Year | | Make | | License Yr. | | License State | |
| License Number | | Type | | Year | | Make | | License Yr. | | License State | | License Number | |
| Crash Report Number 0000000000 | | STATE OF NEW MEXICO UNIFORM CRASH REPORT NM Statute 66-7-209 | | | | | | | | | | SHEET | |
| Case Number | | | | | | | | | | | | OF SHEETS | |

DIAGRAM/NARRATIVE

Use Additional Sheets As Necessary

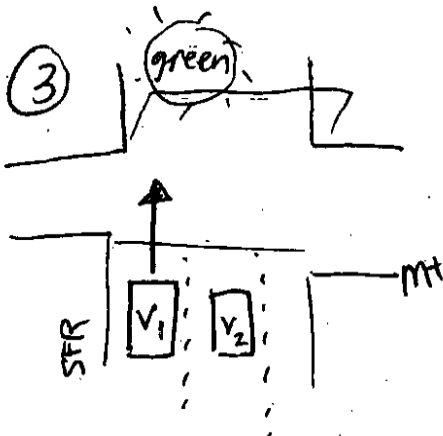
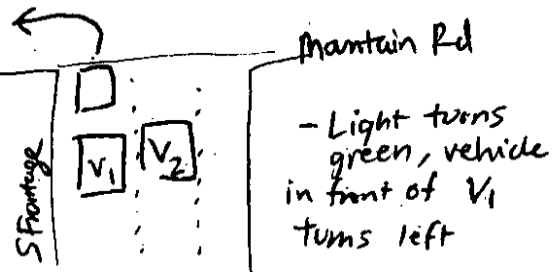
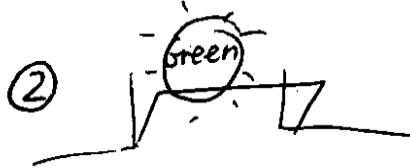
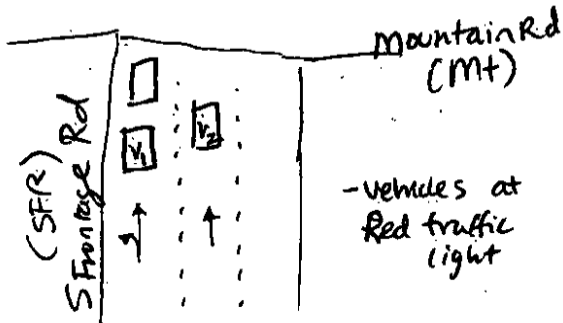
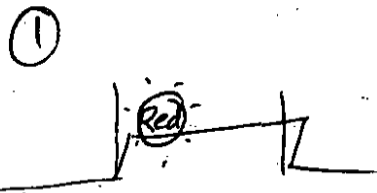
CRASH REPORT NUMBER:
0000000000

CASE NUMBER:
20016144

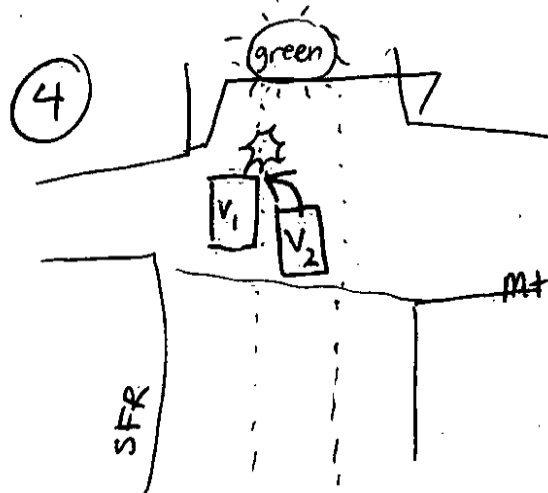
DIAGRAM DRAWING BY:

MEASUREMENTS TAKEN BY:

200510314



- vehicle 1 proceeds Straight



- In the middle of the intersection, vehicle 2 collides into the passenger side of vehicle 1.



Crash Report Number 0000000000

Case Number

STATE OF NEW MEXICO UNIFORM CRASH REPORT
NM Statute 66-7-209

SHEET

OF

SHEETS

30281696

| Station Report | | | | | | | | | | 30281696 | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| CRASH INVESTIGATION SH 10074 REVISED Mar. 4, 2014 NMDOT FORM CS-200 | | | | | | | | | | REPORTING DEPARTMENT | | | | | | | | | |
| <input type="checkbox"/> ON PRIVATE PROPERTY <input type="checkbox"/> FATAL INJURY <input type="checkbox"/> PROPERTY DAMAGE ONLY <input type="checkbox"/> UNDER \$500 <input type="checkbox"/> \$500 OR MORE <input type="checkbox"/> HIT AND RUN TOTAL NUMBER OF VEHICLES: _____ Case Number: 000099741 NMDOT: _____ CAD Num: _____ | | | | | | | | | | | | | | | | | | | |
| CRASH DATE (MM/DD/YYYY) 11/25/20 | | | | | | | | | | MILITARY TIME 1110 | | | | | | | | | |
| CITY OCCURRED IN Amburgue | | | | | | | | | | COUNTY Bernalillo | | | | | | | | | |
| OCCURRED ON: (Route No. or Name) S. Frontage and Mountain NE | | | | | | | | | | AT INTERSECTION WITH: S. Frontage and Mountain | | | | | | | | | |
| OTHER LOCATION: _____ | | | | | | | | | | PERMANENT LANDMARK - COUNTY LINE - INTERSECTION: _____ | | | | | | | | | |
| CRASH CLASSIFICATION: <input type="checkbox"/> Overturned <input type="checkbox"/> Other N-Cal <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other Vehicle <input type="checkbox"/> Vehicle on Other Rdwy <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Rollover <input type="checkbox"/> R. R. Train <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Animal <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object | | | | | | | | | | ANALYSIS CODE: _____ | | | | | | | | | |
| VEHICLE NO. HEADED: 1 | | | | | | | | | | On: Mountain NE | | | | | | | | | |
| Left Scene of Crash: No | | | | | | | | | | Posted Speed: _____ Safe Speed: _____ | | | | | | | | | |
| Driver's Full Name (Last, First, Middle) Maestas, Phillip R | | | | | | | | | | Address 10 Private Drive 1326 | | | | | | | | | |
| Driver's License Number 029129622 | | | | | | | | | | State NM Type _____ Status _____ Restrictions _____ Endorsements W Expires 1/6/24 Interlock <input type="checkbox"/> City/State Espanola, NM Zip Code 87532 Phone 505-515-6244 | | | | | | | | | |
| Date of Birth - M/D/YR 12-03-65 | | | | | | | | | | Occupation Manager - Restaurant Seat Pos D | | | | | | | | | |
| Occupant's Name (Last, First, Middle) _____ | | | | | | | | | | Occupant's Address (City, State, Zip) _____ | | | | | | | | | |
| Vehicle Yr. 20 Vehicle Make GMC Color Blue Body Style P/U | | | | | | | | | | Cargo Body Type _____ Vehicle Use (1) _____ Vehicle Use (2) _____ | | | | | | | | | |
| License Yr. 21 State NM License Plate Number AM5285 VIN 3GTUJ9FETLG35881 | | | | | | | | | | Towed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Towed due to disabling damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | |
| DOT # _____ | | | | | | | | | | Damage Severity: <input type="checkbox"/> None <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> Disabled | | | | | | | | | |
| Number of Axles _____ | | | | | | | | | | Extent: <input type="checkbox"/> Disabled <input type="checkbox"/> Functional <input type="checkbox"/> Appearance <input type="checkbox"/> Property <input type="checkbox"/> Fire <input type="checkbox"/> None | | | | | | | | | |
| Carrier's Name _____ | | | | | | | | | | Carrier's Address _____ | | | | | | | | | |
| Owner's Name _____ | | | | | | | | | | Owner's Company Name _____ | | | | | | | | | |
| Insured By: (Name of Company) Genco | | | | | | | | | | Policy Number 0219-26-12-03 | | | | | | | | | |
| Trailer or Towed Vehicles (1) _____ | | | | | | | | | | Type _____ Year _____ Make _____ License Yr. _____ License State _____ License Number _____ | | | | | | | | | |
| Trailer or Towed Vehicles (2) _____ | | | | | | | | | | Type _____ Year _____ Make _____ License Yr. _____ License State _____ License Number _____ | | | | | | | | | |
| Trailer or Towed Vehicles (3) _____ | | | | | | | | | | Type _____ Year _____ Make _____ License Yr. _____ License State _____ License Number _____ | | | | | | | | | |
| Vehicle No. HEADED: 2 | | | | | | | | | | On: S. Frontage NE | | | | | | | | | |
| Left Scene of Crash: No | | | | | | | | | | Posted Speed: _____ Safe Speed: _____ | | | | | | | | | |
| Driver's Full Name (Last, First, Middle) Gose, Christopher Patrick | | | | | | | | | | Address 365 Pinnacle CT, | | | | | | | | | |
| Driver's License Number G200115676 668 | | | | | | | | | | State MI Type O Status _____ Restrictions _____ Endorsements C.Lens Expires 23 Interlock <input type="checkbox"/> City/State Lake Orion, MI Zip Code 48360 Phone 310-617-5022 | | | | | | | | | |
| Date of Birth - M/D/YR 8-27-78 | | | | | | | | | | Occupation _____ Seat Pos D | | | | | | | | | |
| Occupant's Name (Last, First, Middle) _____ | | | | | | | | | | Occupant's Address (City, State, Zip) _____ | | | | | | | | | |
| Vehicle Yr. 2015 Vehicle Make TOYOTA Color Gray Body Style P/U | | | | | | | | | | Cargo Body Type _____ Vehicle Use (1) _____ Vehicle Use (2) _____ | | | | | | | | | |
| License Yr. 2021 State CA License Plate Number 0418342 VIN 5TFUMSF18FXG59669 | | | | | | | | | | Towed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Towed due to disabling damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | |
| DOT # _____ | | | | | | | | | | Damage Severity: <input type="checkbox"/> None <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> Disabled | | | | | | | | | |
| Number of Axles _____ | | | | | | | | | | Extent: <input type="checkbox"/> Disabled <input type="checkbox"/> Functional <input type="checkbox"/> Appearance <input type="checkbox"/> Property <input type="checkbox"/> Fire <input type="checkbox"/> None | | | | | | | | | |
| Carrier's Name _____ | | | | | | | | | | Carrier's Address _____ | | | | | | | | | |
| Owner's Name _____ | | | | | | | | | | Owner's Company Name _____ | | | | | | | | | |
| Insured By: (Name of Company) Progressive | | | | | | | | | | Policy Number 938583580 | | | | | | | | | |
| Trailer or Towed Vehicles (1) _____ | | | | | | | | | | Type _____ Year _____ Make _____ License Yr. _____ License State _____ License Number _____ | | | | | | | | | |
| Trailer or Towed Vehicles (2) _____ | | | | | | | | | | Type _____ Year _____ Make _____ License Yr. _____ License State _____ License Number _____ | | | | | | | | | |
| Trailer or Towed Vehicles (3) _____ | | | | | | | | | | Type _____ Year _____ Make _____ License Yr. _____ License State _____ License Number _____ | | | | | | | | | |
| Crash Report Number 0000000000 | | | | | | | | | | STATE OF NEW MEXICO UNIFORM CRASH REPORT | | | | | | | | | |
| | | | | | | | | | | NM Statute 66-7-209 | | | | | | | | | |
| Case Number _____ | | | | | | | | | | SHEET 1 OF 3 SHEETS | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|---|--|--|--|--|--|---|--|--|--|--|--|---|--|--|--|---|--|--|--|--|--|
| ROAD - WEATHER | | LIGHTING (Check 1) | | WEATHER (Check 1) | | ROAD COND (Check 1 for each) | | ROAD SURFACE (Check 1 for each) | | TRAFFIC CONTROL (Check 1 for each) | | ROAD CHARACTER (Check 1) | | Crash Report Number 0000000000 | | | | | | | | | | | |
| | | <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark - Lighted <input type="checkbox"/> Dark - Not Lighted <input type="checkbox"/> Other and not stated | | <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Fog <input type="checkbox"/> Dust <input type="checkbox"/> Wind <input type="checkbox"/> Other <input type="checkbox"/> Select or | | V1 <input checked="" type="checkbox"/> Dry V2 <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice <input type="checkbox"/> Loose Material <input type="checkbox"/> Other <input type="checkbox"/> Standing or Moving Water <input type="checkbox"/> Slush | | V1 <input checked="" type="checkbox"/> Paved V2 <input type="checkbox"/> Paved <input checked="" type="checkbox"/> Paved Center & Edgelines <input type="checkbox"/> Unpaved | | V1 <input type="checkbox"/> No Passing Zone V2 <input type="checkbox"/> Stop Sign <input checked="" type="checkbox"/> Traffic Signals <input type="checkbox"/> Yield Sign <input type="checkbox"/> R.R. Gate <input type="checkbox"/> 1 Way Stop <input type="checkbox"/> Flashers <input type="checkbox"/> No Controls <input type="checkbox"/> Other | | <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve GRADE (Check 1) <input type="checkbox"/> Level <input type="checkbox"/> Hillcrest <input checked="" type="checkbox"/> On Grade <input type="checkbox"/> Dip | | Case Number 20099141 ROAD DESIGN (Check 1 OR more for each) V1 V2 <input type="checkbox"/> 1 Lane <input checked="" type="checkbox"/> 2 Lanes <input type="checkbox"/> 3 Lanes <input type="checkbox"/> 4 + Lanes <input type="checkbox"/> Undivided <input type="checkbox"/> Physical Divider <input type="checkbox"/> Painted | | V1 V2 <input type="checkbox"/> One Way <input checked="" type="checkbox"/> Ramp <input type="checkbox"/> Full Access Control <input type="checkbox"/> Undeveloped <input type="checkbox"/> Alley <input type="checkbox"/> Other <input type="checkbox"/> Constr. Zone | | | | | | | | | |
| EVENT | | APPARENT CONTRIBUTING FACTORS (Check 1 or more for each) | | | | | | DRIVERS' ACTIONS (Check 1 or more for each) | | | | SEQUENCE OF EVENTS (See event codes) | | | | | | | | | | | | | |
| | | V1 V2 <input type="checkbox"/> Excessive Speed <input type="checkbox"/> Speed too fast for conditions <input type="checkbox"/> Failed to yield right of way <input type="checkbox"/> Passed stop sign <input checked="" type="checkbox"/> Disregarded traffic signal <input type="checkbox"/> Drove left of center <input type="checkbox"/> Improper overtaking <input type="checkbox"/> Avoid no contact vehicle <input type="checkbox"/> Avoid no contact - other <input type="checkbox"/> Cell Phone <input type="checkbox"/> Texting <input type="checkbox"/> Low Visibility due to smoke <input type="checkbox"/> High speed pursuit | | | | | | V1 V2 <input type="checkbox"/> Following too closely <input type="checkbox"/> Made improper turn <input type="checkbox"/> Driver inattention <input type="checkbox"/> Under influence of alcohol <input type="checkbox"/> Other improper driving <input type="checkbox"/> Pedestrian error <input type="checkbox"/> Inadequate brakes <input type="checkbox"/> Driverless moving vehicle <input type="checkbox"/> Failed to yield - Police Veh(s) <input type="checkbox"/> Failed to yield - Emrgy Veh(s) <input type="checkbox"/> Under the influence of Drugs | | | | V1 V2 <input type="checkbox"/> Defective steering <input type="checkbox"/> Defective tires <input type="checkbox"/> Other mech. defect <input type="checkbox"/> Road defect <input type="checkbox"/> Other No driver error <input type="checkbox"/> Traffic control not <input type="checkbox"/> Improper lane change <input type="checkbox"/> Improper backing <input type="checkbox"/> None <input type="checkbox"/> Vehicle Skidded | | | | V1 V2 <input checked="" type="checkbox"/> Going Straight <input type="checkbox"/> Overtaking /Passing <input type="checkbox"/> Right Turn <input type="checkbox"/> Left Turn <input type="checkbox"/> U Turn <input type="checkbox"/> Slowing <input type="checkbox"/> Backing | | | | V1 V2 <input type="checkbox"/> Stopped for traffic <input type="checkbox"/> Stopped for signal/sign <input type="checkbox"/> Start in traffic lane <input checked="" type="checkbox"/> Start from park <input type="checkbox"/> Parked <input type="checkbox"/> Other | | | | FIRST EVENT SECOND EVENT THIRD EVENT FOURTH EVENT | |
| DRIVER | | DRIVER/PEDALCYCLIST SOBERITY (Check 1 or more for each with X) | | | | DRIVER/PEDALCYCLIST PHYSICAL COND (Mark 1 or more for each with X) | | | | PEDESTRIAN/PEDALCYCLIST ACTION | | | | | | | | | | | | | | | |
| | | D1 G1 <input type="checkbox"/> Consumed Alcohol <input type="checkbox"/> Consumed a Controlled Substance <input type="checkbox"/> Had Not Consumed Alcohol <input type="checkbox"/> Sobriety Unknown <input type="checkbox"/> Consumed Medication <input type="checkbox"/> Tested by Instrument <input type="checkbox"/> Breath Test Administered gms/210L <input type="checkbox"/> Blood Test Administered <input type="checkbox"/> Standard Field Sobriety Test Administered <input type="checkbox"/> Refused Test | | | | D1 D2 <input type="checkbox"/> Fatigue-Asleep <input type="checkbox"/> Eyesight Imp. <input type="checkbox"/> Hearing Imp. <input type="checkbox"/> Illness <input type="checkbox"/> Medication <input type="checkbox"/> Amputee <input type="checkbox"/> No App. Defects <input type="checkbox"/> Other Physical Impairment <input type="checkbox"/> Unknown | | | | PEDESTRIAN At Intersection P1 P2 <input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Crossing Not at Intersection P1 P2 <input type="checkbox"/> From Behind Obstruction <input type="checkbox"/> No Crosswalk <input type="checkbox"/> Crosswalk <input type="checkbox"/> Walking W/Traffic <input type="checkbox"/> Other P1 P2 <input type="checkbox"/> Walking Against Traffic <input type="checkbox"/> Standing <input type="checkbox"/> Pushing or Working on Vehicle <input type="checkbox"/> Playing in Road | | | | | | | | | | | | | | | |
| Describe what happened - refer to vehicles by number Vehicle headed West on mountain - light green and begin to proceed through intersection. Vehicle 2 headed South on S. Frontage road failed to stop at red signal - made contact with front end of vehicle 1. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Use Diagram/Narrative Sheet for additional information | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER PROPERTY INVOLVED | | Property Type: _____ DESCRIPTION OF PROPERTY AND DAMAGE: _____ Owner's Name: _____ Owner's Address: _____ Owner's Zip Code: _____ Owner's Telephone: _____ | | | | | | | | | | | | | | | | | | | | | | | |
| | | NAME: _____ AGE: _____ ADDRESS: _____ TELEPHONE: _____ | | | | | | | | | | | | | | | | | | | | | | | |
| WITNESS | | NAME: _____ AGE: _____ ADDRESS: _____ TELEPHONE: _____ | | | | | | | | | | | | | | | | | | | | | | | |
| | | NAME: _____ AGE: _____ ADDRESS: _____ TELEPHONE: _____ | | | | | | | | | | | | | | | | | | | | | | | |
| ENFORCEMENT ACTION | | VEH. NO. _____ NAME: _____ VIOLATION (COMMON NAME): _____ ACTION: <input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending | | | | | | | | | | | | | | | | | | | | | | | |
| | | VEH. NO. _____ NAME: _____ VIOLATION (COMMON NAME): _____ ACTION: <input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending | | | | | | | | | | | | | | | | | | | | | | | |
| OFFICER | | Time Notified: _____ Time Arrived: _____ Notified By: _____ Supervisor at Scene: _____ Checked By: _____ | | | | | | | | | | | | | | | | | | | | | | | |
| | | Officer's Signature: <i>[Signature]</i> Printed Name: <i>Philip R. Maestas</i> Rank: _____ ID No. _____ District: _____ Date of Report: <i>11-28-20</i> | | | | | | | | | | | | | | | | | | | | | | | |
| CASE | | Crash Report Number 0000000000 STATE OF NEW MEXICO UNIFORM CRASH REPORT NM Statute 66-7-209 SHEET 2 OF 3 SHEETS | | | | | | | | | | | | | | | | | | | | | | | |
| | | Case Number: _____ | | | | | | | | | | | | | | | | | | | | | | | |

DIAGRAM/NARRATIVE

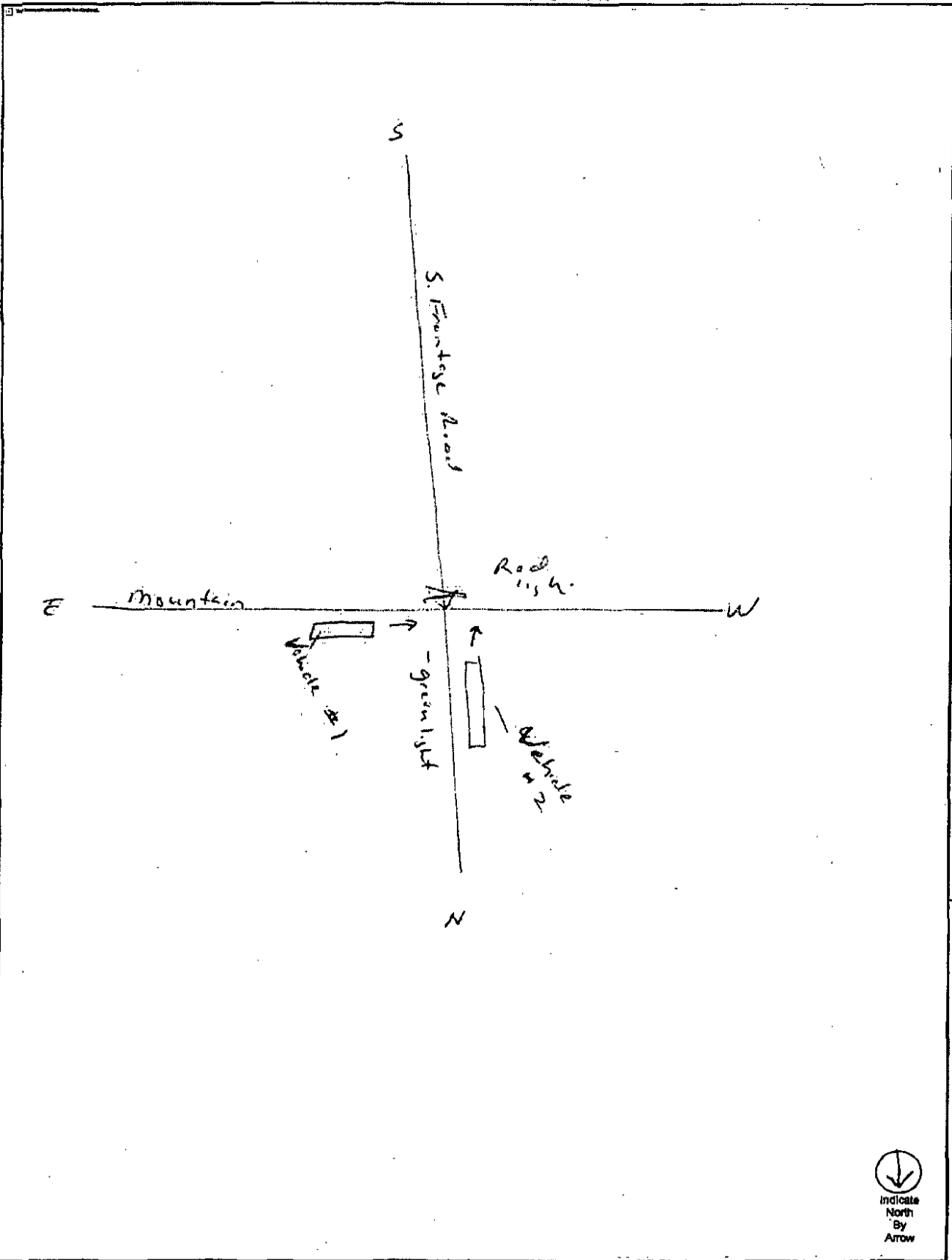
Use Additional Sheets As Necessary

CRASH REPORT NUMBER
0000000000

CASE NUMBER
260099141

DIAGRAM DRAWN BY:

MEASUREMENTS TAKEN BY:



Crash Report Number 0000000000
Case Number

STATE OF NEW MEXICO UNIFORM CRASH REPORT

SHEET 3
OF 3 SHEETS

Station Report

30310690

| CRASH INVESTIGATION SH 1007A REVISED MAY 1, 1974 RWD07VCR 032009 | | REPORTING DEPARTMENT | | | | | | | | | | | | | |
|---|--|---|--|---|--|--------------------------------------|--|--|--|--|--|---|--|---|--|
| ON PRIVATE PROPERTY <input type="checkbox"/> | | FATAL INJURY <input type="checkbox"/> | | PROPERTY DAMAGE ONLY <input type="checkbox"/> | | UNDER \$500 <input type="checkbox"/> | | \$500 OR MORE <input type="checkbox"/> | | HIT AND RUN <input type="checkbox"/> | | TOTAL NUMBER OF VEHICLES: <u>2</u> | | Case Number: <u>AP210096534</u> | |
| CRASH DATE (MM/DD/YY): <u>12/05/21</u> | | MILITARY TIME: <u>17:54</u> | | CITY OCCURRED IN: <u>Albuquerque</u> | | COUNTY: <u>Bernalillo</u> | | NMDOT: <u></u> | | CAD Num: <u>P213400693</u> | | | | | |
| CRASH LOCATION: <u>West San American Front Mountain</u> | | AT INTERSECTION WITH: <u>Mountain F25</u> | | PERMANENT LANDMARK - COUNTY LINE - INTERSECTION | | Milepost: <u></u> | | LAT: <u></u> | | LONG: <u></u> | | TRIBAL LAND? <input type="checkbox"/> | | | |
| CRASH OCCURRED <input checked="" type="checkbox"/> On Roadway | | CRASH CLASSIFICATION: <input type="checkbox"/> Overturned <input type="checkbox"/> Other N-Col <input type="checkbox"/> Pedestrian <input checked="" type="checkbox"/> Other Vehicle <input type="checkbox"/> Vehicle on Other Rdwy <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object | | ANALYSIS CODE: <u></u> | | | | | | | | | | | |
| VEHICLE NO. 1 | | HEADED: <u>1</u> | | On: <u>Pan American Hwy</u> | | Left Side of Crash: <u>No</u> | | Posted Speed: <u></u> | | Safe Speed: <u></u> | | | | | |
| Driver's Full Name (Last, First, Middle): <u>Martinez Maribrene</u> | | Address: <u>515 Edith Blvd NE</u> | | City: <u>Albuquerque NM</u> | | Zip Code: <u>87102</u> | | Phone: <u>505-410 8122</u> | | | | | | | |
| Driver's License Number: <u>012643641 NM</u> | | State: <u>NM</u> | | Type: <u></u> | | Status: <u></u> | | Restrictions: <u></u> | | Endorsements: <u></u> | | Expires: <u></u> | | Interlock: <u></u> | |
| Date of Birth - MM/DD/YY: <u>09/05/1951</u> | | Occupation: <u>Care-giver</u> | | Age: <u>70</u> | | Sex: <u>F</u> | | Race: <u>C</u> | | Ethnicity: <u>Y</u> | | Religion: <u>N</u> | | Marital Status: <u>N</u> | |
| Date of Death - MM/DD/YY: <u></u> | | Occupant's Name (Last, First, Middle): <u></u> | | Occupant's Address (City, State, Zip): <u></u> | | Age: <u></u> | | Sex: <u></u> | | Race: <u></u> | | Ethnicity: <u></u> | | Religion: <u></u> | |
| Vehicle Yr: <u>2004</u> | | Vehicle Make: <u>Toyota</u> | | Color: <u>Red</u> | | Body Style: <u>Sport</u> | | Cargo Body Type: <u></u> | | Vehicle Use (1): <u></u> | | Vehicle Use (2): <u></u> | | Towed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| License Yr: <u>2023</u> | | State: <u>NM</u> | | License Plate Number: <u>W0248</u> | | VIN: <u>JTEHD20V84010680</u> | | DOT # <u></u> | | Towed due to disabling damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Damage Severity: <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Slight <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> All Areas | | Extent: <input type="checkbox"/> Disabled <input type="checkbox"/> Functional <input type="checkbox"/> Appearance <input type="checkbox"/> Property <input type="checkbox"/> Fire <input type="checkbox"/> None | |
| Number of Axles: <u></u> | | Vehicle Weight Rating/Gross Combination Weight Rating: <u></u> | | Hazard Placard: <u></u> | | Hazard Placard 4 digit # <u></u> | | OR Hazard Name: <u></u> | | AND: <u></u> | | 1 digit # <u></u> | | Hazard Released? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Carrier's Name: <u>Central Mutual Insurance</u> | | Carrier's Address: <u>HUB International</u> | | Carrier's Zip: <u>87102</u> | | Carrier's Phone: <u>505-410 8122</u> | | | | | | | | | |
| Owner's Name: <u>Maribrene Martinez</u> | | Owner's Company Name: <u>N/A</u> | | Owner's Address: <u>515 Edith Blvd NE</u> | | Owner's Zip: <u>87102</u> | | Owner's Telephone: <u>505-410 8122</u> | | | | | | | |
| Insured By (Name of Company): <u>Central</u> | | Policy Number: <u>3918242</u> | | Trailer or Towed Vehicle (1): <u></u> | | Type: <u></u> | | Year: <u></u> | | Make: <u></u> | | License Yr: <u></u> | | License State: <u></u> | |
| Trailer or Towed Vehicle (2): <u></u> | | Type: <u></u> | | Year: <u></u> | | Make: <u></u> | | License Yr: <u></u> | | License State: <u></u> | | License Number: <u></u> | | | |
| Vehicle No. 2 | | HEADED: <u>2</u> | | On: <u>Mountain</u> | | Left Side of Crash: <u>No</u> | | Posted Speed: <u></u> | | Safe Speed: <u></u> | | | | | |
| Driver's Full Name (Last, First, Middle): <u>Fitts Austriana</u> | | Address: <u>1100 Maderia Dr SE</u> | | City: <u>Albuquerque NM</u> | | Zip Code: <u>87108</u> | | Phone: <u></u> | | | | | | | |
| Driver's License Number: <u></u> | | State: <u>NM</u> | | Type: <u></u> | | Status: <u></u> | | Restrictions: <u></u> | | Endorsements: <u></u> | | Expires: <u></u> | | Interlock: <u></u> | |
| Date of Birth - MM/DD/YY: <u></u> | | Occupation: <u></u> | | Age: <u></u> | | Sex: <u></u> | | Race: <u></u> | | Ethnicity: <u></u> | | Religion: <u></u> | | Marital Status: <u></u> | |
| Date of Death - MM/DD/YY: <u></u> | | Occupant's Name (Last, First, Middle): <u>Fitts Austriana</u> | | Occupant's Address (City, State, Zip): <u></u> | | Age: <u></u> | | Sex: <u></u> | | Race: <u></u> | | Ethnicity: <u></u> | | Religion: <u></u> | |
| Vehicle Yr: <u>2013</u> | | Vehicle Make: <u>Nissan</u> | | Color: <u>Blue</u> | | Body Style: <u>Sedan</u> | | Cargo Body Type: <u></u> | | Vehicle Use (1): <u></u> | | Vehicle Use (2): <u></u> | | Towed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| License Yr: <u>NM</u> | | State: <u>NM</u> | | License Plate Number: <u>BBK 36</u> | | VIN: <u>3N1CN7AP3D1854639</u> | | DOT # <u></u> | | Towed due to disabling damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Damage Severity: <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Slight <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> All Areas | | Extent: <input type="checkbox"/> Disabled <input type="checkbox"/> Functional <input type="checkbox"/> Appearance <input type="checkbox"/> Property <input type="checkbox"/> Fire <input type="checkbox"/> None | |
| Number of Axles: <u></u> | | Vehicle Weight Rating/Gross Combination Weight Rating: <u></u> | | Hazard Placard: <u></u> | | Hazard Placard 4 digit # <u></u> | | OR Hazard Name: <u></u> | | AND: <u></u> | | 1 digit # <u></u> | | Hazard Released? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Carrier's Name: <u>Progressive Direct Insurance</u> | | Carrier's Address: <u>2000 31260 Tampa Fl</u> | | Carrier's Zip: <u>33631</u> | | Carrier's Phone: <u></u> | | | | | | | | | |
| Owner's Name: <u>Austriana Fitts</u> | | Owner's Company Name: <u></u> | | Owner's Address: <u>1100 Maderia Dr SE</u> | | Owner's Zip: <u>87108</u> | | Owner's Telephone: <u></u> | | | | | | | |
| Insured By (Name of Company): <u>Progressive</u> | | Policy Number: <u>950876440</u> | | Trailer or Towed Vehicle (1): <u></u> | | Type: <u></u> | | Year: <u></u> | | Make: <u></u> | | License Yr: <u></u> | | License State: <u></u> | |
| Trailer or Towed Vehicle (2): <u></u> | | Type: <u></u> | | Year: <u></u> | | Make: <u></u> | | License Yr: <u></u> | | License State: <u></u> | | License Number: <u></u> | | | |
| Crash Report Number: <u>0000000000</u> | | STATE OF NEW MEXICO UNIFORM CRASH REPORT | | | | | | | | | | SHEET <u>1</u> | | | |
| Case Number: <u>AP210096534</u> | | NM Statute 66-7-209 | | | | | | | | | | OF <u>3</u> SHEETS | | | |

| | | | | | | | |
|----------------|---|--|--|---|--|---|--|
| ROAD - WEATHER | LIGHTING (Check 1) | WEATHER (Check 1) | ROAD COND (Check 1 for each) | ROAD SURFACE (Check 1 for each) | TRAFFIC CONTROL (Check 1 for each) | ROAD CHARACTER (Check 1) | Crash Report Number 0000000000 Case Number AP210096534 |
| | <input type="checkbox"/> Daylight <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input checked="" type="checkbox"/> Dark - Lighted <input type="checkbox"/> Dark - Not Lighted <input type="checkbox"/> Other and not stated | <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Fog <input type="checkbox"/> Dust <input type="checkbox"/> Wind <input type="checkbox"/> Other <input type="checkbox"/> Sleet or | <input checked="" type="checkbox"/> V1 Dry <input type="checkbox"/> V2 Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice <input type="checkbox"/> Loose Material <input type="checkbox"/> Other <input type="checkbox"/> Standing or Moving Water <input type="checkbox"/> Slush | <input checked="" type="checkbox"/> V1 Paved <input type="checkbox"/> V2 Paved <input type="checkbox"/> Paved Center & Edgeline <input type="checkbox"/> Unpaved | <input type="checkbox"/> V1 No Passing Zone <input type="checkbox"/> V2 Stop Sign <input checked="" type="checkbox"/> Traffic Signals <input type="checkbox"/> Field Sign <input type="checkbox"/> R.R. Gate <input type="checkbox"/> T Way Stop <input type="checkbox"/> Flashers <input type="checkbox"/> No Controls <input type="checkbox"/> Other | <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve GRADE (Check 1) <input type="checkbox"/> Level <input type="checkbox"/> Hillcrest <input checked="" type="checkbox"/> On Grade <input type="checkbox"/> Dip | ROAD DESIGN (Check 1 OR more for each) <input type="checkbox"/> V1 1 Lane <input checked="" type="checkbox"/> V2 2 Lanes <input type="checkbox"/> 3 Lanes <input type="checkbox"/> 4 + Lanes <input type="checkbox"/> Undivided <input type="checkbox"/> Physical Divider <input type="checkbox"/> Painted <input checked="" type="checkbox"/> V1 One Way <input type="checkbox"/> V2 Ramp <input type="checkbox"/> Full Access Control <input type="checkbox"/> Undeveloped <input type="checkbox"/> Alley <input type="checkbox"/> Other <input type="checkbox"/> Constr. Zone |

| | | | | | | | | | | | | |
|-------|--|---|--|--|--|--|--|----|----|----|--------------------------------------|----|
| EVENT | APPARENT CONTRIBUTING FACTORS (Check 1 or more for each) | | | | | | DRIVERS' ACTIONS (Check 1 or more for each) | | | | SEQUENCE OF EVENTS (See event codes) | |
| | V1 | V2 | V1 | V2 | V1 | V2 | V1 | V2 | V1 | V2 | V1 | V2 |
| | <input type="checkbox"/> Excessive Speed | <input type="checkbox"/> Following too closely | <input type="checkbox"/> Defective steering | <input type="checkbox"/> Defective tires | <input checked="" type="checkbox"/> Going Straight | <input type="checkbox"/> Stopped for traffic | FIRST EVENT SECOND EVENT THIRD EVENT FOURTH EVENT | | | | | |
| | <input type="checkbox"/> Speed too fast for conditions | <input type="checkbox"/> Made improper turn | <input type="checkbox"/> Other mech. defect | <input type="checkbox"/> Road defect | <input type="checkbox"/> Overtaking /Passing | <input type="checkbox"/> Stopped for sign/signal | | | | | | |
| | <input checked="" type="checkbox"/> Failed to yield right of way | <input checked="" type="checkbox"/> Driver inattention | <input type="checkbox"/> Other No driver error | <input type="checkbox"/> Traffic control not | <input type="checkbox"/> Right Turn | <input type="checkbox"/> Start in traffic lane | | | | | | |
| | <input type="checkbox"/> Passed stop sign | <input type="checkbox"/> Under influence of alcohol | <input type="checkbox"/> Improper lane change | <input type="checkbox"/> Improper backing | <input type="checkbox"/> Left Turn | <input type="checkbox"/> Start from park | | | | | | |
| | <input type="checkbox"/> Disregarded traffic signal | <input type="checkbox"/> Other improper driving | <input type="checkbox"/> None | <input type="checkbox"/> Vehicle Skidded | <input type="checkbox"/> U Turn | <input type="checkbox"/> Parked | | | | | | |
| | <input type="checkbox"/> Drove left of center | <input type="checkbox"/> Pedestrian error | | | <input type="checkbox"/> Slowing | <input type="checkbox"/> Other | | | | | | |
| | <input type="checkbox"/> Improper overtaking | <input type="checkbox"/> Inadequate brakes | | | <input type="checkbox"/> Backing | | | | | | | |
| | <input type="checkbox"/> Avoid no contact vehicle | <input type="checkbox"/> Driverless moving vehicle | | | | | | | | | | |
| | <input type="checkbox"/> Avoid no contact - other | <input type="checkbox"/> Failed to yield - Police Veh(s) | | | | | | | | | | |
| | <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Failed to yield - Emergency Veh(s) | | | | | | | | | | |
| | <input type="checkbox"/> Texting | <input type="checkbox"/> Under the influence of Drugs | | | | | | | | | | |
| | <input type="checkbox"/> Low Visibility due to smoke | <input type="checkbox"/> High speed pursuit | | | | | | | | | | |

| | | | | | | |
|--------|--|---|---|---|--|--|
| DRIVER | DRIVER/PEDESTALCYCLIST SOBERITY (Check 1 or more for each with X) | | DRIVER/PEDESTALCYCLIST PHYSICAL COND (Mark 1 or more for each with X) | | PEDESTRIAN/PEDALCYCLIST ACTION | |
| | D1 | D2 | D1 | D2 | At Intersection | Not at Intersection |
| | <input type="checkbox"/> Consumed Alcohol | <input type="checkbox"/> Fatigue/Asleep | <input type="checkbox"/> Medication | <input type="checkbox"/> With Signal | <input type="checkbox"/> From Behind Obstruction | <input type="checkbox"/> Walking Against Traffic |
| | <input type="checkbox"/> Consumed a Controlled Substance | <input type="checkbox"/> Eyesight Imp. | <input type="checkbox"/> Amputee | <input type="checkbox"/> Against Signal | <input type="checkbox"/> No Crosswalk | <input type="checkbox"/> Standing |
| | <input checked="" type="checkbox"/> Had Not Consumed Alcohol | <input type="checkbox"/> Hearing Imp. | <input type="checkbox"/> No App. Defects | <input type="checkbox"/> No Signal | <input type="checkbox"/> Crosswalk | <input type="checkbox"/> Pushing or Working on Vehicle |
| | <input type="checkbox"/> Sobriety Unknown | <input type="checkbox"/> Illness | <input type="checkbox"/> Other Physical Impairment | <input type="checkbox"/> Crossing | <input type="checkbox"/> Walking W/Traffic | <input type="checkbox"/> Playing in Road |
| | <input type="checkbox"/> Consumed Medication | | | | <input type="checkbox"/> Other | |
| | <input type="checkbox"/> Tested by Instrument | | | | | |
| | <input type="checkbox"/> Breath Test Administered | | | | | |
| | gms/210L _____ gms/210L _____ | | | | | |
| | <input type="checkbox"/> Blood Test Administered | | | | | |
| | <input type="checkbox"/> Standard Field Sobriety Test Administered | | | | | |
| | <input type="checkbox"/> Refused Test | | | | | |

Describe what happened -- refer to vehicles by number

Vehicle #1 2004 Rav4 was traveling south on the west frontage road approaching the light at mountain when I reached the bottom of the slight hill, I realized the driver going east on Mountain was not stopping. I slammed on the brakes but the cars collided. My car, the Rav4, was almost hit from behind by a pickup truck. There was also another vehicle in the left hand lane so I was not able to swerve to give myself more clearance. Vehicle #2 had a lot of front end damage. My car had the front rt side heavily damaged, flat tire from damage.

| | | | | | |
|---|------------------------|---|-------------------------|---------------------------------|---|
| OTHER PROPERTY INVOLVED | Property Type | DESCRIPTION OF PROPERTY AND DAMAGE | | | |
| | Owner's Name | Owner's Address | Owner's Zip Code | Owner's Telephone | |
| WITNESS | NAME | AGE | ADDRESS | TELEPHONE | |
| | | | | | |
| ENFORCEMENT ACTION | VEH NO | NAME | VIOLATION (COMMON NAME) | ACTION | |
| | | | | <input type="checkbox"/> Booked | <input type="checkbox"/> Cited <input type="checkbox"/> Pending |
| | | | | <input type="checkbox"/> Booked | <input type="checkbox"/> Cited <input type="checkbox"/> Pending |
| | | | | <input type="checkbox"/> Booked | <input type="checkbox"/> Cited <input type="checkbox"/> Pending |
| Time Notified | Time Arrived | Notified By | Supervisor at Scene | Checked By | |
| Officer's Signature | Printed Officer's Name | | Rank | ID No. | District |
| Crash Report Number 0000000000 AP210096534 | | STATE OF NEW MEXICO UNIFORM CRASH REPORT NM Statute 66-7-209 | | SHEET 2 | Date of Report 12/6/21 |
| Case Number | | | | OF 3 | SHEETS |

DIAGRAM/NARRATIVE

Use Additional Sheets As Necessary

CRASH REPORT NUMBER
0000000000

CASE NUMBER
AP210096534

DIAGRAM DRAWN BY:

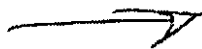
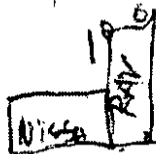
MEASUREMENTS TAKEN BY:

This area of
Frontage road
is well lit and
has warning signal
if light is going
to turn red at
top of hill - also
has "chatter strips"

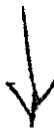
West Frontage Rd
Pan American Hwy

Maioresne Martinez

Mountain Rd



I was hoping
for officer to
come as I had
called 911 - Ms
Fitts left the scene
before I got all her info.



Lomas



Crash Report Number 0000000000
Case Number AP210096534

STATE OF NEW MEXICO UNIFORM CRASH REPORT

SHEET 3
OF 3 SHEETS

Station Report

30311409

| CRASH INVESTIGATION GH 10074 REVISED Mar. 9, 2014 MCDOT/UCR CR2809 | | REPORTING DEPARTMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|---|--|---|--|--|--|--------------------------------------|--|-----------------------------|--|-------------------------|--|---------------------|--|------------------------------|--|--------------------------------|--|---------------------------------|--|-------------------|--|-------------------|--|-------------------|--|-------------------|--|--------------|--|
| <input type="checkbox"/> ON PRIVATE PROPERTY | | <input type="checkbox"/> FATAL INJURY | | <input type="checkbox"/> PROPERTY DAMAGE ONLY | | <input type="checkbox"/> UNDER \$500 | | <input type="checkbox"/> \$500 OR MORE | | <input type="checkbox"/> HIT AND RUN | | TOTAL NUMBER OF VEHICLES: 2 | | Case Number: 22000 5049 | | | | | | | | | | | | | | | | | | | |
| CRASH DATE (MM/DD/YY) | | MILITARY TIME | | CITY OCCURRED IN | | COUNTY | | NMDOT: | | CAD Num: | | | | | | | | | | | | | | | | | | | | | | | |
| 1/20/2022 | | 0835 | | Albuquerque | | Bernalillo | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sum <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> | | OCCURRED ON: (Route No. or Name) | | AT INTERSECTION WITH: | | TRIBAL LAND? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER LOCATION | | South Frontage Road | | Mountain Rd. | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> FEET | | <input type="checkbox"/> MILES | | PERMANENT LANDMARK - COUNTY LINE - INTERSECTION | | Milepost | | LAT: | | LONG: | | | | | | | | | | | | | | | | | | | | | | | |
| CRASH OCCURRED <input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway | | CRASH CLASSIFICATION | | <input type="checkbox"/> Overturned <input type="checkbox"/> Other N-Col <input type="checkbox"/> Pedestrian <input checked="" type="checkbox"/> Other Vehicle <input type="checkbox"/> Vehicle on Other Rdwy <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object | | ANALYSIS CODE: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VEHICLE NO. 1 | | N <input type="checkbox"/> NE <input type="checkbox"/> NW <input type="checkbox"/> S <input type="checkbox"/> SE <input type="checkbox"/> SW <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> On: | | Left Side of Crash | | Posted Speed | | Safe Speed | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | | South Frontage Rd | | NO | | 40 mph | | 35 mph | | | | | | | | | | | | | | | | | | | | | | | | | |
| Driver's Full Name (Last, First, Middle) | | Arroyo, Claire Therese | | Address | | 7011 Del Oro Ct. NE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Driver's License Number | | 506 929810 NM | | Restrictions | | B-Corrective Lenses N/A 11/23 | | Endorsements | | Expires | | Interlock | | City/State | | Zip Code | | Phone | | | | | | | | | | | | | | | |
| Date of Birth - MM/DD/YY | | 11/23/1990 | | Occupation | | Resident Physician | | Seat Pos | | Age | | Sex (M/F) | | Race | | Injury Code | | DP Code | | DP Used Property | | Airing Display | | Ejected | | Eject # | | Seat Trans | | | | | |
| Occupant's Name (Last, First, Middle) | | | | Occupant's Address (City, State, Zip) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vehicle Yr. | | 2008 | | Vehicle Make | | BMW | | Color | | White | | Body Style | | Sedan | | Cargo Body Type | | 40 | | Vehicle Use (1) | | Vehicle Use (2) | | Towed? | | Damage Severity | | Extent | | Diagram | | | |
| License Yr. | | NM | | State | | PSS 848 | | VIN | | WBANA33578FX85237 | | DOT # | | Interstate Carrier Code | | Towed By | | Towed To | | Towed due to disabling damage? | | Damage due to disabling damage? | | Disabling damage? | | Disabling damage? | | Disabling damage? | | Disabling damage? | | | |
| Number of Axles | | 2 | | Vehicle Weight Rating/Gross Combination Weight Rating | | Greater than 26,000 lbs. | | Hazard Placard | | Hazard Placard 4 digit # | | OR | | Hazard Name | | AND | | 1 digit # | | Hazard Relabeled? | | Yes | | No | | | | | | | | | |
| Carrier's Name | | Steven Arroyo | | Carrier's Address | | 7011 Del Oro Ct. NE | | ABQ NM | | Carrier's Zip | | 87109 | | Owner's Name | | Steven Arroyo | | Owner's Company Name | | Owner's Address | | 7011 Del Oro Ct. NE | | ABQ NM | | Owner's Zip | | 87109 | | Owner's Telephone | | 955-34-1505 | |
| Insured By: (Name of Company) | | Farmers | | Policy Number | | 7342825020 | | Trailer or Towed Vehicle (1) | | Type | | Year | | Make | | License Yr. | | License State | | License Number | | | | | | | | | | | | | |
| Trailer or Towed Vehicle (2) | | | | Type | | | | Year | | Make | | License Yr. | | License State | | License Number | | Trailer or Towed Vehicle (3) | | Type | | Year | | Make | | License Yr. | | License State | | License Number | | | |
| Vehicle No. 2 | | N <input type="checkbox"/> NE <input type="checkbox"/> NW <input type="checkbox"/> S <input type="checkbox"/> SE <input type="checkbox"/> SW <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> On: | | Left Side of Crash | | Posted Speed | | Safe Speed | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | South Frontage Rd | | Mountain Rd | | NO | | 40 mph | | 35 mph | | | | | | | | | | | | | | | | | | | | | | | |
| Driver's Full Name (Last, First, Middle) | | Vigil, Joe | | Address | | 1111 San Luis Ct | | Bernalillo, NM | | 87004-5139 | | | | | | | | | | | | | | | | | | | | | | | |
| Driver's License Number | | 505-660-9444 | | Restrictions | | | | Endorsements | | Expires | | Interlock | | City/State | | Zip Code | | Phone | | | | | | | | | | | | | | | |
| Date of Birth - MM/DD/YY | | | | Occupation | | | | Seat Pos | | Age | | Sex (M/F) | | Race | | Injury Code | | DP Code | | DP Used Property | | Airing Display | | Ejected | | Eject # | | Seat Trans | | | | | |
| Occupant's Name (Last, First, Middle) | | | | Occupant's Address (City, State, Zip) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vehicle Yr. | | 2014 | | Vehicle Make | | Toyota | | Color | | Silver | | Body Style | | Sedan | | Cargo Body Type | | 40 | | Vehicle Use (1) | | Vehicle Use (2) | | Towed? | | Damage Severity | | Extent | | Diagram | | | |
| License Yr. | | NM | | State | | 246WAW | | VIN | | 2T1BURHE7E425592 | | DOT # | | Interstate Carrier Code | | Towed By | | Towed To | | Towed due to disabling damage? | | Damage due to disabling damage? | | Disabling damage? | | Disabling damage? | | Disabling damage? | | Disabling damage? | | | |
| Number of Axles | | 2 | | Vehicle Weight Rating/Gross Combination Weight Rating | | Greater than 26,000 lbs. | | Hazard Placard | | Hazard Placard 4 digit # | | OR | | Hazard Name | | AND | | 1 digit # | | Hazard Relabeled? | | Yes | | No | | | | | | | | | |
| Carrier's Name | | Briana Evelyn Vigil | | Carrier's Address | | 1111 San Luis Ct | | Bernalillo, NM | | Carrier's Zip | | 87004-5139 | | Owner's Name | | Briana Evelyn Vigil | | Owner's Company Name | | Owner's Address | | 1111 San Luis Ct | | Bernalillo, NM | | Owner's Zip | | 87004-5139 | | Owner's Telephone | | 955-660-9444 | |
| Insured By: (Name of Company) | | USAA | | Policy Number | | 0034947880 | | Trailer or Towed Vehicle (1) | | Type | | Year | | Make | | License Yr. | | License State | | License Number | | | | | | | | | | | | | |
| Trailer or Towed Vehicle (2) | | | | Type | | | | Year | | Make | | License Yr. | | License State | | License Number | | Trailer or Towed Vehicle (3) | | Type | | Year | | Make | | License Yr. | | License State | | License Number | | | |
| Crash Report Number | | 0000000000 | | STATE OF NEW MEXICO UNIFORM CRASH REPORT | | NM Statute 66-7-209 | | SHEET | | OF 1 | | SHEETS 2 | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | |
|---|---|---|---|--|--|---|---|
| Crash Report Number 0000000000 | | | | | | | |
| LIGHTING (Check 1) <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark - Lighted <input type="checkbox"/> Dark - Not Lighted <input type="checkbox"/> Other and not stated | WEATHER (Check 1) <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rainy <input type="checkbox"/> Snowing <input type="checkbox"/> Fog <input type="checkbox"/> Dust <input type="checkbox"/> Wind <input type="checkbox"/> Other <input type="checkbox"/> Sleet or | ROAD COND (Check 1 for each) V1 <input checked="" type="checkbox"/> Dry V2 <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice <input type="checkbox"/> Loose Material <input type="checkbox"/> Other <input type="checkbox"/> Standing or Moving Water <input type="checkbox"/> Slush | ROAD SURFACE (Check 1 for each) V1 <input checked="" type="checkbox"/> Paved V2 <input checked="" type="checkbox"/> Paved <input type="checkbox"/> Paved Center & Edgeline <input type="checkbox"/> Unpaved | TRAFFIC CONTROL (Check 1 for each) V1 <input type="checkbox"/> No Passing Zone V2 <input type="checkbox"/> Stop Sign <input type="checkbox"/> Traffic Signal <input type="checkbox"/> Yield Sign <input type="checkbox"/> R.R. Gate <input type="checkbox"/> 1 Way Stop <input type="checkbox"/> Flashers <input type="checkbox"/> No Controls <input type="checkbox"/> Other | ROAD CHARACTER (Check 1) <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve GRADES (Check 1) <input checked="" type="checkbox"/> Level <input type="checkbox"/> Hillcrest <input type="checkbox"/> On Grade <input type="checkbox"/> Dip | ROAD DESIGN (Check 1 OR more for each) V1 <input type="checkbox"/> 1 Lane V2 <input type="checkbox"/> 2 Lanes <input checked="" type="checkbox"/> 3 Lanes <input type="checkbox"/> 4 + Lanes <input type="checkbox"/> Undivided <input type="checkbox"/> Physical Divider <input type="checkbox"/> Painted | SEQUENCE OF EVENTS (See event coding) V1 <input checked="" type="checkbox"/> One Way <input type="checkbox"/> Ramp <input type="checkbox"/> Full Access Control <input type="checkbox"/> Undeveloped <input type="checkbox"/> Alley <input type="checkbox"/> Other <input type="checkbox"/> Constr. Zone |

| | | | | | | | | | |
|--|---|--|---|--|--|--|--|---|--|
| APPARENT CONTRIBUTING FACTORS (Check 1 or more for each) | | | | DRIVERS' ACTIONS (Check 1 or more for each) | | | | SEQUENCE OF EVENTS (See event coding) | |
| V1 <input type="checkbox"/> Excessive Speed <input type="checkbox"/> Speed too fast for conditions <input type="checkbox"/> Failed to yield right of way <input type="checkbox"/> Passed stop sign <input type="checkbox"/> Disregarded traffic signal <input type="checkbox"/> Drove left of center <input type="checkbox"/> Improper overtaking <input type="checkbox"/> Avoid no contact vehicle <input type="checkbox"/> Avoid no contact - other <input type="checkbox"/> Cell Phone <input type="checkbox"/> Texting <input type="checkbox"/> Low Visibility due to smoke | V2 <input type="checkbox"/> Following too closely <input type="checkbox"/> Made improper turn <input type="checkbox"/> Driver inattention <input type="checkbox"/> Under influence of alcohol <input type="checkbox"/> Other improper driving <input type="checkbox"/> Pedestrian error <input type="checkbox"/> Inadequate brakes <input type="checkbox"/> Driverless moving vehicle <input type="checkbox"/> Failed to yield - Police Veh(s) <input type="checkbox"/> Failed to yield - Emergency Veh(s) <input type="checkbox"/> Under the influence of Drugs <input type="checkbox"/> High speed pursuit | V1 <input type="checkbox"/> Defective steering <input type="checkbox"/> Defective tires <input type="checkbox"/> Other mech. defect <input type="checkbox"/> Road defect <input type="checkbox"/> Other No driver error <input type="checkbox"/> Traffic control not <input type="checkbox"/> Improper lane change <input type="checkbox"/> Improper backing <input type="checkbox"/> None <input type="checkbox"/> Vehicle Skidded | V1 <input checked="" type="checkbox"/> Going Straight <input type="checkbox"/> Overtaking/Passing <input type="checkbox"/> Right Turn <input checked="" type="checkbox"/> Left Turn <input type="checkbox"/> U Turn <input type="checkbox"/> Slowing <input type="checkbox"/> Backing | V1 <input type="checkbox"/> Stopped for traffic <input type="checkbox"/> Stopped for sign/signal <input type="checkbox"/> Start in traffic lane <input type="checkbox"/> Start from park <input type="checkbox"/> Parked <input type="checkbox"/> Other | FIRST EVENT SECOND EVENT THIRD EVENT FOURTH EVENT | | | | |

| | | |
|--|---|--|
| DRIVER/PEDESTALCYCLIST SOBRIETY (Check 1 or more for each with X) D1 <input type="checkbox"/> Consumed Alcohol <input type="checkbox"/> Consumed a Controlled Substance <input checked="" type="checkbox"/> Had Not Consumed Alcohol <input type="checkbox"/> Sobriety Unknown <input type="checkbox"/> Consumed Medication <input type="checkbox"/> Tested by Instrument <input type="checkbox"/> Breath Test Administered gms/210L _____ gms/210L _____ <input type="checkbox"/> Blood Test Administered <input type="checkbox"/> Standard Field Sobriety Test Administered <input type="checkbox"/> Refused Test | DRIVER/PEDESTALCYCLIST PHYSICAL COND. (Mark 1 or more for each with X) D1 <input type="checkbox"/> Fatigue <input type="checkbox"/> Asleep <input type="checkbox"/> Eyesight Imp. <input type="checkbox"/> Hearing Imp. <input type="checkbox"/> Illness <input type="checkbox"/> Medication <input type="checkbox"/> Amputee <input type="checkbox"/> Dis App. Defects <input type="checkbox"/> Other Physical Impairment <input type="checkbox"/> Unknown | PEDESTRIAN/PEDALCYCLIST ACTION At Intersection: P1 <input type="checkbox"/> With Signal, P2 <input type="checkbox"/> Against Signal, P3 <input type="checkbox"/> No Signal, P4 <input type="checkbox"/> Crossing Not at Intersection: P1 <input type="checkbox"/> From Behind Obstruction, P2 <input type="checkbox"/> No Crosswalk, P3 <input type="checkbox"/> Crosswalk, P4 <input type="checkbox"/> Walking W/Traffic, P5 <input type="checkbox"/> Other SPECIFY D1 _____ SPECIFY D2 _____ |
|--|---|--|

Describe what happened - refer to vehicles by number.

V1: Clare T. Arroyo. V2: Jose Vigil. V1 was driving southbound at the intersection of S. Frontage Road and Mountain Rd. into Far left lane (a straight or left hand turn lane.) V1 was driving at safe speed at posted speed limit. V2 was driving in middle lane going South bound on S. Frontage Rd along side of V1. V2 illegally turned left into V1 attempting to turn onto Mountain Rd. V1 hit V2 crossing a solid white line and V2 was in middle lane which was a straight only lane. V2 caused extensive damage to V1, passenger side of car. Vehicle V1 and V2 pulled over onto Mountain Rd at which point Jose Vigil admitted fault and culpability for illegal left turn. Eye witness Lisa Donald provided contact information and confirmed narrative.

| | |
|--------------------------------|--|
| OTHER PROPERTY INVOLVED | DESCRIPTION OF PROPERTY AND DAMAGE Owner's Name _____ Owner's Address _____ Owner's Zip Code _____ Owner's Telephone _____ |
| WITNESS | NAME <u>Lisa Donald</u> AGE _____ ADDRESS _____ TELEPHONE <u>405-505-688-4896</u> |

| | | |
|---------------------------|---|---|
| ENFORCEMENT ACTION | VEH. NO. _____ NAME _____ VIOLATION (COMMON NAME) _____ | ACTION <input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending <input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending <input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending |
|---------------------------|---|---|

| | | | | | |
|---------------------------------------|--------------|---|---------------------|------------|--|
| Time Notified | Time Arrived | Notified By | Supervisor at Scene | Checked By | Officer's Signature <u>Clare T. Arroyo</u> Printed Officers Name <u>Clare T. Arroyo</u> Rank _____ ID No. _____ District _____ Date of Report <u>1/20/22</u> |
| Crash Report Number <u>0000000000</u> | | STATE OF NEW MEXICO UNIFORM CRASH REPORT NM Statute 66-7-209 | | | SHEET <u>2</u> OF <u>2</u> SHEETS |

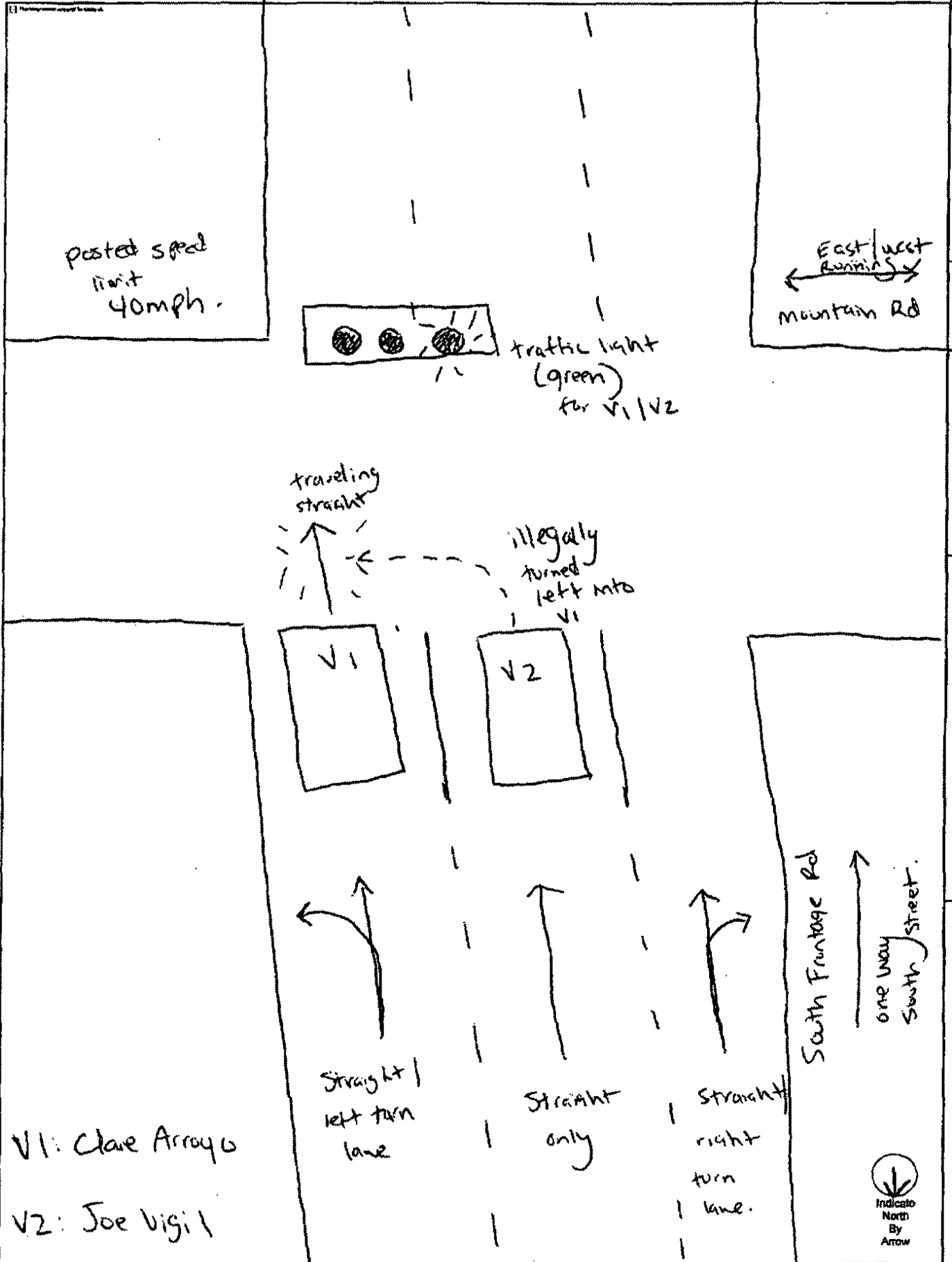
DIAGRAM/NARRATIVE
Use Additional Sheets As Necessary

CRASH REPORT NUMBER
0000000000

CASE NUMBER

DIAGRAM DRAWN BY:

MEASUREMENTS TAKEN BY:



Crash Report Number 0000000000
Case Number 22000 5044

STATE OF NEW MEXICO UNIFORM CRASH REPORT

SHEET 1
OF 1 SHEETS

30325969

Station Report

CRASH INVESTIGATION
BH 10074
REVISED
MAY 6, 2014
NMDOT/UCR
BX2220

REPORTING DEPARTMENT

| | | | | | | | | |
|---|--|---|---|--------------------------------------|---|---|---|--|
| <input type="checkbox"/> ON PRIVATE PROPERTY | | <input type="checkbox"/> FATAL INJURY | <input type="checkbox"/> PROPERTY DAMAGE ONLY | <input type="checkbox"/> UNDER \$500 | <input type="checkbox"/> \$500 OR MORE | <input type="checkbox"/> HIT AND RUN | TOTAL NUMBER OF VEHICLES: | Case Number: AP 220092940 |
| NMDOT: | | | | | | | CAD Num: 0223320889 | |
| CRASH DATE (MM/DD/YY): 11-21-22 | | MILITARY TIME: 15:50 | | CITY OCCURRED IN: ABQ | | COUNTY: BERNALILLO | | |
| OCCURRED ON: (Route No. or Name): Locus St. | | AT INTERSECTION WITH: Mountain RD NE | | | | TRIAL LANE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| OTHER LOCATION: <input type="checkbox"/> FEET <input type="checkbox"/> MILES | | PERMANENT LANDMARK - COUNTY LINE - INTERSECTION | | | | LAT: LONG: | | |
| CRASH OCCURRED: <input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway | | CRASH CLASSIFICATION: <input type="checkbox"/> Overturned <input type="checkbox"/> Other N-Col <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other Vehicle <input type="checkbox"/> Vehicle on Other Rdwy <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Rollover <input type="checkbox"/> R. R. Train <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Animal <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object | | | | | ANALYSIS CODE: | |
| VEHICLE NO. 1 | | N <input type="checkbox"/> NE <input type="checkbox"/> NW <input type="checkbox"/> S <input type="checkbox"/> SE <input type="checkbox"/> SW <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> On: | | Left Scene of Crash | | Posted Speed | | Safe Speed |
| Driver's Full Name (Last, First, Middle): Chandos, Connor J. | | Address: 11735 Sky Valley Way NE | | | | | | |
| Driver's License Number: UN971016 | | State: NM | Type: None | Restrictions: None | Endorsements: None | Expires: None | Interlock: None | City/State: ABQ/NM |
| Date of Birth - MM/YY: 87111 | | Occupation: 336-682-3656 | | Seat Pos: 87111 | | Age: 336-682-3656 | | Phone: 336-682-3656 |
| Occupant's Name (Last, First, Middle): | | Occupant's Address (City, State, Zip): | | | | | | |
| Vehicle Yr: 2009 | | Vehicle Make: Nissan | Color: Gray | Body Style: | Cargo Body Type: | Vehicle Use (1): | Vehicle Use (2): | Towed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| License Yr: 4225 | | State: CO | License Plate Number: BBF B36 | VIN: 1N4BL4CVZKN313125 | Damage Severity: <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Slight <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> All Areas | | Extent: <input type="checkbox"/> Disabled <input type="checkbox"/> Functional <input type="checkbox"/> Appearance <input type="checkbox"/> Property <input type="checkbox"/> Fire <input type="checkbox"/> None | |
| DOT #: | | Interstate Carrier Code: | Towed By: | Towed To: | Towed due to disabling damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | All Areas <input type="checkbox"/> None <input type="checkbox"/> Undercarriage | |
| Number of Axles: <input type="checkbox"/> 10,000 lbs. or less <input type="checkbox"/> 10,001 lbs. to 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs. | | Vehicle Weight Rating/Gross Combination Weight Rating: <input type="checkbox"/> 10,000 lbs. or less <input type="checkbox"/> 10,001 lbs. to 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs. | | Hazmat Placed 4 digit #: | OR Hazmat Name: AND 1 digit #: | | Hazmat Released? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Carrier's Name: | | Carrier's Address: | | Carrier's Zip: | | Owner's Name: Connor J. Chandos | | |
| Owner's Company Name: | | Owner's Address: | | Owner's Zip: 87111 | | Owner's Telephone: 336-682-3656 | | |
| Insured By: (Name of Company): Allstate | | Policy Number: 844 505 961 | | Trailer or Towed Vehicle (1): | Type: | Year: | Make: | License Yr: |
| Trailer or Towed Vehicle (2): | | Type: | Year: | Make: | License Yr: | License State: | License Number: | |
| Trailer or Towed Vehicle (3): | | Type: | Year: | Make: | License Yr: | License State: | License Number: | |
| VEHICLE NO. 2 | | N <input type="checkbox"/> NE <input type="checkbox"/> NW <input type="checkbox"/> S <input type="checkbox"/> SE <input type="checkbox"/> SW <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> On: | | Left Scene of Crash | | Posted Speed | | Safe Speed |
| Driver's Full Name (Last, First, Middle): James Neil | | Address: | | | | | | |
| Driver's License Number: CO | | State: CO | Type: None | Restrictions: None | Endorsements: None | Expires: None | Interlock: None | City/State: ABQ/NM |
| Date of Birth - MM/YY: 87111 | | Occupation: 336-682-3656 | | Seat Pos: 87111 | | Age: 336-682-3656 | | Phone: 336-682-3656 |
| Occupant's Name (Last, First, Middle): | | Occupant's Address (City, State, Zip): | | | | | | |
| Vehicle Yr: 2000 | | Vehicle Make: Cadillac | Color: Black | Body Style: | Cargo Body Type: | Vehicle Use (1): | Vehicle Use (2): | Towed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| License Yr: CO | | State: CO | License Plate Number: BHZH97 | VIN: 1N4BL4CVZKN313125 | Damage Severity: <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Slight <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> All Areas | | Extent: <input type="checkbox"/> Disabled <input type="checkbox"/> Functional <input type="checkbox"/> Appearance <input type="checkbox"/> Property <input type="checkbox"/> Fire <input type="checkbox"/> None | |
| DOT #: | | Interstate Carrier Code: | Towed By: | Towed To: | Towed due to disabling damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | All Areas <input type="checkbox"/> None <input type="checkbox"/> Undercarriage | |
| Number of Axles: <input type="checkbox"/> 10,000 lbs. or less <input type="checkbox"/> 10,001 lbs. to 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs. | | Vehicle Weight Rating/Gross Combination Weight Rating: <input type="checkbox"/> 10,000 lbs. or less <input type="checkbox"/> 10,001 lbs. to 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs. | | Hazmat Placed 4 digit #: | OR Hazmat Name: AND 1 digit #: | | Hazmat Released? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Carrier's Name: | | Carrier's Address: | | Carrier's Zip: | | Owner's Name: Connor J. Chandos | | |
| Owner's Company Name: | | Owner's Address: | | Owner's Zip: 87111 | | Owner's Telephone: 336-682-3656 | | |
| Insured By: (Name of Company): Allstate | | Policy Number: 817 917 470 | | Trailer or Towed Vehicle (1): | Type: | Year: | Make: | License Yr: |
| Trailer or Towed Vehicle (2): | | Type: | Year: | Make: | License Yr: | License State: | License Number: | |
| Trailer or Towed Vehicle (3): | | Type: | Year: | Make: | License Yr: | License State: | License Number: | |

Crash Report Number 0000000000

STATE OF NEW MEXICO UNIFORM CRASH REPORT
NM Statute 66-7-209

SHEET 1

OF 3 SHEETS

| | | | | | | | |
|----------------|---|---|---|--|--|--|---|
| ROAD - WEATHER | LIGHTING (Check 1) <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark - Lighted <input type="checkbox"/> Dark - Not Lighted <input type="checkbox"/> Other and not stated | WEATHER (Check 1) <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Fog <input type="checkbox"/> Dust <input type="checkbox"/> Wind <input type="checkbox"/> Other <input type="checkbox"/> Sleet or | ROAD COND (Check 1 for each) V1 <input checked="" type="checkbox"/> Dry V2 <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice <input type="checkbox"/> Loose Material <input type="checkbox"/> Other <input type="checkbox"/> Standing or Moving Water <input type="checkbox"/> Slush | ROAD SURFACE (Check 1 for each) V1 <input checked="" type="checkbox"/> Paved V2 <input type="checkbox"/> Paved <input type="checkbox"/> Paved Center & Edgeline <input type="checkbox"/> Unpaved | TRAFFIC CONTROL (Check 1 for each) V1 <input type="checkbox"/> No Passing Zone V2 <input type="checkbox"/> Stop Sign <input checked="" type="checkbox"/> Traffic Signals <input type="checkbox"/> Yield Sign <input type="checkbox"/> R.R. Gate <input type="checkbox"/> 4 Way Stop <input type="checkbox"/> Flashers <input type="checkbox"/> No Controls <input type="checkbox"/> Other | ROAD CHARACTER (Check 1) <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve GRADE (check 1) <input type="checkbox"/> Level <input type="checkbox"/> Hillcrest <input type="checkbox"/> On Grade <input type="checkbox"/> Dip | Crash Report Number 0000000000 Case Number A0220092940 ROAD DESIGN (Check 1 or more for each) V1 <input type="checkbox"/> 1 Lane V2 <input type="checkbox"/> 2 Lanes <input checked="" type="checkbox"/> 3 Lanes <input type="checkbox"/> 4 + Lanes <input type="checkbox"/> Undivided <input type="checkbox"/> Physical Divider <input type="checkbox"/> Painted V1 <input type="checkbox"/> One Way V2 <input type="checkbox"/> Ramp <input type="checkbox"/> Full Access Control <input type="checkbox"/> Undeveloped <input type="checkbox"/> Alley <input type="checkbox"/> Other <input type="checkbox"/> Constr. Zone |
|----------------|---|---|---|--|--|--|---|

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| EVENT | APPARENT CONTRIBUTING FACTORS (Check 1 or more for each) V1 <input type="checkbox"/> Excessive Speed V2 <input type="checkbox"/> Speed too fast for conditions <input type="checkbox"/> Failed to yield right of way <input type="checkbox"/> Passed stop sign <input type="checkbox"/> Disregarded traffic signal <input type="checkbox"/> Drove left of center <input type="checkbox"/> Improper overtaking <input type="checkbox"/> Avoid no contact vehicle <input type="checkbox"/> Avoid no contact - other <input type="checkbox"/> Cell Phone <input type="checkbox"/> Texting <input type="checkbox"/> Low Visibility due to smoke | | | | | | V1 <input type="checkbox"/> Following too closely V2 <input type="checkbox"/> Made improper turn <input type="checkbox"/> Driver inattention <input type="checkbox"/> Under influence of alcohol <input type="checkbox"/> Other improper driving <input type="checkbox"/> Pedestrian error <input type="checkbox"/> Inadequate brakes <input type="checkbox"/> Driverless moving vehicle <input type="checkbox"/> Failed to yield - Police Veh(s) <input type="checkbox"/> Failed to yield - Emergency Veh(s) <input type="checkbox"/> Under the influence of Drugs <input type="checkbox"/> High speed pursuit | | | | | | V1 <input type="checkbox"/> Defective steering V2 <input type="checkbox"/> Defective tires <input type="checkbox"/> Other mech. defect <input type="checkbox"/> Road defect <input type="checkbox"/> Other No driver error <input type="checkbox"/> Traffic control not <input checked="" type="checkbox"/> Improper lane change <input type="checkbox"/> Improper backing <input type="checkbox"/> None <input type="checkbox"/> Vehicle Skidded | | | | | | DRIVERS ACTIONS (Check 1 or more for each) V1 <input type="checkbox"/> Going Straight V2 <input type="checkbox"/> Overtaking/Passing <input type="checkbox"/> Right Turn <input type="checkbox"/> Left Turn <input type="checkbox"/> U Turn <input checked="" type="checkbox"/> Slowing <input type="checkbox"/> Backing V1 <input type="checkbox"/> Stopped for traffic V2 <input type="checkbox"/> Stopped for sign/signal <input type="checkbox"/> Start in traffic lane <input type="checkbox"/> Start from park <input type="checkbox"/> Parked <input type="checkbox"/> Other | | | | | | SEQUENCE OF EVENTS (See event codes) FIRST EVENT SECOND EVENT THIRD EVENT FOURTH EVENT | | | | | |
|-------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

| | | | | | | | | | | | | |
|--------|---|--|--|--|---|--|--|--|--|--|--|--|
| DRIVER | DRIVER PEDAL CYCLIST SOBRIETY (Check 1 or more for each with X) D1 <input type="checkbox"/> Consumed Alcohol D2 <input type="checkbox"/> Consumed a Controlled Substance <input type="checkbox"/> Had Not Consumed Alcohol <input type="checkbox"/> Sobriety Unknown <input type="checkbox"/> Consumed Medication <input type="checkbox"/> Tested by Instrument <input type="checkbox"/> Breath Test Administered _____ gms/210 _____ gms/210L <input type="checkbox"/> Blood Test Administered <input type="checkbox"/> Standard Field Sobriety Test Administered <input type="checkbox"/> Refused Test | | | | DRIVER PEDAL CYCLIST PHYSICAL COND (Check 1 or more for each with X) D1 <input type="checkbox"/> Fatigue-Asleep D2 <input type="checkbox"/> Medication <input type="checkbox"/> Eyesight Imp. <input type="checkbox"/> Hearing Imp. <input type="checkbox"/> Illness <input type="checkbox"/> Amputee <input type="checkbox"/> No App. Defects <input type="checkbox"/> Other Physical Impairment <input type="checkbox"/> Unknown | | | | PEDESTRIAN PEDAL CYCLIST ACTION (Check 1 or more for each with X) P1 <input type="checkbox"/> With Signal P2 <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Crossing <input type="checkbox"/> From Behind Obstruction <input type="checkbox"/> No Crosswalk <input type="checkbox"/> Crosswalk <input type="checkbox"/> Walking W/Traffic <input type="checkbox"/> *Other <input type="checkbox"/> Walking Against Traffic <input type="checkbox"/> Standing <input type="checkbox"/> Pushing or Working on Vehicle <input type="checkbox"/> Playing in Road | | | |
|--------|---|--|--|--|---|--|--|--|--|--|--|--|

Describe what happened - Refer to Vehicle ID Number

I was coming up to the stop light at Locust and Mountain. I was coming to a stop at the red light in the far left lane when James, who was in the center lane, merged into my lane. I tried to swerve, but there was a wall to the left, so I couldn't move out of the way completely. I also honked my horn. He took a while to stop and did a lot of damage to the passenger side of my car.

Use Diagram/Narrative Sheet for additional information

| | | | | | |
|-------------------------|---------------|--|-------------------------|---|-------------|
| OTHER PROPERTY INVOLVED | Property Type | DESCRIPTION OF PROPERTY AND DAMAGE | | | |
| | Owner's Name | Owner's Address | Owner's Zip Code | Owner's Telephone | |
| INVESTIGATOR | NAME | AGE | ADDRESS | TELEPHONE | |
| | | | | | |
| VIOLATION | VEH NO | NAME | VIOLATION (COMMON NAME) | ACTION | |
| | | | | <input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending <input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending <input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending | |
| Time Notified | | Time Arrived | Notified By | Supervisor at Scene | Checked By |
| Officer's Signature | | Printed Name | | Rank | ID No. |
| Crash Report Number | | STATE OF NEW MEXICO UNIFORM CRASH REPORT | | | SHEET |
| Case Number | | NM Statute 66-7-209 | | | OF 3 SHEETS |

DIAGRAM/NARRATIVE

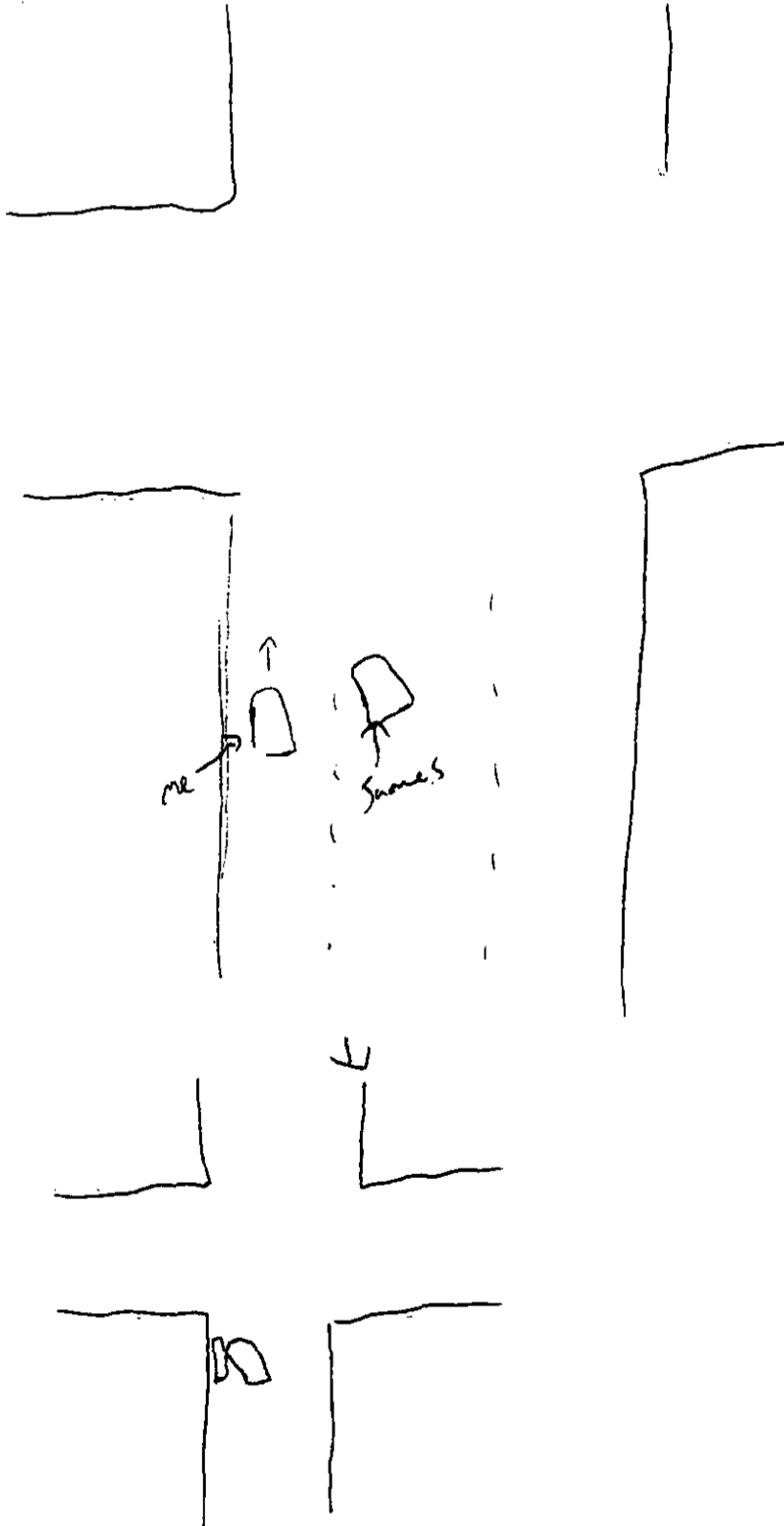
Use Additional Sheets As Necessary

CRASH REPORT NUMBER
0000000000

CASE NUMBER
0AP220092940

DIAGRAM DRAWN BY:

MEASUREMENTS TAKEN BY:



Crash Report Number 0000000000
Case Number 0

STATE OF NEW MEXICO UNIFORM CRASH REPORT


SHEET 3
OF 3 SHEETS

ALBUQUERQUE POLICE DEPT

REPORTING DEPARTMENT

STATE OF NEW MEXICO
UNIFORM CRASH REPORT

710458502

| | | | | | | | | | | | | | | | | | |
|---|---|---|-----------------------------|--|-------------------------|--|------------------------------|--|---------------------------|--|--------------------------------|-----------------------------------|------------------------------|---------------------|-------------------------|--------------|--------------|
| Private Property? NO | | Fatal Injury | | Property Damage Only | | Under \$500 <input checked="" type="checkbox"/> \$500 or More | | Hit and Run? NO | | Case Number: 180079313 | | | | | | | |
| | | | | | | | | | | NMDOT: | | CAD Num: 182301171 | | | | | |
| Crash Date 08/18/2018 | | Military Time 18:46 | | City Occurred In ALBUQUERQUE | | | | County BERNALILLO | | | | | | | | | |
| Day of Week SATURDAY | | Occurred On (Route No. or Name) I 25 FRONTAGE RD | | | | At Intersection With MOUNTAIN RD NE | | | | Tribal Land? NO | | | | | | | |
| Other Location | | Measurement | | Direction | | Permanent Landmark - County Line - Intersection | | | | Milepost | | Lat: | | | | | |
| | | | | | | | | | | | | Long: | | | | | |
| Crash Occurred OFF ROADWAY | | | | Crash Classification OTHER OBJECTS | | | | Analysis Code 27 - ALL OTHER | | | | | | | | | |
| VEHICLE NO. HEADED | | Unit Direction 01 SOUTH | | On: I 25 FRONTAGE RD | | | | Left the Scene of the Crash? NO | | Posted Speed 35 | | Safe Speed 35 | | | | | |
| Driver's Last Name CHRISTMAN | | | | Driver's First Name TYLER | | | | Driver's Middle Name D | | Driver's Street Address 1307 S DEWEY ST | | | | | | | |
| Driver's License Number 1700629033 | | State IN | Type B | Status V | Restrictions | Endorsements | Expires 09/13/2022 | City AUBURN | | State IN | Zip Code 46706 | Phone (260) 750-7289 | | | | | |
| Date of Birth 09/13/1986 | | Occupation | | | | Seat Pos LF | Age 31 | Sex M | Race C | Injury Code B | OP Code 6 | OP Used Properly YES | Airbag Deploy N | Ejected N | EMS Num NO | Med Trans | |
| Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | |
| Veh. Year 2003 | Vehicle Make SATURN | | Color WHITE - WHI | | Body Style PC | Cargo Body Type | Veh. Use1 P | Veh. Use2 | Veh. Towed? YES | | Vehicle Disabled YES | | | | | | |
| Lic. Year IN | State | License Plate Number 826TXG | | VIN 1G8AJ52F53Z135940 | | DOT # | | Damage Severity HEAVY | | Damage Area 1 2 3 4 5 12  6 11 10 9 8 7 06 | | | | | | | |
| Interstate Carrier? | | Towed By MADRID TOWING | | Towed To 3957 SAN YGNACIO RD. SW ALBUQUE | | | | Extent DISABLED | | | | | | | | | |
| Number of Axles | | Gross Vehicle/Comb Weight Rating | | HazMat Placard? | | Hazmat Placard 4-digit OR Hazmat Name | | AND | | 1-digit # | | HazMat Released NO | | | | | |
| Carrier's Name | | | | Street Address | | | | Carrier City | | | | State | Carrier's Zip | | | | |
| Owner's Last Name CHRISTMAN | | | | Owner's First Name TYLER | | | | Owner's Middle Name D | | Owner's Company Name | | | | | | | |
| Street Address 1307 S DEWEY ST | | | | Owner's City AUBURN | | | | State IN | Owner Zip 46706 | Owner's Phone (260) 750-7289 | | | | | | | |
| Insured By: (Name of Company) SAFE AUTO INSURANCE | | | | Policy Number IN00916906A-00 | | Trailer or Towed Vehicles (1) | | Type | Year | Make | Lic. Year | Lic State | License Num | | | | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic. Year | Lic State | License Num | Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic. Year | Lic State | License Num | | |
| Veh. Num | Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

VEHICLE NO. 001

Crash Report Number: **710458502**

Case Number: **180079313**

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

Sheet 1 Of 3

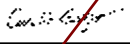
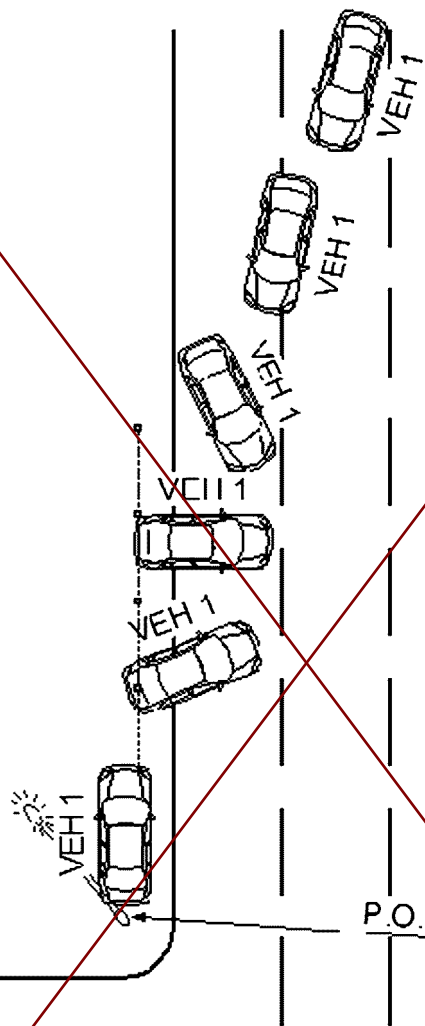
| | | | | | | | | |
|---|--|---|--|---------------------|---|--------------------------------|---|----------------------------|
| COND | Lighting DUSK | | Weather CLEAR | | Road Character STRAIGHT | | Road Grade HILLCREST | |
| ROAD | VEH NO 01 | Road Condition DRY | Road Surface PAVED CENTER AND EDGE LIN | | Traffic Control TRAFFIC SIGNALS | Road Lanes 3 LANES | Road Design Div PHYSICAL DIVIDE | Road Design RAMP |
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | | DRIVER'S ACTIONS | | SEQUENCE OF EVENTS |
| | DRIVER INATTENTION, EXCESSIVE SPEED | | | | | GOING STRAIGHT | | FIRST EVENT FO |
| | | | | | | | | SECOND EVENT |
| | | | | | | | | THIRD EVENT |
| | | | | | | | | FOURTH EVENT |
| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | | |
| | HAD NOT CONSUMED ALCOHOL | | NO APP. DEFECTS | | | At Intersection | | |
| | | | | | | Not At Intersection | | |
| | | | | | | Pedestrian Action - Other | | |
| Breath Test Results | | Driver Physical Condition - Other | | | | | | |
| NARRATIVE | | | | | | | | |
| AS DRIVER 1 DROVE NORTHBOUND, HE ATTEMPTED TO STOP AND CORRECT A RIGHT TURN. VEHICLE 1 SPUN AROUND AND THE REAR OF THE VEHICLE COLLIDED WITH A LIGHT POLE. DRIVER 1 SAID AS HE WAS EXITING I-25 ON MOUNTAIN, HE THOUGHT THE EXIT RAMP WOULD CURVE TO THE RIGHT. ONCE HE REALIZED THE ROAD CONTINUED STRAIGHT, HE SLAMMED ON HIS BRAKES, HIS VEHICLE SPUN AROUND, HOPPED UP ONTO THE CURB AND COLLIDED WITH THE POLE AND THE FENCE. DRIVER 1 WAS EVALUATED BY MEDICAL PERSONNEL BUT DECLINED TRANSPORT BY AMBULANCE. THE VEHICLE WAS TOWED FROM THE SCENE. | | | | | | | | |
| Other Property Involved | Type H | Description of Property and Damage LIGHT POLES | | | | | | |
| | Owner's Last Name ALBUQUERQUE | | Owner's First Name CITY OF | | | Owner's Middle Name | | |
| | Owner's Street Address N/A | | Owner's City ALBUQUERQUE | | State NM | Zip Code | Owner's Phone | |
| | | | | | | | | |
| Other Property Involved | Type H | Description of Property and Damage CHAIN LINK FENCE | | | | | | |
| | Owner's Last Name ALBUQUERQUE | | Owner's First Name CITY OF | | | Owner's Middle Name | | |
| | Owner's Street Address N/A | | Owner's City ALBUQUERQUE | | State NM | Zip Code | Owner's Phone | |
| | | | | | | | | |
| WITNESS | Witness's Last Name | | Witness's First Name | | Witness's Middle Name | | Age | |
| | Witness's Street Address | | Witness's City | | State | Zip Code | Witness's Phone | |
| ENFORCEMENT ACTION - VIOLATIONS | | | | | | | | |
| VEH NO | Last Name | | First Name | | Middle Name | Violation (Common Name) | | Action |
| Time Notified 18:51 | Time Arrived 18:58 | Notified By DISPATCH | | | Supervisor at Scene | | | |
| Checked By 5333 - RENDER, NATHAN - 8/22/2018 | | | | | | | | |
| Officer's Signature  | | Officer's Name CASEY, CURTIS | | Rank P1/C | ID Number 5748 | District 322 | Report Date 08/18/2018 | |

Diagram Drawn By
CASEY, CURTIS

Measurements Taken By
NOT TO SCALE

DIAGRAM

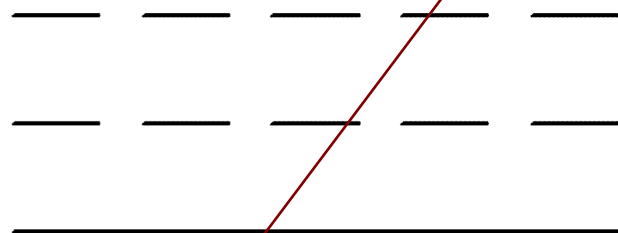


I-25 FRONTAGE RD NORTHBOUND

NOT TO SCALE

MOUNTAIN RD NE

P.O.I.



Crash Report Number: **710458502**

Case Number: **180079313**

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

Sheet 3 Of 3

ALBUQUERQUE POLICE DEPT

REPORTING DEPARTMENT

STATE OF NEW MEXICO
UNIFORM CRASH REPORT

710268861

T042009M

| | | | | | | | | | |
|-------------------------------------|--|--|--|--|--|--|--|-------------------------------|--|
| Private Property? NO | | <input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Injury | | Property Damage Only <input type="checkbox"/> Under \$500 <input type="checkbox"/> \$500 or More | | Hit and Run? NO | | Case Number: 180006056 | |
| | | | | | | NMDOT: | | CAD Num: 180181093 | |
| Crash Date 01/18/2018 | | Military Time 16:01 | | City Occurred In ALBUQUERQUE | | | | County BERNALILLO | |
| Day of Week THURSDAY | | Occurred On: (Route No. or Name) I 25 FRONTAGE RD | | | | At Intersection With: MOUNTAIN RD NE | | | |
| | | | | | | Tribal Land? NO | | | |
| Other Location | | Measurement | | Direction | | Permanent Landmark - County Line - Intersection | | | |
| | | 0 | | | | Milepost | | | |
| | | | | | | Lat. 35.0936931 | | | |
| | | | | | | Long: -106.63408 | | | |
| Crash Occurred ON ROADWAY | | Crash Classification OTHER VEHICLE | | | | Analysis Code 01 - BOTH GOING STRAIGHT/ENTERING AT ANGLE | | | |

| | | | | | | | | | | | | | | | | | |
|---|---|---|--------------------------------|---------------------------------------|-----------------------------------|---|-------------------------|-------------------------------|---|------------------------------------|---------------------------|--|--|---------------------------|---------------------|-----------------------|-------------------------|
| VEHICLE NO. 001 | VEHICLE NO. HEADED 01 | | Unit Direction SOUTH | | On: I 25 FRONTAGE RD | | | | Left the Scene of the Crash? NO | | Posted Speed 40 | | Safe Speed | | | | |
| | Driver's Last Name GARCIA | | | | Driver's First Name AMY | | | | Driver's Middle Name | | | | Driver's Street Address 529 MONTCLAIRE DR SE | | | | |
| | Driver's License Number 028304331 | | State NM | | Type D | Statu V | Restriction | Endorsements W | Expires 11/21/2024 | City ALB | | Stat NM | Zip Code 87108 | Phone | | | |
| | Date of Birth 08/04/1967 | | Occupation | | | | Seat Pos LF | Age 50 | Sex F | Race O | Injury Code A | OP Code 6 | OP Used Properly YES | Airbag Deploy F | Ejected N | EMS Num AFD | Med Trans YES |
| | Seat Pos RF | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) SLOAN-GARCIA GABE | | | | 529 MONTCLAIRE DR SE ALB NM 87108 | | Age 13 | Sex M | Race O | Injury Code C | OP Code 6 | OP Used Properly YES | Airbag Deploy S | Ejected N | EMS Num AFD | Med Trans NO |
| | Seat Pos RR | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) NORENBERG SOPHIA | | | | | | Age 12 | Sex F | Race O | Injury Code C | OP Code 6 | OP Used Properly YES | Airbag Deploy S | Ejected N | EMS Num AFD | Med Trans NO |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | Veh. Year 2012 | | Vehicle Make HONDA | | Color BLUE - BLU | | Body Style SV | Cargo Body Type | Veh. Use P | Veh. Use | Veh. Towed? YES | | Vehicle Disabled YES | | | | |
| Lic. Year 2019 | | State NM | | License Plate Number MAP376 | | VIN 5FN9YF3H21CB013077 | | DOT # | | Damage Severity MODERATE | | Damage Area 12 11 10 9 8 7 6 | | | | | |
| Interstate Carrier? | | Towed By MADRID TOWING | | | | Towed To 3957 SAN YGNACIO RD. SW ALBUQUE | | | | Extent DISABLED | | 05,06,07 | | | | | |
| Number of Axles | | Gross Vehicle/Comb Weight Rating | | HazMat Placard? | | Hazmat Placard 4-digit OR Hazmat Name AND 1-digit # | | | | HazMat Released NO | | | | | | | |
| Carrier's Name | | | | Street Address | | | | Carrier City | | | | State | | Carrier's Zip | | | |
| Owner's Last Name GARCIA | | | | Owner's First Name AMY | | | | Owner's Middle Name | | | | Owner's Company Name | | | | | |
| Street Address 529 MONTCLAIRE DR SE | | | | Owner's City ALB | | | | State NM | | Owner Zip 87108 | | Owner's Phone | | | | | |
| Insured By: (Name of Company) USAA | | | | | | Policy Number 011 598395C | | Trailer or Towed Vehicles (1) | | Type | Year | Make | Lic. Year | Lic State | License Num | | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic. Year | Lic State | License Num | Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic. Year | Lic State | License Num | | |

VEHICLE NO. 002

| | | | | | | | | | | | | | | | | |
|--|---|---|--|---|--|---|--------------------------------------|--|----------------------------------|--|---------------------------------------|---------------------------------------|----------------------------------|----------------------------|------------------------------|-------------------------------|
| VEHICLE NO. HEADED 02 | | Unit Direction SOUTH | | On: I 25 FRONTAGE RD | | | | Left the Scene of the Crash? NO | | Posted Speed 40 | | Safe Speed | | | | |
| Driver's Last Name SWEIS | | | | Driver's First Name NASSER | | | | Driver's Middle Name | | Driver's Street Address 510 MILDRED AVE NW | | | | | | |
| Driver's License Number 031210071 | | State NM | Type D | Status V | Restriction | Endorsements | Expires 09/15/2021 | City ALB | | Stat NM | Zip Code 87107 | | Phone | | | |
| Date of Birth 08/16/1968 | | Occupation | | | | Seat Pos LF | Age 49 | Sex M | Race O | Injury Code C | OP Code 6 | OP Used Properly YES | Airbag Deploy N | Ejected N | EMS Num AFD | Med Trans NO |
| Seat Pos RF | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | Age 35 | Sex F | Race O | Injury Code C | OP Code 6 | OP Used Properly YES | Airbag Deploy N | Ejected N | EMS Num AFD | Med Trans NO |
| | MANUELITO | | | | | | | | | | | | | | | |
| | MELANIE | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | |
| Veh. Year 2017 | Vehicle Make FORD | | Color WHITE - WHI | | Body Style PK | Cargo Body Type | Veh. Use | Veh. Use P | Veh. Towed? YES | | Vehicle Disabled YES | | | | | |
| Lic. Year 2018 | State NM | License Plate Number 17T-44986 | | VIN | | DOT # | | Damage Severity MODERATE | | Damage Area 1 2 3 4 5 12 11 10 9 8 7 6 08 | | | | | | |
| Interstate Carrier? | | Towed By MADRID TOWING | | | | Towed To 3957 SAN YGNACIO RD. SW ALBUQUE | | | | Extent DISABLED | | | | | | |
| Number of Axles | Gross Vehicle/Comb Weight Rating | | HazMat Placard? | | Hazmat Placard 4-digit OR Hazmat Name | | AND | | 1-digit # | HazMat Released NO | | | | | | |
| Carrier's Name | | | Street Address | | | | Carrier City | | | State | Carrier's Zip | | | | | |
| Owner's Last Name SWEIS | | | Owner's First Name NASSER | | | Owner's Middle Name | | | Owner's Company Name | | | | | | | |
| Street Address 510 MILDRED AVE NW | | | Owner's City ALB | | | State NM | Owner Zip 87107 | | Owner's Phone | | | | | | | |
| Insured By: (Name of Company) GEICO | | | | | Policy Number | | Trailer or Towed Vehicles (1) | Type | Year | Make | Lic Year | Lic State | License Num | | | |
| Trailer or Towed Vehicles (2) | Type | Year | Make | Lic Year | Lic State | License Num | Trailer or Towed Vehicles (3) | Type | Year | Make | Lic Year | Lic State | License Num | | | |

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|--|--------------------------------------|---|------------------------|---|-------------------------------|---|------------------------------------|-------------------------------|------------------------------------|----------------------|--|-------------------------|-------------------------|--------------------|--------------|----------------|------------------|
| VEHICLE NO. 003 | VEHICLE NO. HEADED 03 | | Unit Direction WEST | | On: MOUNTAIN RD | | | | Left the Scene of the Crash? NO | | Posted Speed 40 | | Safe Speed | | | | |
| | Driver's Last Name PADILLA | | | | Driver's First Name RAMONA | | | | Driver's Middle Name | | Driver's Street Address 279 EL CERRO LOOP #1 | | | | | | |
| | Driver's License Number 039981688 | | State NM | Type D | Statu V | Restriction | Endorsements | Expires 10/24/2021 | City LOS LUNAS | | Stat NM | Zip Code 87031 | Phone (505) 595-5595 | | | | |
| | Date of Birth 09/24/1975 | | Occupation | | | | Seat Pos LF | Age 42 | Sex F | Race O | Injury Code A | OP Code 6 | OP Used Properly YES | Airbag Deploy F | Ejected N | EMS Num AFD | Med Trans YES |
| | Seat Pos RF | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | 42 | F | O | A | 6 | YES | F | N | AFD | YES |
| | SANCHEZ CHARMAINE | | | | | | 31 | F | O | A | 6 | YES | F | N | AFD | YES | |
| | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Veh. Year 1998 | Vehicle Make DODGE | | Color RED - RED | | Body Style SV | | Cargo Body Type | Veh. Use | Veh. Use P | Veh. Towed? YES | | Vehicle Disabled YES | | | | | |
| Lic. Year 2018 | State NM | License Plate Number PBG419 | | VIN 1B4HS28Y4WF112631 | | | DOT # | | Damage Severity MODERATE | | Damage Area 1 2 3 4 5 12 11 10 9 8 7 12 | | | | | | |
| Interstate Carrier? | | Towed By MADRID TOWING | | | | Towed To 3957 SAN YGNACIO RD. SW ALBUQUE | | | | Extent DISABLED | | | | | | | |
| Number of Axles | | Gross Vehicle/Comb Weight Rating | | HazMat Placard? | | HazMat Placard 4-digit OR HazMat Name | | AND | | 1-digit # | | HazMat Released NO | | | | | |
| Carrier's Name | | | | Street Address | | | | Carrier City | | | | State | | Carrier's Zip | | | |
| Owner's Last Name PADILLA | | | | Owner's First Name RAMONA | | | | Owner's Middle Name | | Owner's Company Name | | | | | | | |
| Street Address 279 EL CERRO LOOP #1 | | | | Owner's City LOS LUNAS | | | | State NM | Owner Zip 87031 | | Owner's Phone | | | | | | |
| Insured By: (Name of Company) FARMERS | | | | Policy Number A 400 955P00 | | Trailer or Towed Vehicles (1) | | Type | Year | Make | Lic. Year | Lic State | License Num | | | | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic. Year | Lic State | License Num | Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic. Year | Lic State | License Num | | |
| Veh. Num | Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans |
| | | | | | | | | | | | | | | | | | |
| COND | Lighting DAYLIGHT | | | | Weather CLEAR | | | | Road Character STRAIGHT | | | | Road Grade LEVEL | | | | |
| | | | | | | | | | | | | | | | | | |
| ROAD | VEH NO. | Road Condition DRY | | Road Surface PAVED CENTER AND EDGE LIN | | | Traffic Control TRAFFIC SIGNALS | | Road Lanes 3 LANES | | Road Design Div PAINTED DIVIDE | | Road Design ONE WAY | | | | |
| | | | | | | | | | | | | | | | | | |
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | | | | | DRIVER'S ACTIONS | | | | SEQUENCE OF EVENTS | | | | |
| | NONE | | | | | | | | GOING STRAIGHT | | | | FIRST EVENT MVT | | | | |
| | | | | | | | | | | | | | SECOND EVENT | | | | |
| | | | | | | | | | | | | | THIRD EVENT | | | | |
| | | | | | | | | | | | | | FOURTH EVENT | | | | |

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|---------------------|---|--|--|-----------------------------------|--|---------------------------|-------------------|--------------------------------|--|
| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | |
| | HAD NOT CONSUMED ALCOHOL | | | | NO APP. DEFECTS | | | At Intersection | |
| | | | | | | | | Not At Intersection | |
| Breath Test Results | | | | Driver Physical Condition - Other | | Pedestrian Action - Other | | | |

| | | | | | | | |
|-------------|---------------|-----------------------|---|------------------------------------|-----------------------|-----------------------------------|------------------------|
| ROAD | VEH NO. 02 | Road Condition DRY | Road Surface PAVED CENTER AND EDGE LIN | Traffic Control TRAFFIC SIGNALS | Road Lanes 3 LANES | Road Design Div PAINTED DIVIDE | Road Design ONE WAY |
|-------------|---------------|-----------------------|---|------------------------------------|-----------------------|-----------------------------------|------------------------|

| | | | | | | | | |
|--------------|-------------------------------|--|--|--|------------------|--|------------------------|--|
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | DRIVER'S ACTIONS | | SEQUENCE OF EVENTS | |
| | NONE | | | | GOING STRAIGHT | | FIRST EVENT MVT | |
| | | | | | | | SECOND EVENT | |
| | | | | | | | THIRD EVENT | |
| | | | | | | | FOURTH EVENT | |

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|---------------------|---|--|--|-----------------------------------|--|---------------------------|-------------------|--------------------------------|--|
| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | |
| | HAD NOT CONSUMED ALCOHOL | | | | NO APP. DEFECTS | | | At Intersection | |
| | | | | | | | | Not At Intersection | |
| Breath Test Results | | | | Driver Physical Condition - Other | | Pedestrian Action - Other | | | |

| | | | | | | | |
|-------------|---------------|-----------------------|---|------------------------------------|----------------------|-----------------------------------|----------------------|
| ROAD | VEH NO. 03 | Road Condition DRY | Road Surface PAVED CENTER AND EDGE LIN | Traffic Control TRAFFIC SIGNALS | Road Lanes 1 LANE | Road Design Div PAINTED DIVIDE | Road Design OTHER |
|-------------|---------------|-----------------------|---|------------------------------------|----------------------|-----------------------------------|----------------------|

| | | | | | | | | |
|--------------|-------------------------------|--|--|--|------------------|--|------------------------|--|
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | DRIVER'S ACTIONS | | SEQUENCE OF EVENTS | |
| | DISREGARDED TRAFFIC SIGNAL | | | | GOING STRAIGHT | | FIRST EVENT MVT | |
| | | | | | | | SECOND EVENT | |
| | | | | | | | THIRD EVENT | |
| | | | | | | | FOURTH EVENT | |

| | | | | | | | | | |
|---------------------|---|--|--|-----------------------------------|--|---------------------------|-------------------|--------------------------------|--|
| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | |
| | HAD NOT CONSUMED ALCOHOL | | | | NO APP. DEFECTS | | | At Intersection | |
| | | | | | | | | Not At Intersection | |
| Breath Test Results | | | | Driver Physical Condition - Other | | Pedestrian Action - Other | | | |

NARRATIVE

ON 01-18-18 AT 1606 HOURS I WAS DISPATCHED TO THE INTERSECTION OF MOUNTAIN/FRONTAGE RD SB IN REFERENCE TO A TRAFFIC CRASH WITH INJURIES.

UPON ARRIVAL I SPOKE TO LISTED THE LISTED WITNESS MICHAEL BROHEARD. MR BROHEARD STATED HE OBSERVED VEH #1 SOUTHBOUND ON THE FRONTAGE RD AND AS IT ENTERED THE INTERSECTION WITH MOUNTAIN ON A GREEN TRAFFIC SIGNAL IT WAS STRUCK BY VEH #3 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.

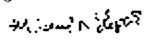
I THEN SPOKE TO DRIVER #2 WHO STATED HE WAS SOUTHBOUND ON THE FRONTAGE RD AND ENTERED THE INTERSECTION WITH MOUNTAIN RD ON A GREEN TRAFFIC SIGNAL. DRIVER #2 STATED THAT HE OBSERVED VEH #3 COLLIDE WITH VEH #1 WHICH THEN "SPUN" INTO HIS VEHICLE. I

NARRATIVE

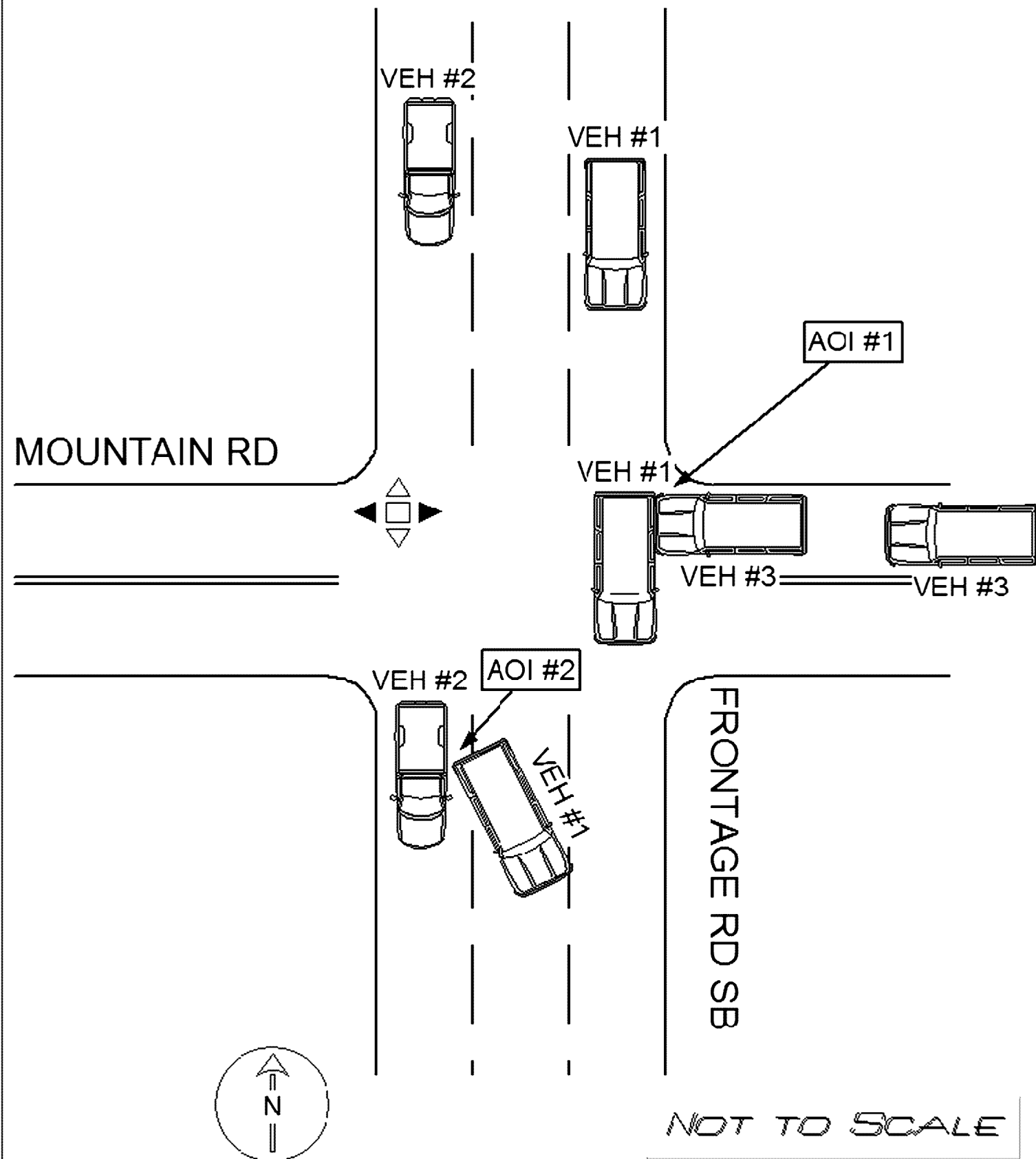
OBSERVED MODERATE DAMAGE TO THE DRIVERS SIDE OF VEH #2. DRIVER AND PASSENGER #2 WERE TREATED ON SCENE BY PARAMEDICS AND DID NOT REQUIRE TRANSPORT BY AMBULANCE.

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.

| | | | | | | | |
|--|--|-------------------------------------|--|---------------------------------|-----------------------|--|---|
| Other Property Involved | Type | Description of Property and Damage | | | | | |
| | Owner's Last Name | | Owner's First Name | | Owner's Middle Name | | |
| | Owner's Street Address | | Owner's City | | State | Zip Code | Owner's Phone |
| WITNESS | Witness's Last Name BROHEARD | | Witness's First Name MICHAEL | | Witness's Middle Name | | Age 47 |
| | Witness's Street Address | | Witness's City | | State | Zip Code | Witness's Phone (505) 228-1000 |
| ENFORCEMENT ACTION - VIOLATIONS | | | | | | | |
| VEH NO. 03 | Last Name PADILLA | | First Name RAMONA | | Middle Name | | Violation (Common Name) RED LIGHT VIOLATION |
| Time Notified 16:06 | | Time Arrived 16:26 | | Notified By APD RADIO | | Supervisor at Scene COMMANDER M. MILLER | |
| Time Notified 16:06 | | Time Arrived 16:26 | | Notified By APD RADIO | | Checked By 3412 - COTTRELL, Z. - 1/29/2018 | |
| Officer's Signature  | | Officer's Name LOFTIS, M. | | Rank SGT | | ID Number 2393 | District 234 |
| | | | | | | Report Date 01/18/2018 | |

DIAGRAM



ALBUQUERQUE POLICE DEPT


REPORTING DEPARTMENT


STATE OF NEW MEXICO
UNIFORM CRASH REPORT

710368022

T042009M

| | | | | | | | | | | | |
|-------------------------------------|-------------|--|--|--|--|--|--|-------------------------------|----------|---------------------------|--|
| Private Property? NO | | <input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Injury | | Property Damage Only <input type="checkbox"/> Under \$500 <input type="checkbox"/> \$500 or More | | Hit and Run? NO | | Case Number: 180016423 | | | |
| | | | | | | | | NMDOT: | | CAD Num: 180480456 | |
| Crash Date 02/17/2018 | | Military Time 10:27 | | City Occurred In ALBUQUERQUE | | | | County BERNALILLO | | | |
| Day of Week SATURDAY | | Occurred On: (Route No. or Name) FRONTAGE RD | | | | At Intersection With: MOUNTAIN RD NE | | | | Tribal Land? NO | |
| Other Location | Measurement | Direction | | Permanent Landmark - County Line - Intersection | | | | | Milepost | Lat: Long: | |
| Crash Occurred ON ROADWAY | | Crash Classification OTHER VEHICLE | | | | Analysis Code 01 - BOTH GOING STRAIGHT/ENTERING AT ANGLE | | | | | |

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|---|---|---------------------------------------|-----------------------------|---|-------------------------|---------------------------------------|------------------------------|---|-------------------------------|---|--------------------------------|--|---------------------------|------------------------|---------------------|-------------------------|
| VEHICLE NO. HEADED 01 | | Unit Direction SOUTH | | On: FRONTAGE RD | | | | Left the Scene of the Crash? NO | | Posted Speed 40 | Safe Speed 40 | | | | | |
| Driver's Last Name PADILLA | | | | Driver's First Name NORA | | | | Driver's Middle Name | | Driver's Street Address 4738 HWY 4 | | | | | | |
| Driver's License Number 011482511 | | State NM | Type D | Statu V | Restriction | Endorsements | Expires 02/14/2020 | City JEMEZ PUEBLO | | Stat NM | Zip Code 87024 | Phone (505) 583-4631 | | | | |
| Date of Birth 01/15/1953 | | Occupation | | | | Seat Pos LF | Age 65 | Sex F | Race I | Injury Code A | OP Code 6 | OP Used Properly YES | Airbag Deploy B | Ejected N | EMS Num 3 | Med Trans YES |
| Seat Pos RF | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) PADILLA JADA 4738 HWY 4 JEMEZ PUEBLO NM 87024 | | | | Age 13 | Sex F | Race I | Injury Code O | OP Code 6 | OP Used Properly YES | Airbag Deploy B | Ejected N | EMS Num 3 | Med Trans NO | | |
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| Veh. Year 2016 | Vehicle Make CHEVALERO MOTOR | | Color WHITE - WHI | | Body Style PC | Cargo Body Type | Veh. Use P | Veh. Use | Veh. Towed? YES | | Vehicle Disabled YES | | | | | |
| Lic. Year 2018 | State NM | License Plate Number 699TTK | | VIN 3GNCJKSB8GL236064 | | DOT # | | Damage Severity HEAVY | | Damage Area 1 2 3 4 5 12  6 11 10 9 8 7 01,02,03,04,05,12 | | | | | | |
| Interstate Carrier? | | Towed By ACME T & R | | Towed To 8705 BROADWAY BLVD. SE ALBUQUE | | | | Extent DISABLED | | | | | | | | |
| Number of Axles | | Gross Vehicle/Comb Weight Rating | | HazMat Placard? | | HazMat Placard 4-digit OR HazMat Name | | AND | | 1-digit # | | HazMat Released YES | | | | |
| Carrier's Name | | | | Street Address | | | | Carrier City | | | | State | | Carrier's Zip | | |
| Owner's Last Name PADILLA | | | | Owner's First Name NORA | | | | Owner's Middle Name | | Owner's Company Name | | | | | | |
| Street Address 4738 HWY 4 | | | | Owner's City JEMEZ PUEBLO | | | | State NM | | Owner Zip 87024 | | Owner's Phone (505) 583-4631 | | | | |
| Insured By: (Name of Company) GEICO | | | | Policy Number 4300831270 | | Trailer or Towed Vehicles (1) | | Type | Year | Make | Lic. Year | Lic State | License Num | | | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic. Year | Lic State | License Num | | Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic. Year | Lic State | License Num |

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|---|---|---------------------------------------|-------------------------------------|---|---------------------------------------|-------------------------------|------------------------------|---|--------------------------------|--|--------------------------------|--------------------------------|---------------------------|---------------------|---------------------|-------------------------|
| VEHICLE NO. HEADED 02 | | Unit Direction SOUTH | | On: FRONTAGE RD | | | | Left the Scene of the Crash? NO | | Posted Speed 40 | | Safe Speed 40 | | | | |
| Driver's Last Name CASTRO | | | | Driver's First Name BIANCA | | | | Driver's Middle Name | | Driver's Street Address 401 CORONADO LANE NE | | | | | | |
| Driver's License Number 501125067 | | State NM | Type D | Statu V | Restriction | Endorsements | Expires 07/02/2018 | City LOS LUNAS | | Stat NM | Zip Code 87031 | Phone | | | | |
| Date of Birth 06/02/1987 | | Occupation | | | | Seat Pos LF | Age 30 | Sex F | Race C | Injury Code A | OP Code 6 | OP Used Properly YES | Airbag Deploy B | Ejected N | EMS Num 3 | Med Trans YES |
| Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | | | | | | | | | | |
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| Veh. Year 2004 | Vehicle Make TOYOTA | | Color WHITE - WHI | | Body Style PC | Cargo Body Type | Veh. Use P | Veh. Use | Veh. Towed? YES | | Vehicle Disabled YES | | | | | |
| Lic. Year 2018 | State NM | License Plate Number 654TNC | | VIN 4T1BF28B84U355534 | | DOT # | | Damage Severity HEAVY | | Damage Area 1 2 3 4 5 12  6 | | | | | | |
| Interstate Carrier? | | Towed By ACME T & R | | Towed To 8705 BROADWAY BLVD. SE ALBUQUE | | | | Extent DISABLED | | 12 | | | | | | |
| Number of Axles | Gross Vehicle/Comb Weight Rating | | Haz/Mat Placard? | | Hazmat Placard 4-digit OR Hazmat Name | | AND 1-digit # | | Haz/Mat Released YES | | | | | | | |
| Carrier's Name | | | Street Address | | | Carrier City | | | State | | Carrier's Zip | | | | | |
| Owner's Last Name CASTRO | | | Owner's First Name BIANCA | | | Owner's Middle Name | | | Owner's Company Name | | | | | | | |
| Street Address 401 CORONADO LANE NE | | | Owner's City LOS LUNAS | | | State NM | Owner Zip 87031 | | Owner's Phone | | | | | | | |
| Insured By: (Name of Company) GEICO | | | | Policy Number 4443314192 | | Trailer or Towed Vehicles (1) | | Type | Year | Make | Lic Year | Lic State | License Num | | | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic Year | Lic State | License Num | | Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic Year | Lic State | License Num |

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|------------------------------------|--------------------------------------|---|--------------------------------|---|-----------------------------|--|---------------------|-----------------------|------------------------------------|--------------------------|--|--|-------------------------|--------------------|--------------|--------------|------------------|
| VEHICLE NO. 003 | VEHICLE NO. HEADED 03 | | Unit Direction EAST | | On: MOUNTAIN RD NE | | | | Left the Scene of the Crash? NO | | Posted Speed 25 | | Safe Speed 25 | | | | |
| | Driver's Last Name CAGLE | | | | Driver's First Name DEON | | | | Driver's Middle Name | | Driver's Street Address 6820 KELLY AVE NE | | | | | | |
| | Driver's License Number 109085707 | | State NM | Type D | Statu V | Restriction | Endorsements | Expires 11/04/2020 | City ALBUQUERQUE | | Stat NM | Zip Code 87109 | Phone (505) 267-8774 | | | | |
| | Date of Birth 10/05/1979 | | Occupation | | | | Seat Pos LF | Age 38 | Sex M | Race C | Injury Code A | OP Code 6 | OP Used Properly YES | Airbag Deploy N | Ejected N | EMS Num 3 | Med Trans YES |
| | Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | | | | | | | | | | |
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| Veh. Year 2003 | | Vehicle Make CHEVALLERO MOTOR | | Color WHITE - WHI | | Body Style VN | Cargo Body Type | Veh. Use | Veh. Use P | Veh. Towed? YES | | Vehicle Disabled YES | | | | | |
| Lic. Year 2018 | | State NM | License Plate Number PLJ882 | | VIN 1GCHG39U231127983 | | | DOT # | | Damage Severity HEAVY | | Damage Area 1 2 3 4 5 12 11 10 9 8 7 | | | | | |
| Interstate Carrier? | | Towed By ACME T & R | | | | Towed To 8705 BROADWAY BLVD. SE ALBUQUE | | | | Extent DISABLED | | 08,09,10,11 | | | | | |
| Number of Axles | | Gross Vehicle/Comb Weight Rating | | HazMat Placard? | | HazMat Placard 4-digit OR HazMat Name | | AND 1-digit # | | HazMat Released YES | | | | | | | |
| Carrier's Name | | | | Street Address | | | | Carrier City | | | | State | Carrier's Zip | | | | |
| Owner's Last Name CAGLE | | | | Owner's First Name JANETTA | | | | Owner's Middle Name | | Owner's Company Name | | | | | | | |
| Street Address 6820 KELLY AV NE | | | | Owner's City ALBUQUERQUE | | | | State NM | Owner Zip 87109 | | Owner's Phone | | | | | | |
| Insured By: (Name of Company) | | | | Policy Number | | Trailer or Towed Vehicles (1) | | Type | Year | Make | Lic. Year | Lic State | License Num | | | | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic. Year | Lic State | License Num | | Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic. Year | Lic State | License Num | |
| Veh. Num | Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans |
| | | | | | | | | | | | | | | | | | |
| COND | Lighting DAYLIGHT | | Weather CLEAR | | Road Character STRAIGHT | | Road Grade LEVEL | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| ROAD | VEH NO. | Road Condition DRY | | Road Surface PAVED CENTER AND EDGE LIN | | Traffic Control TRAFFIC SIGNALS | | Road Lanes 3 LANES | Road Design Div PAINTED DIVIDE | | Road Design OTHER | | | | | | |
| | 01 | | | | | | | | | | | | | | | | |
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | | | DRIVER'S ACTIONS | | | | | | SEQUENCE OF EVENTS | | | | |
| | NONE | | | | | | GOING STRAIGHT | | | | | | FIRST EVENT | | | | |
| | | | | | | | | | | | | | SECOND EVENT | | | | |
| | | | | | | | | | | | | | THIRD EVENT | | | | |
| | | | | | | | | | | | | | FOURTH EVENT | | | | |

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|--------|---|--|--|--|------------|--------------------------------|--|
| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | |
| | HAD NOT CONSUMED ALCOHOL | | NO APP. DEFECTS | | | At Intersection | |
| | Breath Test Results | | Driver Physical Condition - Other | | | Not At Intersection | |
| | | | | | | Pedestrian Action - Other | |

| | | | | | | | |
|------|---------------|-----------------------|---|------------------------------------|-----------------------|-----------------------------------|----------------------|
| ROAD | VEH NO. 02 | Road Condition DRY | Road Surface PAVED CENTER AND EDGE LIN | Traffic Control TRAFFIC SIGNALS | Road Lanes 3 LANES | Road Design Div PAINTED DIVIDE | Road Design OTHER |
|------|---------------|-----------------------|---|------------------------------------|-----------------------|-----------------------------------|----------------------|

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|-------|-------------------------------|--|--|------------------|--|--------------------|--|
| EVENT | APPARENT CONTRIBUTING FACTORS | | | DRIVER'S ACTIONS | | SEQUENCE OF EVENTS | |
| | NONE | | | GOING STRAIGHT | | FIRST EVENT | |
| | | | | | | SECOND EVENT | |
| | | | | | | THIRD EVENT | |
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|--------|---|--|--|--|------------|--------------------------------|--|
| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | |
| | HAD NOT CONSUMED ALCOHOL | | NO APP. DEFECTS | | | At Intersection | |
| | Breath Test Results | | Driver Physical Condition - Other | | | Not At Intersection | |
| | | | | | | Pedestrian Action - Other | |

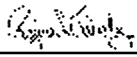
| | | | | | | | |
|------|---------------|-----------------------|---|------------------------------------|-----------------------|-----------------------------------|----------------------|
| ROAD | VEH NO. 03 | Road Condition DRY | Road Surface PAVED CENTER AND EDGE LIN | Traffic Control TRAFFIC SIGNALS | Road Lanes 2 LANES | Road Design Div PAINTED DIVIDE | Road Design OTHER |
|------|---------------|-----------------------|---|------------------------------------|-----------------------|-----------------------------------|----------------------|

| | | | | | | | |
|-------|--|--|--|------------------|--|--------------------|--|
| EVENT | APPARENT CONTRIBUTING FACTORS | | | DRIVER'S ACTIONS | | SEQUENCE OF EVENTS | |
| | AVOID NO CONTACT VEHICLE, DISREGARDED TRAFFIC SIGNAL, DRIVER INATTENTION | | | GOING STRAIGHT | | FIRST EVENT | |
| | | | | | | SECOND EVENT | |
| | | | | | | THIRD EVENT | |
| | | | | | | FOURTH EVENT | |

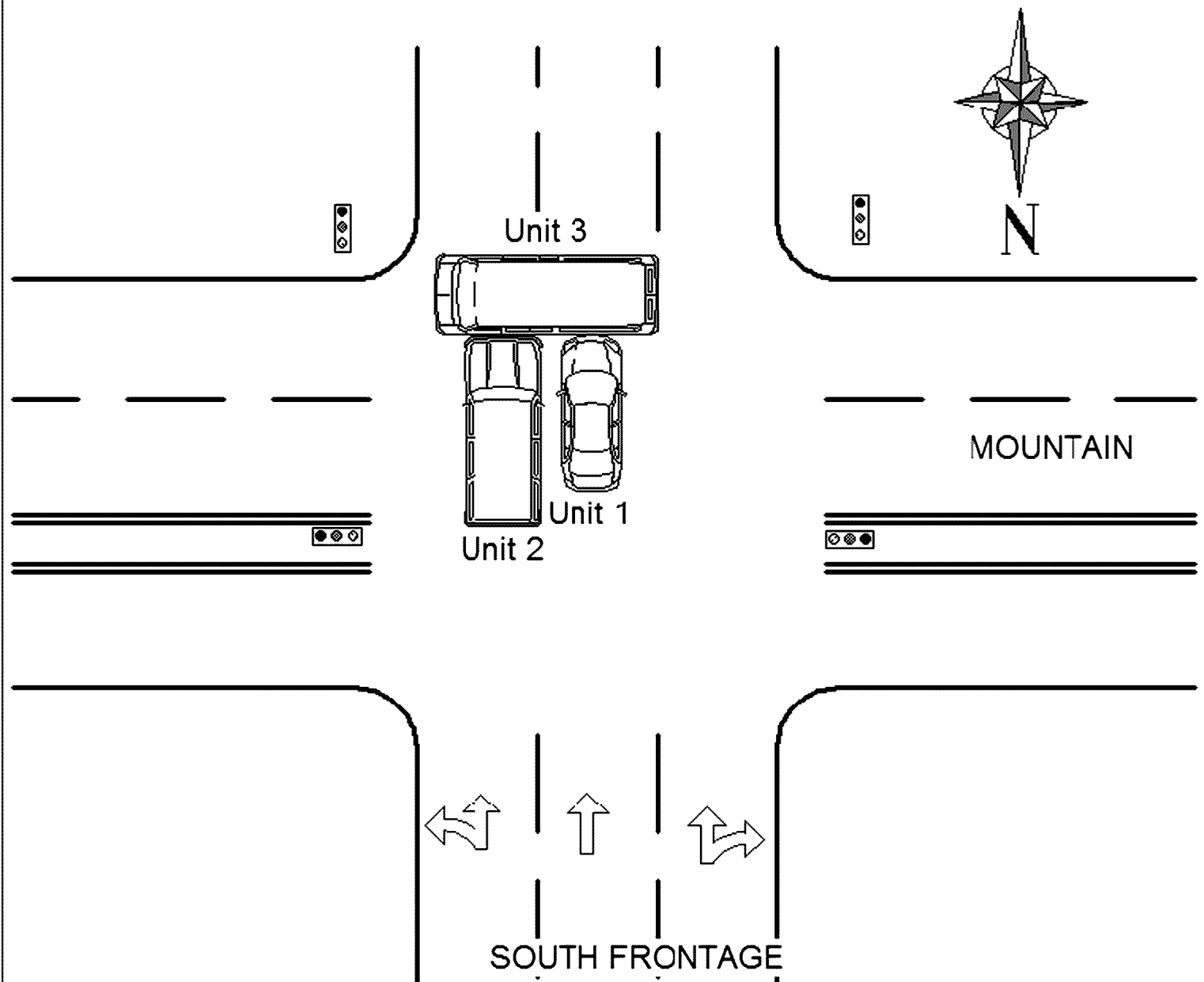
| | | | | | | | |
|--------|---|--|--|--|------------|--------------------------------|--|
| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | |
| | HAD NOT CONSUMED ALCOHOL | | NO APP. DEFECTS | | | At Intersection | |
| | Breath Test Results | | Driver Physical Condition - Other | | | Not At Intersection | |
| | | | | | | Pedestrian Action - Other | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| NARRATIVE | | | | | | | |
| <p>BOTH VEHICLE 1 AND 2 WERE S.B ON SOUTH FRONTAGE ROAD APPROACHING THE MOUNTAIN INTERSECTION. VEHICLE 3 WAS E.B ON MOUNTAIN APPROACHING THE SOUTH FRONTAGE INTERSECTION. BOTH THE DRIVERS FROM VEHICLE 1 AND 2 ALONG WITH THE PASSENGER FROM VEHICLE 1 STATED THEY HAD THE GREEN LIGHT TO CONTINUE S.B THROUGH THE INTERSECTION. VEHICLE 3 WENT THROUGH THE RED LIGHT AT E.B MOUNTAIN CAUSING BOTH VEHICLE 1 AND 2 TO T-BONE VEHICLE 3. ALL THREE DRIVERS WERE TRANSPORTED TO THE HOSPITAL FOR COMPLAINTS OF INJURY. ALL 3 VEHICLES WERE TOWED DUE TO DISABLING DAMAGE. INSURANCE WAS NOT LOCATED INSIDE OF VEHICLE 3 WHICH HAD BEEN ROLLED OVER DURING THE ACCIDENT</p> | | | | | | | |

| | | | | | | | |
|-------------------------|------------------------|------------------------------------|--------------------|--|---------------------|----------|---------------|
| Other Property Involved | Type | Description of Property and Damage | | | | | |
| | Owner's Last Name | | Owner's First Name | | Owner's Middle Name | | |
| | Owner's Street Address | | Owner's City | | State | Zip Code | Owner's Phone |

| | | | | | | | | | |
|--|--------------------------|--------------------------------------|----------------------|--------------------------------|-----------------------|--|-------------------------|--|----------------------------------|
| WITNESS | Witness's Last Name | | Witness's First Name | | Witness's Middle Name | | Age | | |
| | Witness's Street Address | | Witness's City | | State | Zip Code | Witness's Phone | | |
| ENFORCEMENT ACTION - VIOLATIONS | | | | | | | | | |
| VEH NO. | Last Name | | First Name | | Middle Name | | Violation (Common Name) | | |
| Time Notified 10:27 | | Time Arrived 10:31 | | Notified By DISPATCH | | Supervisor at Scene G. GOMEZ | | Checked By 5238 - GOMEZ, GUSTAVO - 2/17/2018 | |
| Officer's Signature  | | Officer's Name SANCHEZ, R. | | Rank P1/C | | ID Number 3429 | | District 234 | Report Date 02/17/2018 |

DIAGRAM



STATE OF NEW MEXICO
UNIFORM CRASH REPORT


710402777

[illegible]

| | | |
|---------------------------------------|--|--------------|
| Crash Report Number: 710402777 | STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209 NMDOT COPY | Sheet 1 Of 4 |
| Case Number: 190016546 | | |

VEHICLE NO. 001

VEHICLE NO. 002


| | | | | | | | | | | | | | | | | | | | |
|--|---|---|--------------------------------|---|---|---|----------------------------|-----------------------|------------------------------------|--------------------------|---------------------------------|---|-------------------------|--------------------|-------------------------|-------------|-----------------|--|--|
| RHODES | | | | AMY | | | | | | | | 3134 E MCKELLIPS RD UNIT 210 | | | | | | | |
| Driver's License Number D02832861 | | State AZ | Type D | Status V | Restrictions | Endorsements | Expires 09/24/2052 | City MESA | | | | State AZ | Zip Code 85213 | | Phone (505) 563-0428 | | | | |
| Date of Birth 09/24/1987 | | Occupation | | | | | Seat Pos LF | Age 31 | Sex F | Race C | Injury Code O | OP Code 6 | OP Used Properly YES | Airbag Deploy N | Ejected N | EMS Num | Med Trans NO | | |
| Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Veh. Year 2017 | | Vehicle Make HYUNDAI | | Color BLUE - BLU | | Body Style PC | Cargo Body Type | Veh. Use1 | Veh. Use2 P | Veh. Towed? YES | | Vehicle Disabled YES | | | | | | | |
| Lic. Year 2020 | | State NM | License Plate Number 297WCM | | VIN 5NPD74LF5HH084545 | | | DOT # | | Damage Severity HEAVY | | Damage Area 1 2 3 4 5 12  6 11 10 9 8 7 | | | | | | | |
| Interstate Carrier? | | Towed By CAR STOP TOWING | | | Towed To 2200 RENARD PL. SE ALBUQUERQUE, | | | | | Extent FUNCTIONAL | | 01,02,10,11,12 | | | | | | | |
| Number of Axles | | Gross Vehicle/Comb Weight Rating | | HazMat Placard? | | Hazmat Placard 4-digit OR Hazmat Name | | | | AND | 1-digit # | | HazMat Released NO | | | | | | |
| Carrier's Name | | | | Street Address | | | | Carrier City | | | | State | | Carrier's Zip | | | | | |
| Owner's Last Name ANSLEY | | | | Owner's First Name MICHAEL | | | Owner's Middle Name | | | Owner's Company Name | | | | | | | | | |
| Street Address 330 TEXAS ST SE | | | | Owner's City ALBUQUERQUE | | | | State NM | Owner Zip 87108 | | Owner's Phone (505) 563-0428 | | | | | | | | |
| Insured By: (Name of Company) PROGRESSIVE | | | | Policy Number 916882460 | | Trailer or Towed Vehicles (1) | | Type | Year | Make | Lic. Year | Lic State | License Num | | | | | | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic. Year | Lic State | License Num | | Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic. Year | Lic State | License Num | | | |
| Veh. Num | Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| COND | Lighting DAYLIGHT | | | Weather CLEAR | | | Road Character STRAIGHT | | | | Road Grade LEVEL | | | | | | | | |
| ROAD | VEH NO. 01 | Road Condition DRY | | Road Surface PAVED CENTER AND EDGE LIN | | Traffic Control TRAFFIC SIGNALS | | Road Lanes 3 LANES | Road Design Div PHYSICAL DIVIDE | | Road Design OTHER | | | | | | | | |
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | | | | | | DRIVER'S ACTIONS | | | | SEQUENCE OF EVENTS | | | | | |
| | NONE | | | | | | | | | GOING STRAIGHT | | | | FIRST EVENT | | | | | |
| | | | | | | | | | | | | | | SECOND EVENT | | | | | |
| | | | | | | | | | | | | | | THIRD EVENT | | | | | |
| | | | | | | | | | | | | | | FOURTH EVENT | | | | | |
| DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | | | | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | | PEDESTRIAN/PEDALCYCLIST ACTION | | | | | | | | | | |
| | | | | | | | | | At Intersection | | | | | | | | | | |

Crash Report Number: 710402777

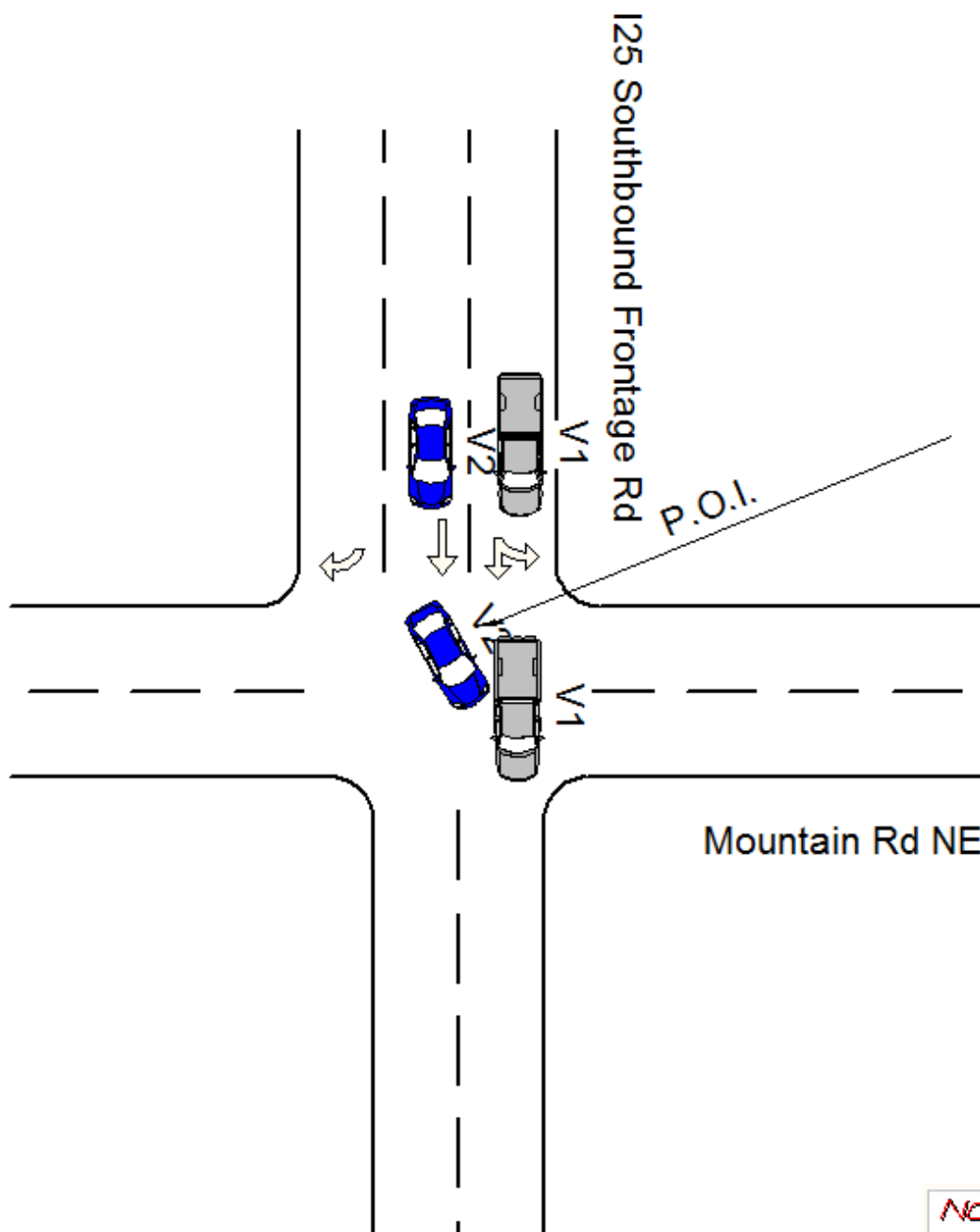
Case Number: 190016546

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

Sheet 2 Of 4

| | | | | | | | | | | |
|---|---|------------------------------------|--|--|------------------------------|---|-----------------------------|--------------------------------|----------------------------------|--------|
| DRIVER | HAD NOT CONSUMED ALCOHOL | | | | NO APP. DEFECTS | | PEDESTRIAN | Not At Intersection | | |
| | Breath Test Results | | | Driver Physical Condition - Other | | | | Pedestrian Action - Other | | |
| ROAD | VEH NO. 02 | Road Condition DRY | Road Surface PAVED CENTER AND EDGE LIN | Traffic Control TRAFFIC SIGNALS | Road Lanes 3 LANES | Road Design Div PHYSICAL DIVIDE | Road Design OTHER | | | |
| | APPARENT CONTRIBUTING FACTORS | | | | DRIVER'S ACTIONS | | SEQUENCE OF EVENTS | | | |
| EVENT | DRIVER INATTENTION, MADE IMPROPER TURN | | | | LEFT TURN | | FIRST EVENT | | | |
| | | | | | | | SECOND EVENT | | | |
| | | | | | | | THIRD EVENT | | | |
| | | | | | | | FOURTH EVENT | | | |
| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | | |
| | HAD NOT CONSUMED ALCOHOL | | | NO APP. DEFECTS | | | | At Intersection | | |
| | | | | | | | | Not At Intersection | | |
| | Breath Test Results | | | Driver Physical Condition - Other | | | Pedestrian Action - Other | | | |
| NARRATIVE | | | | | | | | | | |
| <p>DRIVER 1 STATED HE WAS TRAVELING SOUTHBOUND ON THE FRONTAGE ROAD IN THE FAR LEFT LANE. DRIVER 1 STATED THE TRAFFIC SIGNAL WAS GREEN AND HE PROCEEDED TO DRIVE THROUGH THE INTERSECTION. DRIVER 1 STATED HE WAS HIT ON THE RIGHT REAR PASSENGER SIDE AND HIS TRUCK SPUN OUT OF CONTROL, HITTING THE REAR END ON A CEMENT BARRIER. DRIVER 1 REFUSED MEDICAL TREATMENT AT THIS TIME.</p> <p>DRIVER 2 STATED SHE WAS TRAVELING SOUTHBOUND ON THE FRONTAGE ROAD IN THE CENTER LANE. DRIVER 2 STATED THE TRAFFIC SIGNAL WAS GREEN AND SHE BELIEVED HER LANE WAS A LEFT TURN LANE. DRIVER 2 STATED SHE PROCEEDED TO TURN LEFT, IMPACTING THE RIGHT SIDE OF DRIVER 1. DRIVER 2 REFUSED MEDICAL TREATMENT AT THIS TIME.</p> | | | | | | | | | | |
| Other Property Involved | Type | Description of Property and Damage | | | | | | | | |
| | Owner's Last Name | | | Owner's First Name | | | Owner's Middle Name | | | |
| | Owner's Street Address | | | Owner's City | | | State | Zip Code | Owner's Phone | |
| WITNESS | Witness's Last Name | | | Witness's First Name | | | Witness's Middle Name | | | Age |
| | Witness's Street Address | | | Witness's City | | | State | Zip Code | Witness's Phone | |
| ENFORCEMENT ACTION - VIOLATIONS | | | | | | | | | | |
| VEH NO. | Last Name | | | First Name | | Middle Name | | Violation (Common Name) | | Action |
| Time Notified 15:16 | Time Arrived 15:29 | Notified By RADIO | | | | Supervisor at Scene | | | | |
| Checked By 5157 - SMITH, JARROD - 2/21/2019 | | | | | | | | | | |
| Officer's Signature  | | | Officer's Name JONES, RUSSELL | | | Rank P1/C | ID Number 5725 | District 234 | Report Date 02/19/2019 | |

DIAGRAM



VEHICLE NO. 001

VEHICLE NO. 002

| | | | | | | | | | | | | | | | | | |
|---------------------------------|---|---|----------------------|----------------------------------|----------------------------------|--------------|---------------------------------------|---|-------------------------------|-----------------|-------------------------------|--|------------------|------------------------|-----------|-------------|-----------|
| VEHICLE NO. HEADED 02 | | Unit Direction SOUTH | | On: I25 SB FRONTAGE RD | | | | Left the Scene of the Crash? YES | | Posted Speed | | Safe Speed | | | | | |
| Driver's Last Name | | | | Driver's First Name | | | | Driver's Middle Name | | | | Driver's Street Address | | | | | |
| Driver's License Number | | State | Type | Statu | Restriction | Endorsements | Expires | City | | | Stat | Zip Code | Phone | | | | |
| Date of Birth | | Occupation | | | | | Seat Pos LF | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans |
| Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | 50 | F | C | O | 0 | UNK | | N | | | |
| | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | |
| Veh. Year | | Vehicle Make | | Color | | Body Style | Cargo Body Type | Veh. Use | | Veh. Use | | Veh. Towed? | | Vehicle Disabled | | | |
| | | FORD | | WHITE - WHI | | PC | | | | U | | NO | | NO | | | |
| Lic. Year | | State | License Plate Number | | VIN | | | DOT # | | Damage Severity | | Damage Area | | | | | |
| 2019 | | NM | 317WFH | | 1FADP3J21JL271668 | | | | | UNKNOWN | | 1 2 3 4 5 12 11 10 9 8 7 06 | | | | | |
| Interstate Carrier? | | Towed By | | | | Towed To | | | | Extent | | UNKNOWN | | | | | |
| Number of Axles | | Gross Vehicle/Comb Weight Rating | | | Haz/Mat Placard? | | Hazmat Placard 4-digit OR Hazmat Name | | | AND | | 1-digit # | | Haz/Mat Released | | | |
| | | | | | | | | | | | | | | NO | | | |
| Carrier's Name | | | | Street Address | | | | Carrier City | | | | State | | Carrier's Zip | | | |
| | | | | | | | | | | | | | | | | | |
| Owner's Last Name | | | | Owner's First Name | | | | Owner's Middle Name | | | | Owner's Company Name | | | | | |
| HERTZ VEHICLES LLC | | | | | | | | | | | | | | | | | |
| Street Address | | | | Owner's City | | | | State | Owner Zip | | Owner's Phone | | | | | | |
| PO BOX 9963 | | | | ALBUQUERQUE | | | | NM | 87117 | | | | | | | | |
| Insured By: (Name of Company) | | | | | Policy Number | | Trailer or Towed Vehicles (1) | | Type | Year | Make | Lic Year | Lic State | License Num | | | |
| | | | | | | | | | | | | | | | | | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic Year | Lic State | License Num | | Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic Year | Lic State | License Num | |
| | | | | | | | | | | | | | | | | | |
| Veh. Num | Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| COND | | Lighting DAYLIGHT | | | Weather CLEAR | | | Road Character STRAIGHT | | | Road Grade ON GRADE | | | | | | |
| ROAD | | VEH NO. | Road Condition | | Road Surface | | Traffic Control | | Road Lanes | | Road Design Div | | Road Design | | | | |
| | | 01 | DRY | | PAVED CENTER AND EDGE LIN | | TRAFFIC SIGNALS | | 3 LANES | | PHYSICAL DIVID | | OTHER | | | | |
| EVENT | | APPARENT CONTRIBUTING FACTORS | | | | | | DRIVER'S ACTIONS | | | | | | SEQUENCE OF EVENTS | | | |
| | | NONE | | | | | | STOPPED FOR SIGN/SIGNAL, STOPPED FOR TRAFFIC | | | | | | FIRST EVENT MVT | | | |
| | | | | | | | | | | | | | | SECOND EVENT | | | |
| | | | | | | | | | | | | | | THIRD EVENT | | | |
| | | | | | | | | | | | | | | FOURTH EVENT | | | |

| | | | | | | | |
|--------|---|--|--|--|------------|--------------------------------|--|
| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | |
| | HAD NOT CONSUMED ALCOHOL | | NO APP. DEFECTS | | | At Intersection | |
| | Breath Test Results | | Driver Physical Condition - Other | | | Pedestrian Action - Other | |

| | | | | | | | |
|------|---------------|-----------------------|---|------------------------------------|-----------------------|-----------------------------------|----------------------|
| ROAD | VEH NO. 02 | Road Condition DRY | Road Surface PAVED CENTER AND EDGE LIN | Traffic Control TRAFFIC SIGNALS | Road Lanes 3 LANES | Road Design Div PHYSICAL DIVID | Road Design OTHER |
|------|---------------|-----------------------|---|------------------------------------|-----------------------|-----------------------------------|----------------------|

| | | | | | | |
|--------------|--------------------------------------|--|------------------|--|--------------------|--|
| EVENT | APPARENT CONTRIBUTING FACTORS | | DRIVER'S ACTIONS | | SEQUENCE OF EVENTS | |
| | DRIVER INATTENTION, IMPROPER BACKING | | BACKING | | FIRST EVENT MVT | |
| | | | | | SECOND EVENT | |
| | | | | | THIRD EVENT | |
| FOURTH EVENT | | | | | | |

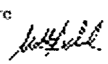
| | | | | | | | |
|--------|---|--|--|--|------------|--------------------------------|--|
| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | |
| | HAD NOT CONSUMED ALCOHOL | | NO APP. DEFECTS | | | At Intersection | |
| | Breath Test Results | | Driver Physical Condition - Other | | | Pedestrian Action - Other | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| NARRATIVE | | | | | | | |
| <p>ON THE LISTED DATE I WAS ADVISED OF A HIT AND RUN CRASH THAT OCCURRED AT I25 FRONTAGE RD NE / MOUNTAIN RD. NE. DRIVER #1 STATED SHE WAS TRAVELING SOUTHBOUND IN THE LEFT LANE ON I25 FRONTAGE RD. NE. SHE SAID SHE CAME TO A STOP FOR THE LIGHT AND TRAFFIC IN FRONT OF HER. SHE SAID SHE WAS STOPPED FOR APPROXIMATELY 5 SECONDS WHEN VEHICLE #2 BACKED UP INTO HER AND STRUCK THE FRONT OF HER CAR. DRIVER #1 SAID THAT DRIVER #2 GOT OUT, SAID IT LOOKED OK AND DROVE OFF. I CONTACTED HERTZ WHO ADVISED ME THAT THE CAR WAS RENTED TO A FEMALE BY THE NAME OF DEBORAH KAUFMAN. HERTZ WAS SUPPOSED TO CALL ME BACK WITH FURTHER INFORMATION BUT NEVER DID. A COPY OF THIS REPORT WILL BE FORWARDED TO APD'S HIT AND RUN UNIT FOR FURTHER FOLLOW-UP.</p> | | | | | | | |

| | | | | | | | |
|-------------------------|------------------------|------------------------------------|--------------------|--|---------------------|----------|---------------|
| Other Property Involved | Type | Description of Property and Damage | | | | | |
| | Owner's Last Name | | Owner's First Name | | Owner's Middle Name | | |
| | Owner's Street Address | | Owner's City | | State | Zip Code | Owner's Phone |

| | | | | | | | |
|---------|--------------------------|--|----------------------|--|-----------------------|----------|-----------------|
| WITNESS | Witness's Last Name | | Witness's First Name | | Witness's Middle Name | | Age |
| | Witness's Street Address | | Witness's City | | State | Zip Code | Witness's Phone |

| | | | | | | |
|---------------------------------|-----------|------------|-------------|-------------------------|--------|--|
| ENFORCEMENT ACTION - VIOLATIONS | | | | | | |
| VEH NO. | Last Name | First Name | Middle Name | Violation (Common Name) | Action | |

| | | | | | | |
|--|-----------------------|--------------------------------|---------------------|--|-----------------|---------------------------|
| Time Notified 08:46 | Time Arrived 08:46 | Notified By SUB | Supervisor at Scene | Checked By 5238 - GOMEZ, GUSTAVO - 6/8/2018 | | |
| Officer's Signature  | | Officer's Name SANDOVAL, M. | Rank SGT | ID Number 3099 | District 239 | Report Date 03/23/2018 |

DIAGRAM



NOT TO SCALE

A.O.I.



125 SB FRONTAGE RD NE

MOUNTAIN RD. NE

| | | | | | | | | | | | | | | | | | |
|--|--------------------------------------|---|--------------------------------|--|------------------------------|---------------------------------------|----------------------------|-------------------------------|------------------------------------|---------------------------------|--|-------------------------|--------------------|-------------------------|-------------|---------|-----------|
| VEHICLE NO. 002 | VEHICLE NO. HEADED 02 | | Unit Direction WEST | | On: MOUNTAIN AVE | | | | Left the Scene of the Crash? NO | | Posted Speed 35 | | Safe Speed | | | | |
| | Driver's Last Name HUGSON | | | | Driver's First Name SARAH | | | Driver's Middle Name | | | Driver's Street Address 722 SOLAR RD NW | | | | | | |
| | Driver's License Number 031033551 | | State NM | Type D | Statu V | Restriction | Endorsements | Expires 07/10/2025 | City ALBUQUERQUE | | Stat NM | Zip Code 87107 | | Phone (505) 280-8703 | | | |
| | Date of Birth 05/18/1969 | | Occupation | | | | Seat Pos LF | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans |
| | Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | 48 | F | C | B | 6 | YES | N | N | 32 | NO |
| | RF | HUGHSON | | BELLE | | | | 8 | F | C | B | 6 | YES | N | N | 32 | YES |
| | 722 SOLAR RD NW | | ALBUQUERQUE | | NM | 87107 | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Veh. Year 2000 | | Vehicle Make TOYOTA | | Color BEIGE - BGE | | Body Style PC | Cargo Body Type | Veh. Use | Veh. Use | Veh. Towed? YES | | Vehicle Disabled YES | | | | | |
| Lic. Year 2018 | | State NM | License Plate Number HLP850 | | VIN 2T1C622P5YC413273 | | DOT # | | Damage Severity HEAVY | | Damage Area 1 2 3 4 5 12 6 | | | | | | |
| Interstate Carrier? | | Towed By ACME T & R | | Towed To 8705 BROADWAY BLVD. SE ALBUQUE | | Extent DISABLED | | 03,04 | | | | | | | | | |
| Number of Axles | | Gross Vehicle/Comb Weight Rating | | HazMat Placard? | | Hazmat Placard 4-digit OR Hazmat Name | | AND | | 1-digit # | | HazMat Released NO | | | | | |
| Carrier's Name | | | | Street Address | | | | Carrier City | | | | State | Carrier's Zip | | | | |
| Owner's Last Name HUGSON | | | | Owner's First Name SARAH | | | Owner's Middle Name | | | Owner's Company Name | | | | | | | |
| Street Address 722 SOLAR RD NW | | | | Owner's City ALBUQUERQUE | | | State NM | Owner Zip 87107 | | Owner's Phone (505) 280-8703 | | | | | | | |
| Insured By: (Name of Company) GEICO | | | | Policy Number | | Trailer or Towed Vehicles (1) | | Type | Year | Make | Lic. Year | Lic State | License Num | | | | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic. Year | Lic State | License Num | Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic. Year | Lic State | License Num | | |
| Veh. Num | Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| COND | Lighting DAYLIGHT | | | Weather CLEAR | | | Road Character STRAIGHT | | | Road Grade DIP | | | | | | | |
| ROAD | VEH NO. 01 | Road Condition DRY | | Road Surface PAVED CENTER AND EDGE LIN | | Traffic Control TRAFFIC SIGNALS | | Road Lanes 3 LANES | Road Design Div UNDIVIDED | | Road Design FULL ACCESS CT | | | | | | |
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | | | | | DRIVER'S ACTIONS | | | | SEQUENCE OF EVENTS | | | | |
| | CELL PHONE, DRIVER INATTENTION | | | | | | | | GOING STRAIGHT | | | | FIRST EVENT | | | | |
| | | | | | | | | | | | | | SECOND EVENT | | | | |
| | | | | | | | | | | | | | THIRD EVENT | | | | |
| | | | | | | | | | | | | | FOURTH EVENT | | | | |

| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | |
|--------|---|--|--|--|------------|--------------------------------|--|
| | HAD NOT CONSUMED ALCOHOL | | NO APP. DEFECTS | | | At Intersection | |
| | Breath Test Results | | Driver Physical Condition - Other | | | Pedestrian Action - Other | |

| ROAD | VEH NO. | Road Condition | Road Surface | Traffic Control | Road Lanes | Road Design Div | Road Design |
|------|---------|----------------|---------------------------|-----------------|------------|-----------------|----------------|
| | 02 | DRY | PAVED CENTER AND EDGE LIN | TRAFFIC SIGNALS | 1 LANE | UNDIVIDED | FULL ACCESS CT |


| EVENT | APPARENT CONTRIBUTING FACTORS | | DRIVER'S ACTIONS | | SEQUENCE OF EVENTS | |
|-------|-------------------------------|--|------------------|--|--------------------|--|
| | NONE | | GOING STRAIGHT | | FIRST EVENT | |
| | | | | | SECOND EVENT | |
| | | | | | THIRD EVENT | |
| | | | | | FOURTH EVENT | |

| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | |
|--------|---|--|--|--|------------|--------------------------------|--|
| | HAD NOT CONSUMED ALCOHOL | | NO APP. DEFECTS | | | At Intersection | |
| | Breath Test Results | | Driver Physical Condition - Other | | | Pedestrian Action - Other | |

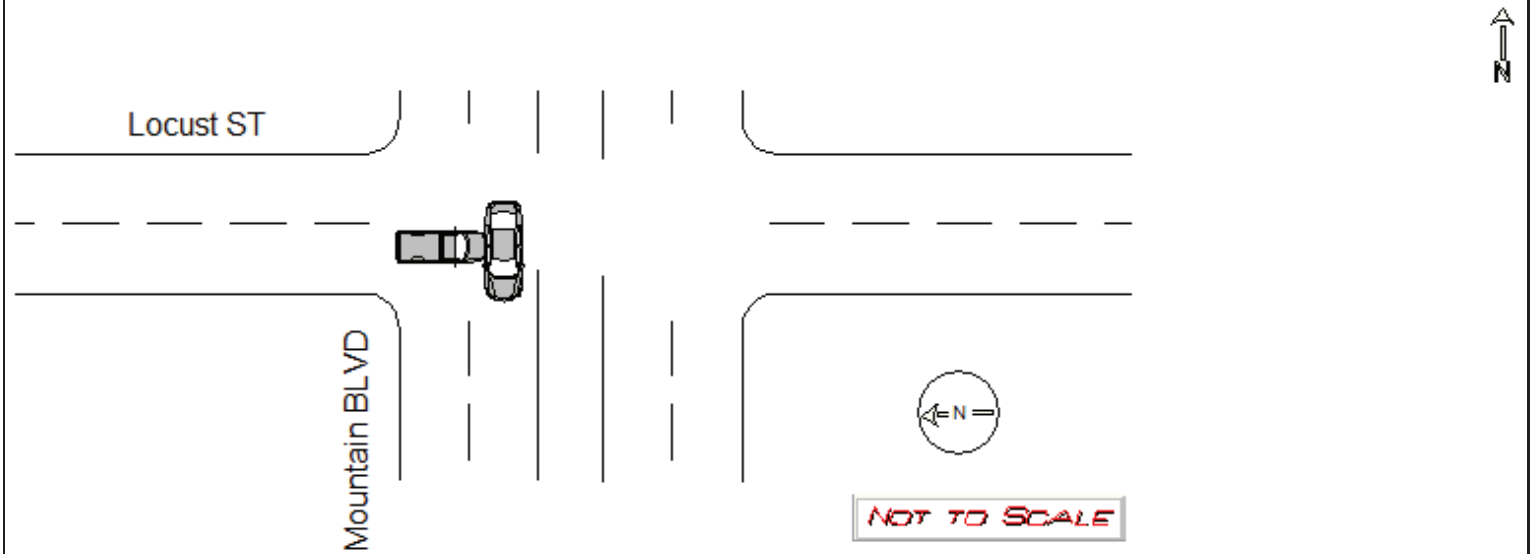
| NARRATIVE | | | | | | | |
|---|--|--|--|--|--|--|--|
| <p>V1 WAS TRAVELING SOUTHBOUND ON LOCUST ST, D1 WAS CHECKING HER NAVIGATION ON HER PHONE AND RAN THE RED LIGHT. V1 STRUCK V2 ON THE PASSENGER SIDE DOOR. V2 HAD A GREEN LIGHT AND WAS TRAVELING WEST ON MOUNTAIN AVE. PASSENGER OF V2 WAS TRANSPORTED TO THE HOSPITAL FOR INJURIES, PASSENGER HAD A BROKEN PELVIS, BROKEN RIB, AND BROKEN COLLAR BONE AS A RESULT OF THE COLLISION. ALL OTHER PARTIES WERE CHECKED BY MEDICAL PERSONNEL AND DID NOT REQUIRE TRANSPORT TO THE HOSPITAL</p> | | | | | | | |

| Other Property Involved | Type | Description of Property and Damage | | | | | | |
|-------------------------|------------------------|------------------------------------|--------------|--------------------|-------|---------------------|---------------|--|
| | Owner's Last Name | | | Owner's First Name | | Owner's Middle Name | | |
| | Owner's Street Address | | Owner's City | | State | Zip Code | Owner's Phone | |

| WITNESS | Witness's Last Name | | Witness's First Name | | Witness's Middle Name | | Age |
|---------|--------------------------|--|----------------------|--|-----------------------|----------|-----------------|
| | Witness's Street Address | | Witness's City | | State | Zip Code | Witness's Phone |

| ENFORCEMENT ACTION - VIOLATIONS | | | | | | | |
|---|--------------|------------------|---------------------|-------------------------|-----------------------------------|----------|-------------|
| VEH NO. | Last Name | First Name | Middle Name | Violation (Common Name) | Action | | |
| 01 | PEREZ | KATHRYN | | DISTRACTED DRIVER | CITED | | |
| Time Notified | Time Arrived | Notified By | Supervisor at Scene | | Checked By | | |
| 14:36 | 14:40 | DISPATCH | G. GOMEZ | | 5238 - GOMEZ, GUSTAVO - 1/18/2018 | | |
| Officer's Signature | | Officer's Name | | Rank | ID Number | District | Report Date |
|  | | LECLAIR II, MARK | | P1/C | 5726 | 226 | 01/14/2018 |

DIAGRAM




ALBUQUERQUE POLICE DEPT

REPORTING DEPARTMENT

STATE OF NEW MEXICO
UNIFORM CRASH REPORT

710447763

| | | | | | | | | | | | | | | | | |
|---|---|--|---------------------------------------|--|---------------------------------|--|------------------------------|---|---------------------------------|--|---|--------------------------------|---------------------------|---------------------|-------------|------------------------|
| Private Property? NO | | Fatal Injury <input type="checkbox"/> | | Property Damage Only <input type="checkbox"/> | | Under \$500 <input checked="" type="checkbox"/> \$500 or More | | Hit and Run? NO | | Case Number: 180077576 | | | | | | |
| | | | | | | | | | | NMDOT: | | CAD Num: 182251255 | | | | |
| Crash Date 08/13/2018 | | Military Time 19:09 | | City Occurred In ALBUQUERQUE | | | | County BERNALILLO | | | | | | | | |
| Day of Week MONDAY | | Occurred On (Route No. or Name) I 25 FRONTAGE RD | | | | At Intersection With: MOUNTAIN RD NW | | | | Tribal Land? NO | | | | | | |
| Other Location | | Measurement | | Direction | | Permanent Landmark - County Line - Intersection | | | | Milepost | | Lat: Long: | | | | |
| Crash Occurred ON ROADWAY | | Crash Classification OTHER VEHICLE | | | | Analysis Code 01 - BOTH GOING STRAIGHT/ENTERING AT ANGLE | | | | | | | | | | |
| VEHICLE NO. HEADED | | Unit Direction 01 SOUTH | | On: I 25 FRONTAGE RD | | | | Left the Scene of the Crash? NO | | Posted Speed | | Safe Speed | | | | |
| Driver's Last Name PARKER | | | | Driver's First Name KEVIN | | | | Driver's Middle Name JAMES | | Driver's Street Address 3901 MONTGOMERY BLVD NE APT 1211 | | | | | | |
| Driver's License Number 501268933 | | State NM | Type D | Status V | Restrictions B | Endorsements | Expires 03/21/2026 | City ALBUQUERQUE | | State NM | Zip Code 87109 | Phone (505) 604-8233 | | | | |
| Date of Birth 03/05/1989 | | Occupation | | | | Seat Pos LF | Age 29 | Sex M | Race C | Injury Code O | OP Code 6 | OP Used Properly UNK | Airbag Deploy N | Ejected N | EMS Num | Med Trans NO |
| Seat Pos RF | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) GALLARDO GILBERT EDWARD 3901 MONTGOMERY BLVD ALBUQUERQUE NM 87109 | | | | | | Age 29 | Sex M | Race H | Injury Code O | OP Code 6 | OP Used Properly UNK | Airbag Deploy N | Ejected N | EMS Num | Med Trans NO |
| Veh. Year 2014 | | Vehicle Make CHEVROLET | | Color BROWN - BRO | | Body Style PK | Cargo Body Type | Veh. Use1 P | Veh. Use2 | Veh. Towed? YES | | Vehicle Disabled NO | | | | |
| Lic. Year 2019 | | State NM | License Plate Number PHJ142 | | VIN 1GCVKPEH9EZ212809 | | DOT # | | Damage Severity HEAVY | | Damage Area 12  | | | | | |
| Interstate Carrier? | | Towed By MADRID TOWING | | Towed To 3310 SAN YGNACIO RD. SW ALBUQUE | | Extent FUNCTIONAL | | 11 10 9 8 7 01,02,03,04,05,06 | | | | | | | | |
| Number of Axles | | Gross Vehicle/Comb Weight Rating | | HazMat Placard? | | Hazmat Placard 4-digit OR Hazmat Name | | AND | | 1-digit # | | HazMat Released NO | | | | |
| Carrier's Name | | | | Street Address | | | | Carrier City | | | | State | Carrier's Zip | | | |
| Owner's Last Name PARKER | | | | Owner's First Name KEVIN | | | | Owner's Middle Name JAMES | | Owner's Company Name | | | | | | |
| Street Address 3901 MONTGOMERY BLVD NE APT 1211 | | | | Owner's City ALBUQUERQUE | | | | State NM | Owner Zip 87109 | Owner's Phone (505) 604-8233 | | | | | | |
| Insured By: (Name of Company) GEICO | | | | Policy Number 4402842910 | | Trailer or Towed Vehicles (1) | | Type | Year | Make | Lic. Year | Lic State | License Num | | | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic. Year | Lic State | License Num | Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic. Year | Lic State | License Num | |
| VEHICLE NO. HEADED | | Unit Direction 02 SOUTH | | On: I 25 FRONTAGE RD | | | | Left the Scene of the Crash? NO | | Posted Speed | | Safe Speed | | | | |

VEHICLE NO. 001

VEHICLE NO. 002

| | | | | | | | | | | | | | | | | | | |
|---|--|--|-------------|--------------------|---------------------------|--|---------------------------------------|---------------------|-------------------------------|--------------------------------|-----------------|----------------------|------------------|--------------------|-----------|-------------|-----------|--|
| BURKE | | | | DANIEL | | | | 3531 GOODFELLOW PL | | | | | | | | | | |
| Driver's License Number | | State | Type | Status | Restrictions | Endorsements | Expires | City | | State | Zip Code | Phone | | | | | | |
| 01877168 | | TX | C | V | A | | 03/14/2022 | ALBUQUERQUE | | TX | 79121 | (806) 679-0792 | | | | | | |
| Date of Birth | | Occupation | | | | | Seat Pos | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans | |
| 03/14/1962 | | | | | | | LF | 56 | M | C | O | 6 | UNK | N | N | | NO | |
| Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Veh. Year | Vehicle Make | | Color | | | Body Style | Cargo Body Type | Veh. Use1 | Veh. Use2 | Veh. Towed? | | Vehicle Disabled | | | | | | |
| 2017 | FORD | | WHITE - WHI | | | PC | | | P | YES | | YES | | | | | | |
| Lic. Year | State | License Plate Number | | | VIN | | | DOT # | | | Damage Severity | | Damage Area | | | | | |
| 2019 | NM | JVN4113 | | | 1FM5K8D81HGD07948 | | | | | | HEAVY | | 12 1 2 3 4 5 6 | | | | | |
| Interstate Carrier? | | Towed By | | | Towed To | | | | | Extent | | 01,09,10,11,12 | | | | | | |
| | | PRIVATE TOW BY OWNER | | | PRIVATE TOW BY OWNER | | | | | DISABLED | | | | | | | | |
| Number of Axles | | Gross Vehicle/Comb Weight Rating | | | HazMat Placard? | | Hazmat Placard 4-digit OR Hazmat Name | | | AND | | 1-digit # | | HazMat Released | | | | |
| | | | | | | | | | | | | | | NO | | | | |
| Carrier's Name | | | | Street Address | | | | Carrier City | | | | State | | Carrier's Zip | | | | |
| | | | | | | | | | | | | | | | | | | |
| Owner's Last Name | | | | Owner's First Name | | | | Owner's Middle Name | | | | Owner's Company Name | | | | | | |
| WHEELS LT | | | | WHEELS LT | | | | | | | | WHEELS LT | | | | | | |
| Street Address | | | | Owner's City | | | | State | Owner Zip | | Owner's Phone | | | | | | | |
| 666 GARLAND PL | | | | DES PLAINES | | | | IL | 60016 | | (806) 679-0792 | | | | | | | |
| Insured By: (Name of Company) | | | | Policy Number | | | Trailer or Towed Vehicles (1) | | Type | Year | Make | Lic. Year | Lic State | License Num | | | | |
| CELGENE CORP | | | | 39CSES52102 | | | | | | | | | | | | | | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic. Year | Lic State | License Num | | Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic. Year | Lic State | License Num | | |
| | | | | | | | | | | | | | | | | | | |
| Veh. Num | Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| COND | Lighting | | | Weather | | | Road Character | | | Road Grade | | | | | | | | |
| | DAYLIGHT | | | CLEAR | | | STRAIGHT | | | LEVEL | | | | | | | | |
| ROAD | VEH NO | Road Condition | | | Road Surface | | | Traffic Control | | Road Lanes | Road Design Div | | Road Design | | | | | |
| | 01 | DRY | | | PAVED CENTER AND EDGE LIN | | | TRAFFIC SIGNALS | | 3 LANES | PAINTED DIVIDE | | FULL ACCESS CT | | | | | |
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | | | | | | DRIVER'S ACTIONS | | | | SEQUENCE OF EVENTS | | | | |
| | OTHER - NO DRIVER ERROR | | | | | | | | | GOING STRAIGHT | | | | FIRST EVENT | | | | |
| | | | | | | | | | | | | | | MVT | | | | |
| | | | | | | | | | | | | | | SECOND EVENT | | | | |
| | | | | | | | | | | | | | | THIRD EVENT | | | | |
| FOURTH EVENT | | | | | | | | | | | | | | | | | | |
| DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | | | | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | | | PEDESTRIAN/PEDALCYCLIST ACTION | | | | | | | | |
| | | | | | | | | | | At Intersection | | | | | | | | |

Crash Report Number: 710447763

Case Number: 180077576

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

Sheet 2 Of 4

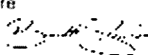
| | | | | | | | | | | | | | |
|---|---|------------------------------------|--|--|--|--|--------------------------------------|---------------------|---------------------------|--------------------------------|-----------------|------------------------|----------------------------------|
| DRIVER | HAD NOT CONSUMED ALCOHOL | | | | NO APP. DEFECTS | | | | PEDESTRIAN | Not At Intersection | | | |
| | Breath Test Results | | | | Driver Physical Condition - Other | | | | | Pedestrian Action - Other | | | |
| ROAD | VEH NO 02 | Road Condition DRY | Road Surface PAVED CENTER AND EDGE LIN | Traffic Control TRAFFIC SIGNALS | Road Lanes 3 LANES | Road Design Div PAINTED DIVIDE | Road Design FULL ACCESS CT | | | | | | |
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | DRIVER'S ACTIONS | | | | SEQUENCE OF EVENTS | | | | |
| | DRIVER INATTENTION, MADE IMPROPER TURN | | | | LEFT TURN | | | | FIRST EVENT MVT | | | | |
| | | | | | | | | | SECOND EVENT | | | | |
| | | | | | | | | | THIRD EVENT | | | | |
| | | | | | | | | | FOURTH EVENT | | | | |
| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | | | |
| | HAD NOT CONSUMED ALCOHOL | | | | NO APP. DEFECTS | | | | | At Intersection | | | |
| | Breath Test Results | | | | Driver Physical Condition - Other | | | | | Not At Intersection | | | |
| Pedestrian Action - Other | | | | | | | | | | | | | |
| NARRATIVE | | | | | | | | | | | | | |
| VEH #1 WAS IN THE #1 LANE TRAVELING SOUTHBOUND ON I25 FRONTAGE RD APPROACHING MOUNTAIN RD. THE #1 LANE IS EITHER A TURN LANE OR SOUTHBOUND LANE. VEH #2 WAS ALSO TRAVELING SOUTHBOUND ON I25 FRONTAGE RD, IN THE #2 LANE, APPROACHING MOUNTAIN RD. THE #2 LANE IS A SOUTHBOUND LANE ONLY. VEH #2 ATTEMPTED TO MAKE A LEFT HAND TURN FROM LANE #2 AND CRASHED INTO VEH #1, WHO WAS CONTINUING SOUTHBOUND. DRIVER #2 STATED THAT HE THOUGHT THE #2 LANE WAS ALSO A TURN LANE AND CRASHED INTO VEH #1 WITH THE FRONT LEFT SIDE OF HIS VEHICLE. VEH #2 WAS DAMAGED ON THE FRONT LEFT SIDE AND WAS TOWED BY THE OWNER WITH A PRIVATE TOW COMPANY. VEH #1 WAS DAMAGE ON THE FRONT AND MIDDLE RIGHT SIDE OF THE VEHICLE AND WAS TOWED BY MADRID TOWING TO THEIR TOW YARD. | | | | | | | | | | | | | |
| Other Property Involved | Type | Description of Property and Damage | | | | | | | | | | | |
| | Owner's Last Name | | | | Owner's First Name | | | | Owner's Middle Name | | | | |
| | Owner's Street Address | | | | Owner's City | | | | State | Zip Code | Owner's Phone | | |
| WITNESS | Witness's Last Name | | | | Witness's First Name | | | | Witness's Middle Name | | | | Age |
| | Witness's Street Address | | | | Witness's City | | | | State | Zip Code | Witness's Phone | | |
| ENFORCEMENT ACTION - VIOLATIONS | | | | | | | | | | | | | |
| VEH NO | Last Name | | | First Name | | | Middle Name | | | Violation (Common Name) | | | Action |
| 19:41 | 19:51 | DISPATCH | | | | | Supervisor at Scene | | | | | | |
| Checked By 3150 - QUILLMANN, ANDREW - 8/24/2018 | | | | | | | | | | | | | |
| Officer's Signature  | | | | Officer's Name SANCHEZ, BERNADETTE | | | | Rank P1/C | | ID Number 5558 | | District 226 | Report Date 08/13/2018 |

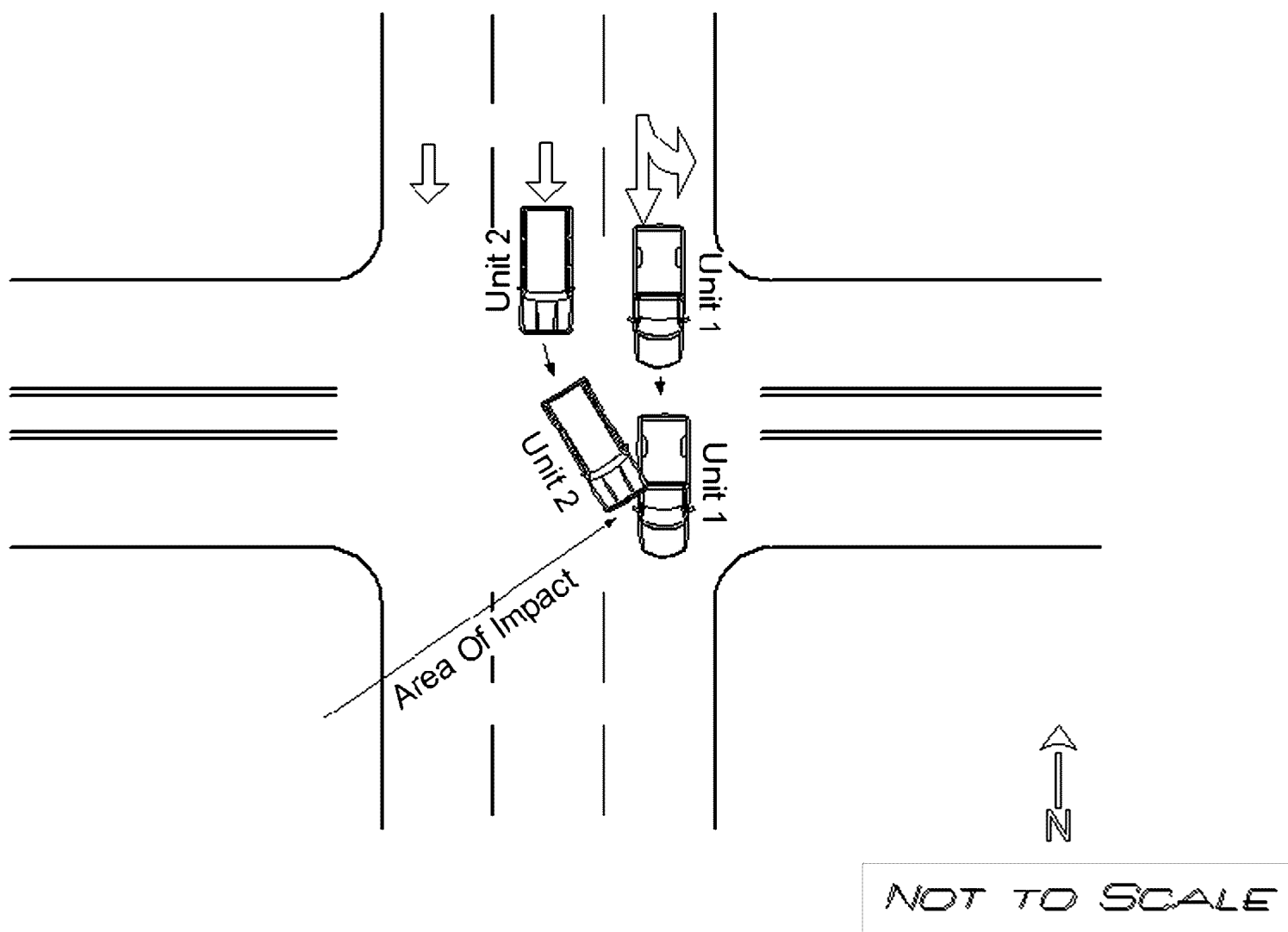
Diagram Drawn By

SANCHEZ, BERNADETTE

Measurements Taken By

NOT TO SCALE

DIAGRAM






ALBUQUERQUE POLICE DEPT

REPORTING DEPARTMENT

STATE OF NEW MEXICO
UNIFORM CRASH REPORT

710454391

| | | | | | | | | | | | | | | | | |
|--|--|---|---|--|--|---|--|---|---------------------------------|---|---|--------------------------------|---------------------------|------------------------------|-----------------------|------------------------|
| Private Property? NO | | <input type="checkbox"/> Fatal <input type="checkbox"/> Injury | Property Damage Only <input type="checkbox"/> Under \$500 <input checked="" type="checkbox"/> \$500 or More | | Hit and Run? NO | | Case Number: 180123002 | | NMDOT: | | CAD Num: 183600930 | | | | | |
| Crash Date 12/26/2018 | | Military Time 18:44 | | City Occurred In ALBUQUERQUE | | | | County BERNALILLO | | | | | | | | |
| Day of Week WEDNESDAY | | Occurred On: (Route No. or Name) I 25 FRONTAGE RD | | | | At Intersection With: MOUNTAIN RD NE | | | | Tribal Land? NO | | | | | | |
| Other Location | | Measurement | | Direction | | Permanent Landmark - County Line - Intersection | | | | Milepost | | Lat: Long: | | | | |
| Crash Occurred ON ROADWAY | | | Crash Classification OTHER VEHICLE | | | | Analysis Code 01 - BOTH GOING STRAIGHT/ENTERING AT ANGLE | | | | | | | | | |
| VEHICLE NO. HEADED | | Unit Direction 01 SOUTH | | On: I 25 FRONTAGE RD | | | | Left the Scene of the Crash? NO | | Posted Speed | | Safe Speed | | | | |
| Driver's Last Name NOLAN | | | | Driver's First Name SEAN | | | | Driver's Middle Name ROBERT | | Driver's Street Address 3701 INCA ST NE APT A | | | | | | |
| Driver's License Number 026965420 | | State NM | Type D | Status V | Restrictions B | Endorsements W | Expires 09/08/2021 | City ALBUQUERQUE | | State NM | Zip Code 87111-0000 | | Phone | | | |
| Date of Birth 08/09/1966 | | Occupation | | | | Seat Pos LF | Age 52 | Sex M | Race C | Injury Code O | OP Code 6 | OP Used Properly YES | Airbag Deploy F | Ejected N | EMS Num AFR | Med Trans NO |
| Seat Pos RF | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) WILCOX BRETT ALAN 2611 DAKOTA ST NE APT 1 ALBUQUERQUE NM 87110-0000 | | | | | | Age 49 | Sex M | Race C | Injury Code C | OP Code 6 | OP Used Properly YES | Airbag Deploy F | Ejected N | EMS Num AFR | Med Trans NO |
| Veh. Year 2017 | Vehicle Make DODGE | | Color GRAY - GRY | | Body Style PK | Cargo Body Type AT | Veh. Use1 P | Veh. Use2 | Veh. Towed? YES | | Vehicle Disabled YES | | | | | |
| Lic. Year 2019 | State NM | License Plate Number AABA40 | | VIN 1D7HU18DX4S638650 | | | DOT # | | Damage Severity HEAVY | | Damage Area 12  11 10 9 8 7 6 | | | | | |
| Interstate Carrier? | | Towed By ACME TOWING | | | Towed To 8705 BROADWAY BLVD. SE # F ALBU | | | | Extent DISABLED | | 01,02,03,04,05,06,07,08,09,10,11,12 | | | | | |
| Number of Axles | | Gross Vehicle/Comb Weight Rating | | HazMat Placard? | | Hazmat Placard 4-digit OR Hazmat Name | | | | AND | | 1-digit # | | HazMat Released NO | | |
| Carrier's Name | | | | Street Address | | | | Carrier City | | | | State | | Carrier's Zip | | |
| Owner's Last Name NOLAN | | | | Owner's First Name SEAN | | | | Owner's Middle Name ROBERT | | Owner's Company Name | | | | | | |
| Street Address 3701 INCA ST NE APT A | | | | Owner's City ALBUQUERQUE | | | | State NM | Owner Zip 87111-0000 | | Owner's Phone | | | | | |
| Insured By: (Name of Company) WORTH CASUALTY IS COMP | | | | Policy Number SNA093134-000 | | Trailer or Towed Vehicles (1) | Type | Year | Make | Lic. Year | Lic State | License Num | | | | |
| Trailer or Towed Vehicles (2) | Type | Year | Make | Lic. Year | Lic State | License Num | Trailer or Towed Vehicles (3) | Type | Year | Make | Lic. Year | Lic State | License Num | | | |
| VEHICLE NO. HEADED | | Unit Direction 02 EAST | | On: MOUNTAIN RD NE | | | | Left the Scene of the Crash? NO | | Posted Speed | | Safe Speed | | | | |

Driver's Last Name

Driver's First Name

Driver's Middle Name

Driver's Street Address

Crash Report Number: **710454391**Case Number: **180123002**STATE OF NEW MEXICO UNIFORM CRASH REPORT
NM STATUTE 66-7-209
NMDOT COPY

Sheet 1 Of 5

VEHICLE NO. 002

| | | | | | | | | | | | | | | | | | | |
|---|--|--|--------------|--------------------|---------------------------------|--|---------------------------------------|------------------------|-------------------------------|--------------------------------|------------------|-------------------------------------|------------------|-----------------|--------------------|-------------|-----------|--|
| DAVIS | | | | HENRY | | | | 9335 CUMBRIA VALLEY DR | | | | | | | | | | |
| Driver's License Number | | State | Type | Status | Restrictions | Endorsements | Expires | City | | | State | Zip Code | Phone | | | | | |
| | | TX | | V | | | | LORTON | | | VA | 22079 | (580) 917-3591 | | | | | |
| Date of Birth | | Occupation | | | | | Seat Pos | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans | |
| 03/07/1977 | | | | | | | LF | | | | | | | | | | | |
| Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | | 41 | M | C | C | 6 | YES | B | N | AAS | YES | |
| RF | DAVIS DORA | | | | | | | 72 | F | C | C | 6 | YES | B | N | AAS | YES | |
| | 431 IRON ST GRANTS NM 87020 | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Veh. Year | Vehicle Make | | Color | | | Body Style | Cargo Body Type | Veh. Use1 | Veh. Use2 | Veh. Towed? | | Vehicle Disabled | | | | | | |
| 2018 | FORD | | SILVER - SIL | | | SV | AT | | P | YES | | YES | | | | | | |
| Lic. Year | State | License Plate Number | | | VIN | | | DOT # | | | Damage Severity | | Damage Area | | | | | |
| 2019 | CO | OHF265 | | | 1FM5K8GT0JGA21403 | | | | | | HEAVY | | 1 2 3 4 5 | | | | | |
| Interstate Carrier? | | Towed By | | | Towed To | | | | | Extent | | 12 11 10 9 8 7 6 | | | | | | |
| | | ACME TOWING | | | 8705 BROADWAY BLVD. SE # F ALBU | | | | | DISABLED | | 01,02,03,04,05,06,07,08,09,10,11,12 | | | | | | |
| Number of Axles | | Gross Vehicle/Comb Weight Rating | | | HazMat Placard? | | Hazmat Placard 4-digit OR Hazmat Name | | | AND | | 1-digit # | | HazMat Released | | | | |
| | | | | | | | | | | | | | | NO | | | | |
| Carrier's Name | | | | Street Address | | | | Carrier City | | | | State | | Carrier's Zip | | | | |
| Owner's Last Name | | | | Owner's First Name | | | | Owner's Middle Name | | | | Owner's Company Name | | | | | | |
| AVIS | | | | BUDGET | | | | | | | | | | | | | | |
| Street Address | | | | Owner's City | | | | State | | Owner Zip | | Owner's Phone | | | | | | |
| 24050 E 78TH AVE | | | | DENVER | | | | CO | | | | | | | | | | |
| Insured By: (Name of Company) | | | | Policy Number | | | Trailer or Towed Vehicles (1) | | Type | Year | Make | Lic. Year | Lic State | License Num | | | | |
| USSA | | | | | | | | | | | | | | | | | | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic. Year | Lic State | License Num | | Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic. Year | Lic State | License Num | | |
| | | | | | | | | | | | | | | | | | | |
| Veh. Num | Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| COND | Lighting | | | | Weather | | | Road Character | | | | Road Grade | | | | | | |
| | DARK LIGHTED | | | | CLEAR | | | STRAIGHT | | | | HILLCREST | | | | | | |
| ROAD | VEH NO. | Road Condition | | | Road Surface | | | Traffic Control | | Road Lanes | Road Design Div | | Road Design | | | | | |
| | 01 | WET | | | PAVED CENTER AND EDGE LIN | | | TRAFFIC SIGNALS | | 3 LANES | PAINTED DIVIDE | | FULL ACCESS CT | | | | | |
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | | | | | | | DRIVER'S ACTIONS | | | | SEQUENCE OF EVENTS | | | |
| | NONE | | | | | | | | | | GOING STRAIGHT | | | | FIRST EVENT | | | |
| | | | | | | | | | | | | | | | SECOND EVENT | | | |
| | | | | | | | | | | | | | | | THIRD EVENT | | | |
| | | | | | | | | | | | | | | | FOURTH EVENT | | | |
| DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | | | | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | | | PEDESTRIAN/PEDALCYCLIST ACTION | | | | | | | | |
| | | | | | | | | | | At Intersection | | | | | | | | |

Crash Report Number: 710454391

Case Number: 180123002

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

Sheet 2 Of 5

| | | | | | | | | | | | | |
|--|---|------------------------------------|--|---|--|------------------------------------|------------------|-----------------------|-----------------------------------|-------------------------------|-----------------------------------|-----|
| DRIVER | HAD NOT CONSUMED ALCOHOL | | | | NO APP. DEFECTS | | | PEDESTRIAN | Not At Intersection | | | |
| | Breath Test Results | | | | Driver Physical Condition - Other | | | | Pedestrian Action - Other | | | |
| ROAD | VEH NO. 02 | Road Condition WET | | Road Surface PAVED CENTER AND EDGE LIN | | Traffic Control TRAFFIC SIGNALS | | Road Lanes 2 LANES | Road Design Div PAINTED DIVIDE | Road Design FULL ACCESS CT | | |
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | | | DRIVER'S ACTIONS | | | SEQUENCE OF EVENTS | | |
| | DISREGARDED TRAFFIC SIGNAL, DRIVER INATTENTION, FAILED TO YIELD RIGHT OF WAY, IMPROPER OVERTAKING | | | | | | GOING STRAIGHT | | | FIRST EVENT | | |
| | | | | | | | | | | SECOND EVENT | | |
| | | | | | | | | | | THIRD EVENT | | |
| | | | | | | | | | | FOURTH EVENT | | |
| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | | | |
| | HAD NOT CONSUMED ALCOHOL | | | | NO APP. DEFECTS | | | | At Intersection | | | |
| | Breath Test Results | | | | Driver Physical Condition - Other | | | | Not At Intersection | | | |
| Pedestrian Action - Other | | | | | | | | | | | | |
| NARRATIVE | | | | | | | | | | | | |
| <p>ON 12-26-2018 AT APPROXIMATELY 1846 HRS I WAS DISPATCHED TO THE INTERSECTION OF SOUTH BOUND FRONTAGE ROAD AND MOUNTAIN ROAD NE IN REFERENCE TO A TWO VEHICLE ACCIDENT WITH INJURIES.</p> <p>UPON ARRIVAL I MADE CONTACT WITH BOTH DRIVERS AND THREE WITNESSES;</p> <p>DRIVER #1 STATED HE WAS TRAVELING SOUTH BOUND FRONTAGE ROAD, AS #1 WAS APPROACHING THE INTERSECTION OF MOUNTAIN ROAD HE NOTICED HIS LIGHT HAND TURNED GREEN SO HE PROCEEDED SOUTH BOUND THROUGH THE INTERSECTION. AS #1 WAS ABOUT 3/4 THROUGH THE INTERSECTION #2 RAN THE RED COLLIDING WITH #1.</p> <p>DRIVER #2 STATED HE WAS TRAVELING EAST BOUND MOUNTAIN ROAD. AS DRIVER #2 WAS DRIVING EAST BOUND HE NOTICED A GREEN LIGHT AND CONTINUED DRIVING. AS #2 CAME TO THE INTERSECTION OF SOUTH BOUND FRONTAGE HE REALIZED THE LIGHT HE WAS SEEING GREEN WAS ACTUALLY NORTH BOUND FRONTAGE LIGHT. DRIVER #2 LOOKED UP AND NOTICED THE SOUTH BOUND LIGHT WAS RED. #2 APPLIED HIS BREAKS BUT WAS ALREADY IN THE INTERSECTION. #2 COLLIDED WITH #1 IN THE INTERSECTION.</p> <p>AFTER SPEAKING WITH ALL THREE WITNESSES REVEALED THAT DRIVER #1 HAD THE GREEN LIGHT TRAVELING SOUTH BOUND. #2 RAN THE RED LIGHT CAUSING THE COLLISION.</p> <p>#2 WAS FOUND AT FAULT FOR THE ACCIDENT.</p> | | | | | | | | | | | | |
| Other Property Involved | Type | Description of Property and Damage | | | | | | | | | | |
| | Owner's Last Name | | | | Owner's First Name | | | | Owner's Middle Name | | | |
| | Owner's Street Address | | | | Owner's City | | | | State | Zip Code | Owner's Phone | |
| WITNESS | Witness's Last Name PACHECO | | | | Witness's First Name ANDREW | | | | Witness's Middle Name | | | Age |
| | Witness's Street Address | | | | Witness's City | | | | State | Zip Code | Witness's Phone (505) 205-7986 | |
| WITNESS | Witness's Last Name MARTINEZ | | | | Witness's First Name TIMOTHY | | | | Witness's Middle Name | | | Age |
| | Witness's Street Address | | | | Witness's City | | | | State | Zip Code | Witness's Phone (505) 362-0590 | |

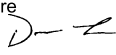
| | | | | | | | |
|--|---------------------------------------|-------------------------------------|--|---------------------|---|------------------------|--|
| WITNESS | Witness's Last Name CHAPMAN | | Witness's First Name MICHAEL | | Witness's Middle Name | | Age |
| | Witness's Street Address | | Witness's City | | State | Zip Code | Witness's Phone (505) 243-2409 |
| ENFORCEMENT ACTION - VIOLATIONS | | | | | | | |
| VEH NO. | Last Name | | First Name | | Middle Name | | Violation (Common Name) |
| | | | | | | | |
| Time Notified 18:46 | Time Arrived 18:52 | Notified By DISPATCH | | | Supervisor at Scene A/LT N. WHEELER | | |
| Checked By 5157 - SMITH, JARROD - 1/3/2019 | | | | | | | |
| Officer's Signature  | | Officer's Name TORRES, D. | | Rank P1/C | ID Number 5158 | District 234 | Report Date 12/26/2018 |

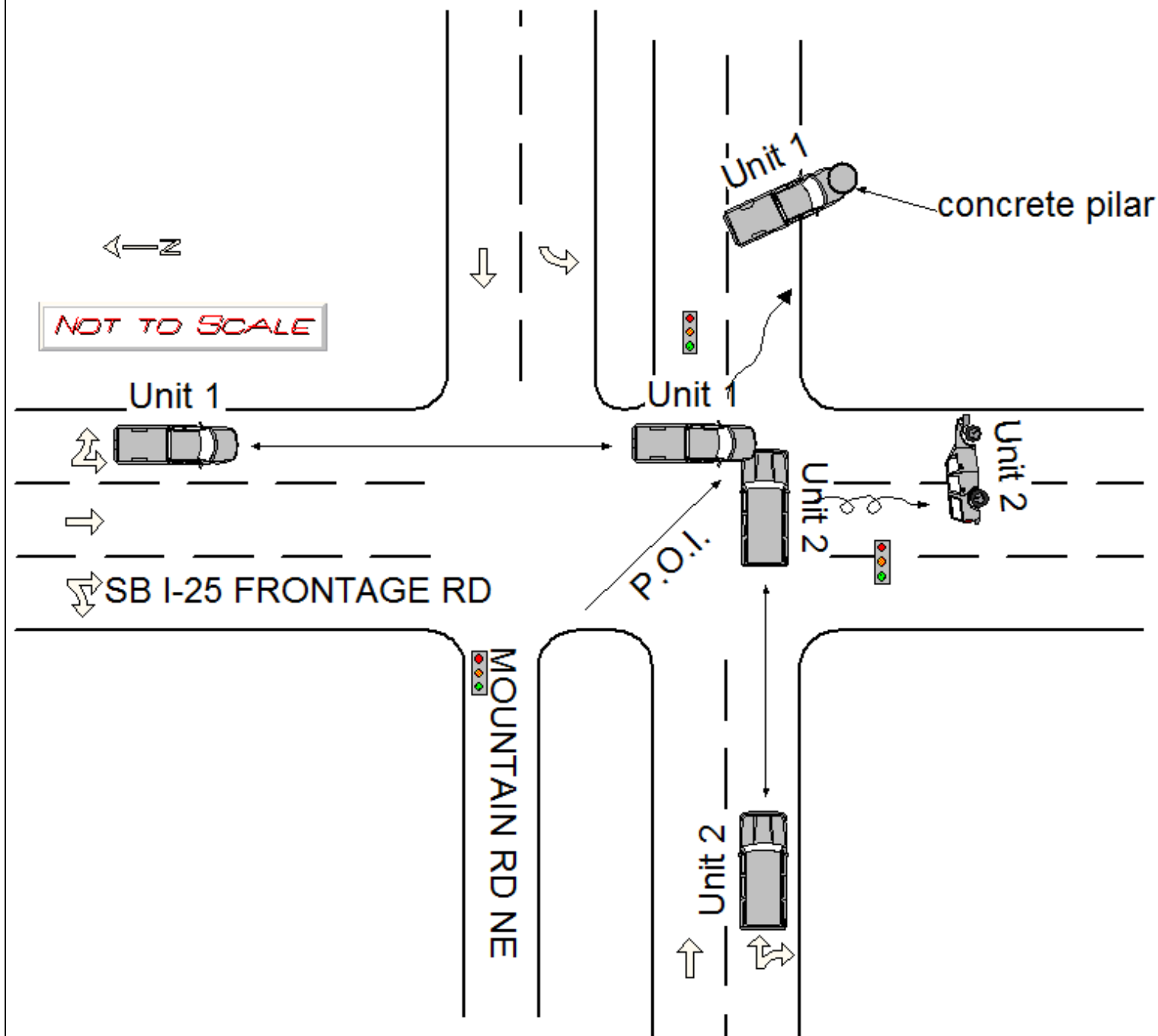
Diagram Drawn By

TORRES, D.

Measurements Taken By

NONE

DIAGRAM



ALBUQUERQUE POLICE DEPT


REPORTING DEPARTMENT


STATE OF NEW MEXICO
UNIFORM CRASH REPORT

710457844

T042009M

| | | | | | | | | | | | |
|-------------------------------------|--|---|--|---|--|--|--|-------------------------------|--|---------------------------|--|
| Private Property? NO | | <input type="checkbox"/> Fatal <input type="checkbox"/> Injury | | Property Damage Only <input type="checkbox"/> Under \$500 <input checked="" type="checkbox"/> \$500 or More | | Hit and Run? NO | | Case Number: 180013170 | | | |
| | | | | | | | | NMDOT: | | CAD Num: 180390430 | |
| Crash Date 02/08/2018 | | Military Time 09:40 | | City Occurred In ALBUQUERQUE | | | | County BERNALILLO | | | |
| Day of Week THURSDAY | | Occurred On: (Route No. or Name) MOUNTAIN RD NE | | | | At Intersection With: I 25 FRONTAGE RD | | | | Tribal Land? NO | |
| Other Location | | Measurement | | Direction | | Permanent Landmark - County Line - Intersection | | | | Milepost | |
| | | | | | | | | | | Lat: Long: | |
| Crash Occurred ON ROADWAY | | Crash Classification OTHER VEHICLE | | | | Analysis Code 01 - BOTH GOING STRAIGHT/ENTERING AT ANGLE | | | | | |

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|---|---|-----------------------------------|---|---|-------------------------------------|---------------------------------------|------------------|---------------------------------|---|--------------------------------|--|--------------------------------|---------------------------|---------------------|----------------------|-------------|
| VEHICLE NO. 001 | VEHICLE NO. HEADED 01 | | Unit Direction SOUTH | | On: I 25 FRONTAGE RD | | | | Left the Scene of the Crash? NO | | Posted Speed | | Safe Speed | | | |
| | Driver's Last Name HAYS | | | | Driver's First Name LINDA | | | | Driver's Middle Name L | | Driver's Street Address 8423 DESERT SUNRISE NE | | | | | |
| | Driver's License Number 121654881 | | State NM | Type D | Statu V | Restriction | Endorsements | Expires 06/19/2020 | City ALBUQUERQUE | | Stat NM | Zip Code 87122-0000 | Phone | | | |
| | Date of Birth 05/19/1948 | | Occupation | | | Seat Pos LF | Age 69 | Sex F | Race O | Injury Code O | OP Code 6 | OP Used Properly YES | Airbag Deploy N | Ejected N | EMS Num NO | |
| | Seat Pos | | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | |
| Veh. Year 2017 | | Vehicle Make VOLKSWAGEN | | Color BLUE - BLU | | Body Style PC | Cargo Body Type | Veh. Use P | Veh. Use | Veh. Towed? NO | | Vehicle Disabled NO | | | | |
| Lic. Year 2019 | | State NM | License Plate Number PDC275 | | VIN 17028S081270468 | | DOT # | | Damage Severity MODERATE | | Damage Area 1 2 3 4 5 6 12  6 | | | | | |
| Interstate Carrier? | | Towed By | | Towed To | | | | Extent FUNCTIONAL | | 12 | | | | | | |
| Number of Axles | | Gross Vehicle/Comb Weight Rating | | HazMat Placard? | | HazMat Placard 4-digit OR HazMat Name | | AND | | 1-digit # | | HazMat Released NO | | | | |
| Carrier's Name | | | | Street Address | | | | Carrier City | | | | State | | Carrier's Zip | | |
| Owner's Last Name HAYS | | | | Owner's First Name LINDA | | | | Owner's Middle Name L | | Owner's Company Name | | | | | | |
| Street Address 8423 DESERT SUNRISE NE | | | | Owner's City ALBUQUERQUE | | | | State NM | | Owner Zip 87122-0000 | | Owner's Phone | | | | |
| Insured By: (Name of Company) USAA | | | | Policy Number 000692048U71062 | | Trailer or Towed Vehicles (1) | | Type | Year | Make | Lic. Year | Lic State | License Num | | | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic. Year | Lic State | License Num | | Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic. Year | Lic State | License Num |

| | | | | | | | | | | | | | | | | | | |
|--|---|---|---------------------------------------|--|---|---------------------------------------|-------------------------------|------------------------------|---|--|--|-------------------------------|--------------------------------|---------------------------|---------------------|-------------|------------------------|--|
| VEHICLE NO. 002 | VEHICLE NO. HEADED 02 | | Unit Direction WEST | | On: MOUNTAIN RD NE | | | | Left the Scene of the Crash? NO | | Posted Speed | | Safe Speed | | | | | |
| | Driver's Last Name SWEENEY | | | | Driver's First Name MELISSAAD | | | | Driver's Middle Name | | Driver's Street Address 3517 ANDERSON AVE SE | | | | | | | |
| | Driver's License Number 032309810 | | State NM | Type D | Statu V | Restriction | Endorsements | Expires 10/25/2020 | City ALBUQUERQUE | | Stat NM | Zip Code 87106-0000 | | Phone | | | | |
| | Date of Birth 09/25/1969 | | Occupation | | | | Seat Pos LF | Age 48 | Sex F | Race O | Injury Code O | OP Code 6 | OP Used Properly YES | Airbag Deploy N | Ejected N | EMS Num | Med Trans NO | |
| | Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | |
| Veh. Year 2017 | | Vehicle Make SUBARU | | Color SILVER - SIL | | Body Style PC | Cargo Body Type | Veh. Use P | Veh. Use | Veh. Towed? NO | | Vehicle Disabled NO | | | | | | |
| Lic. Year 2018 | | State NM | License Plate Number NZT566 | | VIN JF2GPANCXH8247320 | | DOT # | | Damage Severity MODERATE | | Damage Area 1 2 3 4 5 12  6 | | | | | | | |
| Interstate Carrier? | | Towed By | | Towed To | | Extent APPEARANCE | | | | | | | | | | | | |
| Number of Axles | | Gross Vehicle/Comb Weight Rating | | Haz/Mat Placard? | | Hazmat Placard 4-digit OR Hazmat Name | | AND | | 1-digit # | | Haz/Mat Released NO | | | | | | |
| Carrier's Name | | | | Street Address | | | | Carrier City | | | | State | | Carrier's Zip | | | | |
| Owner's Last Name SWEENEY | | | | Owner's First Name MIKE | | | | Owner's Middle Name | | Owner's Company Name | | | | | | | | |
| Street Address 3517 ANDERSON SE | | | | Owner's City ALBUQUERQUE | | | | State NM | Owner Zip 87106 | | Owner's Phone | | | | | | | |
| Insured By: (Name of Company) STATE FARM | | | | Policy Number 0873489D1131B | | Trailer or Towed Vehicles (1) | | Type | Year | Make | Lic Year | Lic State | License Num | | | | | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic Year | Lic State | License Num | | Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic Year | Lic State | License Num | | |
| Veh. Num | Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans | |
| | | | | | | | | | | | | | | | | | | |
| COND | Lighting DAYLIGHT | | Weather CLEAR | | Road Character STRAIGHT | | Road Grade ON GRADE | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| ROAD | VEH NO. 01 | Road Condition DRY | | Road Surface PAVED CENTER AND EDGE LIN | | Traffic Control 4 WAY STOP | | Road Lanes 3 LANES | | Road Design Div PHYSICAL DIVID | | Road Design RAMP | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | | | DRIVER'S ACTIONS | | | | | | SEQUENCE OF EVENTS | | | | | |
| | NONE | | | | | | GOING STRAIGHT | | | | | | FIRST EVENT MVT | | | | | |
| | | | | | | | | | | | | | SECOND EVENT | | | | | |
| | | | | | | | | | | | | | THIRD EVENT | | | | | |
| | | | | | | | | | | | | | FOURTH EVENT | | | | | |

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|--------|---|--|--|--|------------|--------------------------------|--|
| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | |
| | HAD NOT CONSUMED ALCOHOL | | NO APP. DEFECTS | | | At Intersection | |
| | Breath Test Results | | Driver Physical Condition - Other | | | Not At Intersection | |
| | | | | | | Pedestrian Action - Other | |

| | | | | | | | |
|------|---------------|-----------------------|---|-------------------------------|----------------------|-----------------------------------|----------------------|
| ROAD | VEH NO. 02 | Road Condition DRY | Road Surface PAVED CENTER AND EDGE LIN | Traffic Control 4 WAY STOP | Road Lanes 1 LANE | Road Design Div PHYSICAL DIVID | Road Design OTHER |
|------|---------------|-----------------------|---|-------------------------------|----------------------|-----------------------------------|----------------------|


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|-------|--|--|------------------|--|--------------------|--|
| EVENT | APPARENT CONTRIBUTING FACTORS | | DRIVER'S ACTIONS | | SEQUENCE OF EVENTS | |
| | DISREGARDED TRAFFIC SIGNAL, DRIVER INATTENTION | | GOING STRAIGHT | | FIRST EVENT MVT | |
| | | | | | SECOND EVENT | |
| | | | | | THIRD EVENT | |
| | | | | | FOURTH EVENT | |

| | | | | | | | |
|--------|---|--|--|--|------------|--------------------------------|--|
| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | |
| | HAD NOT CONSUMED ALCOHOL | | NO APP. DEFECTS | | | At Intersection | |
| | Breath Test Results | | Driver Physical Condition - Other | | | Not At Intersection | |
| | | | | | | Pedestrian Action - Other | |

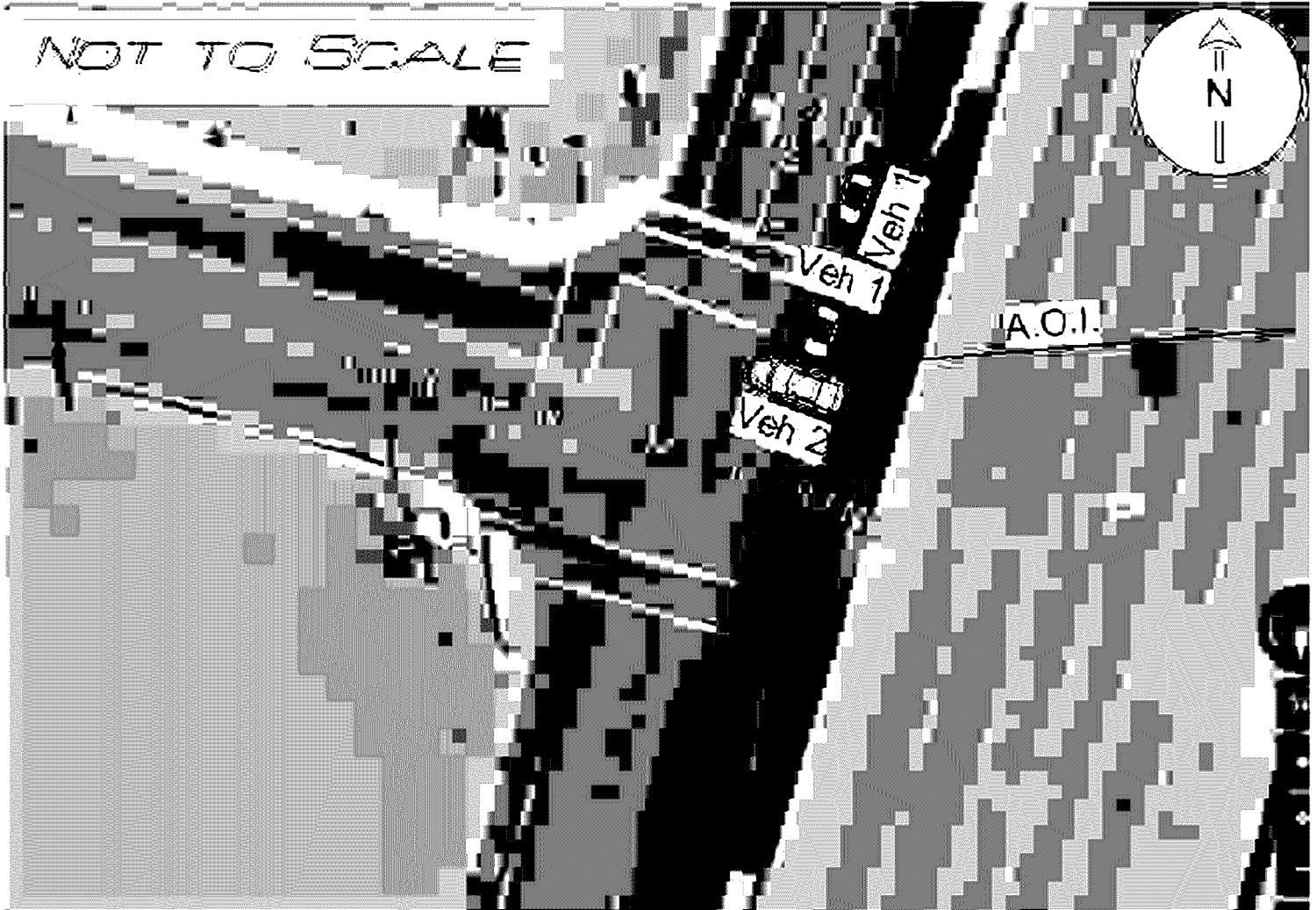
| | | | | | | | |
|--|--|--|--|--|--|--|--|
| NARRATIVE | | | | | | | |
| <p>DRIVER 1 STATED THAT SHE WAS TRAVELING SOUTH ON THE SOUTH BOUND FRONTAGE ROAD AT INTERSECTION WITH MOUNTAIN RD NE. DRIVER 1 STATED THAT SHE WAS STOPPED AT THE RED LIGHT, THEN IT TURNED GREEN. DRIVER 1 STATED THAT WHEN SHE BEGAN TO MOVE THROUGH THE INTERSECTION, VEHICLE 2 CAME INTO THE ROAD IN FRONT OF HER, WITHOUT WARNING. DRIVER 1 STATED THAT SHE COULD NOT REACT IN TIME TO AVOID THE COLLISION. DRIVER 1 HAD NO COMPLAINTS OF INJURY. VEHICLE 1 WAS NOT TOWED FROM THE SCENE.</p> <p>DRIVER 2 STATED THAT SHE WAS TRAVELING WEST ON MOUNTAIN RD NE AT INTERSECTION WITH I 25 SOUTH BOUND FRONTAGE ROAD. DRIVER 2 STATED THAT SHE WAS STOPPED AT THE RED LIGHT. DRIVER 2 STATED THAT SHE SAW THE LIGHT TURN GREEN IN HER REAR VIEW MIRROR (THE LIGHT THAT WAS BEHIND HER). DRIVER 2 STATED THAT SHE THEN PRESSED THE GAS AND WENT FORWARD. DRIVER 2 STATED THAT, AT THAT POINT VEHICLE 1 COLLIDED INTO HERS. DRIVER 2 HAD NO COMPLAINTS OF INJURIES. VEHICLE 2 WAS NOT TOWED FROM THE SCENE.</p> | | | | | | | |

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|-------------------------|------------------------|------------------------------------|--------------------|--|---------------------|----------|---------------|
| Other Property Involved | Type | Description of Property and Damage | | | | | |
| | Owner's Last Name | | Owner's First Name | | Owner's Middle Name | | |
| | Owner's Street Address | | Owner's City | | State | Zip Code | Owner's Phone |

| | | | | | | | |
|---------|--------------------------|--|----------------------|--|-----------------------|----------|-----------------|
| WITNESS | Witness's Last Name | | Witness's First Name | | Witness's Middle Name | | Age |
| | Witness's Street Address | | Witness's City | | State | Zip Code | Witness's Phone |

| | | | | | | | |
|--|-----------------------|-----------------------------------|------------|---------------------|-------------------|--|---------------------------|
| ENFORCEMENT ACTION - VIOLATIONS | | | | | | | |
| VEH NO. | Last Name | | First Name | | Middle Name | Violation (Common Name) | Action |
| Time Notified 10:09 | Time Arrived 10:20 | Notified By RADIO | | Supervisor at Scene | | Checked By 3931 - SILVA, PETER - 2/8/2018 | |
| Officer's Signature  | | Officer's Name GONZALES, KEVIN | | Rank PSA | ID Number 5862 | District 234 | Report Date 02/08/2018 |

DIAGRAM




ALBUQUERQUE POLICE DEPT

REPORTING DEPARTMENT

STATE OF NEW MEXICO
UNIFORM CRASH REPORT

710458502

| | | | | | | | | | | | | | | | | | |
|---|---|---|-----------------------------|--|-------------------------|---|------------------------------|--|---------------------------|--|--------------------------------|-----------------------------------|------------------------------|---------------------|-------------------------|--------------|--------------|
| Private Property? NO | | Fatal Injury | | Property Damage Only | | Under \$500 ✓ \$500 or More | | Hit and Run? NO | | Case Number: 180079313 | | | | | | | |
| | | | | | | | | | | NMDOT: | | CAD Num: 182301171 | | | | | |
| Crash Date 08/18/2018 | | Military Time 18:46 | | City Occurred In ALBUQUERQUE | | | | County BERNALILLO | | | | | | | | | |
| Day of Week SATURDAY | | Occurred On (Route No. or Name) I 25 FRONTAGE RD | | | | At Intersection With MOUNTAIN RD NE | | | | Tribal Land? NO | | | | | | | |
| Other Location | | Measurement | | Direction | | Permanent Landmark - County Line - Intersection | | | | Milepost | | Lat: | | | | | |
| | | | | | | | | | | | | Long: | | | | | |
| Crash Occurred OFF ROADWAY | | | | Crash Classification OTHER OBJECTS | | | | Analysis Code 27 - ALL OTHER | | | | | | | | | |
| VEHICLE NO. HEADED | | Unit Direction 01 SOUTH | | On: I 25 FRONTAGE RD | | | | Left the Scene of the Crash? NO | | Posted Speed 35 | | Safe Speed 35 | | | | | |
| Driver's Last Name CHRISTMAN | | | | Driver's First Name TYLER | | | | Driver's Middle Name D | | Driver's Street Address 1307 S DEWEY ST | | | | | | | |
| Driver's License Number 1700629033 | | State IN | Type B | Status V | Restrictions | Endorsements | Expires 09/13/2022 | City AUBURN | | State IN | Zip Code 46706 | Phone (260) 750-7289 | | | | | |
| Date of Birth 09/13/1986 | | Occupation | | | | Seat Pos LF | Age 31 | Sex M | Race C | Injury Code B | OP Code 6 | OP Used Properly YES | Airbag Deploy N | Ejected N | EMS Num NO | Med Trans | |
| Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | |
| Veh. Year 2003 | Vehicle Make SATURN | | Color WHITE - WHI | | Body Style PC | Cargo Body Type | Veh. Use1 P | Veh. Use2 | Veh. Towed? YES | | Vehicle Disabled YES | | | | | | |
| Lic. Year | State IN | License Plate Number 826TXG | | VIN 1G8AJ52F53Z135940 | | DOT # | | Damage Severity HEAVY | | Damage Area 1 2 3 4 5 12  6 11 10 9 8 7 06 | | | | | | | |
| Interstate Carrier? | | Towed By MADRID TOWING | | Towed To 3957 SAN YGNACIO RD. SW ALBUQUE | | | | Extent DISABLED | | | | | | | | | |
| Number of Axles | | Gross Vehicle/Comb Weight Rating | | HazMat Placard? | | Hazmat Placard 4-digit OR Hazmat Name | | AND | 1-digit # | HazMat Released NO | | | | | | | |
| Carrier's Name | | | | Street Address | | | | Carrier City | | State | Carrier's Zip | | | | | | |
| Owner's Last Name CHRISTMAN | | | | Owner's First Name TYLER | | | | Owner's Middle Name D | | Owner's Company Name | | | | | | | |
| Street Address 1307 S DEWEY ST | | | | Owner's City AUBURN | | | | State IN | Owner Zip 46706 | Owner's Phone (260) 750-7289 | | | | | | | |
| Insured By: (Name of Company) SAFE AUTO INSURANCE | | | | Policy Number IN00916906A-00 | | Trailer or Towed Vehicles (1) | | Type | Year | Make | Lic. Year | Lic State | License Num | | | | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic. Year | Lic State | License Num | Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic. Year | Lic State | License Num | | |
| Veh. Num | Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans |
| | | | | | | | | | | | | | | | | | |
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Crash Report Number: **710458502**

Case Number: **180079313**

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

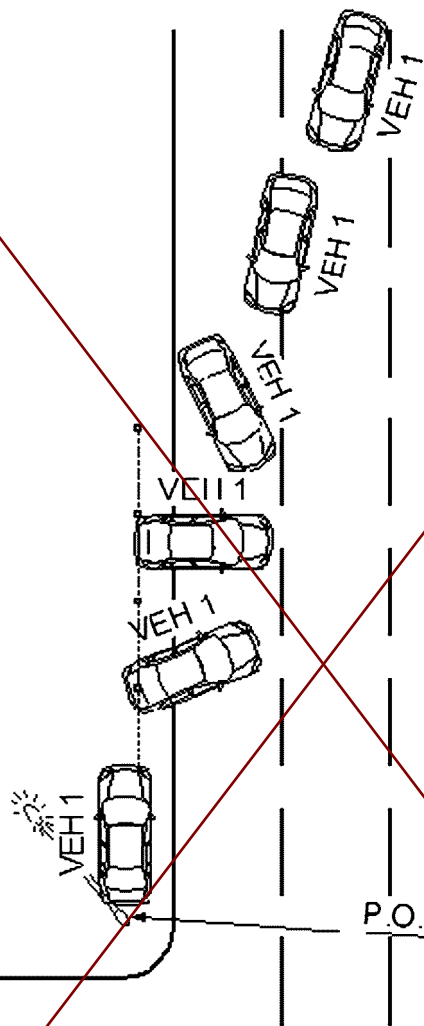
Sheet 1 Of 3

| | | | | | | | | |
|---|--|---|--|---------------------|---|--------------------------------|---|----------------------------|
| COND | Lighting DUSK | | Weather CLEAR | | Road Character STRAIGHT | | Road Grade HILLCREST | |
| ROAD | VEH NO 01 | Road Condition DRY | Road Surface PAVED CENTER AND EDGE LIN | | Traffic Control TRAFFIC SIGNALS | Road Lanes 3 LANES | Road Design Div PHYSICAL DIVIDE | Road Design RAMP |
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | | DRIVER'S ACTIONS | | SEQUENCE OF EVENTS |
| | DRIVER INATTENTION, EXCESSIVE SPEED | | | | | GOING STRAIGHT | | FIRST EVENT FO |
| | | | | | | | | SECOND EVENT |
| | | | | | | | | THIRD EVENT |
| | | | | | | | | FOURTH EVENT |
| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | | |
| | HAD NOT CONSUMED ALCOHOL | | NO APP. DEFECTS | | | At Intersection | | |
| | Breath Test Results | | Driver Physical Condition - Other | | | Not At Intersection | | |
| Pedestrian Action - Other | | | | | | | | |
| NARRATIVE | | | | | | | | |
| AS DRIVER 1 DROVE NORTHBOUND, HE ATTEMPTED TO STOP AND CORRECT A RIGHT TURN. VEHICLE 1 SPUN AROUND AND THE REAR OF THE VEHICLE COLLIDED WITH A LIGHT POLE. DRIVER 1 SAID AS HE WAS EXITING I-25 ON MOUNTAIN, HE THOUGHT THE EXIT RAMP WOULD CURVE TO THE RIGHT. ONCE HE REALIZED THE ROAD CONTINUED STRAIGHT, HE SLAMMED ON HIS BRAKES, HIS VEHICLE SPUN AROUND, HOPPED UP ONTO THE CURB AND COLLIDED WITH THE POLE AND THE FENCE. DRIVER 1 WAS EVALUATED BY MEDICAL PERSONNEL BUT DECLINED TRANSPORT BY AMBULANCE. THE VEHICLE WAS TOWED FROM THE SCENE. | | | | | | | | |
| Other Property Involved | Type H | Description of Property and Damage LIGHT POLES | | | | | | |
| | Owner's Last Name ALBUQUERQUE | | Owner's First Name CITY OF | | | Owner's Middle Name | | |
| | Owner's Street Address N/A | | Owner's City ALBUQUERQUE | | State NM | Zip Code | Owner's Phone | |
| | | | | | | | | |
| Other Property Involved | Type H | Description of Property and Damage CHAIN LINK FENCE | | | | | | |
| | Owner's Last Name ALBUQUERQUE | | Owner's First Name CITY OF | | | Owner's Middle Name | | |
| | Owner's Street Address N/A | | Owner's City ALBUQUERQUE | | State NM | Zip Code | Owner's Phone | |
| | | | | | | | | |
| WITNESS | Witness's Last Name | | Witness's First Name | | Witness's Middle Name | | Age | |
| | Witness's Street Address | | Witness's City | | State | Zip Code | Witness's Phone | |
| ENFORCEMENT ACTION - VIOLATIONS | | | | | | | | |
| VEH NO | Last Name | | First Name | | Middle Name | Violation (Common Name) | | Action |
| Time Notified 18:51 | Time Arrived 18:58 | Notified By DISPATCH | | | Supervisor at Scene | | | |
| Checked By 5333 - RENDER, NATHAN - 8/22/2018 | | | | | | | | |
| Officer's Signature <i>Curtis Casey</i> | | Officer's Name CASEY, CURTIS | | Rank P1/C | ID Number 5748 | District 322 | Report Date 08/18/2018 | |

Diagram Drawn By
CASEY, CURTIS


Measurements Taken By
NOT TO SCALE

DIAGRAM



NOT TO SCALE

VEHICLE NO. 001

| | | | | | | | | | | | | | | | | | | |
|--|--|---|--|--|---------------------------------------|--|-----------------------------------|---------------------------------|---|-------------------------------------|--|-------------------------------|--------------------------------|---------------------------|---------------------|--------------------|------------------------|--|
| VEHICLE NO. 002 | VEHICLE NO. HEADED 02 | | Unit Direction SOUTH | | On: I 25 FRONTAGE RD | | | | Left the Scene of the Crash? NO | | Posted Speed | | Safe Speed | | | | | |
| | Driver's Last Name SHAH | | | | Driver's First Name ASUTOSH | | | | Driver's Middle Name C | | Driver's Street Address 2300 WOLF RANCH PKWY | | | | | | | |
| | Driver's License Number 41347340 | | State TX | Type C | Statu V | Restriction | Endorsements | Expires | City GEORGETOWN | | Stat TX | Zip Code 78628 | Phone | | | | | |
| | Date of Birth 12/22/1966 | | Occupation | | | | Seat Pos LF | Age 51 | Sex M | Race O | Injury Code O | OP Code 6 | OP Used Properly YES | Airbag Deploy N | Ejected N | EMS Num | Med Trans NO | |
| | Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | |
| Veh. Year 2014 | | Vehicle Make SUBARU | | Color GREEN - GRN | | Body Style SV | Cargo Body Type | Veh. Use P | Veh. Use | | Veh. Towed? YES | | Vehicle Disabled YES | | | | | |
| Lic. Year 2018 | | State TX | License Plate Number HNP9137 | | VIN JF2SJAEC2EH482835 | | DOT # | | Damage Severity MODERATE | | Damage Area 1 2 3 4 5 12  6 | | Extent DISABLED | | 10,15 | | | |
| Interstate Carrier? | | Towed By CT TOWING | | | | Towed To 6301 OAKLAND AVE NE ALBUQUERQ | | | | | | | | | | | | |
| Number of Axles | | Gross Vehicle/Comb Weight Rating | | Haz/Mat Placard? | | Hazmat Placard 4-digit OR Hazmat Name | | AND | | 1-digit # | | Haz/Mat Released NO | | | | | | |
| Carrier's Name | | | | Street Address | | | | Carrier City | | | | State | | Carrier's Zip | | | | |
| Owner's Last Name SHAH | | | | Owner's First Name ASUTOSH | | | | Owner's Middle Name C | | Owner's Company Name | | | | | | | | |
| Street Address 2300 WOLF RANCH PKWY | | | | Owner's City GEORGETOWN | | | | State TX | Owner Zip 78628 | | Owner's Phone | | | | | | | |
| Insured By: (Name of Company) STATE FARM | | | | Policy Number 3681108-A26-43 | | Trailer or Towed Vehicles (1) | | Type | Year | Make | Lic Year | Lic State | License Num | | | | | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic Year | Lic State | License Num | | Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic Year | Lic State | License Num | | |
| Veh. Num | Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| COND | Lighting DUSK | | Weather CLEAR | | | | Road Character STRAIGHT | | | | Road Grade LEVEL | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| ROAD | VEH NO. | Road Condition DRY | | Road Surface PAVED CENTER AND EDGE LIN | | Traffic Control TRAFFIC SIGNALS | | Road Lanes 3 LANES | | Road Design Div UNDIVIDED | | Road Design ONE WAY | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | | | DRIVER'S ACTIONS | | | | | | SEQUENCE OF EVENTS | | | | | |
| | NONE | | | | | | GOING STRAIGHT | | | | | | FIRST EVENT MVT | | | | | |
| | | | | | | | | | | | | | SECOND EVENT | | | | | |
| | | | | | | | | | | | | | THIRD EVENT | | | | | |
| | | | | | | | | | | | | | FOURTH EVENT | | | | | |

| | | | | | | | |
|--------|---|--|--|--|------------|--------------------------------|--|
| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | |
| | HAD NOT CONSUMED ALCOHOL | | NO APP. DEFECTS | | | At Intersection | |
| | Breath Test Results | | Driver Physical Condition - Other | | | Not At Intersection | |
| | | | | | | Pedestrian Action - Other | |

| | | | | | | | |
|------|---------------|-----------------------|---|------------------------------------|-----------------------|------------------------------|------------------------|
| ROAD | VEH NO. 02 | Road Condition DRY | Road Surface PAVED CENTER AND EDGE LIN | Traffic Control TRAFFIC SIGNALS | Road Lanes 3 LANES | Road Design Div UNDIVIDED | Road Design ONE WAY |
|------|---------------|-----------------------|---|------------------------------------|-----------------------|------------------------------|------------------------|

| | | | | | | |
|-------|-------------------------------|--|------------------|--------------|--------------------|--|
| EVENT | APPARENT CONTRIBUTING FACTORS | | DRIVER'S ACTIONS | | SEQUENCE OF EVENTS | |
| | DRIVER INATTENTION | | LEFT TURN | | FIRST EVENT MVT | |
| | | | | | SECOND EVENT | |
| | | | | | THIRD EVENT | |
| | | | | FOURTH EVENT | | |

| | | | | | | | |
|--------|---|--|--|--|------------|--------------------------------|--|
| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | |
| | HAD NOT CONSUMED ALCOHOL | | NO APP. DEFECTS | | | At Intersection | |
| | Breath Test Results | | Driver Physical Condition - Other | | | Not At Intersection | |
| | | | | | | Pedestrian Action - Other | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| NARRATIVE | | | | | | | |
| <p>DRIVER 1 STATED SHE WAS SOUTHBOUND ON I25 FRONTAGE APPROACHING MOUNTAIN TRAVELING IN LANE 1. DRIVER 1 STATED AS SHE APPROACHED THE INTERSECTION THE TRAFFIC SIGNAL TURNED GREEN AND SHE BEGAN TO ACCELERATE. DRIVER 1 STATED AS SHE CROSSED THROUGH THE INTERSECTION VEHICLE 2 MADE A LEFT HAND TURN IN FRONT OF HER AND SHE COLLIDED WITH THE DRIVER SIDE OF VEHICLE 2. DRIVER 1 STATED AFTER THE COLLISION WITH VEHICLE 2 OCCURRED HER BRAKES LOCKED UP WHICH MADE HER SLIDE IN INTO THE WALL.</p> <p>DRIVER 2 STATED HE WAS SOUTHBOUND ON I 25 FRONTAGE RD APPROACHING MOUNTAIN. DRIVER 1 STATED HE WAS TRYING TO USE NAVIGATION TO FIGURE OUT HOW TO GET SOMEWHERE AND HE WAS TOLD TO TAKE A LEFT. DRIVER 2 STATED WHEN HE TOOK THE LEFT TURN HE FELT A SUDDEN COLLISION TO THE DRIVER SIDE OF VEHICLE 1.</p> <p>BOTH PARTIES REFUSED ANY MEDICAL ATTENTION.</p> <p>THERE IS NOTHING FURTHER AT THIS TIME</p> | | | | | | | |

| | | | | | | | |
|-------------------------|------------------------|------------------------------------|--------------------|--|---------------------|----------|---------------|
| Other Property Involved | Type | Description of Property and Damage | | | | | |
| | Owner's Last Name | | Owner's First Name | | Owner's Middle Name | | |
| | Owner's Street Address | | Owner's City | | State | Zip Code | Owner's Phone |

| | | | | | | | |
|---------|--------------------------|--|----------------------|--|-----------------------|----------|-----------------|
| WITNESS | Witness's Last Name | | Witness's First Name | | Witness's Middle Name | | Age |
| | Witness's Street Address | | Witness's City | | State | Zip Code | Witness's Phone |

| | | | | | | |
|---------------------------------|--|--|--|--|--|--|
| ENFORCEMENT ACTION - VIOLATIONS | | | | | | |
|---------------------------------|--|--|--|--|--|--|

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

| | | | | |
|------------------------|-----------------------|-------------------------|---------------------|---|
| Time Notified 19:49 | Time Arrived 19:57 | Notified By DISPATCH | Supervisor at Scene | Checked By 2812 - CURTIS, K. - 5/19/2018 |
|------------------------|-----------------------|-------------------------|---------------------|---|

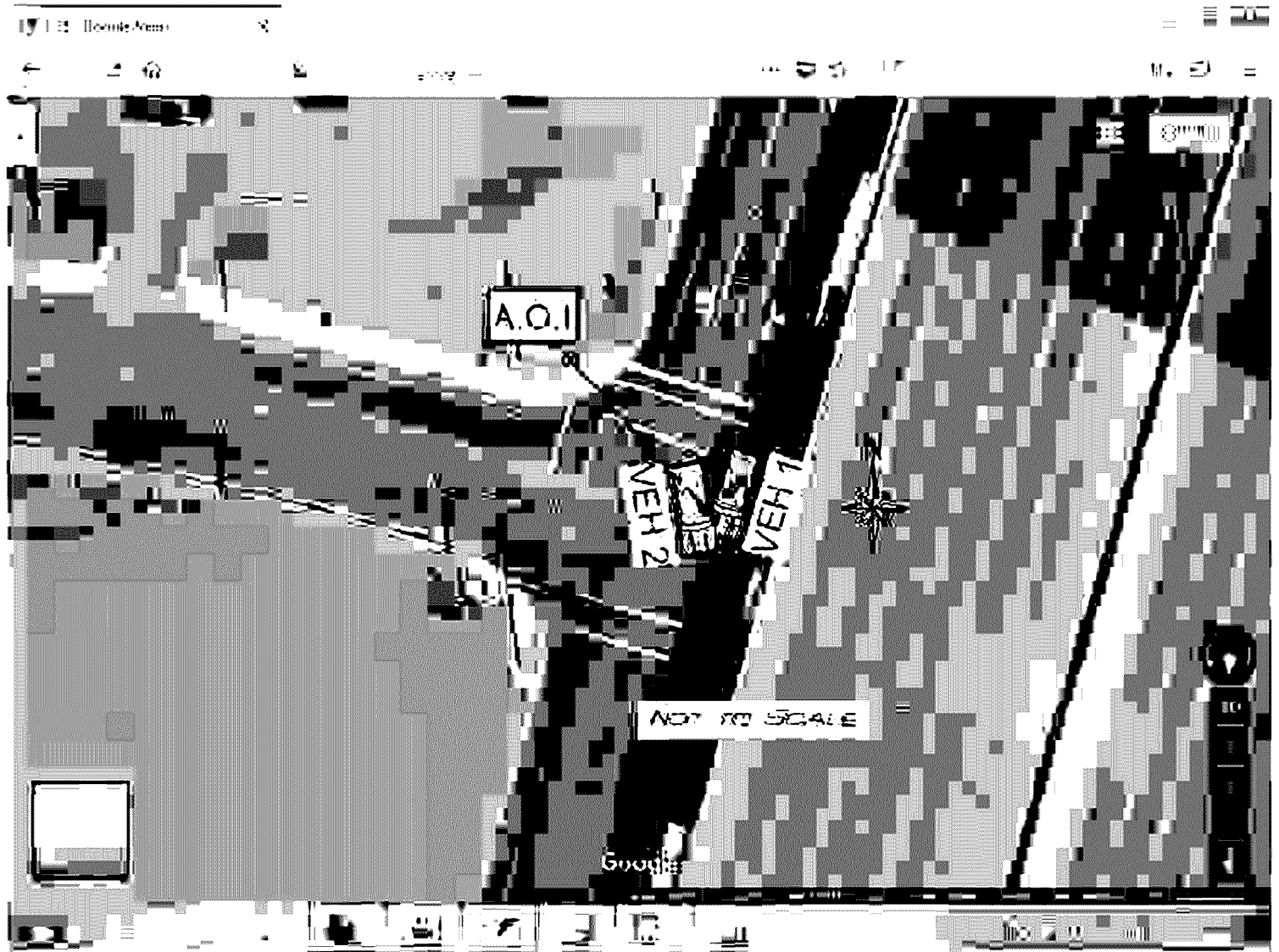
| | | | | | |
|---|-------------------------------|-------------|-------------------|-----------------|---------------------------|
| Officer's Signature <i>Isaiah Carr</i> | Officer's Name CARR, ISIAH | Rank PSA | ID Number 5765 | District 234 | Report Date 05/19/2018 |
|---|-------------------------------|-------------|-------------------|-----------------|---------------------------|

Diagram Drawn By

CARR, ISAIAH

Measurements Taken By

DIAGRAM



ALBUQUERQUE POLICE DEPT

REPORTING DEPARTMENT

STATE OF NEW MEXICO
UNIFORM CRASH REPORT

710542176

T042009M

| | | | | | | |
|-------------------------------------|---|---|---|---|---------------------------|---------------------------|
| Private Property? NO | <input type="checkbox"/> Fatal <input type="checkbox"/> Injury | Property Damage Only <input type="checkbox"/> Under \$500 <input checked="" type="checkbox"/> \$500 or More | Hit and Run? NO | Case Number: 180067602 | NMDOT: | CAD Num: 181950308 |
| Crash Date 07/14/2018 | Military Time 07:17 | City Occurred In ALBUQUERQUE | County BERNALILLO | | | |
| Day of Week SATURDAY | Occurred On: (Route No. or Name) MOUNTAIN RD NE | | At Intersection With: LOCUST ST NE | | Tribal Land? NO | |
| Other Location | Measurement | Direction WEST | Permanent Landmark - County Line - Intersection MOUNTAIN RD NE/LOCUST ST NE | | Milepost | Lat: Long: |
| Crash Occurred ON ROADWAY | | Crash Classification OTHER VEHICLE | | Analysis Code 16 - BOTH GOING STRAIGHT/FROM OPP DIR | | |

| | | | | | | | | | | | | | | | | |
|---|---|---|--------------------------------------|--|--|---------------------------------|---|-------------------------------|---|---------------------------------|--------------------------------|---|--------------------------------|-----------------------|------------------------|------------------------|
| VEHICLE NO. 001 | VEHICLE NO. HEADED 01 | | Unit Direction WEST | | On: MOUNTAIN RD NE | | Left the Scene of the Crash? NO | | Posted Speed 35 | | Safe Speed 35 | | | | | |
| | Driver's Last Name HERNANDEZ | | | | Driver's First Name MARIAH | | Driver's Middle Name S | | Driver's Street Address 2021 PECAN AVE SW | | | | | | | |
| | Driver's License Number 513313021 | | State NM | Type D | Statu V | Restriction | Endorsements | Expires 09/30/2023 | City ALBUQUERQUE | | Stat NM | Zip Code 87105-0000 | Phone (505) 307-8203 | | | |
| | Date of Birth 08/31/1994 | | Occupation | | | Seat Pos LF | Age 23 | Sex F | Race H | Injury Code O | OP Code 6 | OP Used Properly YES | Airbag Deploy N | Ejected N | EMS Num N/A | Med Trans NO |
| | Seat Pos RF | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) LUJAN DALTON M 516 GOMEZ AVE NE ALBUQUERQUE NM 87102-0000 | | | | Age 29 | Sex M | Race H | Injury Code O | OP Code 6 | OP Used Properly YES | Airbag Deploy N | Ejected N | EMS Num N/A | Med Trans NO | |
| | Veh. Year 2014 | | Vehicle Make LEXUS | | Color RED - RED | | Body Style PC | Cargo Body Type | Veh. Use P | Veh. Use | Veh. Towed? YES | | Vehicle Disabled YES | | | |
| | Lic. Year 2018 | | State NM | License Plate Number PKH332 | | VIN JTHBF1D21E5012420 | | DOT # | | Damage Severity HEAVY | | Damage Area 1 2 3 4 5 12 11 10 9 8 7 01,11,12 | | | | |
| | Interstate Carrier? | | Towed By BERNALILLO MOTORS | | Towed To 2720 COORS SW ALBUQUERQUE, NM | | | | Extent DISABLED | | | | | | | |
| | Number of Axles | | Gross Vehicle/Comb Weight Rating | | HazMat Placard? | | HazMat Placard 4-digit OR Hazmat Name | | AND | | 1-digit # | | HazMat Released YES | | | |
| | Carrier's Name | | | | Street Address | | | | Carrier City | | | | State | Carrier's Zip | | |
| Owner's Last Name HERNANDEZ | | | | Owner's First Name MARIAH | | Owner's Middle Name S | | Owner's Company Name | | | | | | | | |
| Street Address 2021 PECAN AVE SW | | | | Owner's City ALBUQUERQUE | | State NM | Owner Zip 87105-0000 | | Owner's Phone (505) 307-8203 | | | | | | | |
| Insured By: (Name of Company) STATEFARM | | | | Policy Number 084 0453-F02-31D | | Trailer or Towed Vehicles (1) | | Type | Year | Make | Lic. Year | Lic State | License Num | | | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic. Year | Lic State | License Num | Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic. Year | Lic State | License Num | |

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---------------------------------------|--|---------------------------------------|--|----------------------------|------------------------------------|---|----------------------|---|-------------------------------|--------------------------------|---------------------------|--------------------------------------|-----------------------|------------------------|--|
| VEHICLE NO. 002 | VEHICLE NO. HEADED 02 | | Unit Direction SOUTH | | On: LOCUST ST NE | | | | Left the Scene of the Crash? NO | | Posted Speed 35 | | Safe Speed 35 | | | | | |
| | Driver's Last Name GONZALES | | | | Driver's First Name ANTHONY | | | | Driver's Middle Name DEAN | | Driver's Street Address 4401 MONTGOMERY BLVD NE | | | | | | | |
| | Driver's License Number 503570882 | | State NM | Type I | Status S | Restriction | Endorsements | Expires 07/31/2022 | City ALBUQUERQUE | | Stat NM | Zip Code 87109-0000 | Phone (505) 659-8568 | | | | | |
| | Date of Birth 07/07/1987 | | Occupation | | | | Seat Pos LF | Age 31 | Sex M | Race H | Injury Code O | OP Code 6 | OP Used Properly YES | Airbag Deploy N | Ejected N | EMS Num N/A | Med Trans NO | |
| | Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | |
| Veh. Year 2006 | | Vehicle Make LINCOLN | | Color BLACK - BLK | | Body Style PC | Cargo Body Type | Veh. Use P | Veh. Use | | Veh. Towed? YES | | Vehicle Disabled YES | | | | | |
| Lic. Year 2016 | | State NM | License Plate Number 118TLD | | VIN 3LNHM26106R615266 | | DOT # | | Damage Severity HEAVY | | Damage Area 1 2 3 4 5 12 | | Extent DISABLED | | 11 10 9 8 7 07,08,09,10,11 | | | |
| Interstate Carrier? | | Towed By BERNALILLO MOTORS | | | | Towed To 2720 COORS SW ALBUQUERQUE, NM | | | | | | | | | | | | |
| Number of Axles | | Gross Vehicle/Comb Weight Rating | | Haz/Mat Placard? | | Hazmat Placard 4-digit OR Hazmat Name | | AND | | 1-digit # | | Haz/Mat Released NO | | | | | | |
| Carrier's Name | | | | Street Address | | | | Carrier City | | | | State | | Carrier's Zip | | | | |
| Owner's Last Name GONZALES | | | | Owner's First Name ANTHONY | | | | Owner's Middle Name DEAN | | Owner's Company Name | | | | | | | | |
| Street Address 4401 MONTGOMERY BLVD NE | | | | Owner's City ALBUQUERQUE | | | | State NM | Owner Zip 87109-0000 | | Owner's Phone (505) 659-8568 | | | | | | | |
| Insured By: (Name of Company) NO INSURANE | | | | Policy Number | | Trailer or Towed Vehicles (1) | | Type | Year | Make | Lic Year | Lic State | License Num | | | | | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic Year | Lic State | License Num | | Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic Year | Lic State | License Num | | |
| Veh. Num | Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| COND | Lighting DAYLIGHT | | Weather CLEAR | | Road Character STRAIGHT | | Road Grade LEVEL | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| ROAD | VEH NO. 01 | Road Condition DRY | | Road Surface PAVED CENTER AND EDGE LIN | | Traffic Control TRAFFIC SIGNALS | | Road Lanes 4+ LANES | Road Design Div PAINTED DIVIDE | | Road Design FULL ACCESS CT | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | | | DRIVER'S ACTIONS | | | | | | SEQUENCE OF EVENTS | | | | | |
| | NONE | | | | | | GOING STRAIGHT | | | | | | FIRST EVENT MVT | | | | | |
| | | | | | | | | | | | | | SECOND EVENT | | | | | |
| | | | | | | | | | | | | | THIRD EVENT | | | | | |
| | | | | | | | | | | | | | FOURTH EVENT | | | | | |

| | | | | | | | |
|--------|---|--|--|--|------------|--------------------------------|--|
| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | |
| | HAD NOT CONSUMED ALCOHOL | | NO APP. DEFECTS | | | At Intersection | |
| | Breath Test Results | | Driver Physical Condition - Other | | | Not At Intersection | |
| | | | | | | Pedestrian Action - Other | |

| | | | | | | | |
|------|---------------|-----------------------|---|------------------------------------|------------------------|-----------------------------------|-------------------------------|
| ROAD | VEH NO. 02 | Road Condition DRY | Road Surface PAVED CENTER AND EDGE LIN | Traffic Control TRAFFIC SIGNALS | Road Lanes 4+ LANES | Road Design Div PAINTED DIVIDE | Road Design FULL ACCESS CT |
|------|---------------|-----------------------|---|------------------------------------|------------------------|-----------------------------------|-------------------------------|

| | | | | | | |
|-------|--|--|------------------|--|--------------------|--|
| EVENT | APPARENT CONTRIBUTING FACTORS | | DRIVER'S ACTIONS | | SEQUENCE OF EVENTS | |
| | DISREGARDED TRAFFIC SIGNAL, DRIVER INATTENTION | | GOING STRAIGHT | | FIRST EVENT MVT | |
| | | | | | SECOND EVENT | |
| | | | | | THIRD EVENT | |
| | | | | | FOURTH EVENT | |

| | | | | | | | |
|--------|---|--|--|--|------------|--------------------------------|--|
| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | |
| | HAD NOT CONSUMED ALCOHOL | | NO APP. DEFECTS | | | At Intersection | |
| | Breath Test Results | | Driver Physical Condition - Other | | | Not At Intersection | |
| | | | | | | Pedestrian Action - Other | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| NARRATIVE | | | | | | | |
| <p>ON 07/14/2018 AT 0720 HOURS I WAS DISPATCHED TO MOUNTAIN RD NE/125 FRONTAGE RD NE IN REFERENCE TO AN AUTO CRASH. THE INITIAL REMARKS ON THE CALL WERE STATED THAT THERE WAS A TWO VEHICLE AUTO CRASH.</p> <p>UPON ARRIVAL, I MADE CONTACT WITH THE INVOLVED PARTIES. I FIRST MADE CONTACT WITH DRIVER ONE WHO ADVISED ME THAT AS SHE WAS DRIVING WEST ON MOUNTIAN RD NE SHE STRUCK DRIVER TWO. DRIVER ONSE STATED HER LIGHT WAS GREEN TO CONTINUE THROUGH THE INTERSECTION, AS SHE WAS DRIVING THROUGH, DRIVER TWO DROVE THROUGH THE INTERSECTION CAUSING HER TO CRASH INTO HIM. DRIVER ONES PASSENGER ALSO STATED THEY HAD THE GREEN LIGHT. DRIVER ONE WAS STATED SHE WAS POSITIVE HER LIGHT WAS GREEN. DRIVER ONE AND HER PASSENGER REFUSED MEDICAL TREATMENT AND HER VEHICLE WAS TOWED FROM THE SCENE.</p> <p>I THEN MADE CONTACT WITH DRIVER TWO WHO ADVISED ME OF THE FOLLOWING; DRIVER TWO WAS DRIVING SOUTH ON I-25 FRONTAGE RD NE. AS HE WAS GOING THROUGH THE INTERSECTION HE WAS CRASHED INTO BY DRIVER ONE. DRIVER TWO WAS UNSURE IF HE HAD THE GREEN LIGHT AND ONLY THOUGH HE MIGHT HAVE. DRIVER TWO REFUSED MEDICAL TREATMENT AND HIS VEHICLE WAS TOWED FROM THE SCENE. DRIVER TWO HAD NOT INSURANCE AND HIS DRIVERS LICENSE WAS SUSPENDED. DRIVER TWO WAS CITED FOR NOT INSURANCE AND A SUSPENDED LICENSE.</p> <p>THIS CONCLUDES MY INVOLVEMENT IN THIS CASE.</p> | | | | | | | |

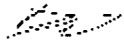
| | | | | | | | |
|-------------------------|------------------------|------------------------------------|--------------------|--|---------------------|----------|---------------|
| Other Property Involved | Type | Description of Property and Damage | | | | | |
| | Owner's Last Name | | Owner's First Name | | Owner's Middle Name | | |
| | Owner's Street Address | | Owner's City | | State | Zip Code | Owner's Phone |

| | | | | | | | |
|---------|--------------------------|--|----------------------|--|-----------------------|----------|-----------------|
| WITNESS | Witness's Last Name | | Witness's First Name | | Witness's Middle Name | | Age |
| | Witness's Street Address | | Witness's City | | State | Zip Code | Witness's Phone |

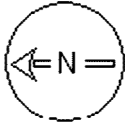
| | | | | | | |
|---------------------------------|-----------|------------|-------------|-------------------------|--------|--|
| ENFORCEMENT ACTION - VIOLATIONS | | | | | | |
| VEH NO. | Last Name | First Name | Middle Name | Violation (Common Name) | Action | |

| | | | | |
|------------------------|-----------------------|-------------------------|-----------------------------------|--|
| Time Notified 07:20 | Time Arrived 07:22 | Notified By DISPATCH | Supervisor at Scene N. WHEELER | Checked By 3676 - WHEELER, N. - 7/27/2018 |
|------------------------|-----------------------|-------------------------|-----------------------------------|--|

| | | |
|-------------------------------|---|--------------|
| Crash Report Number 710542176 | STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209 NMDOT COPY | Sheet 3 Of 5 |
| Case Number 180067602 | | |

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

DIAGRAM

*NOT TO SCALE*

I-25 SB FW

VEHICLE 1

A.O.I.

VEHICLE 2

I-25 SB FRONTAGE ROAD

MOUNTAIN RD NE

ALBUQUERQUE POLICE DEPT

REPORTING DEPARTMENT

STATE OF NEW MEXICO
UNIFORM CRASH REPORT

710542771


T042009M

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|-------------------------------------|--|---|--|---|--|---|--|--|--|--|--|----------|--|---------------------------|--|---------------------------|--|--|--|
| Private Property? NO | | <input type="checkbox"/> Fatal <input type="checkbox"/> Injury | | Property Damage Only <input type="checkbox"/> Under \$500 <input checked="" type="checkbox"/> \$500 or More | | Hit and Run? NO | | Case Number: 180039551 | | | | NMDOT: | | | | CAD Num: 181150529 | | | |
| Crash Date 04/25/2018 | | Military Time 11:22 | | City Occurred In ALBUQUERQUE | | | | County BERNALILLO | | | | | | | | | | | |
| Day of Week WEDNESDAY | | Occurred On: (Route No. or Name) MOUNTAIN RD NE | | | | | | At Intersection With: I 25 FRONTAGE RD | | | | | | Tribal Land? NO | | | | | |
| Other Location | | Measurement | | Direction | | Permanent Landmark - County Line - Intersection | | | | | | Milepost | | Lat: Long: | | | | | |
| Crash Occurred ON ROADWAY | | | | Crash Classification OTHER VEHICLE | | | | Analysis Code 24 - SIDESWIPE COLL/SAME DIR | | | | | | | | | | | |

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|---|---|----------------------------------|------------------|---------------------------------------|-------------------------|---------------------------------------|------------------|---|------------------|---|---------------------|--|-------------------------------|------------------------------|--------------------------------|--------------------------------|--|
| VEHICLE NO. HEADED 01 | | Unit Direction SOUTH | | On: I 25 FRONTAGE RD | | | | Left the Scene of the Crash? NO | | Posted Speed | | Safe Speed | | | | | |
| Driver's Last Name MORALES | | | | Driver's First Name LARRY | | | | Driver's Middle Name L | | Driver's Street Address 143 CALLE VALLE SERRANO | | | | | | | |
| Driver's License Number 008684065 | | State NM | Type D | Status V | Restriction B | Endorsements | | Expires 06/22/2018 | | City BERNALILLO | | Stat NM | Zip Code 87004-0000 | | Phone (505) 710-6876 | | |
| Date of Birth 07/31/1953 | | Occupation | | | | Seat Pos LF | Age 64 | Sex M | Race O | Injury Code O | OP Code 6 | OP Used Properly YES | Airbag Deploy N | Ejected N | EMS Num | Med Trans NO | |
| Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | | | | | | | | | | | |
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| Veh. Year 2000 | | Vehicle Make FORD | | Color BLUE - BLU | | Body Style PK | | Cargo Body Type | | Veh. Use P | | Veh. Use | | Veh. Towed? YES | | Vehicle Disabled YES | |
| Lic. Year 2018 | | State NM | | License Plate Number CDH627 | | VIN 1FTRX17L9YKA84344 | | DOT # | | Damage Severity HEAVY | | Damage Area 12 11 10 9 8 7 6 | | Extent APPEARANCE | | 01,11,12 | |
| Interstate Carrier? | | | | Towed By ACME T & R | | | | Towed To 8705 BROADWAY BLVD. SE ALBUQUE | | | | | | | | | |
| Number of Axles | | Gross Vehicle/Comb Weight Rating | | HazMat Placard? | | HazMat Placard 4-digit OR Hazmat Name | | | | AND | | 1-digit # | | HazMat Released NO | | | |
| Carrier's Name | | | | Street Address | | | | Carrier City | | | | State | | Carrier's Zip | | | |
| Owner's Last Name ORTIZ | | | | Owner's First Name ZELINDA | | | | Owner's Middle Name | | | | Owner's Company Name | | | | | |
| Street Address PO BOX 5371 | | | | Owner's City BERNALILLO | | | | State NM | | Owner Zip 87004 | | Owner's Phone | | | | | |
| Insured By: (Name of Company) FARMERS | | | | | | Policy Number 189339362 | | Trailer or Towed Vehicles (1) | | Type | Year | Make | Lic. Year | Lic State | License Num | | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic. Year | Lic State | License Num | Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic. Year | Lic State | License Num | | |

VEHICLE NO. 001

VEHICLE NO. 002

| | | | | | | | | | | | | | | | | | |
|---|---|---|---------------------------------------|---|--|---------------------------------------|--------------------------------------|---|---------------------------------|---|--|--------------------------------|--------------------------------|---------------------|--------------------|------------------------|-----------|
| VEHICLE NO. HEADED 02 | | Unit Direction SOUTH | | On: I 25 FRONTAGE RD | | | | Left the Scene of the Crash? NO | | Posted Speed | | Safe Speed | | | | | |
| Driver's Last Name ARCHUNDE | | | | Driver's First Name DENNY | | | | Driver's Middle Name | | Driver's Street Address 700 JEFFERSON AVE | | | | | | | |
| Driver's License Number 013594341 | | State NM | Type D | Statu V | Restriction B | Endorsements | Expires 06/22/2018 | City GRANTS | | Stat NM | Zip Code 87020-0000 | Phone | | | | | |
| Date of Birth 05/22/1948 | | Occupation | | | | Seat Pos LF | Age 69 | Sex M | Race O | Injury Code O | OP Code 6 | OP Used Properly YES | Airbag Deploy N | Ejected N | EMS Num | Med Trans NO | |
| Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | | | | | | | | | | | |
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| Veh. Year 2012 | | Vehicle Make NISSAN | | Color WHITE - WHI | | Body Style PC | Cargo Body Type | Veh. Use P | Veh. Use | | Veh. Towed? YES | | Vehicle Disabled YES | | | | |
| Lic. Year 2018 | | State NM | License Plate Number NMJ008 | | VIN JN8AF5MV3CT125233 | | DOT # | | Damage Severity HEAVY | | Damage Area 1 2 3 4 5 12  6 | | | | | | |
| Interstate Carrier? | | Towed By ACME T & R | | Towed To 8705 BROADWAY BLVD. SE ALBUQUE | | Extent DISABLED | | 12 | | | | | | | | | |
| Number of Axles | | Gross Vehicle/Comb Weight Rating | | Haz/Mat Placard? | | Hazmat Placard 4-digit OR Hazmat Name | | AND | | 1-digit # | | Haz/Mat Released NO | | | | | |
| Carrier's Name | | | | Street Address | | | | Carrier City | | | | State | | Carrier's Zip | | | |
| Owner's Last Name ARCHUNDE | | | | Owner's First Name DENNY | | | | Owner's Middle Name | | Owner's Company Name | | | | | | | |
| Street Address 700 JEFFERSON AVE | | | | Owner's City GRANTS | | | | State NM | Owner Zip 87020-0000 | | Owner's Phone | | | | | | |
| Insured By: (Name of Company) FARMERS | | | | Policy Number 189339362 | | Trailer or Towed Vehicles (1) | | Type | Year | Make | Lic Year | Lic State | License Num | | | | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic Year | Lic State | License Num | | Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic Year | Lic State | License Num | |
| Veh. Num | Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| COND | | Lighting DAYLIGHT | | Weather CLEAR | | Road Character STRAIGHT | | Road Grade LEVEL | | | | | | | | | |
| ROAD | | VEH NO. 01 | Road Condition DRY | | Road Surface PAVED CENTER AND EDGE LIN | | Traffic Control 4 WAY STOP | | Road Lanes 3 LANES | Road Design Div UNDIVIDED | | Road Design ONE WAY | | | | | |
| EVENT | | APPARENT CONTRIBUTING FACTORS | | | | | | DRIVER'S ACTIONS | | | | SEQUENCE OF EVENTS | | | | | |
| | | NONE | | | | | | GOING STRAIGHT | | | | FIRST EVENT MVT | | | | | |
| | | | | | | | | | | | | SECOND EVENT | | | | | |
| | | | | | | | | | | | | THIRD EVENT | | | | | |
| FOURTH EVENT | | | | | | | | | | | | | | | | | |

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|--------|---|--|--|--|------------|--------------------------------|--|
| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | |
| | HAD NOT CONSUMED ALCOHOL | | NO APP. DEFECTS | | | At Intersection | |
| | Breath Test Results | | Driver Physical Condition - Other | | | Not At Intersection | |
| | | | | | | Pedestrian Action - Other | |

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|------|---------------|-----------------------|---|-------------------------------|-----------------------|------------------------------|------------------------|
| ROAD | VEH NO. 02 | Road Condition DRY | Road Surface PAVED CENTER AND EDGE LIN | Traffic Control 4 WAY STOP | Road Lanes 3 LANES | Road Design Div UNDIVIDED | Road Design ONE WAY |
|------|---------------|-----------------------|---|-------------------------------|-----------------------|------------------------------|------------------------|


| | | | | | | |
|-------|--|--|------------------|--------------|--------------------|--|
| EVENT | APPARENT CONTRIBUTING FACTORS | | DRIVER'S ACTIONS | | SEQUENCE OF EVENTS | |
| | DRIVER INATTENTION, MADE IMPROPER TURN | | LEFT TURN | | FIRST EVENT MVT | |
| | | | | | SECOND EVENT | |
| | | | | | THIRD EVENT | |
| | | | | FOURTH EVENT | | |

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|--------|---|--|--|--|------------|--------------------------------|--|
| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | |
| | HAD NOT CONSUMED ALCOHOL | | NO APP. DEFECTS | | | At Intersection | |
| | Breath Test Results | | Driver Physical Condition - Other | | | Not At Intersection | |
| | | | | | | Pedestrian Action - Other | |

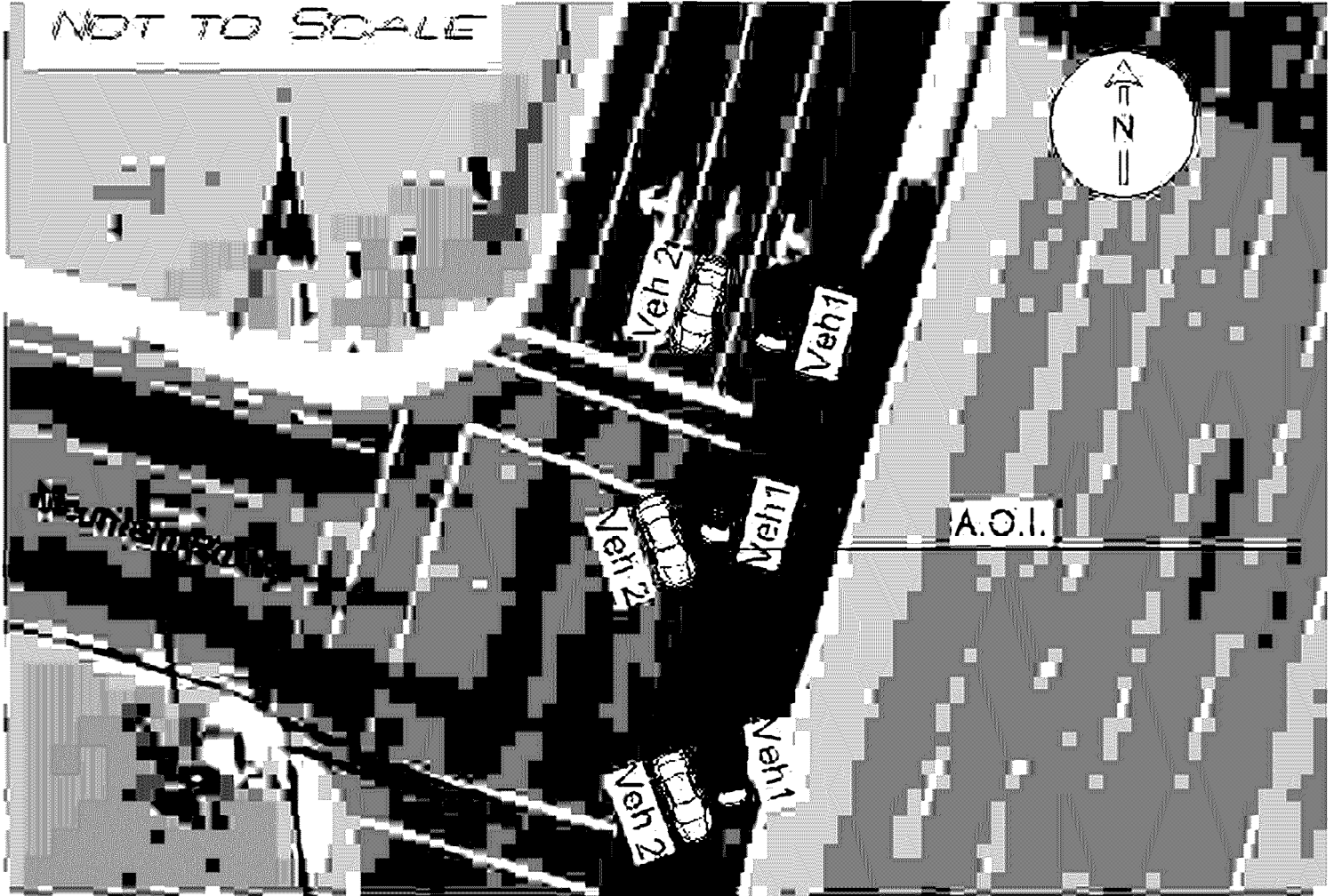
| | | | | | | | |
|--|--|--|--|--|--|--|--|
| NARRATIVE | | | | | | | |
| <p>DRIVER 1 STATED THAT HE WA TRAVELING SOUTH ON THE I-25 SOUTHBOUND FRONTAGE RD AT INTERSECTION WITH MOUNTAIN RD NE IN THE LEFT LANE. DRIVER 1 STATED THAT AS HE WAS DRIVING STRAIGHT THROUGH THE INTERSECTION, HE SUDDENLY FELT A COLLISION WITH VEHICLE 2. DRIVER 1 STATED THAT HE WAS UNABLE TO AVOID THE COLLISION DUE TO HIM NOT EVER SEEING VEHICLE 2. DRIVER 1 WAS SEEN BY MEDICAL PERSONNEL BUT WAS NOT TRANSPORTED. VEHICLE 1 WAS TOWED FROM THE SCENE.</p> <p>DRIVER 2 STATED THAT HE WAS TRAVELING SOUTH ON THE I-25 FRONTAGE RD AT THE INTERSECTION WITH MOUNTAIN RD NW. DRIVER 2 STATED THAT HE DID NOT KNOW WHAT LANE THAT HE WAS IN AT THE TIME LEADING UP TO THE COLLISION. DRIVER 2 STATED THAT HE THEN ATTEMPTED TO MAKE A LEFT TURN ONTO EASTBOUND MOUNTAIN RD NE, THEN FELT VEHICLE 1 COLLIDE INTO HIS VEHICLE. DRIVER 2 WAS SEEN BY MEDICAL PERSONNEL BUT WAS NOT TRANSPORTED.</p> <p>WITNESS 1 STATED THAT VEHICLE 2 ATTEMPTED TO MAKE A LEFT TURN FROM THE MIDDLE LANE, THAT IS A STRAIGHT LANE ONLY LANE. WITNESS 1 THEN STATED THAT VEHICLE 2 COLLIDED INTO VEHICLE 1.</p> | | | | | | | |

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|-------------------------|------------------------|------------------------------------|--------------------|--|---------------------|----------|---------------|
| Other Property Involved | Type | Description of Property and Damage | | | | | |
| | Owner's Last Name | | Owner's First Name | | Owner's Middle Name | | |
| | Owner's Street Address | | Owner's City | | State | Zip Code | Owner's Phone |

| | | | | | | | |
|---------|--|--|---------------------------------|--|-----------------------------------|------------------------|-----------------------------------|
| WITNESS | Witness's Last Name PETT | | Witness's First Name MAXWELL | | Witness's Middle Name VLADIMIR | | Age |
| | Witness's Street Address 808 VALENCIA DR SE | | Witness's City ALBUQUERQUE | | State NM | Zip Code 87108-0000 | Witness's Phone (505) 382-0187 |

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|--|-----------------------|-----------------------------------|-------------|-------------------------|-------------------|---|---------------------------|
| ENFORCEMENT ACTION - VIOLATIONS | | | | | | | |
| VEH NO. | Last Name | First Name | Middle Name | Violation (Common Name) | | Action | |
| Time Notified 11:25 | Time Arrived 11:31 | Notified By RADIO | | Supervisor at Scene | | Checked By 3099 - SANDOVAL, M. - 4/27/2018 | |
| Officer's Signature  | | Officer's Name GONZALES, KEVIN | | Rank PSA | ID Number 5862 | District 234 | Report Date 04/25/2018 |

DIAGRAM



VEHICLE NO. 001

| | | | | | | | | | | | | | | | | | | |
|---|--------------------------------------|--|-----------------------------------|---|-----------------------------|---|---------------------|--------------------------------|------------------------------------|------------------------|--|-------------------------|--------------------------|--------------------------|---|---|-----------|--|
| VEHICLE NO. 002 | VEHICLE NO. HEADED 02 | | Unit Direction SOUTH | | On: MOUNTAIN RD NE | | | | Left the Scene of the Crash? NO | | Posted Speed 00 | | Safe Speed 00 | | | | | |
| | Driver's Last Name ONEAL | | | | Driver's First Name IZEK | | | | Driver's Middle Name JACKSON | | Driver's Street Address 2 ROAD 6557 | | | | | | | |
| | Driver's License Number 510053761 | | State NM | Type D | Status V | Restriction | Endorsements | Expires 09/27/2019 | City KIRTLAND | | Stat NM | Zip Code 87417 | Phone (505) 486-5628 | | | | | |
| | Date of Birth 08/28/1994 | | Occupation | | | | Seat Pos LF | Age 23 | Sex M | Race O | Injury Code C | OP Code 6 | OP Used Properly YES | Airbag Deploy N | Ejected N | EMS Num NO | Med Trans | |
| | Seat Pos RF | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) ARELLANO THOMAS 1901 WHITE WATER RIO RANCHO NM 87114 | | | | Age 20 | Sex M | Race O | Injury Code O | OP Code 6 | OP Used Properly YES | Airbag Deploy N | Ejected N | EMS Num NO | Med Trans | | | |
| | Seat Pos LR | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) ALLEN ZGUANA 507 WISCONSIN ST ALBUQUERQUE NM 87108 | | | | Age 26 | Sex F | Race O | Injury Code C | OP Code 6 | OP Used Properly YES | Airbag Deploy N | Ejected N | EMS Num NO | Med Trans | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | Veh. Year 2008 | | Vehicle Make MERCURY | | Color WHITE - WHI | | Body Style PC | Cargo Body Type | Veh. Use P | Veh. Towed? YES | | Vehicle Disabled YES | | Damage Severity HEAVY | | Damage Area 1 2 3 4 5 12 11 10 9 8 7 6 01,02,03,04 | | |
| Lic. Year 2018 | | State NM | License Plate Number 18T208616 | | VIN 3MEHM081X8R643745 | | DOT # | | Veh. Towed? YES | | Vehicle Disabled YES | | Damage Severity HEAVY | | Damage Area 1 2 3 4 5 12 11 10 9 8 7 6 01,02,03,04 | | | |
| Interstate Carrier? | | Towed By NEW MEXICO TOWING | | | | Towed To 8705 BROADWAY BLVD. SE # C ALBU | | | | Veh. Towed? YES | | Vehicle Disabled YES | | Damage Severity HEAVY | | Damage Area 1 2 3 4 5 12 11 10 9 8 7 6 01,02,03,04 | | |
| Number of Axles | | Gross Vehicle/Comb Weight Rating | | Haz/Mat Placard? | | Hazmat Placard 4-digit OR Hazmat Name | | AND 1-digit # | | Haz/Mat Released NO | | | | | | | | |
| Carrier's Name | | | | Street Address | | | | Carrier City | | | | State | | Carrier's Zip | | | | |
| Owner's Last Name ONEAL | | | | Owner's First Name IZEK | | | | Owner's Middle Name JACKSON | | | | Owner's Company Name | | | | | | |
| Street Address 2 ROAD 6557 | | | | Owner's City KIRTLAND | | | | State NM | Owner Zip 87417 | | Owner's Phone (505) 486-5628 | | | | | | | |
| Insured By: (Name of Company) ALLSTATE | | | | Policy Number 838 678 853 | | Trailer or Towed Vehicles (1) | | Type | Year | Make | Lic Year | Lic State | License Num | | | | | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic Year | Lic State | License Num | | Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic Year | Lic State | License Num | | |
| Veh. Num | Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| COND | Lighting DAYLIGHT | | Weather CLEAR | | Road Character STRAIGHT | | Road Grade LEVEL | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| ROAD | VEH NO. | Road Condition DRY | | Road Surface PAVED CENTER AND EDGE LIN | | Traffic Control TRAFFIC SIGNALS | | Road Lanes 3 LANES | Road Design Div PHYSICAL DIVID | | Road Design RAMP | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | | | DRIVER'S ACTIONS | | | | | | SEQUENCE OF EVENTS | | | | | |
| | NONE | | | | | | GOING STRAIGHT | | | | | | FIRST EVENT | | | | | |
| | | | | | | | | | | | | | SECOND EVENT | | | | | |
| | | | | | | | | | | | | | THIRD EVENT | | | | | |
| | | | | | | | | | | | | | FOURTH EVENT | | | | | |

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|--------|---|--|--|--|------------|--------------------------------|--|
| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | |
| | HAD NOT CONSUMED ALCOHOL | | NO APP. DEFECTS | | | At Intersection | |
| | Breath Test Results | | Driver Physical Condition - Other | | | Not At Intersection | |
| | | | | | | Pedestrian Action - Other | |

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|------|---------------|-----------------------|---|------------------------------------|-----------------------|-----------------------------------|---------------------|
| ROAD | VEH NO. 02 | Road Condition DRY | Road Surface PAVED CENTER AND EDGE LIN | Traffic Control TRAFFIC SIGNALS | Road Lanes 3 LANES | Road Design Div PHYSICAL DIVID | Road Design RAMP |
|------|---------------|-----------------------|---|------------------------------------|-----------------------|-----------------------------------|---------------------|

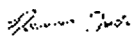
| | | | | | | |
|-------|---|--|------------------|--|--------------------|--|
| EVENT | APPARENT CONTRIBUTING FACTORS | | DRIVER'S ACTIONS | | SEQUENCE OF EVENTS | |
| | DRIVER INATTENTION, EXCESSIVE SPEED, IMPROPER BACKING | | GOING STRAIGHT | | FIRST EVENT | |
| | | | | | SECOND EVENT | |
| | | | | | THIRD EVENT | |
| | | | | | FOURTH EVENT | |

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|--------|---|--|--|--|------------|--------------------------------|--|
| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | |
| | HAD NOT CONSUMED ALCOHOL | | NO APP. DEFECTS | | | At Intersection | |
| | Breath Test Results | | Driver Physical Condition - Other | | | Not At Intersection | |
| | | | | | | Pedestrian Action - Other | |

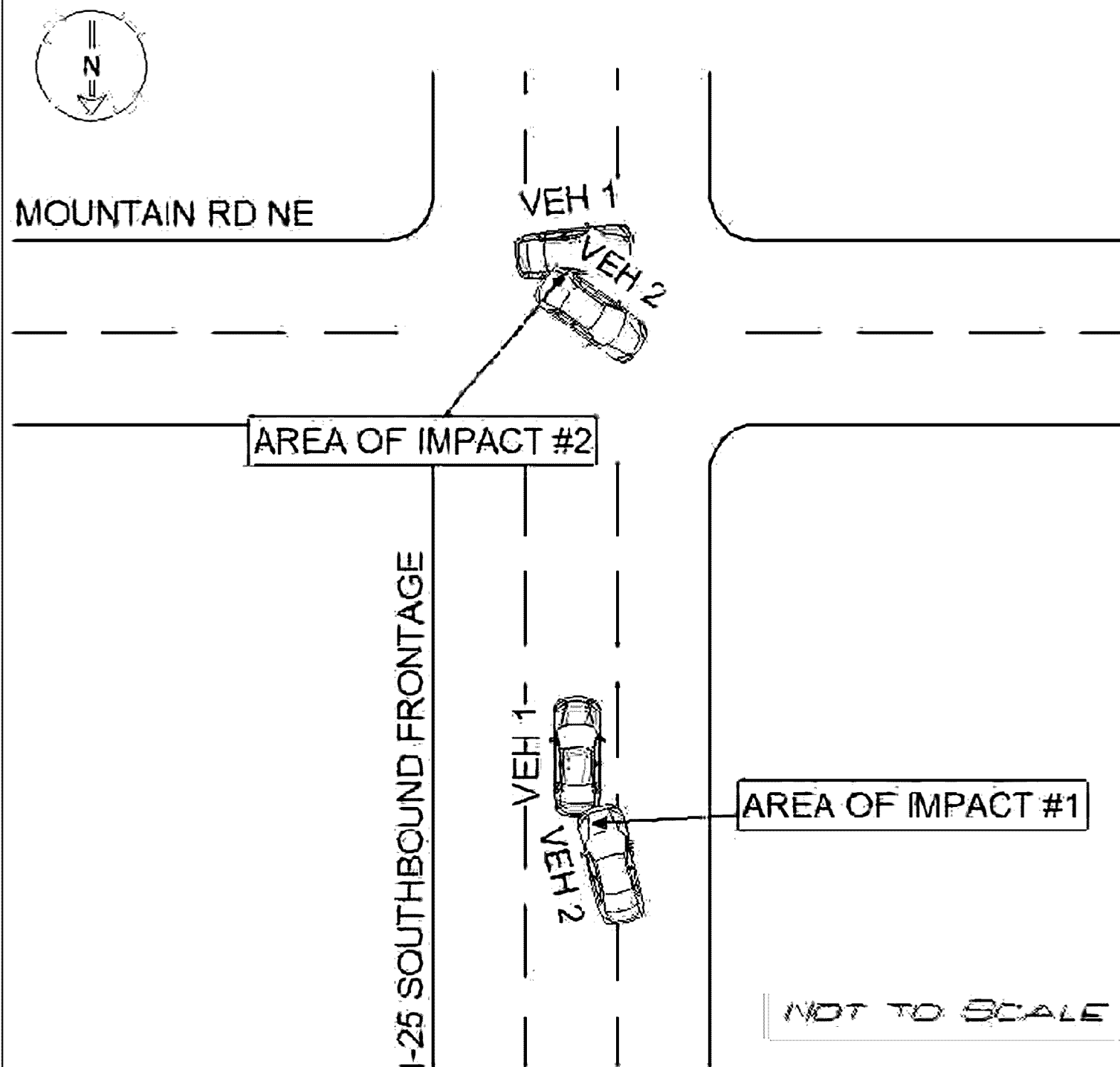
| | | | | | | | |
|--|--|--|--|--|--|--|--|
| NARRATIVE | | | | | | | |
| <p>DRIVER 1 ADVISED SHE WAS GOING SOUTHBOUND ON I-25 FRONTAGE IN THE MIDDLE LANE. DRIVER 1 ADVISED SHE FELT A SUDDEN IMPACT FROM THE REAR OF HER VEHICLE. WHEN DRIVER 2 REAR ENDED DRIVER 1 IT CAUSED DRIVER 1 TO LOSE CONTROL.</p> <p>DRIVER 2 ADVISED HE WAS GOING SOUTHBOUND ON I-25 FRONTAGE IN THE RIGHT LANE. DRIVER 2 ADVISED A VEHICLE IN FRONT OF HIM CUT HIM OFF CAUSING HIM TO SWERVE TO THE MIDDLE LANE. WHEN DRIVER 2 SWERVED TO THE MIDDLE LANE HE REAR ENDED DRIVER 1 AND CONTINUED TO LOSE CONTROL HITTING DRIVER 1 MULTIPLE TIMES TRYING TO GAIN CONTROL OF THE VEHICLE BACK. DRIVER 2 WAS DRIVING AT AN EXCESSIVE SPEED WHICH CAUSED DRIVER 2 TO FISHTAIL AND LOSE CONTROL. DRIVER 2 WAS CITED FOR DRIVING WITH A SUSPENDED DRIVERS LICENSE.</p> <p>DRIVER 1 HAD NO COMPLAINTS OF INJURIES. DRIVER 2 HAD COMPLAINTS OF STOMACH AND NECK PAIN. DRIVER 2 PASSENGER HAD COMPLAINTS OF NECK AND SHOULDER PAIN.</p> | | | | | | | |

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|-------------------------|------------------------|------------------------------------|--------------------|--|---------------------|----------|---------------|
| Other Property Involved | Type | Description of Property and Damage | | | | | |
| | Owner's Last Name | | Owner's First Name | | Owner's Middle Name | | |
| | Owner's Street Address | | Owner's City | | State | Zip Code | Owner's Phone |

| | | | | | | | |
|---------|--------------------------|--|----------------------|--|-----------------------|----------|-----------------|
| WITNESS | Witness's Last Name | | Witness's First Name | | Witness's Middle Name | | Age |
| | Witness's Street Address | | Witness's City | | State | Zip Code | Witness's Phone |

| | | | | | | | |
|--|-----------------------|----------------------------------|---------------------|-------------------------|--|-----------------|---------------------------|
| ENFORCEMENT ACTION - VIOLATIONS | | | | | | | |
| VEH NO. | Last Name | First Name | Middle Name | Violation (Common Name) | Action | | |
| Time Notified 09:57 | Time Arrived 10:04 | Notified By RADIO | Supervisor at Scene | | Checked By 2500 - RODRIGUEZ, A.C. - 6/13/2018 | | |
| Officer's Signature  | | Officer's Name SHATTO, NORMAN | | Rank PSA | ID Number 5776 | District 234 | Report Date 06/12/2018 |

DIAGRAM



ALBUQUERQUE POLICE DEPT

REPORTING DEPARTMENT

STATE OF NEW MEXICO
UNIFORM CRASH REPORT

710544575

T042009M

| | | | | | | | | | | | | | | | |
|-------------------------------------|----------|--|--|--|--|---|-----|-------------------------------|-------------|-------------------------------|------------------|---------------|---------|---------|-----------|
| Private Property? NO | | <input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Injury | | Property Damage Only <input type="checkbox"/> Under \$500 <input type="checkbox"/> \$500 or More | | Hit and Run? NO | | Case Number: 180060199 | | | | | | | |
| | | | | | | | | NMDOT: | | CAD Num: 181730335 | | | | | |
| Crash Date 06/22/2018 | | Military Time 08:36 | | City Occurred In ALBUQUERQUE | | | | County BERNALILLO | | | | | | | |
| Day of Week FRIDAY | | Occurred On: (Route No. or Name) MOUNTAIN RD NE | | | | At Intersection With: S/B FRONTAGE RD NE | | | | Tribal Land? NO | | | | | |
| Other Location | | Measurement | | Direction | | Permanent Landmark - County Line - Intersection | | | | Milepost | | | | | |
| | | | | | | | | | | Lat: Long: | | | | | |
| Crash Occurred ON ROADWAY | | Crash Classification OTHER VEHICLE | | | | Analysis Code 03 - ONE LEFT TURN/ENTER AT ANGLE | | | | | | | | | |
| Veh. Num | Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans |
| | | | | | | | | | | | | | | | |
| COND | | Lighting DAYLIGHT | | Weather CLEAR | | Road Character STRAIGHT | | | | Road Grade ON GRADE | | | | | |

NARRATIVE

I REQUESTED THIS CALL INVOLVING A TWO VEHICLE CRASH AT THE LISTED INTERSECTION. WHEN I ARRIVED VEHICLE 1 AND 2 HAD PULLED OVER TO THE RIGHT SHOULDER. WITNESS 1 WAS ON SCENE.

WITNESS 1 STATED HE WAS SOUTHBOUND ON THE FRONTAGE ROAD IN THE RIGHT LANE AND SAID THE TRAFFIC LIGHT WAS GREEN. HE SAID THE LIGHT HAD NOT CHANGED COLORS.

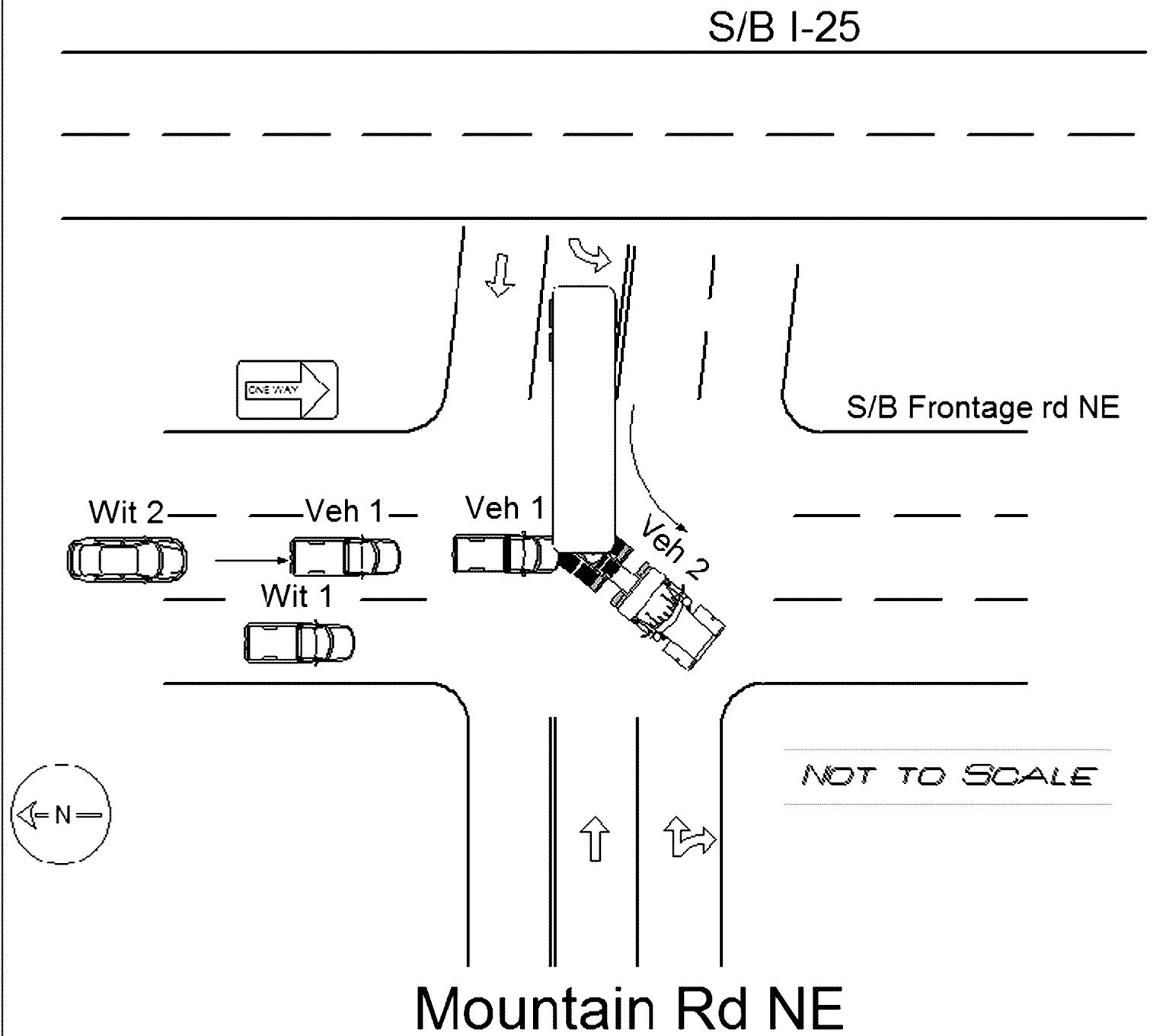
DRIVER 1 STATED SHE WAS SOUTHBOUND ON THE FRONTAGE ROAD IN THE MIDDLE LANE AND SAID HER TRAFFIC LIGHT WAS GREEN. SHE SAID VEHICLE 2 TURNED IN FRONT OF HER AND DID NOT HAVE TIME TO AVOID THE COLLISION. VEHICLE 1 HAD HEAVY FRONT DAMAGE AND HAD TO BE TOWED. DRIVER 1 DID NOT HAVE ANY INJURIES UNTIL LATER AND THEN COMPLAINED OF NECK PAIN. HER HUSBAND CAME TO THE SCENE AND DROVE HER TO THE HOSPITAL. DRIVER 1 GAVE ME ANOTHER WITNESSES INFORMATION.

DRIVER 2 STATED HE WAS WESTBOUND ON MOUNTAIN AND TURNED LEFT TO HEAD SOUTH ON A GREEN TRAFFIC LIGHT. VEHICLE 2 WAS HIT ON THE RIGHT REAR TIRE AND RIGHT REAR MUD GUARD WAS DAMAGED. THE RIGHT REAR TIRE THAT WAS HIT ON THE REAR AXLE WAS SCRATCHED ON THE SIDE WALL APPROXIMATELY 3 INCHES LONG. I TOLD DRIVER 2 THAT DRIVER 1 AND TWO OTHER WITNESSES SAID THEY HAD THE GREEN LIGHT AND HE WANTED TO TAKE THE CASE TO COURT.

WITNESS 2 STATED HE WAS BEHIND VEHICLE 1 AND SAW THAT THEIR TRAFFIC LIGHT WAS GREEN. HE HAD THEN CHANGED LANES TO THE RIGHT LANE TO TURN RIGHT ON MOUNTAIN.

| | | | | | | | | | | | |
|---------------------------------|--|------------------------------------|--|---------------------------------------|--|--|---|-------------------------------|--|---|------------------------|
| Other Property Involved | Type | Description of Property and Damage | | | | | | | | | |
| | Owner's Last Name | | | Owner's First Name | | | Owner's Middle Name | | | | |
| | Owner's Street Address | | | Owner's City | | | State | Zip Code | Owner's Phone | | |
| WITNESS | Witness's Last Name PAUL | | | Witness's First Name JOSHUA | | | Witness's Middle Name ALEXANDER | | | Age | |
| | Witness's Street Address 3902 100TH STREET | | | Witness's City LUBBOCK | | | State TX | Zip Code 79423-0000 | Witness's Phone (806) 928-0652 | | |
| ENFORCEMENT ACTION - VIOLATIONS | | | | | | | | | | | |
| VEH NO. 02 | Last Name VILLEGAS | | | First Name RENE | | | Middle Name ENRIQUE | | | Violation (Common Name) RED LIGHT VIOLATION | Action CITED |

DIAGRAM






710549594

VEHICLE NO. 0001

| | | |
|---------------------------------------|--|--------------|
| Crash Report Number: 710549594 | STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209 NMDOT COPY | Sheet 1 Of 4 |
| Case Number: 180102845 | | |

VEHICLE NO. 002


| | | | | | | | | | | | | | | | | | |
|-------------------------------|--|---|--|---------------------------------|---------------------------|--|-----------------|-------------------------------|------------------|--------------------------------|-------------|----------------------|------------------|--------------------|-------------|--|-----------|
| ALVARADO | | | | MELITON | | | | | | | | 4315 ROCKY RD SW | | | | | |
| Driver's License Number | | State | Type | Status | Restrictions | Endorsements | Expires | City | | | State | Zip Code | Phone | | | | |
| 515009418 | | NM | D | V | | | 04/22/2020 | ALBUQUERQUE | | | NM | 87121 | (505) 589-2491 | | | | |
| Date of Birth | | Occupation | | | | | Seat Pos | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans |
| 03/23/1957 | | | | | | | LF | 61 | M | O | O | 6 | YES | N | N | | NO |
| Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Veh. Year | | Vehicle Make | | Color | | Body Style | | Cargo Body Type | | Veh. Use1 | | Veh. Use2 | | Veh. Towed? | | Vehicle Disabled | |
| 1977 | | FORD | | BURGUNDY (PURPLE) - M | | PK | | | | | | P | | YES | | NO | |
| Lic. Year | | State | | License Plate Number | | VIN | | DOT # | | | | | | Damage Severity | | Damage Area | |
| 2011 | | CH | | ED-69-326 | | SAAM560323GV6 | | | | | | | | MODERATE | | 1 2 3 4 5 | |
| Interstate Carrier? | | Towed By | | Towed To | | | | | | | | | | Extent | | 12  6 | |
| | | MADRID TOWING | | 3957 SAN YGNACIO RD. SW ALBUQUE | | | | | | | | | | FUNCTIONAL | | 09,10,11 | |
| Number of Axles | | Gross Vehicle/Comb Weight Rating | | HazMat Placard? | | Hazmat Placard 4-digit OR Hazmat Name | | AND | | 1-digit # | | HazMat Released | | | | | |
| | | | | | | | | | | | | NO | | | | | |
| Carrier's Name | | | | Street Address | | | | Carrier City | | | | State | | Carrier's Zip | | | |
| Owner's Last Name | | | | Owner's First Name | | | | Owner's Middle Name | | | | Owner's Company Name | | | | | |
| ALVARADO | | | | MELITON | | | | | | | | | | | | | |
| Street Address | | | | Owner's City | | | | State | | Owner Zip | | Owner's Phone | | | | | |
| 4315 ROCKY RD SW | | | | ALBUQUERQUE | | | | NM | | 87121 | | (505) 589-2491 | | | | | |
| Insured By: (Name of Company) | | | | Policy Number | | Trailer or Towed Vehicles (1) | | Type | Year | Make | Lic. Year | Lic State | License Num | | | | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic. Year | Lic State | License Num | Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic. Year | Lic State | License Num | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Veh. Num | | Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| COND | | Lighting | | | Weather | | | Road Character | | | Road Grade | | | | | | |
| | | DAYLIGHT | | | CLEAR | | | STRAIGHT | | | ON GRADE | | | | | | |
| ROAD | | VEH NO. | Road Condition | | Road Surface | | Traffic Control | | Road Lanes | Road Design Div | | Road Design | | | | | |
| | | 01 | DRY | | PAVED CENTER AND EDGE LIN | | TRAFFIC SIGNALS | | 2 LANES | PHYSICAL DIVIDE | | RAMP | | | | | |
| EVENT | | APPARENT CONTRIBUTING FACTORS | | | | | | | DRIVER'S ACTIONS | | | | | SEQUENCE OF EVENTS | | | |
| | | NONE | | | | | | | GOING STRAIGHT | | | | | FIRST EVENT | | | |
| | | | | | | | | | | | | | | MVT | | | |
| | | | | | | | | | | | | | | SECOND EVENT | | | |
| | | | | | | | | | | | | | | THIRD EVENT | | | |
| | | | | | | | | | | | | | | FOURTH EVENT | | | |
| | | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | | | PEDESTRIAN/PEDALCYCLIST ACTION | | | | | | | |
| | | | | | | | | | | At Intersection | | | | | | | |

Crash Report Number: 710549594

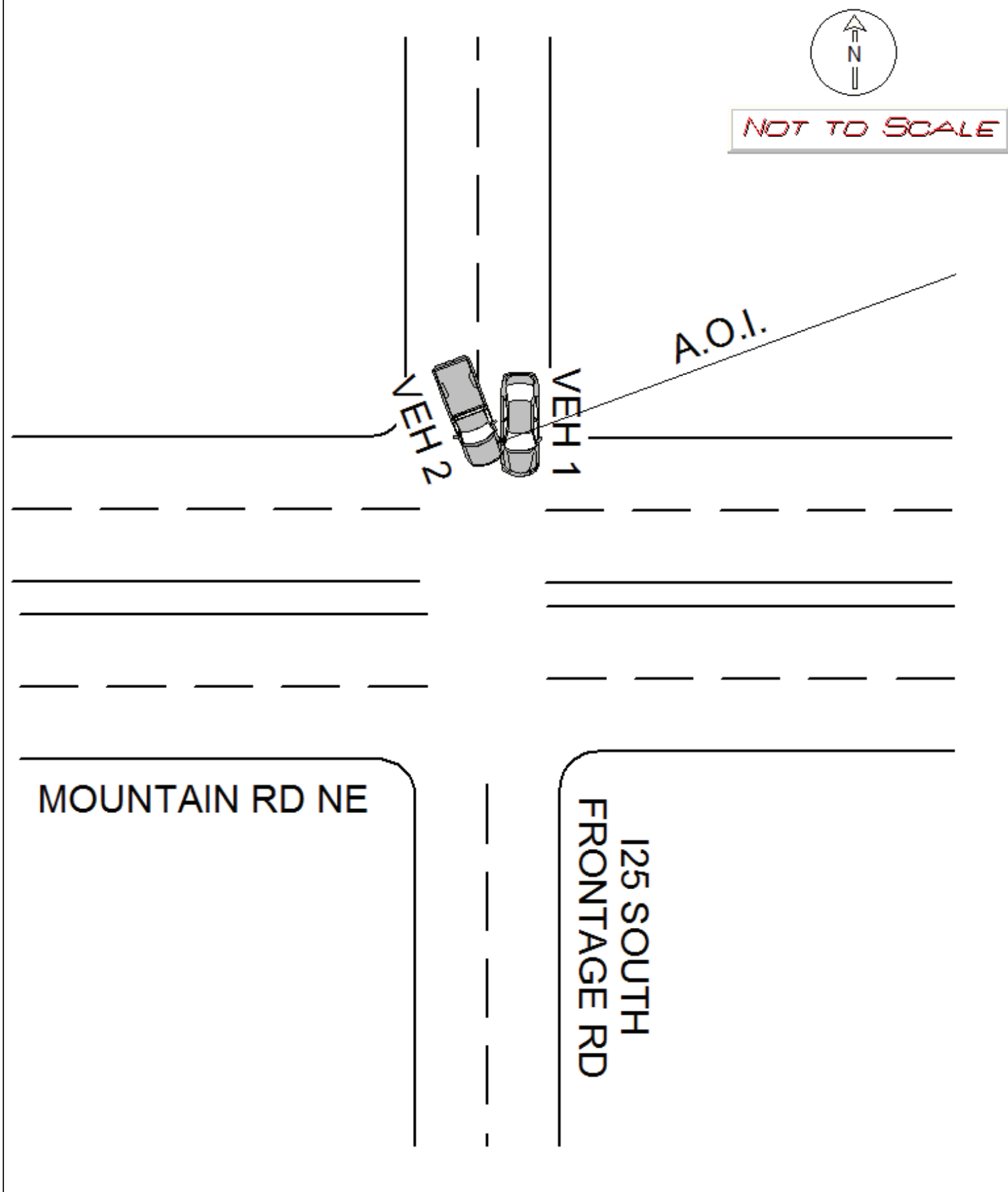
Case Number: 180102845

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

Sheet 2 Of 4

| | | | | | | | | | | |
|---|---|---|--|---|------------------------------|---|----------------------------|----------------------------------|--------------|--|
| DRIVER | HAD NOT CONSUMED ALCOHOL | | | | NO APP. DEFECTS | | PEDESTRIAN | Not At Intersection | | |
| | Breath Test Results | | Driver Physical Condition - Other | | | | | Pedestrian Action - Other | | |
| ROAD | VEH NO. 02 | Road Condition DRY | Road Surface PAVED CENTER AND EDGE LIN | Traffic Control TRAFFIC SIGNALS | Road Lanes 2 LANES | Road Design Div PHYSICAL DIVIDE | Road Design RAMP | | | |
| | APPARENT CONTRIBUTING FACTORS | | | | DRIVER'S ACTIONS | | SEQUENCE OF EVENTS | | | |
| EVENT | DRIVER INATTENTION, IMPROPER LANE CHANGE | | | | LEFT TURN | | FIRST EVENT MVT | | | |
| | | | | | | | SECOND EVENT | | | |
| | | | | | | | THIRD EVENT | | | |
| | | | | | | | FOURTH EVENT | | | |
| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | | | | |
| | HAD NOT CONSUMED ALCOHOL | | NO APP. DEFECTS | | | At Intersection | | | | |
| | | | | | | Not At Intersection | | | | |
| | Breath Test Results | | Driver Physical Condition - Other | | | Pedestrian Action - Other | | | | |
| NARRATIVE | | | | | | | | | | |
| <p>ON FRIDAY OCTOBER 26, 2018 AT 0933 HOURS I WAS DISPATCHED TO THE I25 SOUTHBOUND FRONTAGE RD AND MOUNTAIN RD NE IN REFERENCE TO A MOTOR VEHICLE COLLISION INVOLVING TWO VEHICLES.</p> <p>DRIVER 1 STATED SHE WAS IN THE FAR LEFT LANE TRAVELLING SOUTHBOUND ON THE I25 FRONTAGE RD TO GO STRAIGHT OR TO TURN ONTO EASTBOUND MOUNTAIN RD NE, AS SHE DROVE STRAIGHT THROUGH THE INTERSECTION SHE SAW DRIVER 2 IN THE LANE TO HER RIGHT TRY TO TURN LEFT IN THE STRAIGHT LANE. AT THAT TIME HE STRUCK HER IN THE FRONT PASSENGERS SIDE OF THE VEHICLE. DRIVER 1'S VEHICLE SUSTAINED HEAVY FRONT PASSENGERS SIDE DAMAGE, THE VEHICLE WAS INOPERABLE AND WAS TOWED FROM THE SCENE. DRIVER 1 DID REPORT SOME ELBOW AND ARM PAIN ON SCENE, SHE STATED SHE WOULD BE CHECKED OUT AT URGENT CARE ON HER OWN TIME.</p> <p>DRIVER 2 STATED HE WAS IN THE RIGHT LANE TO GO STRAIGHT AND THOUGHT THE LANE WAS TO TURN AND GO STRAIGHT, HE WENT TO MAKE THE LEFT TURN AND TURNED INTO DRIVER 1'S VEHICLE, DRIVER 2'S VEHICLE SUSTAINED SLIGHT DAMAGE TO THE FRONT DRIVERS SIDE OF THE VEHICLE. DRIVER 2 DID NOT HAVE INSURANCE OR A VALID REGISTRATION FOR THE VEHICLE, DUE TO THIS THE VEHICLE WAS TOWED FROM THE SCENE AND DRIVER 2 WAS CITED BY OFFICER J. CURRY (#5937) FOR NO INSURANCE OR REGISTRATION. DRIVER 2 DID NOT REPORT ANY INJURIES ON SCENE.</p> | | | | | | | | | | |
| Other Property Involved | Type | Description of Property and Damage | | | | | | | | |
| | Owner's Last Name | | Owner's First Name | | | Owner's Middle Name | | | | |
| | Owner's Street Address | | Owner's City | | | State | Zip Code | Owner's Phone | | |
| WITNESS | Witness's Last Name | | Witness's First Name | | | Witness's Middle Name | | | Age | |
| | Witness's Street Address | | Witness's City | | | State | Zip Code | Witness's Phone | | |
| ENFORCEMENT ACTION - VIOLATIONS | | | | | | | | | | |
| VEH NO. | Last Name | | First Name | | Middle Name | | Violation (Common Name) | | Action | |
| Time Notified 09:33 | Time Arrived 09:39 | Notified By DISPATCH | | | Supervisor at Scene | | | | | |
| Checked By 5088 - LANDAVAZO, MARK - 10/27/2018 | | | | | | | | | | |
| Officer's Signature  | | Officer's Name GRIEGO, CHRISSIE | | | Rank PSA | ID Number 5989 | District 234 | Report Date 10/26/2018 | | |
| Crash Report Number: 710549594 | | | STATE OF NEW MEXICO UNIFORM CRASH REPORT | | | | | | Sheet 3 Of 4 | |
| Case Number: 180102845 | | | NM STATUTE 66-7-209 NMDOT COPY | | | | | | | |

DIAGRAM



ALBUQUERQUE POLICE DEPT

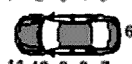
REPORTING DEPARTMENT

STATE OF NEW MEXICO
UNIFORM CRASH REPORT

710553534

| | | | | | | | | | | | | | | | | |
|---|--|--|---------------------------------------|---|---------------------------------|---|------------------------------|---|---------------------------------|--|--------------------------------------|-----------------------------------|------------------------------|---------------------------|-------------------------|---------------------------|
| Private Property? NO | | Fatal Injury | | Property Damage Only | | Under \$500 ✓ \$500 or More | | Hit and Run? NO | | Case Number: 180107976 | | | | | | |
| | | | | | | | | | | NMDOT: | | CAD Num: 183140324 | | | | |
| Crash Date 11/10/2018 | | Military Time 08:31 | | City Occurred In ALBUQUERQUE | | | | County BERNALILLO | | | | | | | | |
| Day of Week SATURDAY | | Occurred On (Route No. or Name) LOCUST ST NE | | | | At Intersection With MOUNTAIN RD NE | | | | Tribal Land? NO | | | | | | |
| Other Location | | Measurement | | Direction | | Permanent Landmark - County Line - Intersection | | | | Milepost | | Lat: Long: | | | | |
| Crash Occurred ON ROADWAY | | | | Crash Classification OTHER VEHICLE | | | | Analysis Code 16 - BOTH GOING STRAIGHT/FROM OPP DIR | | | | | | | | |
| VEHICLE NO. HEADED | | Unit Direction 01 SOUTH | | On: LOCUST ST NE | | | | Left the Scene of the Crash? NO | | Posted Speed | | Safe Speed | | | | |
| Driver's Last Name ORTIZ | | | | Driver's First Name DANIEL | | | | Driver's Middle Name | | Driver's Street Address 7334 SKYVIEW AVE | | | | | | |
| Driver's License Number 0632-160-81-172-0 | | State FL | Type D | Status V | Restrictions | Endorsements | Expires 05/12/2025 | City NEW PORT RICHEY | | State FL | Zip Code 34653 | Phone (727) 243-0090 | | | | |
| Date of Birth 05/12/1981 | | Occupation | | | | Seat Pos LF | Age 37 | Sex M | Race O | Injury Code C | OP Code 6 | OP Used Properly YES | Airbag Deploy F | Ejected N | EMS Num R4 | Med Trans NO |
| Seat Pos RF | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) DURAN ALIZA 321 AZTEC RD NW APT 3 ALBUQUERQUE NM 87107 | | | | Age 23 | Sex F | Race O | Injury Code B | OP Code 6 | OP Used Properly YES | Airbag Deploy F | Ejected N | EMS Num R4 | Med Trans NO | | |
| Veh. Year 2000 | | Vehicle Make CHEVROLET | | Color RED - RED | | Body Style PK | Cargo Body Type | Veh. Use1 P | Veh. Use2 | Veh. Towed? YES | | Vehicle Disabled YES | | | | |
| Lic. Year 2019 | | State NM | License Plate Number ABJX93 | | VIN 1GCCS14W5YK154764 | | DOT # | | Damage Severity HEAVY | | Damage Area 12 11 10 9 8 7 | | | | | |
| Interstate Carrier? | | Towed By VALLEY IMPOUND | | Towed To 8705 BROADWAY BLVD. SE ALBUQUE | | Extent DISABLED | | 04.05,10,11,12 | | | | | | | | |
| Number of Axles | | Gross Vehicle/Comb Weight Rating | | HazMat Placard? | | Hazmat Placard 4-digit OR Hazmat Name | | AND | | 1-digit # | HazMat Released NO | | | | | |
| Carrier's Name | | | | Street Address | | | | Carrier City | | | | State | Carrier's Zip | | | |
| Owner's Last Name ORTIZ | | | | Owner's First Name MICHAEL | | | | Owner's Middle Name | | Owner's Company Name | | | | | | |
| Street Address 933 MADEIRA DR SE | | | | Owner's City ALBUQUERQUE | | | | State NM | Owner Zip 87109 | | Owner's Phone | | | | | |
| Insured By: (Name of Company) FIESTA AUTO INSURANCE | | | | Policy Number NANM0402893-00 | | Trailer or Towed Vehicles (1) | | Type | Year | Make | Lic. Year | Lic State | License Num | | | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic. Year | Lic State | License Num | Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic. Year | Lic State | License Num | |
| VEHICLE NO. HEADED | | Unit Direction 02 WEST | | On: MOUNTAIN RD NE | | | | Left the Scene of the Crash? NO | | Posted Speed | | Safe Speed | | | | |

VEHICLE NO. 001

| | | | | | | | | | | | | | | | | | |
|---|--|--|--------------------|--|--------------------------------|---------------------------------------|-----------------|--------------------------------|----------------------|----------------|---|--------------------|------------------|---------------|-------------|-----------|-----------|
| ROYBAL | | | | TEDDY | | | | 4528 CARLISLE BLVD NE | | | | | | | | | |
| Driver's License Number | | State | Type | Status | Restrictions | Endorsements | Expires | City | | State | Zip Code | Phone | | | | | |
| 508665385 | | NM | D | V | B | | 03/11/2019 | ALBUQUERQUE | | NM | 87109 | (505) 252-4991 | | | | | |
| Date of Birth | | Occupation | | | | | Seat Pos | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans |
| 02/09/1998 | | | | | | | LF | 20 | F | O | B | 6 | YES | F | N | AA23 | YES |
| Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | | | | | | | | | | | |
| RF | ROYBAL KAYLA 41C CR 8500 FARMINGTON NM 87401 | | | | | | | 23 | F | O | B | 6 | YES | F | N | AA23 | YES |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Veh. Year | Vehicle Make | | Color | | | Body Style | Cargo Body Type | Veh. Use1 | Veh. Use2 | Veh. Towed? | | Vehicle Disabled | | | | | |
| 2011 | JEEP | | SILVER - SIL | | | UT | | | P | YES | | YES | | | | | |
| Lic. Year | State | License Plate Number | | VIN | | | DOT # | | Damage Severity | | Damage Area | | | | | | |
| 2019 | NM | WAFW37 | | 1J4RS4GG9BC570585 | | | | | HEAVY | |  | | | | | | |
| Interstate Carrier? | | Towed By | | | Towed To | | | Extent | | DISABLED | | 11,12 | | | | | |
| | | VALLEY IMPOUND | | | 8705 BROADWAY BLVD. SE ALBUQUE | | | | | | | | | | | | |
| Number of Axles | | Gross Vehicle/Comb Weight Rating | | HazMat Placard? | | Hazmat Placard 4-digit OR Hazmat Name | | AND | | 1-digit # | | HazMat Released | | | | | |
| | | | | | | | | | | | | NO | | | | | |
| Carrier's Name | | | Street Address | | | | Carrier City | | | State | | Carrier's Zip | | | | | |
| Owner's Last Name | | | Owner's First Name | | | Owner's Middle Name | | | Owner's Company Name | | | | | | | | |
| BENAVIDEZ | | | JOBINA | | | | | | | | | | | | | | |
| Street Address | | | | Owner's City | | | | State | Owner Zip | Owner's Phone | | | | | | | |
| 8401 PAN AMERICAN FWY NE | | | | ALBUQUERQUE | | | | NM | 87113 | (505) 220-4315 | | | | | | | |
| Insured By: (Name of Company) | | | | Policy Number | | Trailer or Towed Vehicles (1) | | Type | Year | Make | Lic. Year | Lic State | License Num | | | | |
| GEICO | | | | 4527272514 | | | | | | | | | | | | | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic. Year | Lic State | License Num | Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic. Year | Lic State | License Num | | |
| | | | | | | | | | | | | | | | | | |
| Veh. Num | Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| COND | Lighting | | | Weather | | | Road Character | | | Road Grade | | | | | | | |
| | DAYLIGHT | | | CLEAR | | | STRAIGHT | | | ON GRADE | | | | | | | |
| ROAD | VEH NO | Road Condition | | Road Surface | | Traffic Control | | Road Lanes | Road Design Div | | Road Design | | | | | | |
| | 01 | DRY | | PAVED CENTER AND EDGE LIN | | TRAFFIC SIGNALS | | 2 LANES | PHYSICAL DIVIDE | | OTHER | | | | | | |
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | | | | DRIVER'S ACTIONS | | | | SEQUENCE OF EVENTS | | | | | |
| | DRIVER INATTENTION | | | | | | | GOING STRAIGHT | | | | FIRST EVENT | | | | | |
| | | | | | | | | | | | | MVT | | | | | |
| | | | | | | | | | | | | SECOND EVENT | | | | | |
| | | | | | | | | | | | | THIRD EVENT | | | | | |
| FOURTH EVENT | | | | | | | | | | | | | | | | | |
| DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | | | PEDESTRIAN/PEDALCYCLIST ACTION | | | | | | | | | |
| | | | | | | | | At Intersection | | | | | | | | | |

| | | | | | | | | | | | | | |
|---------------------|---|------------------------------|--|---|--|---|-----------------------------|---------------------------|------------------------|--------------------------------|--|--|--|
| DRIVER | HAD NOT CONSUMED ALCOHOL | | | | NO APP. DEFECTS | | | | PEDESTRIAN | Not At Intersection | | | |
| | Breath Test Results | | | | Driver Physical Condition - Other | | | | | Pedestrian Action - Other | | | |
| ROAD | VEH NO 02 | Road Condition DRY | Road Surface PAVED CENTER AND EDGE LIN | Traffic Control TRAFFIC SIGNALS | Road Lanes 2 LANES | Road Design Div PHYSICAL DIVIDE | Road Design OTHER | | | | | | |
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | DRIVER'S ACTIONS | | | | SEQUENCE OF EVENTS | | | | |
| | DRIVER INATTENTION | | | | GOING STRAIGHT | | | | FIRST EVENT MVT | | | | |
| | | | | | | | | | SECOND EVENT | | | | |
| | | | | | | | | | THIRD EVENT | | | | |
| | | | | | | | | | FOURTH EVENT | | | | |
| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | | | |
| | HAD NOT CONSUMED ALCOHOL | | | | NO APP. DEFECTS | | | | | At Intersection | | | |
| | | | | | | | | | | Not At Intersection | | | |
| Breath Test Results | | | | Driver Physical Condition - Other | | | | Pedestrian Action - Other | | | | | |

NARRATIVE

ON SATURDAY NOVEMBER 10, 2018 AT 0832 HOURS I WAS DISPATCHED TO LOCUST ST NE AND MOUNTAIN RD NE IN REFERENCE TO A MOTOR VEHICLE COLLISION INVOLVING TWO VEHICLES.

DRIVER 1 STATED THEY WERE DRIVING SOUTHBOUND ON LOCUST ST NE WITH A GREEN LIGHT WHEN THEY WERE STRUCK IN THE FRONT DRIVERS SIDE BY DRIVER 2, CAUSING THEM TO SPIN OUT AND GET STRUCK AGAIN IN THE REAR PASSENGERS SIDE QUARTER PANEL. AT THIS TIME THE VEHICLE WENT OVER A CURB, AND EVENTUALLY CAME TO A STOP ON THE SIDEWALK AFTER STRIKING A GATE. DRIVER 1'S VEHICLE SUSTAINED HEAVY DAMAGE TO THE FRONT DRIVERS SIDE OF THE VEHICLE AND THE REAR PASSENGERS SIDE, THE VEHICLE WAS INOPERABLE AND WAS TOWED FROM THE SCENE BY VALLEY IMPOUND. DRIVER 1 AND HIS PASSENGER REPORTED VARIOUS INJURIES ON SCENE, THE DRIVER STATED HE HAD HEAD PAIN BUT NO VISIBLE INJURIES AND THE FEMALE PASSENGER REPORTED BACK PAIN AND SUSTAINED MINOR CUTS AND SCRAPES DURING THE CRASH. NEITHER DRIVER OR PASSENGER WERE TRANSPORTED TO THE HOSPITAL ON SCENE.

DRIVER 2 STATED THEY WERE DRIVING WESTBOUND ON MOUNTAIN RD NE WITH A GREEN LIGHT, WHEN THEY WENT THROUGH THE INTERSECTION THEY SAW DRIVER 1 RUN THE RED LIGHT. AT THIS TIME, DRIVER 2 WAS UNABLE TO STOP IN TIME TO AVOID COLLIDING WITH DRIVER 1 WITH THE FRONT BUMPER OF HER VEHICLE, DRIVER 2'S VEHICLE

| | | | | | | | | | | | |
|--------------------------------|--------------------------|------------------------------------|--|--|----------------------|--|--|-------|-----------------------|-----------------|-----|
| Other Property Involved | Type | Description of Property and Damage | | | | | | | | | |
| | Owner's Last Name | | | | Owner's First Name | | | | Owner's Middle Name | | |
| | Owner's Street Address | | | | Owner's City | | | State | Zip Code | Owner's Phone | |
| WITNESS | Witness's Last Name | | | | Witness's First Name | | | | Witness's Middle Name | | Age |
| | Witness's Street Address | | | | Witness's City | | | State | Zip Code | Witness's Phone | |

ENFORCEMENT ACTION - VIOLATIONS

| | | | | | |
|--------|-----------|------------|-------------|-------------------------|--------|
| VEH NO | Last Name | First Name | Middle Name | Violation (Common Name) | Action |
| | | | | | |

| | | | |
|---------------|--------------|-----------------|---------------------|
| Time Notified | Time Arrived | Notified By | Supervisor at Scene |
| 08:32 | 08:37 | DISPATCH | |

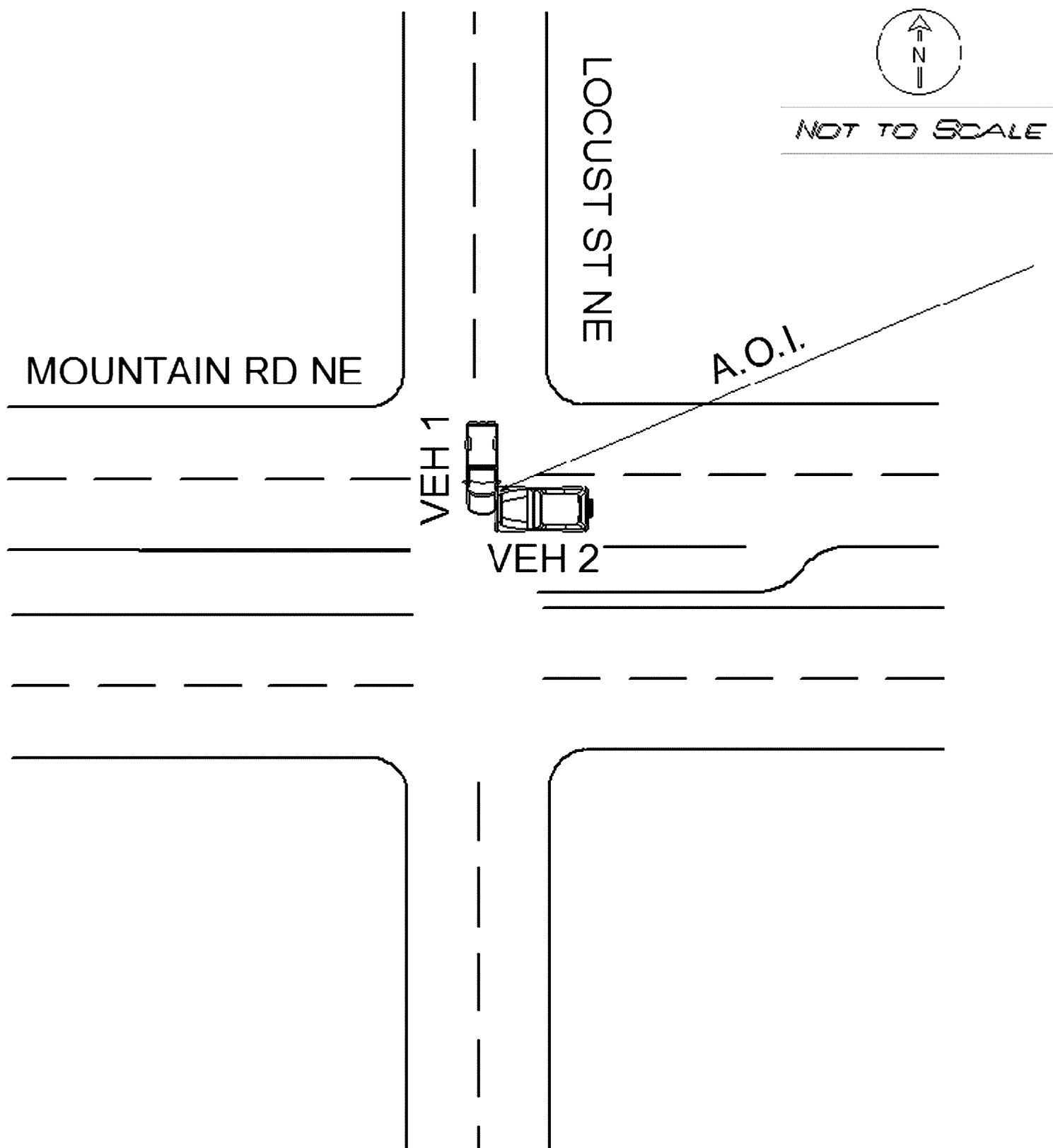
Checked By
5088 - LANDAVAZO, MARK - 11/10/2018

| | | | | | |
|---------------------|-------------------------|------------|-------------|------------|-------------------|
| Officer's Signature | Officer's Name | Rank | ID Number | District | Report Date |
| | GRIEGO, CHRISSIE | PSA | 5989 | 234 | 11/10/2018 |

Diagram Drawn By
GRIEGO, CHRISSIE

Measurements Taken By
NOT TO SCALE

DIAGRAM



ALBUQUERQUE POLICE DEPT

REPORTING DEPARTMENT

STATE OF NEW MEXICO
UNIFORM CRASH REPORT

710553951

| | | | | | | | | | | | | | | | | |
|--|---|---|----------------------------|--|-------------------------|---|------------------------------|--|---------------------------|---|--------------------------------|-----------------------------------|------------------------------|---------------------|-------------|----------------------------|
| Private Property? NO | | Fatal Injury | | Property Damage Only | | Under \$500 ✓ \$500 or More | | Hit and Run? NO | | Case Number: 180104963 | | | | | | |
| | | | | | | | | | | NMDOT: | | CAD Num: 183050587 | | | | |
| Crash Date 11/01/2018 | | Military Time 11:56 | | City Occurred In ALBUQUERQUE | | | | County BERNALILLO | | | | | | | | |
| Day of Week THURSDAY | | Occurred On (Route No. or Name) FRONTAGE RD SOUTH | | | | At Intersection With MOUNTAIN RD NE | | | | Tribal Land? NO | | | | | | |
| Other Location | | Measurement | | Direction | | Permanent Landmark - County Line - Intersection | | | | Milepost | | Lat: | | | | |
| | | | | | | | | | | | | Long: | | | | |
| Crash Occurred ON ROADWAY | | | | Crash Classification OTHER VEHICLE | | | | Analysis Code 47 - OTHER | | | | | | | | |
| VEHICLE NO. HEADED | | Unit Direction 01 SOUTH | | On: FRONTAGE RD SOUTH | | | | Left the Scene of the Crash? NO | | Posted Speed | | Safe Speed | | | | |
| Driver's Last Name RODRIGUEZ | | | | Driver's First Name CLAUDIA | | | | Driver's Middle Name JULIETA | | Driver's Street Address 839 COUNTRY CLUB DR SE APT 1A | | | | | | |
| Driver's License Number 513429886 | | State NM | Type D | Status V | Restrictions | Endorsements | Expires 10/11/2026 | City RIO RANCHO | | State NM | Zip Code 87124 | Phone | | | | |
| Date of Birth 08/23/1968 | | Occupation | | | | Seat Pos LF | Age 50 | Sex F | Race H | Injury Code B | OP Code 6 | OP Used Properly YES | Airbag Deploy B | Ejected N | EMS Num | Med Trans YES |
| Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | |
| Veh. Year 2015 | Vehicle Make VOLKSWAGEN | | Color BLUE - BLU | | Body Style PC | Cargo Body Type | Veh. Use1 P | Veh. Use2 | Veh. Towed? YES | | Vehicle Disabled YES | | | | | |
| Lic. Year 2019 | State NM | License Plate Number 597TSH | | VIN 1VWAT7A31FC088820 | | DOT # | | Damage Severity HEAVY | | Damage Area 1 2 3 4 5 12 11 10 9 8 7 6 | | | | | | |
| Interstate Carrier? | | Towed By NEW MEXICO TOWING | | Towed To 8705 BROADWAY BLVD. SE # C ALBU | | | | Extent FUNCTIONAL | | 01,02,03,10,11,12 | | | | | | |
| Number of Axles | | Gross Vehicle/Comb Weight Rating | | HazMat Placard? | | Hazmat Placard 4-digit OR Hazmat Name | | AND | | 1-digit # | | HazMat Released NO | | | | |
| Carrier's Name | | | | Street Address | | | | Carrier City | | | | State | Carrier's Zip | | | |
| Owner's Last Name RODRIGUEZ | | | | Owner's First Name CLAUDIA | | | | Owner's Middle Name JULIETA | | Owner's Company Name | | | | | | |
| Street Address 839 COUNTRY CLUB DR SE APT 1A | | | | Owner's City RIO RANCHO | | | | State NM | Owner Zip 87124 | | Owner's Phone | | | | | |
| Insured By: (Name of Company) LIBERTY MUTUAL | | | | Policy Number AOS-291-1738757089 | | Trailer or Towed Vehicles (1) | | Type | Year | Make | Lic. Year | Lic State | License Num | | | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic. Year | Lic State | License Num | Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic. Year | Lic State | License Num | |
| VEHICLE NO. HEADED | | Unit Direction 02 WEST | | On: MOUNTAIN RD NE | | | | Left the Scene of the Crash? NO | | Posted Speed | | Safe Speed | | | | |

VEHICLE NO. 001

VEHICLE NO. 002

| | | | | | | | | | | | | | | | | | | | |
|---|--|--|-------------|--------------------|---------------------------------|--|---------------------------------------|---------------------|-------------------------------|--------------------------------|-----------------|----------------------------|------------------|--------------------|-----------|-------------|-----------|--|--|
| QUINONES | | | | JESSICA | | | | Y | | 9132 TWIN HARBOR AVE NW | | | | | | | | | |
| Driver's License Number | | State | Type | Status | Restrictions | Endorsements | Expires | City | | | State | Zip Code | | Phone | | | | | |
| 515705872 | | NM | D | V | | | 07/25/2021 | ALBUQUERQUE | | | NM | 87121 | | | | | | | |
| Date of Birth | | Occupation | | | | | Seat Pos | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans | | |
| 06/25/2000 | | | | | | | LF | 18 | F | O | O | 6 | YES | S | N | | NO | | |
| Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | |
| Veh. Year | Vehicle Make | | Color | | | Body Style | Cargo Body Type | Veh. Use1 | Veh. Use2 | Veh. Towed? | | Vehicle Disabled | | | | | | | |
| 2017 | MAZDA | | WHITE - WHI | | | PC | | | P | YES | | YES | | | | | | | |
| Lic. Year | State | License Plate Number | | | VIN | | | DOT # | | | Damage Severity | | Damage Area | | | | | | |
| 2018 | NM | 18T402517 | | | JM1BN1M38H1117478 | | | | | | HEAVY | | 1 2 3 4 5 6 | | | | | | |
| Interstate Carrier? | | Towed By | | | Towed To | | | | | Extent | | 11 10 9 8 7 | | | | | | | |
| | | NEW MEXICO TOWING | | | 8705 BROADWAY BLVD. SE # C ALBU | | | | | APPEARANCE | | 02,03,04,08 | | | | | | | |
| Number of Axles | | Gross Vehicle/Comb Weight Rating | | | HazMat Placard? | | Hazmat Placard 4-digit OR Hazmat Name | | | AND | | 1-digit # | | HazMat Released | | | | | |
| | | | | | | | | | | | | | | NO | | | | | |
| Carrier's Name | | | | Street Address | | | | Carrier City | | | | State | | Carrier's Zip | | | | | |
| Owner's Last Name | | | | Owner's First Name | | | | Owner's Middle Name | | | | Owner's Company Name | | | | | | | |
| GONZALEZ | | | | MALAVE | | | | | | | | HOUSTON WHOLESALE CARS LLC | | | | | | | |
| Street Address | | | | Owner's City | | | | State | | Owner Zip | | Owner's Phone | | | | | | | |
| 4718 LOMAS NE | | | | ALBUQUERQUE | | | | NM | | 87110 | | | | | | | | | |
| Insured By: (Name of Company) | | | | Policy Number | | Trailer or Towed Vehicles (1) | | Type | Year | Make | Lic. Year | Lic State | License Num | | | | | | |
| NOT INSURED | | | | N/A | | | | | | | | | | | | | | | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic. Year | Lic State | License Num | | Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic. Year | Lic State | License Num | | | |
| | | | | | | | | | | | | | | | | | | | |
| Veh. Num | Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| COND | Lighting | | | Weather | | | Road Character | | | Road Grade | | | | | | | | | |
| | DAYLIGHT | | | CLEAR | | | STRAIGHT | | | ON GRADE | | | | | | | | | |
| ROAD | VEH NO | Road Condition | | | Road Surface | | | Traffic Control | | Road Lanes | Road Design Div | | Road Design | | | | | | |
| | 01 | DRY | | | PAVED CENTER AND EDGE LIN | | | TRAFFIC SIGNALS | | 3 LANES | PAINTED DIVIDE | | RAMP | | | | | | |
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | | | | | | DRIVER'S ACTIONS | | | | SEQUENCE OF EVENTS | | | | | |
| | NONE | | | | | | | | | GOING STRAIGHT | | | | FIRST EVENT | | | | | |
| | | | | | | | | | | | | | | MVT | | | | | |
| | | | | | | | | | | | | | | SECOND EVENT | | | | | |
| | | | | | | | | | | | | | | THIRD EVENT | | | | | |
| FOURTH EVENT | | | | | | | | | | | | | | | | | | | |
| DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | | | | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | | | PEDESTRIAN/PEDALCYCLIST ACTION | | | | | | | | | |
| | | | | | | | | | | At Intersection | | | | | | | | | |

Crash Report Number: 710553951

Case Number: 180104963

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

Sheet 2 Of 4

| | | | | | | | | | | | | | |
|---------------------------|---|------------------------------|--|---|--|--|-----------------------------|--|---------------------------|--------------------------------|--|--|--|
| DRIVER | HAD NOT CONSUMED ALCOHOL | | | | NO APP. DEFECTS | | | | PEDESTRIAN | Not At Intersection | | | |
| | Breath Test Results | | | | Driver Physical Condition - Other | | | | | Pedestrian Action - Other | | | |
| ROAD | VEH NO 02 | Road Condition DRY | Road Surface PAVED CENTER AND EDGE LIN | Traffic Control TRAFFIC SIGNALS | Road Lanes 2 LANES | Road Design Div PAINTED DIVIDE | Road Design OTHER | | | | | | |
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | | DRIVER'S ACTIONS | | | SEQUENCE OF EVENTS | | | | |
| | DISREGARDED TRAFFIC SIGNAL, DRIVER INATTENTION | | | | | GOING STRAIGHT | | | FIRST EVENT MVT | | | | |
| | | | | | | | | | SECOND EVENT | | | | |
| | | | | | | | | | THIRD EVENT | | | | |
| | | | | | | | | | FOURTH EVENT | | | | |
| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | | | |
| | HAD NOT CONSUMED ALCOHOL | | | | NO APP. DEFECTS | | | | | At Intersection | | | |
| | Breath Test Results | | | | Driver Physical Condition - Other | | | | | Not At Intersection | | | |
| Pedestrian Action - Other | | | | | | | | | | | | | |

NARRATIVE

DRIVER ONE STATED THAT SHE WAS DRIVING SOUTHBOUND ON THE SOUTH FRONTAGE RD AND VEHICLE ONE COLLIDED INTO VEHICLE TWO. IN PARTICULAR, DRIVER ONE ADVISED THAT SHE WAS DRIVING ON THE FAR LEFT LANE OF THE SOUTH FRONTAGE RD. THEN, VEHICLE ONE COLLIDED INTO THE RIGHT SIDE OF VEHICLE TWO WHEN VEHICLE TWO CROSSED THE LISTED INTERSECTION. DRIVER ONE DECLARED THAT VEHICLE TWO RAN THE RED LIGHT, WHICH CAUSED VEHICLE ONE TO COLLIDED INTO VEHICLE TWO. DRIVER ONE SPECIFIED THAT SHE HAD A GREEN LIGHT WHILE CROSSING THE INTERSECTION.

DRIVER TWO STATED THAT SHE WAS DRIVING WESTBOUND ON MOUNTAIN RD NE AND VEHICLE ONE COLLIDED INTO VEHICLE TWO. IN THE SAME MANNER, DRIVER TWO ADVISED THAT VEHICLE ONE COLLIDED INTO VEHICLE TWO WHEN VEHICLE TWO CROSSED THE INTERSECTION. INDEED, DRIVER TWO DENIED HAVING A RED LIGHT WHILE CROSSING THE INTERSECTION. HOWEVER, THE LISTED WITNESS STATED THAT VEHICLE TWO RAN THE LIGHT AND CAUSED THE ENTIRE COLLISION. THE WITNESS ADVISED THAT HE WAS DIRECTLY BEHIND VEHICLE ONE. THEN, VEHICLE TWO CROSSED THE INTERSECTION GOING WESTBOUND ON MOUNTAIN RD NE WHILE HAVING A RED LIGHT. THUS, DRIVER TWO FAILED TO YIELD THE RIGHT OF WAY TO VEHICLE ONE.

THE REAL TIME CRIME CENTER WAS UNABLE TO OBTAIN FOOTAGE OF THE INCIDENT.

| | | | | | | | | | | | | | |
|--------------------------------|--|------------------------------------|--|--|---------------------------------------|--|--|--|-----------------------|----------|--|--|-----|
| Other Property Involved | Type | Description of Property and Damage | | | | | | | | | | | |
| | Owner's Last Name | | | | Owner's First Name | | | | Owner's Middle Name | | | | |
| | Owner's Street Address | | | | Owner's City | | | | State | Zip Code | Owner's Phone | | |
| WITNESS | Witness's Last Name TIGHE | | | | Witness's First Name JOSEPH | | | | Witness's Middle Name | | | | Age |
| | Witness's Street Address UNKNOWN | | | | Witness's City UNK | | | | State NM | Zip Code | Witness's Phone (505) 239-3404 | | |

ENFORCEMENT ACTION - VIOLATIONS

| | | | | | |
|--------|-----------|------------|-------------|-------------------------|--------|
| VEH NO | Last Name | First Name | Middle Name | Violation (Common Name) | Action |
| | | | | | |

| | | | |
|-------------------------------|------------------------------|--------------------------------|------------------------------------|
| Time Notified 11:59 | Time Arrived 11:59 | Notified By DISPATCH | Supervisor at Scene NONE |
|-------------------------------|------------------------------|--------------------------------|------------------------------------|

Checked By
2696 - VIGIL, S. - 11/2/2018

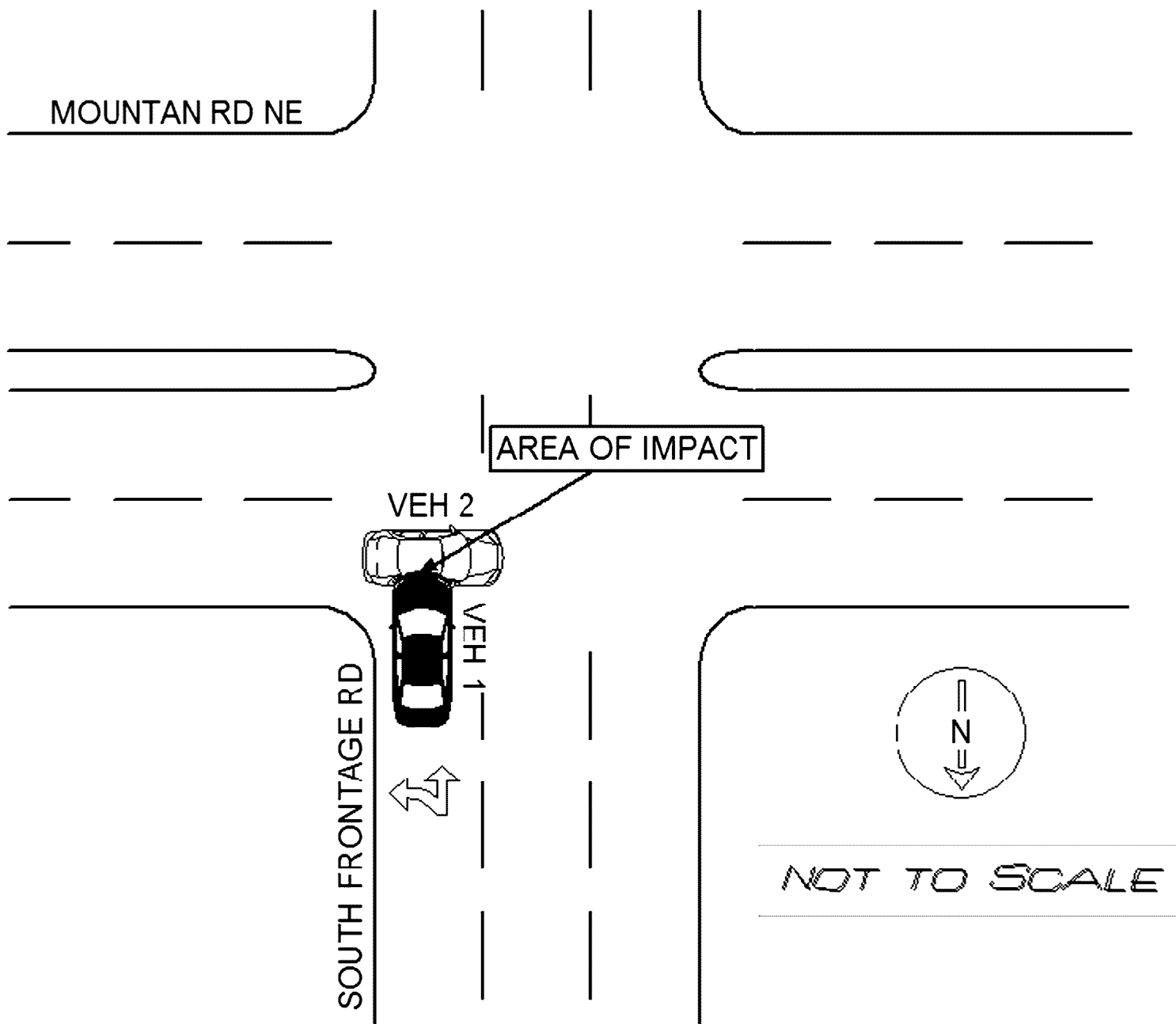
| | | | | | |
|-------------------------|---|--------------------|--------------------------|------------------------|----------------------------------|
| Officer's Signature | Officer's Name ANDRADE, PAULINE | Rank PSA | ID Number 5983 | District 234 | Report Date 11/01/2018 |
|-------------------------|---|--------------------|--------------------------|------------------------|----------------------------------|

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|---------------------------------------|--|--------------|
| Crash Report Number: 710553951 | STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209 NMDOT COPY | Sheet 3 Of 4 |
| Case Number: 180104963 | | |

Diagram Drawn By
ANDRADE, PAULINE

Measurements Taken By
N/A

DIAGRAM




ALBUQUERQUE POLICE DEPT


REPORTING DEPARTMENT


STATE OF NEW MEXICO
UNIFORM CRASH REPORT

710554449

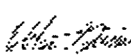
| | | | | | | | | | | | | | | | | |
|---|---|--|------------------------------|--|-------------------------|---|------------------------------|---|--------------------------------|--|--------------------------------|-----------------------------------|------------------------------|---------------------|-----------------------|----------------------------|
| Private Property? NO | | Fatal Injury | | Property Damage Only | | Under \$500 ✓ \$500 or More | | Hit and Run? NO | | Case Number: 180113591 | | | | | | |
| | | | | | | | | | | NMDOT: | | CAD Num: 183320330 | | | | |
| Crash Date 11/28/2018 | | Military Time 08:42 | | City Occurred In ALBUQUERQUE | | | | County BERNALILLO | | | | | | | | |
| Day of Week WEDNESDAY | | Occurred On (Route No. or Name) I 25 FRONTAGE RD | | | | At Intersection With MOUNTAIN RD NW | | | | Tribal Land? NO | | | | | | |
| Other Location | | Measurement | | Direction | | Permanent Landmark - County Line - Intersection | | | | Milepost | | Lat: Long: | | | | |
| Crash Occurred ON ROADWAY | | | | Crash Classification OTHER VEHICLE | | | | Analysis Code 23 - REAR END COLL/SAME DIR | | | | | | | | |
| VEHICLE NO. HEADED | | Unit Direction 01 SOUTH | | On: I 25 FRONTAGE RD | | | | Left the Scene of the Crash? NO | | Posted Speed | | Safe Speed | | | | |
| Driver's Last Name MOATS | | | | Driver's First Name JORDAN | | | | Driver's Middle Name O | | Driver's Street Address 2856 MESA RD SE | | | | | | |
| Driver's License Number 505746911 | | State NM | Type D | Status V | Restrictions | Endorsements | Expires 10/29/2019 | City RIO RANCHO | | State NM | Zip Code 87124-0000 | Phone (505) 553-4793 | | | | |
| Date of Birth 09/29/1990 | | Occupation | | | | Seat Pos LF | Age 28 | Sex F | Race O | Injury Code C | OP Code 6 | OP Used Properly YES | Airbag Deploy N | Ejected N | EMS Num | Med Trans YES |
| Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | | | | | | | | | | |
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| Veh. Year 2011 | Vehicle Make TOYOTA | | Color SILVER - SIL | | Body Style PC | Cargo Body Type | Veh. Use1 P | Veh. Use2 | Veh. Towed? YES | | Vehicle Disabled YES | | | | | |
| Lic. Year 2018 | State NM | License Plate Number 387TTB | | VIN 2T1BU4EE7BC720316 | | DOT # | | Damage Severity MODERATE | | Damage Area  | | | | | | |
| Interstate Carrier? | | Towed By STAR TOWING | | Towed To 601 COSO AV. SE ALBUQUERQUE, NM | | | | Extent DISABLED | | 06 | | | | | | |
| Number of Axles | | Gross Vehicle/Comb Weight Rating | | HazMat Placard? | | Hazmat Placard 4-digit OR Hazmat Name | | AND | | 1-digit # | | HazMat Released NO | | | | |
| Carrier's Name | | | | Street Address | | | | Carrier City | | | | State | Carrier's Zip | | | |
| Owner's Last Name MOATS | | | | Owner's First Name JORDAN | | | | Owner's Middle Name O | | Owner's Company Name | | | | | | |
| Street Address 2856 MESA RD SE | | | | Owner's City RIO RANCHO | | | | State NM | Owner Zip 87124-0000 | Owner's Phone (505) 553-4793 | | | | | | |
| Insured By: (Name of Company) GEICO | | | | Policy Number 4301893261 | | Trailer or Towed Vehicles (1) | | Type | Year | Make | Lic. Year | Lic State | License Num | | | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic. Year | Lic State | License Num | Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic. Year | Lic State | License Num | |
| VEHICLE NO. HEADED | | Unit Direction 02 SOUTH | | On: I 25 FRONTAGE RD | | | | Left the Scene of the Crash? NO | | Posted Speed | | Safe Speed | | | | |

VEHICLE NO. 001

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|-----------------------------------|------|---------------------------------------|--|--|--------------------|---------------------------------------|-------------------------------|---|------------------------------|---|---|--|--------------------------------|---------------------------------|---------------------|---------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--|--|--|--|--|--|--|
| GUERRERO | | | | | | | | | | FERNANDO | | | | | | | | | | 4221 RIDGE WAY CT SE APT | | | | | | | | | |
| Driver's License Number 513353383 | | | | | State NM | Type D | Status V | Restrictions B | Endorsements | | Expires 03/22/2019 | | City RIO RANCHO | | | | | State NM | Zip Code 87124-0000 | | | Phone (505) 331-8492 | | | | | | | |
| Date of Birth 02/22/1999 | | Occupation | | | | | | Seat Pos LF | | Age 19 | Sex M | Race O | Injury Code B | OP Code 6 | OP Used Properly YES | Airbag Deploy N | Ejected N | EMS Num | Med Trans YES | | | | | | | | | | |
| Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Veh. Year 2007 | | Vehicle Make MINI | | | | Color RED - RED | | | | Body Style PC | | Cargo Body Type | | Veh. Use1 P | | Veh. Use2 | | Veh. Towed? YES | | | Vehicle Disabled YES | | | | | | | | |
| Lic. Year 2019 | | State NM | | License Plate Number AGPP42 | | | | VIN WMWMF73567TV31211 | | | | DOT # | | | | Damage Severity HEAVY | | | Damage Area 12 | | | | | | | | | | |
| Interstate Carrier? | | Towed By STAR TOWING | | | | Towed To 601 COSO AV. SE ALBUQUERQUE, NM | | | | Extent DISABLED | | |  | | | | | | | | | | | | | | | | |
| Number of Axles | | Gross Vehicle/Comb Weight Rating | | | | HazMat Placard? | | HazMat Placard 4-digit OR HazMat Name | | | | AND | | 1-digit # | | HazMat Released NO | | | | | | | | | | | | | |
| Carrier's Name | | | | | | Street Address | | | | | | Carrier City | | | | | | State | | Carrier's Zip | | | | | | | | | |
| Owner's Last Name GUERRERO | | | | | | Owner's First Name SALVADOR | | | | Owner's Middle Name | | | | Owner's Company Name | | | | | | | | | | | | | | | |
| Street Address 1451 SONORA RD NE | | | | | | Owner's City RIO RANCHO | | | | State NM | | Owner Zip 87144 | | Owner's Phone | | | | | | | | | | | | | | | |
| Insured By: (Name of Company) ALLSTATE | | | | | | Policy Number 916375818 | | | | Trailer or Towed Vehicles (1) | | Type | Year | Make | Lic. Year | Lic State | License Num | | | | | | | | | | | | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic. Year | Lic State | License Num | | Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic. Year | Lic State | License Num | | | | | | | | | | | | | |
| VEHICLE NO. HEADED | | Unit Direction 03 SOUTH | | On: I 25 FRONTAGE RD | | | | | | | | Left the Scene of the Crash? NO | | Posted Speed | | Safe Speed | | | | | | | | | | | | | |
| Driver's Last Name DAVIS | | | | | | Driver's First Name HERBERT | | | | Driver's Middle Name THADDEUS | | | | Driver's Street Address 223 MISSION RIDGE RD | | | | | | | | | | | | | | | |
| Driver's License Number 006427596 | | | | | State NM | Type D | Status V | Restrictions B | Endorsements | | Expires 07/12/2021 | | City CORRALES | | | | | State NM | Zip Code 87048-0000 | | | Phone (505) 249-8367 | | | | | | | |
| Date of Birth 06/12/1942 | | Occupation | | | | | | Seat Pos LF | | Age 76 | Sex M | Race O | Injury Code O | OP Code 6 | OP Used Properly YES | Airbag Deploy N | Ejected N | EMS Num NO | Med Trans NO | | | | | | | | | | |
| Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Veh. Year | | Vehicle Make | | | | Color | | | | Body Style | | Veh. Use1 | | Veh. Use2 | | Veh. Towed? | | | Vehicle Disabled | | | | | | | | | | |
| Crash Report Number: 710554449 | | | | | STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209 NMDOT COPY | | | | | | | | | | | | | | | Sheet 2 Of 6 | | | | | | | | | |
| Case Number: 180113591 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

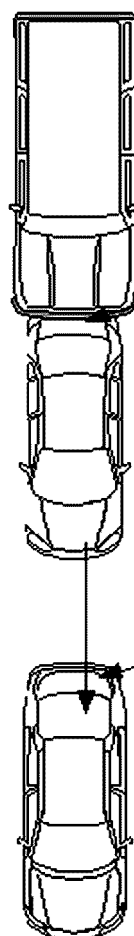
| | | | | | | | | | | | | | | | | | |
|---|----------|--|----------------|--|---------------------|-------------------------------|---------------------------------------|---------------------------------|-------------------------------|-------------------------|------------|--|---------------|--|-----------|-------------|--|
| 2015 | | HYUNDAI | | BLACK - BLK | | SV | | Cargo Body Type | | P | | YES Damage Severity HEAVY Extent DISABLED | | YES Damage Area 1 2 3 4 5 12  6 11 10 9 8 7 12 | | | |
| Lic. Year | | State | | License Plate Number | | VIN | | DOT # | | | | | | | | | |
| 2019 | | NM | | 4049AR | | KM8SR4HF5FU124695 | | | | | | | | | | | |
| Interstate Carrier? | | | | Towed By | | | | Towed To | | | | | | | | | |
| | | | | STAR TOWING | | | | 601 COSO AV. SE ALBUQUERQUE, NM | | | | | | | | | |
| Number of Axles | | Gross Vehicle/Comb Weight Rating | | | HazMat Placard? | | Hazmat Placard 4-digit OR Hazmat Name | | | AND | | 1-digit # | | HazMat Released | | | |
| | | | | | | | | | | | | | | NO | | | |
| Carrier's Name | | | | Street Address | | | | Carrier City | | | | State | | Carrier's Zip | | | |
| Owner's Last Name | | | | Owner's First Name | | | | Owner's Middle Name | | | | Owner's Company Name | | | | | |
| DAVIS | | | | HERBERT | | | | THADDEUS | | | | | | | | | |
| Street Address | | | | Owner's City | | | | State | | Owner Zip | | Owner's Phone | | | | | |
| 223 MISSION RIDGE RD | | | | CORRALES | | | | NM | | 87048-0000 | | (505) 249-8367 | | | | | |
| Insured By: (Name of Company) | | | | Policy Number | | Trailer or Towed Vehicles (1) | | Type | Year | Make | Lic. Year | Lic State | License Num | | | | |
| PROGRESSIVE | | | | 917826800 | | | | | | | | | | | | | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic. Year | Lic State | License Num | | Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic. Year | Lic State | License Num | |
| | | | | | | | | | | | | | | | | | |
| Veh. Num | Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans | |
| | | | | | | | | | | | | | | | | | |
| COND | | Lighting | | | Weather | | | Road Character | | | Road Grade | | | | | | |
| | | DAYLIGHT | | | CLEAR | | | STRAIGHT | | | LEVEL | | | | | | |
| ROAD | | VEH NO | Road Condition | | Road Surface | | Traffic Control | | Road Lanes | Road Design Div | | Road Design | | | | | |
| | | 01 | DRY | | PAVED CENTER STRIPE | | TRAFFIC SIGNALS | | 3 LANES | PHYSICAL DIVIDE | | ONE WAY | | | | | |
| EVENT | | APPARENT CONTRIBUTING FACTORS | | | | | | | | DRIVER'S ACTIONS | | | | SEQUENCE OF EVENTS | | | |
| | | NONE | | | | | | | | STOPPED FOR SIGN/SIGNAL | | | | FIRST EVENT | | | |
| | | | | | | | | | | | | | | MVT | | | |
| | | | | | | | | | | | | | | SECOND EVENT | | | |
| | | | | | | | | | | | | | | THIRD EVENT | | | |
| FOURTH EVENT | | | | | | | | | | | | | | | | | |
| DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | | | PEDESTRIAN/PEDALCYCLIST ACTION | | | | | | | | | |
| | | | | | | | | At Intersection | | | | | | | | | |

| | | | | | | | | | | | | | |
|---|--|------------------------------------|--|--|--|---|-------------------------------|-------|------------------------|--------------------------------|--|--------------|--|
| DRIVER | HAD NOT CONSUMED ALCOHOL | | | | NO APP. DEFECTS | | | | PEDESTRIAN | Not At Intersection | | | |
| | Breath Test Results | | | | Driver Physical Condition - Other | | | | | Pedestrian Action - Other | | | |
| ROAD | VEH NO 02 | Road Condition DRY | Road Surface PAVED CENTER STRIPE | Traffic Control TRAFFIC SIGNALS | Road Lanes 3 LANES | Road Design Div PHYSICAL DIVIDE | Road Design ONE WAY | | | | | | |
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | DRIVER'S ACTIONS | | | | SEQUENCE OF EVENTS | | | | |
| | NONE | | | | STOPPED FOR SIGN/SIGNAL | | | | FIRST EVENT MVT | | | | |
| | | | | | | | | | SECOND EVENT | | | | |
| | | | | | | | | | THIRD EVENT | | | | |
| | | | | | | | | | FOURTH EVENT | | | | |
| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | | | |
| | HAD NOT CONSUMED ALCOHOL | | | | NO APP. DEFECTS | | | | | At Intersection | | | |
| | Breath Test Results | | | | Driver Physical Condition - Other | | | | | Not At Intersection | | | |
| Pedestrian Action - Other | | | | | | | | | | | | | |
| ROAD | VEH NO 03 | Road Condition DRY | Road Surface PAVED CENTER STRIPE | Traffic Control TRAFFIC SIGNALS | Road Lanes 3 LANES | Road Design Div PHYSICAL DIVIDE | Road Design ONE WAY | | | | | | |
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | DRIVER'S ACTIONS | | | | SEQUENCE OF EVENTS | | | | |
| | DRIVER INATTENTION, FOLLOWING TOO CLOSELY | | | | GOING STRAIGHT | | | | FIRST EVENT MVT | | | | |
| | | | | | | | | | SECOND EVENT | | | | |
| | | | | | | | | | THIRD EVENT | | | | |
| | | | | | | | | | FOURTH EVENT | | | | |
| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | | | |
| | HAD NOT CONSUMED ALCOHOL | | | | NO APP. DEFECTS | | | | | At Intersection | | | |
| | Breath Test Results | | | | Driver Physical Condition - Other | | | | | Not At Intersection | | | |
| Pedestrian Action - Other | | | | | | | | | | | | | |
| NARRATIVE | | | | | | | | | | | | | |
| <p>DRIVER ONE ADVISED THAT SHE WAS STOPPED FOR TRAFFIC IN THE LEFT LANE OF I25 SB FRONTAGE. DRIVER ONE ADVISED THAT VEHICLE TWO COLLIDED WITH VEHICLE ONE, BECAUSE VEHICLE TWO WAS REAR ENDED BY VEHICLE THREE. DRIVER ONE ADVISED THAT SHE HAD NECK AND HEAD PAIN AND WAS TRANSPORTED VIA AMBULANCE.</p> <p>DRIVER TWO ADVISED THAT HE WAS STOPPED BEHIND VEHICLE ONE. DRIVER TWO ADVISED THAT VEHICLE THREE COLLIDED WITH THE REAR END OF VEHICLE TWO, WHICH PUSHED VEHICLE TWO INTO VEHICLE ONE. DRIVER TWO HAD VISIBLE LACERATIONS TO HIS HEAD AND WAS TRANSPORTED VIA AMBULANCE.</p> <p>DRIVER THREE ADVISED THAT HE WAS TRAVELING SOUTHBOUND ON I25 FRONTAGE. DRIVER THREE ADVISED THAT HE WAS DRIVING A PART OF THE FRONTAGE THAT HE KNEW GOT BACKED UP AND WAS NOT PAYING ATTENTION. DRIVER THREE ADVISED THAT HE COLLIDED WITH THE REAR END OF VEHICLE TWO. DRIVER THREE DID NOT REPORT ANY INJURIES.</p> | | | | | | | | | | | | | |
| Other Property Involved | Type | Description of Property and Damage | | | | | | | | | | | |
| | Owner's Last Name | | | | Owner's First Name | | | | Owner's Middle Name | | | | |
| | Owner's Street Address | | | | Owner's City | | | State | Zip Code | Owner's Phone | | | |
| Crash Report Number: 710554449 | | | | STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209 NMDOT COPY | | | | | | | | Sheet 4 Of 6 | |
| Case Number: 180113591 | | | | | | | | | | | | | |

| | | | | | | | |
|---|--------------------------|-----------------|----------------------|------|-----------------------|----------|-------------------------|
| WITNESS | Witness's Last Name | | Witness's First Name | | Witness's Middle Name | | Age |
| | Witness's Street Address | | Witness's City | | State | Zip Code | Witness's Phone |
| ENFORCEMENT ACTION - VIOLATIONS | | | | | | | |
| VEH NO | Last Name | | First Name | | Middle Name | | Violation (Common Name) |
| | | | | | | | |
| Time Notified | Time Arrived | Notified By | | | Supervisor at Scene | | |
| 08:46 | 09:04 | DISPATCH | | | NONE | | |
| Checked By | | | | | | | |
| 2500 - RODRIGUEZ, A.C. - 11/30/2018 | | | | | | | |
| Officer's Signature | | Officer's Name | | Rank | ID Number | District | Report Date |
|  | | GARCIA, ESTEBAN | | PSA | 5770 | 234 | 11/28/2018 |

DIAGRAM

I25 SB FRONTAGE



A.O.I. #1

A.O.I. #2

VEHICLE NO. 002

| | | | | | | | | | | | | | | | | | |
|---|--|--|------|--|--------------|---------------------------------------|----------------|--------------------------------|-----------------|-------------|----------------|-----------------------------------|------------------|-----------------|-------------|----------------------------|-----------|
| HIMABINDU | | | | BOJA | | | | | | | | 3901 INDIAN SCHOOL RD NE APT D210 | | | | | |
| Driver's License Number | | State | Type | Status | Restrictions | Endorsements | Expires | City | | | State | Zip Code | Phone | | | | |
| 516148934 | | NM | D | V | B | | 07/30/2019 | ALBUQUERQUE | | | NM | 87110 | (832) 335-6719 | | | | |
| Date of Birth | | Occupation | | | | | Seat Pos | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans |
| 01/04/1988 | | | | | | | LF | 31 | F | O | O | 6 | YES | N | N | N/A | NO |
| Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | | | | | | | | | | | |
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| Veh. Year | | Vehicle Make | | Color | | Body Style | | Cargo Body Type | | Veh. Use1 | | Veh. Use2 | | Veh. Towed? | | Vehicle Disabled | |
| 2015 | | NISSAN | | SILVER - SIL | | PC | | | | | | P | | YES | | YES | |
| Lic. Year | | State | | License Plate Number | | VIN | | DOT # | | | | | | Damage Severity | | Damage Area | |
| 2020 | | NM | | PPG193 | | 1N4AL3APXFC249332 | | | | | | | | HEAVY | | 12 1 2 3 4 5 6 7 8 9 10 11 | |
| Interstate Carrier? | | Towed By | | Towed To | | | | | | | | | | Extent | | 01,10,11,12 | |
| | | VALLEY IMPOUND | | 8705 BROADWAY BLVD. SE ALBUQUE | | | | | | | | | | DISABLED | | | |
| Number of Axles | | Gross Vehicle/Comb Weight Rating | | HazMat Placard? | | Hazmat Placard 4-digit OR Hazmat Name | | AND | | 1-digit # | | HazMat Released | | | | | |
| | | | | | | | | | | | | NO | | | | | |
| Carrier's Name | | | | Street Address | | | | Carrier City | | | | State | | Carrier's Zip | | | |
| Owner's Last Name | | | | Owner's First Name | | | | Owner's Middle Name | | | | Owner's Company Name | | | | | |
| HIMABINDU | | | | BOJA | | | | | | | | | | | | | |
| Street Address | | | | Owner's City | | | | State | | Owner Zip | | Owner's Phone | | | | | |
| 3901 INDIAN SCHOOL RD NE APT D210 | | | | ALBUQUERQUE | | | | NM | | 87110 | | (832) 335-6719 | | | | | |
| Insured By: (Name of Company) | | | | Policy Number | | Trailer or Towed Vehicles (1) | | Type | Year | Make | Lic. Year | Lic State | License Num | | | | |
| ALLSTATE | | | | 810972173 | | | | | | | | | | | | | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic. Year | Lic State | License Num | Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic. Year | Lic State | License Num | | |
| | | | | | | | | | | | | | | | | | |
| Veh. Num | Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| COND | Lighting | | | Weather | | | Road Character | | | Road Grade | | | | | | | |
| | DAYLIGHT | | | CLEAR | | | STRAIGHT | | | LEVEL | | | | | | | |
| ROAD | VEH NO. | Road Condition | | Road Surface | | Traffic Control | | Road Lanes | Road Design Div | | Road Design | | | | | | |
| | 01 | DRY | | PAVED CENTER AND EDGE LIN | | TRAFFIC SIGNALS | | 2 LANES | PAINTED DIVIDE | | FULL ACCESS CT | | | | | | |
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | | | | DRIVER'S ACTIONS | | | | SEQUENCE OF EVENTS | | | | | |
| | NONE | | | | | | | GOING STRAIGHT | | | | FIRST EVENT | | | | | |
| | | | | | | | | | | | | SECOND EVENT | | | | | |
| | | | | | | | | | | | | THIRD EVENT | | | | | |
| | | | | | | | | | | | | FOURTH EVENT | | | | | |
| DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | | | PEDESTRIAN/PEDALCYCLIST ACTION | | | | | | | | | |
| | | | | | | | | At Intersection | | | | | | | | | |

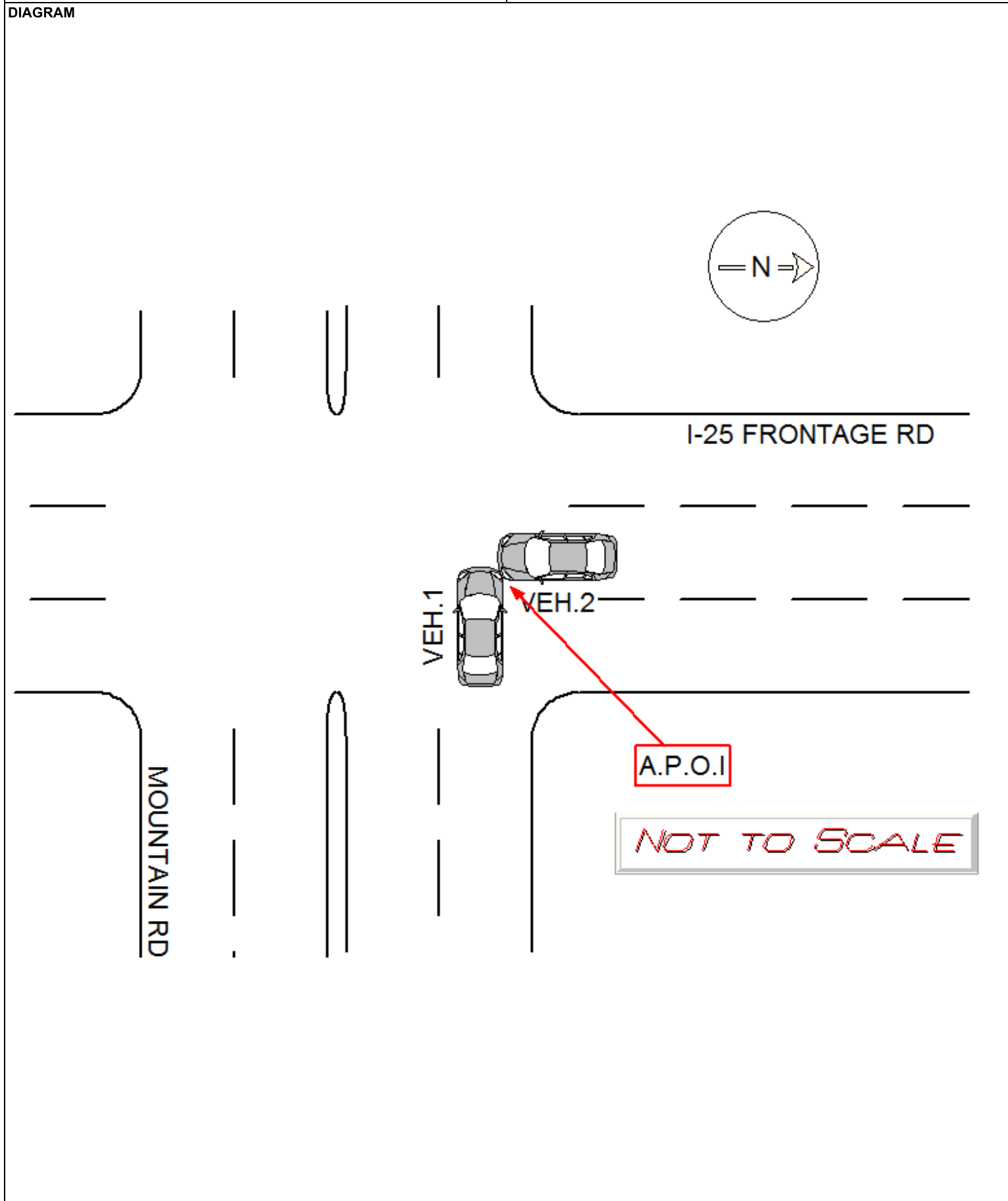
Crash Report Number: 710554849

Case Number: 190004365

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

Sheet 2 Of 4

| | | | | | | | | | | | |
|---|--|------------------------------------|--|------------------------------------|--------------------------------|-----------------------------------|-------------------------------|---------------------------|-----------------------------------|--------------|--|
| DRIVER | HAD NOT CONSUMED ALCOHOL | | | | NO APP. DEFECTS | | PEDESTRIAN | Not At Intersection | | | |
| | Breath Test Results | | Driver Physical Condition - Other | | | | | Pedestrian Action - Other | | | |
| ROAD | VEH NO. 02 | Road Condition DRY | Road Surface PAVED CENTER AND EDGE LIN | Traffic Control TRAFFIC SIGNALS | Road Lanes 2 LANES | Road Design Div PAINTED DIVIDE | Road Design FULL ACCESS CT | | | | |
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | DRIVER'S ACTIONS | | SEQUENCE OF EVENTS | | | | |
| | DISREGARDED TRAFFIC SIGNAL, DRIVER INATTENTION | | | | GOING STRAIGHT | | FIRST EVENT | | | | |
| | | | | | | | SECOND EVENT | | | | |
| | | | | | | | THIRD EVENT | | | | |
| | | | | | | | FOURTH EVENT | | | | |
| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | PEDESTRIAN/PEDALCYCLIST ACTION | | | | | | |
| | HAD NOT CONSUMED ALCOHOL | | NO APP. DEFECTS | | At Intersection | | | | | | |
| | | | | | Not At Intersection | | | | | | |
| Breath Test Results | | Driver Physical Condition - Other | | | | Pedestrian Action - Other | | | | | |
| NARRATIVE | | | | | | | | | | | |
| <p>ON 01/14/19 AT APPROXIMATELY 1257 HOURS, I WAS DISPATCHED TO A VEHICLE COLLISION AT I-25 FRONTAGE RD AND MOUNTAIN RD.</p> <p>ONCE ON SCENE, I MADE CONTACT WITH DRIVER #1 WHO ADVISED SHE HAVING A HARD TIME BREATHING AND HER CHEST AND NECK HURT. DRIVER #1 STATED SHE WAS GOING WEST ON MOUNTAIN RD AND HAD A GREEN LIGHT AND THEN WAS STRUCK BY VEHICLE #2. DRIVER #1 ADVISED DRIVER #2 RAN THE RED LIGHT CAUSING THE COLLISION. DRIVER #1 WAS ASSESSED BY PARAMEDICS AND TRANSPORTED TO UNMH HOSPITAL FOR HER NECK, BACK, RIBS, HIPS AND HEAD COMPLAINTS. VEHICLE #1 WAS NOT DRIVEABLE AND WAS TOWED FROM THE SCENE.</p> <p>I THEN SPOKE TO DRIVER #2 WHO ADVISED SHE THOUGHT SHE HAD A GREEN LIGHT HEADED SOUTHBOUND ON I-25 FRONTAGE RD APPROACHING MOUNTAIN RD. DRIVER #2 STATED SHE STRUCK VEHICLE #1 AND THINKS SHE RAN THE RED LIGHT. DRIVER #2 ADVISED SHE DID NOT HAVE INJURIES AND HER VEHICLE WAS TOWED FROM THE SCENE.</p> <p>I SPOKE TO THE WITNESS IDENTIFIED AS, OSWALDO PINZON, WHO STATED HE WAS DRIVING BEHIND VEHICLE #2. OSWALDO ADVISED DRIVER #2 RAN THE RED LIGHT WHEN SHE APPROACHED THE INTERSECTION CAUSING THE COLLISION.</p> | | | | | | | | | | | |
| Other Property Involved | Type | Description of Property and Damage | | | | | | | | | |
| | Owner's Last Name | | | Owner's First Name | | | Owner's Middle Name | | | | |
| | Owner's Street Address | | | Owner's City | | | State | Zip Code | Owner's Phone | | |
| WITNESS | Witness's Last Name PINZON | | | Witness's First Name OSWALDO | | | Witness's Middle Name | | | Age | |
| | Witness's Street Address N/A | | | Witness's City N/A | | | State NM | Zip Code 87120 | Witness's Phone (505) 492-9898 | | |
| ENFORCEMENT ACTION - VIOLATIONS | | | | | | | | | | | |
| VEH NO. | Last Name | | First Name | | Middle Name | | Violation (Common Name) | | | Action | |
| Time Notified 12:57 | Time Arrived 13:02 | Notified By DISPATCH | | | Supervisor at Scene | | | | | | |
| Checked By 5342 - SYMES, DAIN - 1/22/2019 | | | | | | | | | | | |
| Officer's Signature <i>Christopher Martinez</i> | | | Officer's Name MARTINEZ, CHRISTOPHER | | | Rank P1/C | ID Number 4879 | District 234 | Report Date 01/14/2019 | | |
| Crash Report Number: 710554849 | | | STATE OF NEW MEXICO UNIFORM CRASH REPORT | | | | | | | Sheet 3 Of 4 | |
| Case Number: 190004365 | | | NM STATUTE 66-7-209 NMDOT COPY | | | | | | | | |





ALBUQUERQUE POLICE DEPT

REPORTING DEPARTMENT

STATE OF NEW MEXICO
UNIFORM CRASH REPORT

710558829

| | | | | | | | | | | | | | | | | |
|---|--|---|------------------|---|--------------|---|------------------------------|---|------------------|--|-------------------------------|--------------------------------|---------------------------|---------------------|-----------------------|------------------------|
| Private Property? NO | | <input type="checkbox"/> Fatal <input type="checkbox"/> Injury | | Property Damage Only <input type="checkbox"/> Under \$500 <input checked="" type="checkbox"/> \$500 or More | | Hit and Run? NO | | Case Number: 190005044 | | | | | | | | |
| | | | | NMDOT: | | | | CAD Num: 190160373 | | | | | | | | |
| Crash Date 01/16/2019 | | Military Time 09:33 | | City Occurred In ALBUQUERQUE | | | | County BERNALILLO | | | | | | | | |
| Day of Week WEDNESDAY | | Occurred On: (Route No. or Name) I25 SB FRONTAGE RD NE | | | | At Intersection With: MOUNTAIN RD NE | | | | Tribal Land? NO | | | | | | |
| Other Location | | Measurement | | Direction | | Permanent Landmark - County Line - Intersection | | | | Milepost | | Lat: | | | | |
| | | | | | | | | | | | | Long: | | | | |
| Crash Occurred ON ROADWAY | | | | Crash Classification OTHER VEHICLE | | | | Analysis Code 02 - ONE RIGHT TURN/ENTERING AT ANGLE | | | | | | | | |
| VEHICLE NO. HEADED | | Unit Direction 01 SOUTH | | On: I25 SB FRONTAGE RD NE | | | | Left the Scene of the Crash? NO | | Posted Speed | | Safe Speed | | | | |
| Driver's Last Name GARCIA | | | | Driver's First Name ISIDRO | | | | Driver's Middle Name ISIAH | | Driver's Street Address 8308 TIERRA SERENA PL NE | | | | | | |
| Driver's License Number 514375429 | | State NM | Type D | Status V | Restrictions | Endorsements | Expires 11/14/2020 | City ALBUQUERQUE | | State NM | Zip Code 87122-0000 | Phone (505) 681-1944 | | | | |
| Date of Birth 10/15/1999 | | Occupation | | | | Seat Pos LF | Age 19 | Sex M | Race O | Injury Code O | OP Code 6 | OP Used Properly YES | Airbag Deploy F | Ejected N | EMS Num AFD | Med Trans NO |
| Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | 19 | M | O | O | 6 | YES | F | N | AFD | NO |
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VEHICLE NO. 002


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|---|--|--|------|--------------------------------|--------------|--|----------------|-------------------------------|------|--------------------------------|-------------|------------------------|------------------|--------------------|----------------|------------------|-----------|--|--|--|--|
| REYES | | | | ANA | | | | R | | | | 1118 1/2 EDITH BLVD NE | | | | | | | | | |
| Driver's License Number | | State | Type | Status | Restrictions | Endorsements | Expires | City | | | | State | Zip Code | | Phone | | | | | | |
| 514004595 | | NM | D | V | W | | 09/17/2019 | ALBUQUERQUE | | | | NM | 87102-0000 | | (505) 507-7052 | | | | | | |
| Date of Birth | | Occupation | | | | | Seat Pos | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans | | | | |
| 08/17/1998 | | | | | | | LF | 20 | F | O | O | 6 | YES | N | N | AFD | NO | | | | |
| Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | | | | | | | | | | | | | | | |
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| Veh. Year | | Vehicle Make | | Color | | Body Style | | Cargo Body Type | | Veh. Use1 | | Veh. Use2 | | Veh. Towed? | | Vehicle Disabled | | | | | |
| 2010 | | CHRYSLER | | BLACK - BLK | | PC | | | | | | P | | YES | | YES | | | | | |
| Lic. Year | | State | | License Plate Number | | VIN | | DOT # | | | | | | Damage Severity | | Damage Area | | | | | |
| 2020 | | NM | | AFJN33 | | 1C3CC4FB4AN207083 | | | | | | | | HEAVY | | 1 2 3 4 5 | | | | | |
| Interstate Carrier? | | Towed By | | Towed To | | | | | | | | | | Extent | | 12 11 10 9 8 7 | | | | | |
| | | VALLEY IMPOUND | | 8705 BROADWAY BLVD. SE ALBUQUE | | | | | | | | | | APPEARANCE | | 01,08,09,11,12 | | | | | |
| Number of Axles | | Gross Vehicle/Comb Weight Rating | | HazMat Placard? | | Hazmat Placard 4-digit OR Hazmat Name | | AND | | 1-digit # | | HazMat Released | | | | | | | | | |
| | | | | | | | | | | | | NO | | | | | | | | | |
| Carrier's Name | | | | Street Address | | | | Carrier City | | | | State | | Carrier's Zip | | | | | | | |
| Owner's Last Name | | | | Owner's First Name | | | | Owner's Middle Name | | | | Owner's Company Name | | | | | | | | | |
| REYES | | | | ANA | | | | R | | | | | | | | | | | | | |
| Street Address | | | | Owner's City | | | | State | | Owner Zip | | Owner's Phone | | | | | | | | | |
| 1118 1/2 EDITH BLVD NE | | | | ALBUQUERQUE | | | | NM | | 87102-0000 | | (505) 507-7052 | | | | | | | | | |
| Insured By: (Name of Company) | | | | Policy Number | | Trailer or Towed Vehicles (1) | | Type | Year | Make | Lic. Year | Lic State | License Num | | | | | | | | |
| GEICO | | | | 4541618619 | | | | | | | | | | | | | | | | | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic. Year | Lic State | License Num | Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic. Year | Lic State | License Num | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| Veh. Num | Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| COND | Lighting | | | Weather | | | Road Character | | | Road Grade | | | | | | | | | | | |
| | DAYLIGHT | | | CLEAR | | | STRAIGHT | | | LEVEL | | | | | | | | | | | |
| ROAD | VEH NO. | Road Condition | | Road Surface | | Traffic Control | | Road Lanes | | Road Design Div | | Road Design | | | | | | | | | |
| | 01 | DRY | | PAVED CENTER AND EDGE LIN | | TRAFFIC SIGNALS | | 3 LANES | | PAINTED DIVIDE | | ONE WAY | | | | | | | | | |
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | | | | | | DRIVER'S ACTIONS | | | | SEQUENCE OF EVENTS | | | | | | | |
| | OTHER - NO DRIVER ERROR | | | | | | | | | GOING STRAIGHT | | | | FIRST EVENT | | | | | | | |
| | | | | | | | | | | | | | | MVT | | | | | | | |
| | | | | | | | | | | | | | | SECOND EVENT | | | | | | | |
| | | | | | | | | | | | | | | THIRD EVENT | | | | | | | |
| FOURTH EVENT | | | | | | | | | | | | | | | | | | | | | |
| DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | | | | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | | | PEDESTRIAN/PEDALCYCLIST ACTION | | | | | | | | | | | |
| | | | | | | | | | | At Intersection | | | | | | | | | | | |

Crash Report Number: 710558829

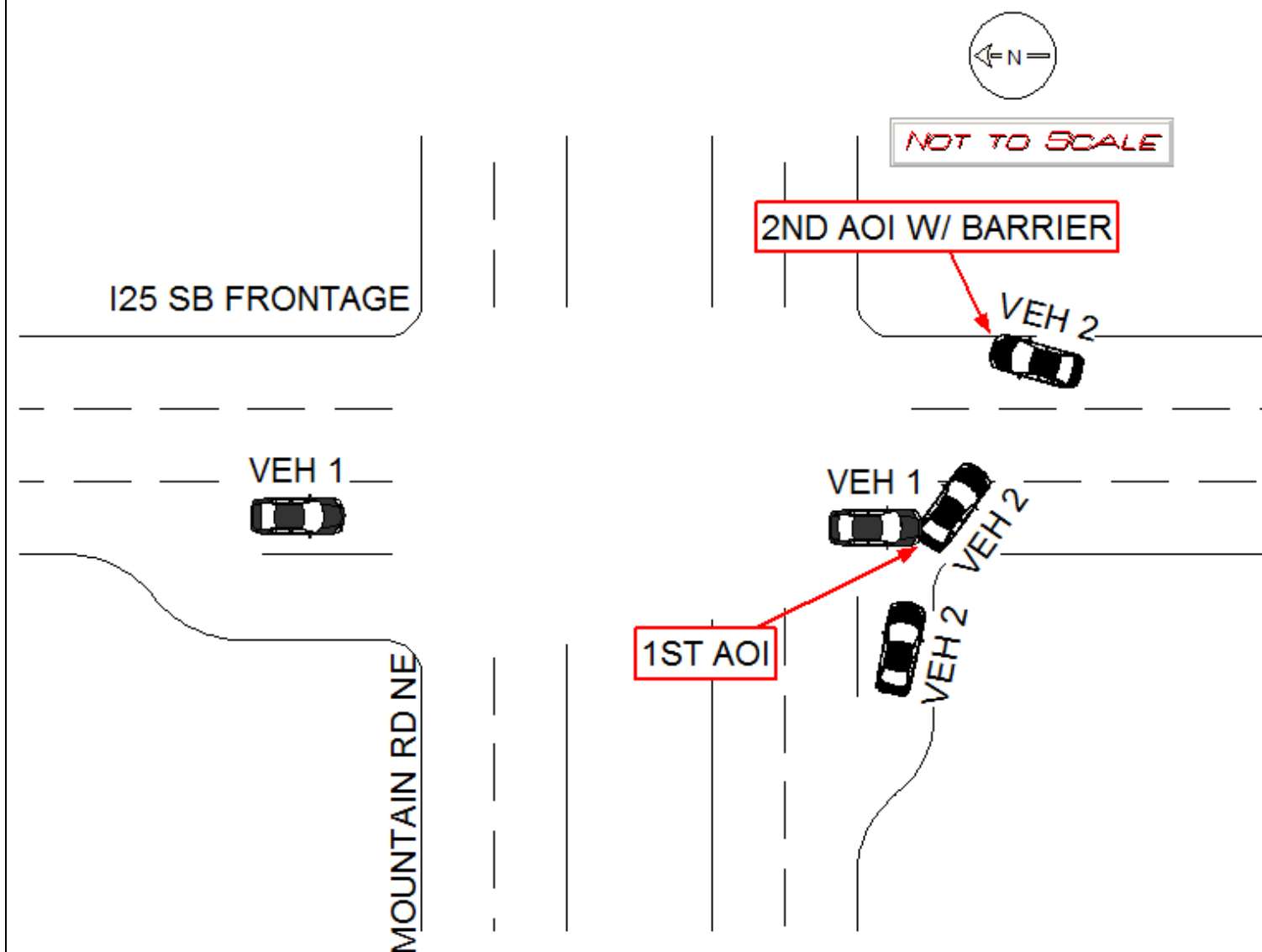
Case Number: 190005044

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

Sheet 2 Of 4

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|---|---|------------------------------------|--|---------------------------------------|--|--|-----------------------------|--|--------------------------------------|--------------------------------|------------------------|------------------------|----------------------------------|
| DRIVER | HAD NOT CONSUMED ALCOHOL | | | | NO APP. DEFECTS | | | | PEDESTRIAN | Not At Intersection | | | |
| | Breath Test Results | | | | Driver Physical Condition - Other | | | | | Pedestrian Action - Other | | | |
| ROAD | VEH NO. 02 | Road Condition DRY | Road Surface PAVED CENTER AND EDGE LIN | | Traffic Control TRAFFIC SIGNALS | | Road Lanes 1 LANE | Road Design Div PAINTED DIVIDE | Road Design FULL ACCESS CT | | | | |
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | | | DRIVER'S ACTIONS | | | | SEQUENCE OF EVENTS | | |
| | FAILED TO YIELD RIGHT OF WAY | | | | | | RIGHT TURN | | | | FIRST EVENT MVT | | |
| | | | | | | | | | | | SECOND EVENT FO | | |
| | | | | | | | | | | | THIRD EVENT | | |
| | | | | | | | | | | | FOURTH EVENT | | |
| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | | | |
| | HAD NOT CONSUMED ALCOHOL | | | | NO APP. DEFECTS | | | | | At Intersection | | | |
| | | | | | | | | | | Not At Intersection | | | |
| Breath Test Results | | | | Driver Physical Condition - Other | | | | Pedestrian Action - Other | | | | | |
| NARRATIVE | | | | | | | | | | | | | |
| <p>DRIVER 1 STATED THAT HE WAS HEADED SOUTHBOUND ON I25 FRONTAGE, APPROACHING MOUNTAIN RD NE. DRIVER 1 STATED THAT AS HE ENTERED THE INTERSECTION, VEHICLE 2 TURNED IN FRONT HIM. THE FRONT OF VEHICLE 1 THEN COLLIDED WITH THE LEFT REAR SIDE OF VEHICLE 2. VEHICLE 1 SUSTAINED HEAVY DAMAGE TO THE FRONT AND WAS TOWED FROM THE SCENE.</p> <p>DRIVER 2 STATED THAT SHE WAS HEADED EASTBOUND ON MOUNTAIN RD NE, PREPARING TO TAKE A RIGHT TURN ONTO SOUTHBOUND I25 FRONTAGE. DRIVER 2 STATED THAT WHEN SHE THOUGHT TRAFFIC WAS FAR ENOUGH BACK, SHE TOOK HER RIGHT TURN. THE LEFT REAR SIDE OF VEHICLE 2 WAS THEN STRUCK BY THE FRONT OF VEHICLE 1. VEHICLE 2 THEN SPUN AROUND AND COLLIDED WITH THE BARRIER ON THE EAST SIDE OF THE FRONTAGE ROAD. VEHICLE 2 SUSTAINED HEAVY DAMAGE TO THE LEFT REAR AND FRONT AND WAS TOWED FROM THE SCENE.</p> <p>DRIVER 1 AND DRIVER 2 WERE CHECKED AND CLEARED BY MEDICAL AND REFUSED TRANSPORTATION BY AMBULANCE.</p> | | | | | | | | | | | | | |
| Other Property Involved | Type | Description of Property and Damage | | | | | | | | | | | |
| | Owner's Last Name | | | | Owner's First Name | | | | Owner's Middle Name | | | | |
| | Owner's Street Address | | | | Owner's City | | | | State | Zip Code | Owner's Phone | | |
| WITNESS | Witness's Last Name | | | | Witness's First Name | | | | Witness's Middle Name | | | | Age |
| | Witness's Street Address | | | | Witness's City | | | | State | Zip Code | Witness's Phone | | |
| ENFORCEMENT ACTION - VIOLATIONS | | | | | | | | | | | | | |
| VEH NO. | Last Name | | | First Name | | | Middle Name | | | Violation (Common Name) | | | Action |
| Time Notified 09:36 | Time Arrived 09:41 | Notified By DISPATCH | | | | | Supervisor at Scene | | | | | | |
| Checked By 3930 - LOWELL, S. - 2/6/2019 | | | | | | | | | | | | | |
| Officer's Signature  | | | | Officer's Name RENNA, PETER | | | | Rank PSA | | ID Number 5865 | | District 234 | Report Date 01/16/2019 |

DIAGRAM






ALBUQUERQUE POLICE DEPT

REPORTING DEPARTMENT

STATE OF NEW MEXICO
UNIFORM CRASH REPORT

710562955

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|---|--|---|--|--|--|---------------------------------|--|--|--|-------------------------------|--|--------------------------------|--|------------------|--|---------------|--|-----------|--|-----------|--|-------------|--|
| Private Property? NO | | <input type="checkbox"/> Fatal <input type="checkbox"/> Injury | | Property Damage Only <input type="checkbox"/> Under \$500 <input checked="" type="checkbox"/> \$500 or More | | Hit and Run? YES | | Case Number: 190117744 | | | | | | | | | | | | | | | | | | | |
| | | | | NMDOT: | | | | CAD Num: 193600041 | | | | | | | | | | | | | | | | | | | |
| Crash Date 12/26/2019 | | Military Time 01:31 | | City Occurred In ALBUQUERQUE | | | | County BERNALILLO | | | | | | | | | | | | | | | | | | | |
| Day of Week THURSDAY | | Occurred On: (Route No. or Name) I 25 FRONTAGE RD | | | | At Intersection With: MOUNTAIN RD NE | | | | Tribal Land? NO | | | | | | | | | | | | | | | | | |
| Other Location | | Measurement | | Direction | | Permanent Landmark - County Line - Intersection | | | | Milepost | | Lat: | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | Long: | | | | | | | | | | | | | | | |
| Crash Occurred OFF ROADWAY | | | | Crash Classification FIXED OBJECTS | | | | Analysis Code 19 - LIGHT STANDARD (LIGHT POLE) | | | | | | | | | | | | | | | | | | | |
| VEHICLE NO. HEADED | | Unit Direction 01 SOUTH | | On: I 25 FRONTAGE RD | | | | Left the Scene of the Crash? YES | | Posted Speed 40 | | Safe Speed 40 | | | | | | | | | | | | | | | |
| Driver's Last Name UNKNOWN | | | | Driver's First Name | | | | Driver's Middle Name | | Driver's Street Address | | | | | | | | | | | | | | | | | |
| Driver's License Number | | State | | Type | | Status | | Restrictions | | Endorsements | | Expires | | City | | State | | Zip Code | | Phone | | | | | | | |
| Date of Birth | | Occupation | | | | Seat Pos LF | | Age | | Sex | | Race | | Injury Code | | OP Code | | OP Used Properly | | Airbag Deploy | | Ejected | | EMS Num | | Med Trans | |
| Seat Pos | | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | U | | O | | O | | 0 | | UNK | | N | | N | | | | NO | | | |
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| Veh. Year 2000 | | Vehicle Make DODGE | | Color WHITE - WHI | | Body Style PK | | Cargo Body Type NA | | Veh. Use1 TB | | Veh. Use2 P | | Veh. Towed? YES | | Vehicle Disabled YES | | | | | | | | | | | |
| Lic. Year 2020 | | State NM | | License Plate Number 7202FR | | VIN 1B7MC3366YJ112964 | | DOT # | | Damage Severity HEAVY | | Damage Area  | | | | | | | | | | | | | | | |
| Interstate Carrier? | | Towed By ACME T & R | | Towed To 8705 BROADWAY BLVD. SE # A ALBU | | Extent DISABLED | | 01,11,12 | | | | | | | | | | | | | | | | | | | |
| Number of Axles | | Gross Vehicle/Comb Weight Rating | | HazMat Placard? | | Hazmat Placard 4-digit OR Hazmat Name | | AND | | 1-digit # | | HazMat Released NO | | | | | | | | | | | | | | | |
| Carrier's Name | | Street Address | | Carrier City | | State | | Carrier's Zip | | | | | | | | | | | | | | | | | | | |
| Owner's Last Name ULIBARRI | | Owner's First Name FELIX | | Owner's Middle Name A | | Owner's Company Name | | | | | | | | | | | | | | | | | | | | | |
| Street Address 321 GORMAN AVE | | Owner's City BELEN | | State NM | | Owner Zip 87002 | | Owner's Phone | | | | | | | | | | | | | | | | | | | |
| Insured By: (Name of Company) | | Policy Number | | Trailer or Towed Vehicles (1) | | Type | | Year | | Make | | Lic. Year | | Lic State | | License Num | | | | | | | | | | | |
| Trailer or Towed Vehicles (2) | | Type | | Year | | Make | | Lic. Year | | Lic State | | License Num | | Trailer or Towed Vehicles (3) | | Type | | Year | | Make | | Lic. Year | | Lic State | | License Num | |
| Veh. Num | | Seat Pos | | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | Age | | Sex | | Race | | Injury Code | | OP Code | | OP Used Properly | | Airbag Deploy | | Ejected | | EMS Num | | Med Trans | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Crash Report Number: 710562955

Case Number: 190117744

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

Sheet 1 Of 3


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|--|---|---|--|--|---|--------------------------------|-------------------------------------|----------------------------------|
| COND | Lighting DARK LIGHTED | | Weather CLEAR | | Road Character STRAIGHT | | Road Grade ON GRADE | |
| | VEH NO. 01 | Road Condition DRY | Road Surface PAVED CENTER AND EDGE LIN | | Traffic Control TRAFFIC SIGNALS | Road Lanes 3 LANES | Road Design Div UNDIVIDED | Road Design OTHER |
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | DRIVER'S ACTIONS | | | SEQUENCE OF EVENTS |
| | AVOID NO CONTACT - OTHER | | | | GOING STRAIGHT | | | FIRST EVENT |
| | | | | | | | | SECOND EVENT |
| | | | | | | | | THIRD EVENT |
| | | | | | | | | FOURTH EVENT |
| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | | |
| | SOBRIETY UNKNOWN | | NO APP. DEFECTS | | | At Intersection | | |
| | | | | | | Not At Intersection | | |
| Breath Test Results | | Driver Physical Condition - Other | | | Pedestrian Action - Other | | | |
| NARRATIVE | | | | | | | | |
| <p>ON DECEMBER 26, 2019 AT APPROXIMATELY 0139 HOURS I WAS DISPATCHED TO THE INTERSECTION OF I 25 SB FRONTAGE AND MOUNTAIN RD NE IN REFERENCE TO A SINGLE VEHICLE COLLISION.</p> <p>I LOCATED VEHICLE #1, UNOCCUPIED, ON THE WEST SIDE OF THE ROADWAY FACING THE WRONG DIRECTION. THE VEHICLE HAD STRUCK A LIGHT POLE AS WELL AS A FENCE. THE TRUCK WAS TOWED FROM THE SCENE BY ACME TOWING AND RECOVERY. A COPY OF THIS REPORT WAS FORWARDED TO THE HIT AND RUN UNIT AND A TASER VIDEO WAS UPLOADED TO EVIDENCE.COM.</p> | | | | | | | | |
| Other Property Involved | Type U | Description of Property and Damage CHAIN LINK FENCE | | | | | | |
| | Owner's Last Name UNKNOWN | | Owner's First Name | | | Owner's Middle Name | | |
| | Owner's Street Address | | Owner's City | | State | Zip Code | Owner's Phone | |
| Other Property Involved | Type U | Description of Property and Damage LIGHT POLES | | | | | | |
| | Owner's Last Name UNKNOWN | | Owner's First Name | | | Owner's Middle Name | | |
| | Owner's Street Address | | Owner's City | | State | Zip Code | Owner's Phone | |
| WITNESS | Witness's Last Name | | Witness's First Name | | | Witness's Middle Name | | Age |
| | Witness's Street Address | | Witness's City | | State | Zip Code | Witness's Phone | |
| ENFORCEMENT ACTION - VIOLATIONS | | | | | | | | |
| VEH NO. | Last Name | | First Name | | Middle Name | | Violation (Common Name) | |
| Time Notified 01:39 | Time Arrived 01:51 | Notified By DISPATCH | | | Supervisor at Scene N/A | | | |
| Checked By 5239 - MARTIN, PAUL - 12/26/2019 | | | | | | | | |
| Officer's Signature  | | Officer's Name WHITE, D. | | | Rank P1/C | ID Number 4769 | District 234 | Report Date 12/26/2019 |

Diagram Drawn By

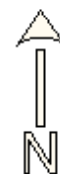
WHITE, D.

Measurements Taken By

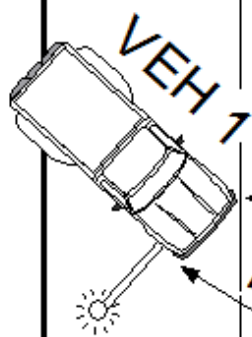
DIAGRAM

SB I 25 FRONTAGE

MOUNTAIN RD NE



NOT TO SCALE



P.O.I. 2

P.O.I. 1

FENCE

Crash Report Number: 710562955

Case Number: 190117744

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

Sheet 3 Of 3



ALBUQUERQUE POLICE DEPT

REPORTING DEPARTMENT

STATE OF NEW MEXICO
UNIFORM CRASH REPORT

710563246

| | | | | | | | | | | | | | | | | |
|---|--|--|---|--|---------------------------|--|--|---|------------------|---|---------------------------|--------------------------------|---------------------------|---------------------|---------|-----------|
| Private Property? NO | | <input type="checkbox"/> Fatal <input type="checkbox"/> Injury | Property Damage Only <input type="checkbox"/> Under \$500 <input checked="" type="checkbox"/> \$500 or More | | Hit and Run? NO | | Case Number: 190023943 | | NMDOT: | | CAD Num: 190730253 | | | | | |
| Crash Date 03/14/2019 | | Military Time 07:50 | | City Occurred In ALBUQUERQUE | | | | County BERNALILLO | | | | | | | | |
| Day of Week THURSDAY | | Occurred On: (Route No. or Name) PAN AMERICAN WEST HY NE | | | | At Intersection With: | | | | Tribal Land? NO | | | | | | |
| Other Location | | Measurement 50 FT | | Direction NORTH | | Permanent Landmark - County Line - Intersection MOUNTAIN RD NE | | | | Milepost | | Lat: Long: | | | | |
| Crash Occurred ON ROADWAY | | | Crash Classification OTHER VEHICLE | | | | Analysis Code 08 - BOTH GOING STRAIGHT/FROM SAME DIR | | | | | | | | | |
| VEHICLE NO. HEADED 01 | | Unit Direction SOUTH | | On: PAN AMERICAN WEST HY NE | | | | Left the Scene of the Crash? NO | | Posted Speed | | Safe Speed | | | | |
| Driver's Last Name TORRES | | | | Driver's First Name SUSAN | | | | Driver's Middle Name | | Driver's Street Address 10237 LAS CASITAS ST NE | | | | | | |
| Driver's License Number 100762757 | | State NM | Type D | Status V | Restrictions | Endorsements | Expires 11/26/2021 | City ALBUQUERQUE | | State NM | Zip Code 87111 | Phone (505) 710-8021 | | | | |
| Date of Birth 10/27/1979 | | Occupation | | | | Seat Pos LF | Age 39 | Sex F | Race H | Injury Code O | OP Code 6 | OP Used Properly YES | Airbag Deploy N | Ejected N | EMS Num | Med Trans |
| Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | 39 | F | H | O | 6 | YES | N | N | | |
| | | | | | | | | | | | | | | | | |
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VEHICLE NO. 004


[illegible]

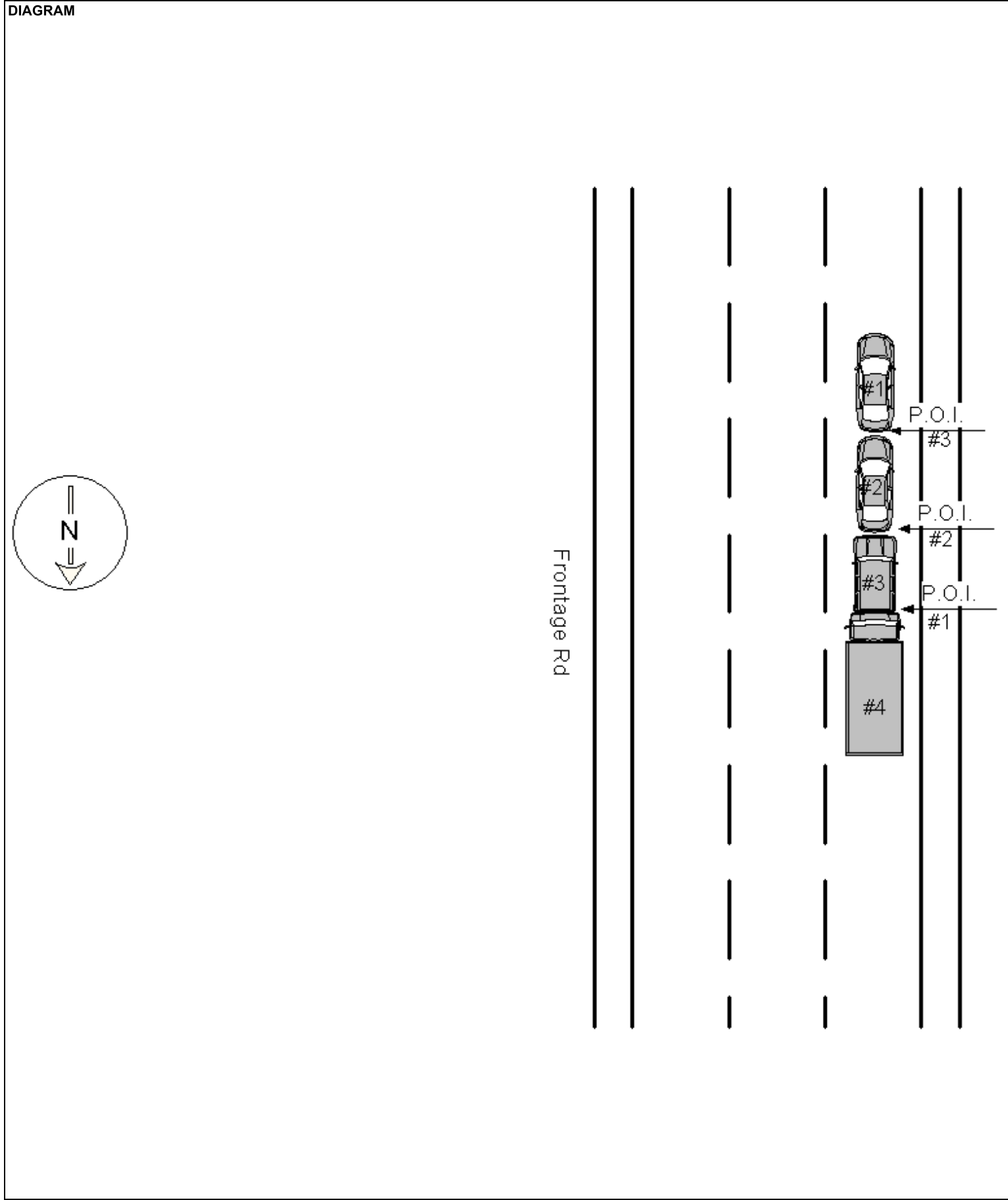
| Veh. Year | Vehicle Make | Color | Body Style | Veh. Use1 | Veh. Use2 | Veh. Towed? | Vehicle Disabled |
|-----------|--------------|-------|------------|-----------|-----------|-------------|------------------|
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| Crash Report Number: 710563246 | STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209 NMDOT COPY | Sheet 3 Of 7 |
| Case Number: 190023943 | | |

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|---|-------------------------------|--|--|---------------------------|---------|--|--|---------------------------------------|-------------------------|--------------------------------|-------------|----------------------|--------------------|--|---------|-----------------|-----------|-------------|--|------|--|-----------|--|-----------|--|-------------|--|
| 2004 | | INTERNATIONAL TRUC | | WHITE - WHI | | TH | | Cargo Body Type OT | | IB | | C | | <div>NO</div> <div>Damage Severity</div> <div>SLIGHT</div> <div>Extent</div> <div>FUNCTIONAL</div> <div>NO</div> <div>Damage Area</div> <div>1 2 3 4 5</div> <div>12 11 10 9 8 7 6</div> <div>12</div> | | | | | | | | | | | | | |
| Lic. Year | | State | | License Plate Number | | VIN | | DOT # | | | | | | | | | | | | | | | | | | | |
| 2019 | | NM | | 205NHT | | 1HTMMAAL94H670936 | | | | | | | | | | | | | | | | | | | | | |
| Interstate Carrier? | | | | Towed By | | | | Towed To | | | | | | | | | | | | | | | | | | | |
| 4 - OTHER OPERATION/N | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Axles | | Gross Vehicle/Comb Weight Rating | | | | HazMat Placard? | | Hazmat Placard 4-digit OR Hazmat Name | | | | AND | | 1-digit # | | HazMat Released | | | | | | | | | | | |
| | | 10,001 - 26,000 LBS | | | | NO | | | | | | | | | | NO | | | | | | | | | | | |
| Carrier's Name | | | | Street Address | | | | Carrier City | | | | State | | Carrier's Zip | | | | | | | | | | | | | |
| CRYSTAL SPRINGS BOTTLED WATER | | | | PO BOX 90760 | | | | ALBUQUERQUE | | | | NM | | 87199 | | | | | | | | | | | | | |
| Owner's Last Name | | | | Owner's First Name | | | | Owner's Middle Name | | | | Owner's Company Name | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address | | | | Owner's City | | | | State | | Owner Zip | | Owner's Phone | | | | | | | | | | | | | | | |
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| Insured By: (Name of Company) | | | | Policy Number | | Trailer or Towed Vehicles (1) | | Type | | Year | | Make | | Lic. Year | | Lic State | | License Num | | | | | | | | | |
| MOUNTAIN STATES MUTUAL | | | | CA9061941 | | | | | | | | | | | | | | | | | | | | | | | |
| Trailer or Towed Vehicles (2) | | Type | | Year | | Make | | Lic. Year | | Lic State | | License Num | | Trailer or Towed Vehicles (3) | | Type | | Year | | Make | | Lic. Year | | Lic State | | License Num | |
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| Veh. Num | Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans | | | | | | | | | | |
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| COND | Lighting | | | | Weather | | | | Road Character | | | | Road Grade | | | | | | | | | | | | | | |
| | DAYLIGHT | | | | CLEAR | | | | STRAIGHT | | | | ON GRADE | | | | | | | | | | | | | | |
| ROAD | VEH NO. | Road Condition | | Road Surface | | Traffic Control | | Road Lanes | | Road Design Div | | Road Design | | | | | | | | | | | | | | | |
| | 01 | DRY | | PAVED CENTER AND EDGE LIN | | NO CONTROLS | | 3 LANES | | PAINTED DIVIDE | | ONE WAY | | | | | | | | | | | | | | | |
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | | | | | DRIVER'S ACTIONS | | | | SEQUENCE OF EVENTS | | | | | | | | | | | | | | |
| | NONE | | | | | | | | STOPPED FOR SIGN/SIGNAL | | | | FIRST EVENT | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | SECOND EVENT | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | THIRD EVENT | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | FOURTH EVENT | | | | | | | | | | | | | | |
| DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | | | | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | | | PEDESTRIAN/PEDALCYCLIST ACTION | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | At Intersection | | | | | | | | | | | | | | | | | |

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| DRIVER | HAD NOT CONSUMED ALCOHOL | | | | NO APP. DEFECTS | | | PEDESTRIAN | Not At Intersection | | |
| | Breath Test Results | | | Driver Physical Condition - Other | | | | | Pedestrian Action - Other | | |
| ROAD | VEH NO. 02 | Road Condition DRY | Road Surface PAVED CENTER AND EDGE LIN | Traffic Control NO CONTROLS | | Road Lanes 3 LANES | Road Design Div PAINTED DIVIDE | Road Design ONE WAY | | | |
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | | DRIVER'S ACTIONS | | | SEQUENCE OF EVENTS | | |
| | NONE | | | | | STOPPED FOR SIGN/SIGNAL | | | FIRST EVENT | | |
| | | | | | | | | | SECOND EVENT | | |
| | | | | | | | | | THIRD EVENT | | |
| | | | | | | | | | FOURTH EVENT | | |
| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | | | |
| | HAD NOT CONSUMED ALCOHOL | | | NO APP. DEFECTS | | | | At Intersection | | | |
| | Breath Test Results | | | Driver Physical Condition - Other | | | | Not At Intersection | | | |
| | | | | | | Pedestrian Action - Other | | | | | |
| ROAD | VEH NO. 03 | Road Condition DRY | Road Surface PAVED CENTER AND EDGE LIN | Traffic Control NO CONTROLS | | Road Lanes 3 LANES | Road Design Div PAINTED DIVIDE | Road Design ONE WAY | | | |
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | | DRIVER'S ACTIONS | | | SEQUENCE OF EVENTS | | |
| | NONE | | | | | STOPPED FOR SIGN/SIGNAL | | | FIRST EVENT | | |
| | | | | | | | | | SECOND EVENT | | |
| | | | | | | | | | THIRD EVENT | | |
| | | | | | | | | | FOURTH EVENT | | |
| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | | | |
| | HAD NOT CONSUMED ALCOHOL | | | NO APP. DEFECTS | | | | At Intersection | | | |
| | Breath Test Results | | | Driver Physical Condition - Other | | | | Not At Intersection | | | |
| | | | | | | Pedestrian Action - Other | | | | | |
| ROAD | VEH NO. 04 | Road Condition DRY | Road Surface PAVED CENTER AND EDGE LIN | Traffic Control NO CONTROLS | | Road Lanes 3 LANES | Road Design Div PAINTED DIVIDE | Road Design ONE WAY | | | |
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | | DRIVER'S ACTIONS | | | SEQUENCE OF EVENTS | | |
| | DRIVER INATTENTION | | | | | GOING STRAIGHT | | | FIRST EVENT | | |
| | | | | | | | | | SECOND EVENT | | |
| | | | | | | | | | THIRD EVENT | | |
| | | | | | | | | | FOURTH EVENT | | |
| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | | | |
| | HAD NOT CONSUMED ALCOHOL | | | NO APP. DEFECTS | | | | At Intersection | | | |
| | | | | | | | | Not At Intersection | | | |
| | | | | | | Pedestrian Action - Other | | | | | |

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|---|-----------------------------------|------------------------------------|
| | PEDESTRIAN | |
| Breath Test Results | Driver Physical Condition - Other | Pedestrian Action - Other |
| NARRATIVE | | |
| <p>ON 03-14-19 WHILE SOUTHBOUND ON THE FRONTAGE ROAD APPROACHING MOUNTAIN RD NE I CAME UPON A CRASH INVOLVING FOUR VEHICLES. CONTACT WAS MADE WITH DRIVER #1, MS. SUSAN TORRES, WHO ADVISED SHE WAS STOPPED IN TRAFFIC SOUTHBOUND ON THE FRONTAGE ROAD IN THE RIGHT LANE, DUE TO A RED LIGHT AT MOUNTAIN RD NE, WHEN HER VEHICLE (#1), NM LICENSE #NKA-817, WAS STRUCK FROM BEHIND BY VEHICLE #2, NM LICENSE #414-SAN. DRIVER #1 DID NOT COMPLAIN OF INJURY. CONTACT WAS MADE WITH DRIVER #2, MS. ANDREA HENDERSON, WHO ADVISED SHE WAS STOPPED BEHIND VEHICLE #2, WHEN HER VEHICLE (#2) WAS STRUCK FROM BEHIND BY VEHICLE #3, CA LICENSE #8AEJ332. DRIVER #2 COMPLAINED OF HEAD PAIN, BUT REFUSED RESCUE ON SCENE. CONTACT WAS MADE WITH DRIVER #3, MS. PATRICE BENNET-ALDER, WHO ADVISED SHE WAS STOPPED BEHIND VEHICLE #2 WHEN HER VEHICLE (#3) WAS STRUCK BEHIND BY VEHICLE #4, NM LICENSE #205-NHT. DRIVER #3 COMPLAINED OF PAIN, BUT REFUSED RESCUE. CONTACT WAS MADE WITH DRIVER #4, MR. SHANE HANDS, WHO ADVISED HE WAS SOUTHBOUND ON THE FRONTAGE ROAD COMING OVER THE CREST WHEN HE FOUND TRAFFIC AT A STOP JUST ON THE OTHER SIDE, AND ATTEMPTED TO HIT HIS BRAKES, BUT DUE TO THE FULL LOAD HE WAS UNABLE TO STOP SOON IN TIME AND STRUCK THE BACK OF VEHICLE #3, WHICH PUSHED VEHICLE #3, INTO VEHICLE #2, AND VEHICLE #2 INTO</p> | | |
| Other Property Involved | Type | Description of Property and Damage |
| | Owner's Last Name | |
| | Owner's First Name | Owner's Middle Name |
| WITNESS | Owner's Street Address | |
| | Owner's City | State Zip Code |
| | Owner's Phone | |
| WITNESS | Witness's Last Name | |
| | Witness's First Name | |
| | Witness's Middle Name | |
| WITNESS | Witness's Street Address | |
| | Witness's City | |
| | State Zip Code | |
| ENFORCEMENT ACTION - VIOLATIONS | | |
| VEH NO. | Last Name | First Name |
| | | Middle Name |
| | Violation (Common Name) | |
| | Action | |
| Time Notified | Time Arrived | Notified By |
| 07:50 | 07:50 | SELF |
| Supervisor at Scene | | |
| Checked By | | |
| 1516 - MARTINEZ, LAWRENCE - 3/14/2019 | | |
| Officer's Signature | Officer's Name | Rank |
|  | RONZONE, G. | P1/C |
| ID Number | District | Report Date |
| 2390 | 234 | 03/14/2019 |






710563770

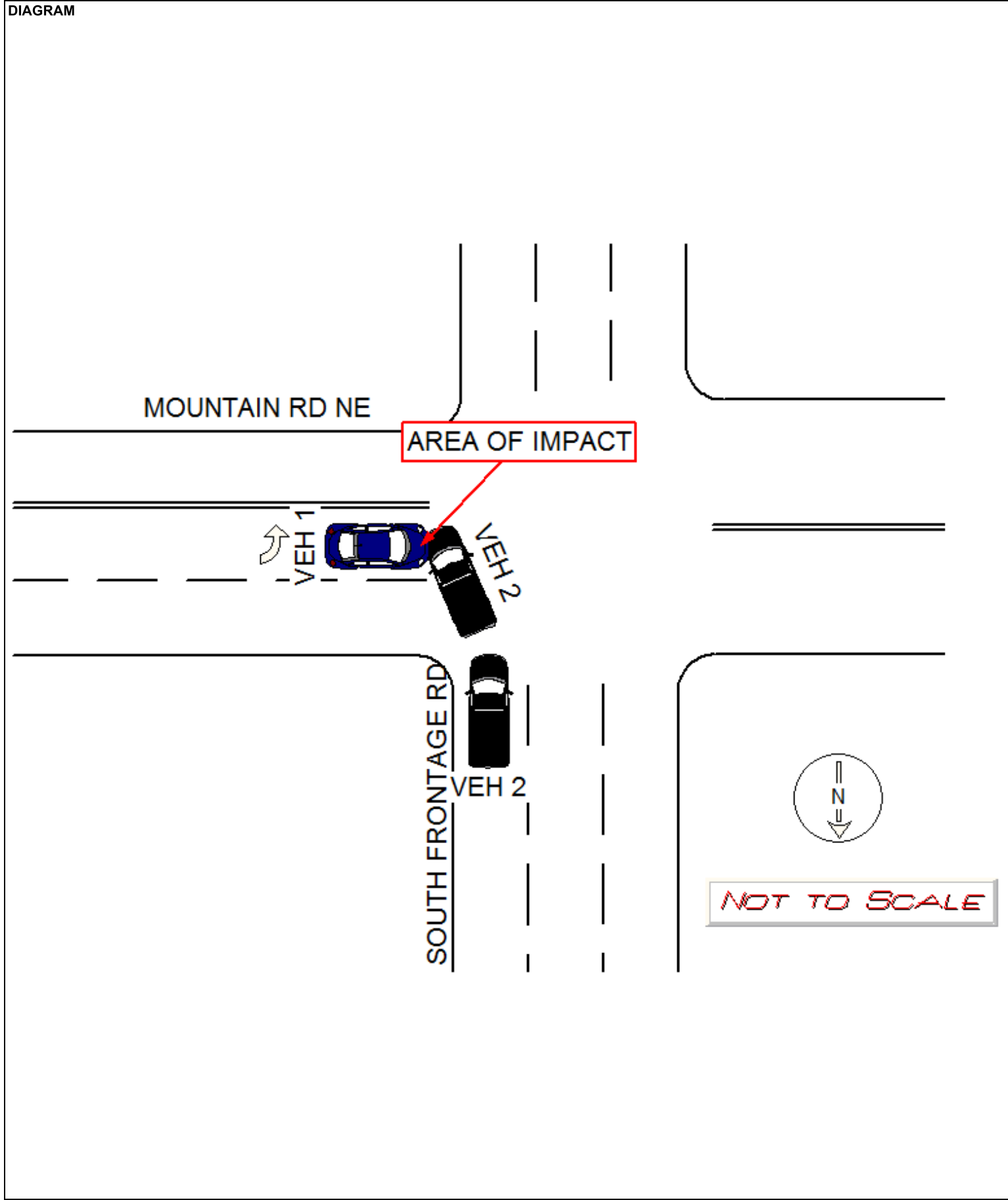
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------------------|--|------|--|------|--|--------------------------------|-----------|-------------|--------------------------------|--|---|--|-------------------|--------------|---|-----------------|---|-----------------------|--|-----------------|-------------------------|--------------------|------------------|--------------|-------------------------|--------------------------|--------------|-------------|---|--|--|--|--------------------|-------|--------------|--|--|--|--|--|------------|--|--|--|--|--|--|--|--------|--|-------|--|--|--|--|--|--|--|---------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Private Property? | | | | | | <input type="checkbox"/> Fatal Injury | | | | | | | Property Damage Only <input checked="" type="checkbox"/> Under \$500 <input type="checkbox"/> \$500 or More | | | | | | | | Hit and Run? NO | | | | | | | | | Case Number: 190033715 | | | | | | | | | | | | | | | | | | | | NMDOT: | | | | | | | | | | CAD Num: 191020659 | | | | | | | | | | | | | | | | | | | |
| Crash Date 04/12/2019 | | | | | | Military Time 13:25 | | | | | | City Occurred In ALBUQUERQUE | | | | | | | | | | | | | | | | | | County BERNALILLO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Day of Week FRIDAY | | | | | | Occurred On: (Route No. or Name) MOUNTAIN RD NE | | | | | | | | | | | | | | At Intersection With: SOUTH FRONTAGE RD | | | | | | | | | | | | | | Tribal Land? NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Location | | | | | | Measurement | | | | | | Direction | | | | | | Permanent Landmark - County Line - Intersection | | | | | | | | | | | | | | | | | | Milepost | | | | | | Lat: | | | | | | | | | | Long: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Crash Occurred ON ROADWAY | | | | | | Crash Classification OTHER VEHICLE | | | | | | | | | | | | | | Analysis Code 47 - OTHER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VEHICLE NO. HEADED 01 | | | | | | Unit Direction WEST | | | | | | On: MOUNTAIN RD NE | | | | | | | | | | | | | | | | | | Left the Scene of the Crash? NO | | | | | | Posted Speed | | | | | | Safe Speed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Driver's Last Name MILLER | | | | | | | | | | Driver's First Name ANTHONY | | | | | | | | | | Driver's Middle Name ZAMORA | | | | | | | | | | Driver's Street Address 1290 S TRIVIZ DR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Driver's License Number 505110609 | | | | | | | | | | State NM | | Type D | Status V | Restrictions B | Endorsements | | | | Expires 01/20/2021 | | | | City LAS CRUCES | | | | | | State NM | | Zip Code 88001-0000 | | | | Phone | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth 12/21/1989 | | | | | | Occupation | | | | | | | | | | Seat Pos LF | | | | Age 29 | | Sex M | Race O | Injury Code C | OP Code 6 | OP Used Properly YES | Airbag Deploy N | Ejected N | EMS Num | Med Trans NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Seat Pos | | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Veh. Year 2016 | Vehicle Make HYUNDAI | | | | | | Color BLUE - BLU | | | | | | Body Style PC | | | | Cargo Body Type | Veh. Use1 | | | | Veh. Use2 P | | | | Veh. Towed? YES | | | | Vehicle Disabled YES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lic. Year 2019 | State NM | | | | | | License Plate Number AHRH09 | | | | | | VIN KMHTC6AD5GU268937 | | | | | | | | | | DOT # | | | | Damage Severity HEAVY | | | | Damage Area 1 2 3 4 5 6 12 11 10 9 8 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Interstate Carrier? | | | | | | Towed By ACME TOWING | | | | | | Towed To 8705 BROADWAY BLVD. SE # F ALBU | | | | | | | | | | | | | | Extent DISABLED | | | | 01,02,10,11,12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Axles | | | | | | Gross Vehicle/Comb Weight Rating | | | | | | HazMat Placard? | | | | Hazmat Placard 4-digit OR Hazmat Name AND 1-digit # | | | | | | | | | | HazMat Released NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Carrier's Name | | | | | | | | | | Street Address | | | | | | | | | | Carrier City | | | | | | | | | | State | | | | Carrier's Zip | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Owner's Last Name MILLER | | | | | | | | | | Owner's First Name ANTHONY | | | | | | | | | | Owner's Middle Name ZAMORA | | | | | | | | | | Owner's Company Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address 1290 S TRIVIZ DR | | | | | | | | | | Owner's City LAS CRUCES | | | | | | | | | | State NM | | Owner Zip 88001-0000 | | | | Owner's Phone | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insured By: (Name of Company) PROGRESSIVE | | | | | | | | | | Policy Number 927395755 | | | | | | | | | | Trailer or Towed Vehicles (1) | | | | Type | Year | | Make | | Lic. Year | Lic State | License Num | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trailer or Towed Vehicles (2) | | Type | Year | | Make | | Lic. Year | Lic State | License Num | | | | Trailer or Towed Vehicles (3) | | Type | Year | | Make | | Lic. Year | Lic State | License Num | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VEHICLE NO. HEADED 02 | | | | | | Unit Direction EAST | | | | | | On: MOUNTAIN RD NE | | | | | | | | | | | | | | | | | | Left the Scene of the Crash? NO | | | | | | Posted Speed | | | | | | Safe Speed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

VEHICLE NO. 001

| | | |
|---------------------------------------|--|--------------|
| Crash Report Number: 710563770 | STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209 NMDOT COPY | Sheet 1 Of 4 |
| Case Number: 190033715 | | |

| | | | | | | | | | | | | | | | | | | | | | | |
|---|-------------------------------|--|----------------------|--------------------|---------------------|-------------------|--|---------------------------------------|-------------------------------|--------------------------------|-------------------------|----------------------|--------------------|----------------------------|--------------------|-------------|-----------|-----------|--|--|--|--|
| VEHICLE NO. 002 | BINDER | | | | JESSICA | | | | LEE | | | | 8300 VENICE AVE NE | | | | | | | | | |
| | Driver's License Number | | State | Type | Status | Restrictions | Endorsements | Expires | City | | | | State | Zip Code | | Phone | | | | | | |
| | 125397069 | | NM | D | V | | W | 08/08/2026 | ALBUQUERQUE | | | | NM | 87122-0000 | | | | | | | | |
| | Date of Birth | | Occupation | | | | | Seat Pos | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans | | | | |
| | 07/10/1985 | | | | | | | LF | 33 | F | O | O | 6 | YES | N | N | | NO | | | | |
| | Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | |
| Veh. Year | | Vehicle Make | | | Color | | | Body Style | Cargo Body Type | Veh. Use1 | Veh. Use2 | Veh. Towed? | | Vehicle Disabled | | | | | | | | |
| 2015 | | TOYOTA | | | BLACK - BLK | | | TU | | | P | NO | | NO | | | | | | | | |
| Lic. Year | | State | License Plate Number | | | VIN | | | DOT # | | | Damage Severity | | Damage Area | | | | | | | | |
| 2019 | | NM | GY777 | | | 3TMLU4EN3FM171859 | | | | | | MODERATE | | 12 11 10 9 8 7 6 5 4 3 2 1 | | | | | | | | |
| Interstate Carrier? | | Towed By | | | Towed To | | | | | | | Extent | | 11,12 | | | | | | | | |
| | | N/A | | | N/A | | | | | | | APPEARANCE | | | | | | | | | | |
| Number of Axles | | Gross Vehicle/Comb Weight Rating | | | HazMat Placard? | | | Hazmat Placard 4-digit OR Hazmat Name | | | AND | | 1-digit # | | HazMat Released | | | | | | | |
| | | | | | | | | | | | | | | | NO | | | | | | | |
| Carrier's Name | | | | Street Address | | | | Carrier City | | | | State | | Carrier's Zip | | | | | | | | |
| Owner's Last Name | | | | Owner's First Name | | | | Owner's Middle Name | | | | Owner's Company Name | | | | | | | | | | |
| MAINE | | | | DAVID | | | | | | | | | | | | | | | | | | |
| Street Address | | | | Owner's City | | | | State | Owner Zip | | Owner's Phone | | | | | | | | | | | |
| 8300 VENICE AVE NE | | | | ALBUQUERQUE | | | | NM | 87122 | | | | | | | | | | | | | |
| Insured By: (Name of Company) | | | | Policy Number | | | Trailer or Towed Vehicles (1) | | Type | Year | Make | Lic. Year | Lic State | License Num | | | | | | | | |
| PROGRESSIVE | | | | 70148998 | | | | | | | | | | | | | | | | | | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic. Year | Lic State | License Num | | Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic. Year | Lic State | License Num | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| Veh. Num | Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| COND | Lighting | | | | Weather | | | | Road Character | | | | Road Grade | | | | | | | | | |
| | DAYLIGHT | | | | CLEAR | | | | STRAIGHT | | | | ON GRADE | | | | | | | | | |
| ROAD | VEH NO. | Road Condition | | | Road Surface | | | Traffic Control | | Road Lanes | Road Design Div | | Road Design | | | | | | | | | |
| | 01 | DRY | | | PAVED CENTER STRIPE | | | TRAFFIC SIGNALS | | 2 LANES | PAINTED DIVIDE | | FULL ACCESS CT | | | | | | | | | |
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | | | | | | | DRIVER'S ACTIONS | | | | SEQUENCE OF EVENTS | | | | | | | |
| | NONE | | | | | | | | | | STOPPED FOR SIGN/SIGNAL | | | | FIRST EVENT | | | | | | | |
| | | | | | | | | | | | | | | | MVT | | | | | | | |
| | | | | | | | | | | | | | | | SECOND EVENT | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | FOURTH EVENT | | | | | | | | |
| DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | | | | | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | | PEDESTRIAN/PEDALCYCLIST ACTION | | | | | | | | | | | | |
| | | | | | | | | | | At Intersection | | | | | | | | | | | | |

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|---|---|------------------------------------|--|-----------------------------------|--|--------------------|------------------------------|--|--------------------------------------|--------------------------------|----------------------------------|--|-----|
| DRIVER | HAD NOT CONSUMED ALCOHOL | | | | NO APP. DEFECTS | | | | PEDESTRIAN | Not At Intersection | | | |
| | Breath Test Results | | | | Driver Physical Condition - Other | | | | | Pedestrian Action - Other | | | |
| ROAD | VEH NO. 02 | Road Condition DRY | Road Surface PAVED CENTER STRIPE | | Traffic Control TRAFFIC SIGNALS | | Road Lanes 2 LANES | Road Design Div PAINTED DIVIDE | Road Design FULL ACCESS CT | | | | |
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | | | DRIVER'S ACTIONS | | | | SEQUENCE OF EVENTS | | |
| | DRIVER INATTENTION | | | | | | LEFT TURN | | | | FIRST EVENT MVT | | |
| | | | | | | | | | | | SECOND EVENT | | |
| | | | | | | | | | | | THIRD EVENT | | |
| | | | | | | | | | | | FOURTH EVENT | | |
| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | | | |
| | HAD NOT CONSUMED ALCOHOL | | | | NO APP. DEFECTS | | | | | At Intersection | | | |
| | | | | | | | | | | Not At Intersection | | | |
| Breath Test Results | | | | Driver Physical Condition - Other | | | | Pedestrian Action - Other | | | | | |
| NARRATIVE | | | | | | | | | | | | | |
| <p>DRIVER ONE STATED THAT VEHICLE TWO COLLIDED INTO VEHICLE ONE. DRIVER ONE ADVISED THAT HE WAS AT A COMPLETE STOP ON THE LEFT TURNING LANE OF WESTBOUND MOUNTAIN RD AT INTERSECTION WITH SOUTH FRONTAGE RD. THEN, VEHICLE TWO MADE A LEFT TURN FROM THE SOUTH FRONTAGE RD TO EASTBOUND MOUNTAIN AND COLLIDED INTO THE FRONT OF VEHICLE ONE WHILE ONE WAS STILL AT A COMPLETE STOP.</p> <p>DRIVER TWO STATED THAT VEHICLE TWO COLLIDED INTO VEHICLE ONE. DRIVER TWO ADVISED THAT SHE WAS MAKING A LEFT TURN FROM THE SOUTH FRONTAGE RD TO EASTBOUND MOUNTAIN. HOWEVER, DRIVER TWO DECLARED THAT SHE GOT DISTRACTED WITH A PEDESTRIAN AND COLLIDED INTO VEHICLE ONE AS A RESULT. ACCORDING TO DRIVER TWO THE PEDESTRIAN WAS CROSSING THE ROAD TO ONCOMING TRAFFIC.</p> <p>DRIVER ONE REPORTED PAIN ON HIS GENITAL AREA, BUT DECLINED TO BE CHECKED ON SCENE BY MEDICAL PERSONNEL AS HE WAS GOING TO BE DRIVEN TO A MEDICAL FACILITY. NO OTHER INJURIES WERE REPORTED.</p> | | | | | | | | | | | | | |
| Other Property Involved | Type | Description of Property and Damage | | | | | | | | | | | |
| | Owner's Last Name | | | | Owner's First Name | | | | Owner's Middle Name | | | | |
| | Owner's Street Address | | | | Owner's City | | | | State | Zip Code | Owner's Phone | | |
| WITNESS | Witness's Last Name | | | | Witness's First Name | | | | Witness's Middle Name | | | | Age |
| | Witness's Street Address | | | | Witness's City | | | | State | Zip Code | Witness's Phone | | |
| ENFORCEMENT ACTION - VIOLATIONS | | | | | | | | | | | | | |
| VEH NO. | Last Name | | First Name | | Middle Name | | Violation (Common Name) | | | Action | | | |
| 12:54 | 13:03 | DISPATCH | | | | NONE | | | | | | | |
| Checked By 3429 - SANCHEZ, REGINA - 4/16/2019 | | | | | | | | | | | | | |
| Officer's Signature  | | | Officer's Name ANDRADE, PAULINA | | | Rank PSA | | ID Number 5983 | | District 234 | Report Date 04/12/2019 | | |






ALBUQUERQUE POLICE DEPT

REPORTING DEPARTMENT

STATE OF NEW MEXICO
UNIFORM CRASH REPORT

710565348

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|---|--|---|---|-------------------------------|--|--|---|---------------------------|---------------------|----------------------|------------------------|--|
| Private Property? NO | | <input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Injury | Property Damage Only <input type="checkbox"/> Under \$500 <input type="checkbox"/> \$500 or More | | Hit and Run? NO | | Case Number: 190043714 | | NMDOT: | | CAD Num: 191311449 | | | | | | |
| Crash Date 05/11/2019 | | Military Time 23:54 | | City Occurred In ALBUQUERQUE | | | | County BERNALILLO | | | | | | | | | |
| Day of Week SATURDAY | | Occurred On: (Route No. or Name) MOUNTAIN RD NE | | | | At Intersection With: LOCUST ST NE | | | | Tribal Land? NO | | | | | | | |
| Other Location | | Measurement 0 FT | Direction SOUTH | | Permanent Landmark - County Line - Intersection | | | | Milepost | Lat: Long: | | | | | | | |
| Crash Occurred ON ROADWAY | | | Crash Classification OTHER VEHICLE | | | | Analysis Code 16 - BOTH GOING STRAIGHT/FROM OPP DIR | | | | | | | | | | |
| VEHICLE NO. HEADED | | Unit Direction 01 SOUTH | | On: LOCUST ST NE | | | | Left the Scene of the Crash? NO | | Posted Speed 40 | | Safe Speed | | | | | |
| Driver's Last Name KRAUSE | | | | Driver's First Name GREG | | | | Driver's Middle Name | | Driver's Street Address 4007 ROMA NE | | | | | | | |
| Driver's License Number 037151734 | | State NM | Type D | Status V | Restrictions | Endorsements | Expires 08/25/2021 | City ALBUQUERQUE | | State NM | Zip Code 87108 | Phone (505) 417-1400 | | | | | |
| Date of Birth 07/25/1963 | | Occupation | | | | Seat Pos LF | Age 55 | Sex M | Race C | Injury Code B | OP Code 6 | OP Used Properly YES | Airbag Deploy F | Ejected N | EMS Num 57 | Med Trans NO | |
| Seat Pos RF | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) PEARSON ERIN 605 WELLESLEY DR NE ALBUQUERQUE NM 87106 | | | | | | 55 | M | C | B | 6 | YES | F | N | 57 | NO | |
| | | | | | | | 50 | F | C | C | 6 | YES | F | N | 57 | YES | |
| | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | |
| Veh. Year 2008 | Vehicle Make TOYOTA | | Color SILVER - SIL | | Body Style PK | | Cargo Body Type | Veh. Use1 P | Veh. Use2 | Veh. Towed? YES | | Vehicle Disabled YES | | | | | |
| Lic. Year 2019 | State NM | License Plate Number KFN337 | | VIN 5TETX62N98Z545582 | | DOT # | | | | Damage Severity HEAVY | | Damage Area 12  6 | | | | | |
| Interstate Carrier? | | Towed By BONES TOWING & SALVAGE | | Towed To 105 DALE AVE. NE ALBUQUERQUE, N | | | | | | Extent DISABLED | | 01,02,03,04,05,06,07,08,09,10,11,12 | | | | | |
| Number of Axles | | Gross Vehicle/Comb Weight Rating | | HazMat Placard? | | Hazmat Placard 4-digit OR Hazmat Name | | AND | | 1-digit # | | HazMat Released NO | | | | | |
| Carrier's Name | | | | Street Address | | | | Carrier City | | | | State | | Carrier's Zip | | | |
| Owner's Last Name KRAUSE | | | | Owner's First Name GREG | | | | Owner's Middle Name | | Owner's Company Name | | | | | | | |
| Street Address 4007 ROMA NE | | | | Owner's City ALBUQUERQUE | | | | State NM | Owner Zip 87108 | | Owner's Phone (505) 417-1400 | | | | | | |
| Insured By: (Name of Company) STATE FARM | | | | Policy Number 031 9528-E12-31F | | Trailer or Towed Vehicles (1) | | Type | Year | Make | Lic. Year | Lic State | License Num | | | | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic. Year | Lic State | License Num | | Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic. Year | Lic State | License Num | |
| VEHICLE NO. HEADED | | Unit Direction 02 EAST | | On: MOUNTAIN RD NE | | | | Left the Scene of the Crash? NO | | Posted Speed 25 | | Safe Speed | | | | | |

Driver's Last Name

Driver's First Name

Driver's Middle Name

Driver's Street Address


Crash Report Number: 710565348

Case Number: 190043714

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

Sheet 1 Of 4

VEHICLE NO. 002

| | | | | | | | | | | | | | | | | | |
|---|--|--|------|---------------------------------|--------------|--|----------------|-------------------------------|------------------|--------------------------------|-------------|----------------------|--------------------|-----------------|-------------|--|-----------|
| GARDNER | | | | JUSTEN | | | | | | | | 396 N 100 W | | | | | |
| Driver's License Number | | State | Type | Status | Restrictions | Endorsements | Expires | City | | | | State | Zip Code | Phone | | | |
| UA309848G | | ID | D | V | | | 08/20/2026 | ST CHARLES | | | | ID | 83272 | (505) 414-9195 | | | |
| Date of Birth | | Occupation | | | | | Seat Pos | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans |
| 08/20/1997 | | | | | | | LF | 21 | M | C | O | 6 | YES | F | N | 57 | NO |
| Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | |
| Veh. Year | | Vehicle Make | | Color | | Body Style | | Cargo Body Type | | Veh. Use1 | | Veh. Use2 | | Veh. Towed? | | Vehicle Disabled | |
| 2017 | | CHEVROLET | | WHITE - WHI | | PC | | | | | | P | | YES | | YES | |
| Lic. Year | | State | | License Plate Number | | VIN | | DOT # | | | | | | Damage Severity | | Damage Area | |
| 2020 | | NM | | AAAA70 | | 1G1ZH5SX8HF124820 | | | | | | | | HEAVY | | 1 2 3 4 5 | |
| Interstate Carrier? | | Towed By | | Towed To | | | | | | | | | | Extent | | 12  6 | |
| | | BONES TOWING & SALVAGE | | 105 DALE AVE. NE ALBUQUERQUE, N | | | | | | | | | | DISABLED | | 01,11,12 | |
| Number of Axles | | Gross Vehicle/Comb Weight Rating | | HazMat Placard? | | Hazmat Placard 4-digit OR Hazmat Name | | AND | | 1-digit # | | HazMat Released | | | | | |
| | | | | | | | | | | | | NO | | | | | |
| Carrier's Name | | | | Street Address | | | | Carrier City | | | | State | | Carrier's Zip | | | |
| Owner's Last Name | | | | Owner's First Name | | | | Owner's Middle Name | | | | Owner's Company Name | | | | | |
| GARDNER | | | | KEITH | | | | | | | | | | | | | |
| Street Address | | | | Owner's City | | | | State | | Owner Zip | | Owner's Phone | | | | | |
| 5632 IRIS PL NE | | | | RIO RANCHO | | | | NM | | 87144 | | (575) 317-1104 | | | | | |
| Insured By: (Name of Company) | | | | Policy Number | | Trailer or Towed Vehicles (1) | | Type | Year | Make | Lic. Year | Lic State | License Num | | | | |
| GEICO | | | | 4484756780 | | | | | | | | | | | | | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic. Year | Lic State | License Num | Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic. Year | Lic State | License Num | | |
| | | | | | | | | | | | | | | | | | |
| Veh. Num | Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| COND | Lighting | | | Weather | | | Road Character | | | Road Grade | | | | | | | |
| | DARK LIGHTED | | | CLEAR | | | STRAIGHT | | | DIP | | | | | | | |
| ROAD | VEH NO. | Road Condition | | Road Surface | | Traffic Control | | Road Lanes | | Road Design Div | | Road Design | | | | | |
| | 01 | DRY | | PAVED CENTER AND EDGE LIN | | TRAFFIC SIGNALS | | 3 LANES | | UNDIVIDED | | ONE WAY | | | | | |
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | | | | | DRIVER'S ACTIONS | | | | SEQUENCE OF EVENTS | | | | |
| | FAILED TO YIELD RIGHT OF WAY | | | | | | | | GOING STRAIGHT | | | | FIRST EVENT | | | | |
| | | | | | | | | | | | | | MVT | | | | |
| | | | | | | | | | | | | | SECOND EVENT | | | | |
| | | | | | | | | | | | | | | | | | |
| THIRD EVENT | | | | | | | | | | | | | | | | | |
| FOURTH EVENT | | | | | | | | | | | | | | | | | |
| DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | | | | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | | | PEDESTRIAN/PEDALCYCLIST ACTION | | | | | | | |
| | | | | | | | | | | At Intersection | | | | | | | |

Crash Report Number: 710565348

Case Number: 190043714

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


Sheet 2 Of 4

| | | | | | | | | | | | |
|--------|---|------------------------------|--|--|------------------------------|--|-----------------------------|--------------------------------|---------------------------|--|--|
| DRIVER | HAD NOT CONSUMED ALCOHOL | | | NO APP. DEFECTS | | | PEDESTRIAN | Not At Intersection | | | |
| | Breath Test Results | | | Driver Physical Condition - Other | | | | Pedestrian Action - Other | | | |
| ROAD | VEH NO. 02 | Road Condition DRY | Road Surface PAVED CENTER AND EDGE LIN | Traffic Control TRAFFIC SIGNALS | Road Lanes 2 LANES | Road Design Div PAINTED DIVIDE | Road Design OTHER | | | | |
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | DRIVER'S ACTIONS | | | SEQUENCE OF EVENTS | | | |
| | FAILED TO YIELD RIGHT OF WAY | | | | GOING STRAIGHT | | | FIRST EVENT MVT | | | |
| | | | | | | | | SECOND EVENT | | | |
| | | | | | | | | THIRD EVENT | | | |
| | | | | | | | | FOURTH EVENT | | | |
| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | | | |
| | HAD NOT CONSUMED ALCOHOL | | | NO APP. DEFECTS | | | | At Intersection | | | |
| | Breath Test Results | | | Driver Physical Condition - Other | | | | Not At Intersection | | | |
| | | | | | | | | | Pedestrian Action - Other | | |

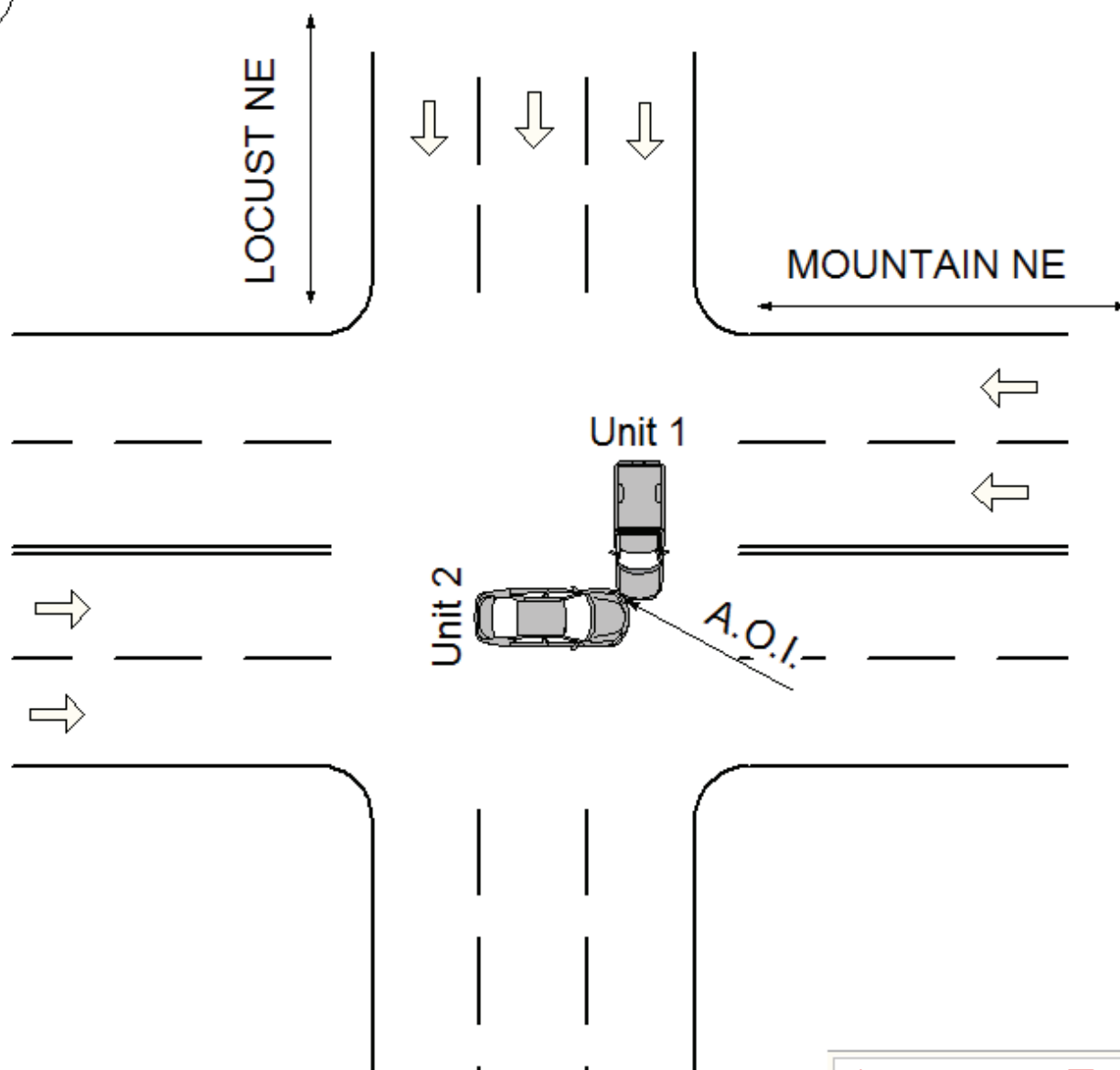
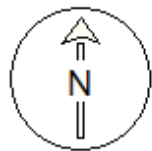
| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| NARRATIVE | | | | | | | | | | |
| <p>VEHICLE 1 (V1) WAS TRAVELING SOUTHBOUND ON LOCUST NE IN THE NUMBER 1 LANE APPROACHING THE INTERSECTION OF MOUNTAIN NE. VEHICLE 2 (V2) WAS TRAVELING EASTBOUND ON MOUNTAIN AT THE INTERSECTION OF LOCUST NE IN THE NUMBER 1 LANE.</p> <p>DRIVER OF V1 STATED HE HAD A GREEN LIGHT, LOOKED BOTH DIRECTIONS AND PROCEEDED THROUGH THE INTERSECTION OF MOUNTAIN NE. V1 COLLIDED INTO THE FRONT DRIVER SIDE OF V2 AT THE INTERSECTION. V1 ROLLED ONTO THE DRIVER'S SIDE OF THE VEHICLE. DRIVER OF V1 HAD MINOR CUTS AND SCRAPES TO HIS ARMS BUT WAS NOT TRANSPORTED TO THE HOSPITAL. PASSENGER OF V1 HAD NO COMPLAINTS OF INJURY BUT WAS TRANSPORTED TO THE HOSPITAL FOR NAUSEA.</p> <p>DRIVER OF V2 STATED HE WAS WAITING AT THE RED LIGHT AND WHEN IT TURNED GREEN HE PROCEEDED THROUGH THE INTERSECTION. DRIVER OF V2 STATED HE COLLIDED INTO V1 AS IT WENT THROUGH THE INTERSECTION. DRIVER OF V2 HAD NO COMPLAINTS OF INJURY.</p> <p>NO CAMERAS WERE AVAILABLE AT THE INTERSECTION AND NO WITNESSES WERE ABLE TO PROVIDE A STATEMENT.</p> | | | | | | | | | | |

| | | | | | | | | | | |
|-------------------------|------------------------|------------------------------------|--|--------------------|--|--|---------------------|----------|---------------|--|
| Other Property Involved | Type | Description of Property and Damage | | | | | | | | |
| | Owner's Last Name | | | Owner's First Name | | | Owner's Middle Name | | | |
| | Owner's Street Address | | | Owner's City | | | State | Zip Code | Owner's Phone | |

| | | | | | | | | | | |
|---------|--------------------------|--|--|----------------------|--|--|-----------------------|----------|-----------------|-----|
| WITNESS | Witness's Last Name | | | Witness's First Name | | | Witness's Middle Name | | | Age |
| | Witness's Street Address | | | Witness's City | | | State | Zip Code | Witness's Phone | |

| | | | | | | | | | | |
|--|------------------------------|--------------------------------|--------------------------------------|------------|--|------------------------------------|--|--------------------------|------------------------|----------------------------------|
| ENFORCEMENT ACTION - VIOLATIONS | | | | | | | | | | |
| VEH NO. | Last Name | | | First Name | | Middle Name | | Violation (Common Name) | | Action |
| Time Notified 23:57 | Time Arrived 00:02 | Notified By DISPATCH | | | | Supervisor at Scene NONE | | | | |
| Checked By 5343 - CHAVEZ, MATTHEW - 5/13/2019 | | | | | | | | | | |
| Officer's Signature  | | | Officer's Name JONES, SETH | | | Rank P1C | | ID Number 5676 | District 234 | Report Date 05/12/2019 |

DIAGRAM

**NOT TO SCALE**



710565932

| | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|-----------|---|--------------|---|----------------|--|-------------------------------|--|------------------|--------------------------|-------------------------|---|--------------------|-------------------------|-----------------|-----------|--|-------------|--|
| Private Property? | | <input type="checkbox"/> Fatal Injury | | Property Damage Only <input checked="" type="checkbox"/> Under \$500 <input type="checkbox"/> \$500 or More | | Hit and Run? NO | | Case Number: 190091872 | | | | | | | | | | | | | |
| NO | | | | | | | | NMDOT: | | | | CAD Num: 192780278 | | | | | | | | | |
| Crash Date 10/05/2019 | | Military Time 07:49 | | City Occurred In ALBUQUERQUE | | | | County BERNALILLO | | | | | | | | | | | | | |
| Day of Week SATURDAY | | Occurred On: (Route No. or Name) FRONTAGE RD NE | | | | | | At Intersection With: | | | | | | | Tribal Land? NO | | | | | | |
| Other Location | | Measurement 250 FT | | Direction NORTH | | Permanent Landmark - County Line - Intersection MOUNTAIN RD NE | | | | | | Milepost | | Lat: | | | | | | | |
| | | | | | | | | | | | | | | Long: | | | | | | | |
| Crash Occurred ON ROADWAY | | | | Crash Classification OTHER VEHICLE | | | | Analysis Code 23 - REAR END COLL/SAME DIR | | | | | | | | | | | | | |
| VEHICLE NO. HEADED 01 | | Unit Direction SOUTH | | On: FRONTAGE RD NE | | | | | | Left the Scene of the Crash? NO | | Posted Speed | | Safe Speed | | | | | | | |
| Driver's Last Name ROWE | | | | Driver's First Name BAILEY | | | | Driver's Middle Name A | | Driver's Street Address 612 CHARLES PL NW | | | | | | | | | | | |
| Driver's License Number 507432905 | | State NM | Type D | Status V | Restrictions | Endorsements | | Expires 06/06/2023 | | City ALBUQUERQUE | | | State NM | Zip Code 87107-0000 | | Phone (505) 463-0389 | | | | | |
| Date of Birth 05/06/1994 | | Occupation | | | | | Seat Pos LF | Age 25 | Sex F | Race C | Injury Code O | OP Code 6 | OP Used Properly YES | Airbag Deploy N | Ejected N | EMS Num NA | Med Trans NO | | | | |
| Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | |
| Veh. Year 2008 | | Vehicle Make HONDA | | Color BLUE - BLU | | Body Style SV | | Cargo Body Type | | Veh. Use1 | | Veh. Use2 P | | Veh. Towed? YES | | Vehicle Disabled YES | | | | | |
| Lic. Year 2021 | | State NM | | License Plate Number NXR283 | | VIN JHLRE387X8C042118 | | | | DOT # | | Damage Severity HEAVY | | Damage Area 1 2 3 4 5 6 7 8 9 10 11 12 | | | | | | | |
| Interstate Carrier? | | Towed By BONES TOWING & SALVAGE | | | | Towed To 105 DALE AVE. NE ALBUQUERQUE, N | | | | | | Extent DISABLED | | 01,11,12 | | | | | | | |
| Number of Axles | | Gross Vehicle/Comb Weight Rating | | HazMat Placard? | | Hazmat Placard 4-digit OR Hazmat Name | | | | AND | | 1-digit # | | HazMat Released NO | | | | | | | |
| Carrier's Name | | | | Street Address | | | | Carrier City | | | | State | | Carrier's Zip | | | | | | | |
| Owner's Last Name ROWE | | | | Owner's First Name ANN | | | | Owner's Middle Name H | | | | Owner's Company Name | | | | | | | | | |
| Street Address | | | | Owner's City | | | | State | | Owner Zip | | Owner's Phone | | | | | | | | | |
| Insured By: (Name of Company) METROPOLITAN DIRECT | | | | Policy Number 4943723522 | | | | Trailer or Towed Vehicles (1) | | Type | | Year | | Make | | Lic. Year | | Lic State | | License Num | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic. Year | Lic State | License Num | | Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic. Year | Lic State | License Num | | | | | |
| VEHICLE NO. HEADED 02 | | Unit Direction SOUTH | | On: FRONTAGE RD NE | | | | | | Left the Scene of the Crash? NO | | Posted Speed | | Safe Speed | | | | | | | |

| | | |
|---------------------------------------|--|--------------|
| Crash Report Number: 710565932 | STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209 NMDOT COPY | Sheet 1 Of 4 |
| Case Number: 190091872 | | |

VEHICLE NO. 002


| | | | | | | | | | | | | | | | | | | |
|---|--|--|------|---------------------------|--------------|--|----------------|-------------------------------|---------------------|--------------------------------|-------------|----------------------|--------------------|-----------------|-------------|------------------|-----------|--|
| FEIJOO-MARTINEZ | | | | | JULIO | | | G | | 4101 CONSTANCE PL NE | | | | | | | | |
| Driver's License Number | | State | Type | Status | Restrictions | Endorsements | Expires | City | | | State | Zip Code | Phone | | | | | |
| 507782744 | | NM | D | V | B | | 05/16/2022 | ALBUQUERQUE | | | NM | 87109-0000 | (505) 235-1950 | | | | | |
| Date of Birth | | Occupation | | | | | Seat Pos | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans | |
| 04/16/1956 | | | | | | | LF | 63 | M | H | O | 6 | YES | N | N | NA | | |
| Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | |
| Veh. Year | | Vehicle Make | | Color | | Body Style | | Cargo Body Type | | Veh. Use1 | | Veh. Use2 | | Veh. Towed? | | Vehicle Disabled | | |
| 2006 | | FORD | | GREEN - GRN | | PK | | | | | | P | | NO | | NO | | |
| Lic. Year | | State | | License Plate Number | | VIN | | DOT # | | | | | | Damage Severity | | Damage Area | | |
| 2019 | | NM | | PSF703 | | 1FTSW21P16EA04794 | | | | | | | | MODERATE | | 1 2 3 4 5 | | |
| Interstate Carrier? | | Towed By | | Towed To | | | | | | | | | | Extent | | 12 11 10 9 8 7 | | |
| | | | | | | | | | | | | | | FUNCTIONAL | | 06 | | |
| Number of Axles | | Gross Vehicle/Comb Weight Rating | | HazMat Placard? | | Hazmat Placard 4-digit OR Hazmat Name | | AND | | 1-digit # | | HazMat Released | | | | | | |
| | | | | | | | | | | | | NO | | | | | | |
| Carrier's Name | | | | Street Address | | | | Carrier City | | | | State | | Carrier's Zip | | | | |
| Owner's Last Name | | | | Owner's First Name | | | | Owner's Middle Name | | | | Owner's Company Name | | | | | | |
| FEIJOO-MARTINEZ | | | | JULIO | | | | G | | | | | | | | | | |
| Street Address | | | | Owner's City | | | | State | | Owner Zip | | Owner's Phone | | | | | | |
| 4101 CONSTANCE PL NE | | | | ALBUQUERQUE | | | | NM | | 87109-0000 | | (505) 235-1950 | | | | | | |
| Insured By: (Name of Company) | | | | Policy Number | | Trailer or Towed Vehicles (1) | | Type | Year | Make | Lic. Year | Lic State | License Num | | | | | |
| ROOT INS CO | | | | V8L6RW | | | | | | | | | | | | | | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic. Year | Lic State | License Num | Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic. Year | Lic State | License Num | | | |
| | | | | | | | | | | | | | | | | | | |
| Veh. Num | Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| COND | Lighting | | | Weather | | | Road Character | | | Road Grade | | | | | | | | |
| | DAYLIGHT | | | CLEAR | | | STRAIGHT | | | HILLCREST | | | | | | | | |
| ROAD | VEH NO. | Road Condition | | Road Surface | | Traffic Control | | Road Lanes | | Road Design Div | | Road Design | | | | | | |
| | 01 | DRY | | PAVED CENTER AND EDGE LIN | | NO CONTROLS | | 3 LANES | | PAINTED DIVIDE | | ONE WAY | | | | | | |
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | | | | | DRIVER'S ACTIONS | | | | SEQUENCE OF EVENTS | | | | | |
| | NONE | | | | | | | | STOPPED FOR TRAFFIC | | | | FIRST EVENT | | | | | |
| | | | | | | | | | | | | | MVT | | | | | |
| | | | | | | | | | | | | | SECOND EVENT | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | THIRD EVENT | | | | | | |
| | | | | | | | | | | | | FOURTH EVENT | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | | | | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | | | PEDESTRIAN/PEDALCYCLIST ACTION | | | | | | | | |
| | | | | | | | | | | At Intersection | | | | | | | | |

Crash Report Number: 710565932

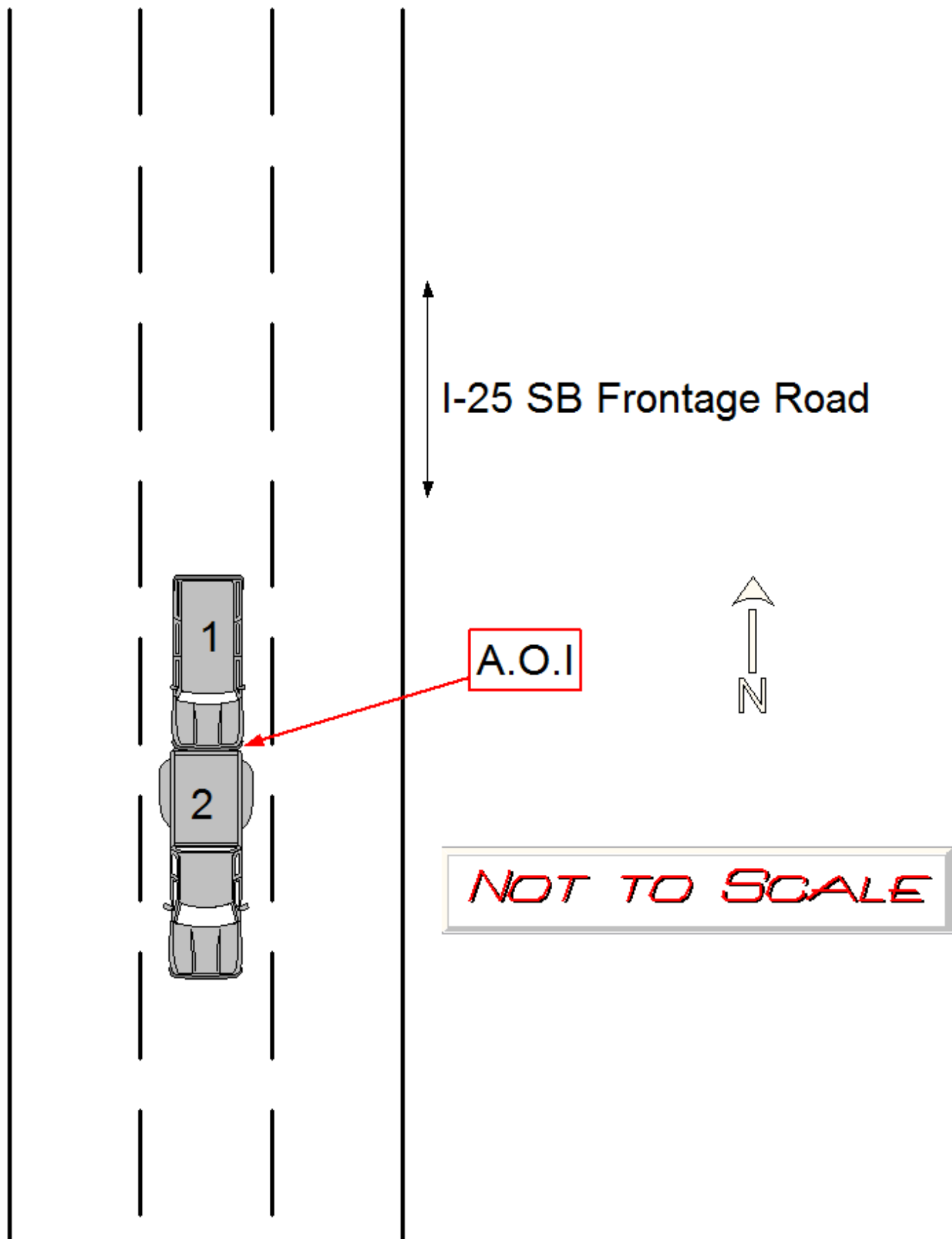
Case Number: 190091872

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

Sheet 2 Of 4

| | | | | | | | | | | | | | |
|--|---|------------------------------------|--|---|--|--|-------------------------------|---------------------------|------------------------|--------------------------------|-----------------|------------------------|----------------------------------|
| DRIVER | HAD NOT CONSUMED ALCOHOL | | | | NO APP. DEFECTS | | | | PEDESTRIAN | Not At Intersection | | | |
| | Breath Test Results | | | | Driver Physical Condition - Other | | | | | Pedestrian Action - Other | | | |
| ROAD | VEH NO. 02 | Road Condition DRY | Road Surface PAVED CENTER AND EDGE LIN | Traffic Control NO CONTROLS | Road Lanes 3 LANES | Road Design Div PAINTED DIVIDE | Road Design ONE WAY | | | | | | |
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | DRIVER'S ACTIONS | | | | SEQUENCE OF EVENTS | | | | |
| | IMPROPER BACKING | | | | BACKING | | | | FIRST EVENT MVT | | | | |
| | | | | | | | | | SECOND EVENT | | | | |
| | | | | | | | | | THIRD EVENT | | | | |
| | | | | | | | | | FOURTH EVENT | | | | |
| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | | | |
| | HAD NOT CONSUMED ALCOHOL | | | | NO APP. DEFECTS | | | | | At Intersection | | | |
| | | | | | | | | | | Not At Intersection | | | |
| Breath Test Results | | | | Driver Physical Condition - Other | | | | Pedestrian Action - Other | | | | | |
| NARRATIVE | | | | | | | | | | | | | |
| <p>DRIVER # 1 ADVISED THAT SHE HAD COME OVER THE CREST OF THE HILL, IN THE CENTER LANE, OF SOUTHBOUND INTERSTATE 25 APPROACHING MOUNTAIN. DRIVER # 1 SAID THAT SHE SAW VEHICLE # 2 STOPPED IN THE LANE IN FRONT OF HER AND THAT SHE SLOWED TO A STOP BEHIND IT. DRIVER # 1 SAID THAT SHE WAS NOT SURE WHY, BUT DRIVER # 2 PUT VEHICLE # 2 INTO REVERSE AND BACKED INTO THE FRONT OF VEHICLE # 1. DRIVER # 1 HAD NO COMPLAINTS OF INJURY AT THE SCENE. VEHICLE # 1 HAD HEAVY FRONT END DAMAGE AND WAS TOWED FROM TE SCENE. OFFICER L. ARMIJO #6575 RESPONDED AND SPOKE WITH DRIVER # 2 AS HE SPOKE SPANISH ONLY. DRIVER # 2 ADVISED THAT HE WAS STOPPED IN THE CENTER LANE DUE TO THE FACT THAT VEHICLE # 2 WAS STALLING OUT ON HIM. DRIVER # 2 SAID THAT HE WAS TRYING TO KEEP IT FROM STALLING WHEN HE WAS SUDDENLY HIT FROM BEHIND BY VEHICLE # 1. OFFICER ARMIJO ASKED DRIVER # 2 WHY HE HAD PUT HIS VEHICLE INTO REVERSE AND BACKED UP AND DRIVER # 2 WOULD ONLY ADVISE THAT HIS VEHICLE WAS STALLING OUT. I CHECKED THE ROADWAY AND DID NOT SEE ANY SIGNS OF TIRE MARKS LEFT BY VEHICLE # 1 ATTEMPTING TO BRAKE, NOR DID I SEE IMPACT TIRE MARKS LEFT BY THE FRONT TIRES OF VEHICLE # 1 THAT SHOULD HAVE BEEN PRESENT HAD VEHICLE # 1 HIT VEHICLE # 2 WITHOUT SLOWING/BRAKING AT THE TIME OF IMPACT. DRIVER # 2 HAD NO COMPLAINTS OF INJURY AT</p> | | | | | | | | | | | | | |
| Other Property Involved | Type | Description of Property and Damage | | | | | | | | | | | |
| | Owner's Last Name | | | | Owner's First Name | | | | Owner's Middle Name | | | | |
| | Owner's Street Address | | | | Owner's City | | | | State | Zip Code | Owner's Phone | | |
| WITNESS | Witness's Last Name | | | | Witness's First Name | | | | Witness's Middle Name | | | | Age |
| | Witness's Street Address | | | | Witness's City | | | | State | Zip Code | Witness's Phone | | |
| ENFORCEMENT ACTION - VIOLATIONS | | | | | | | | | | | | | |
| VEH NO. | Last Name | | | First Name | | | Middle Name | | | Violation (Common Name) | | | Action |
| Time Notified 07:49 | Time Arrived 08:24 | Notified By DISPATCH | | | | | Supervisor at Scene | | | | | | |
| Checked By 1271 - HIGDON, SEAN - 10/5/2019 | | | | | | | | | | | | | |
| Officer's Signature  | | | | Officer's Name DWYER, TIMOTHY | | | | Rank P1/C | | ID Number 1405 | | District 234 | Report Date 10/05/2019 |

DIAGRAM

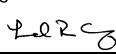


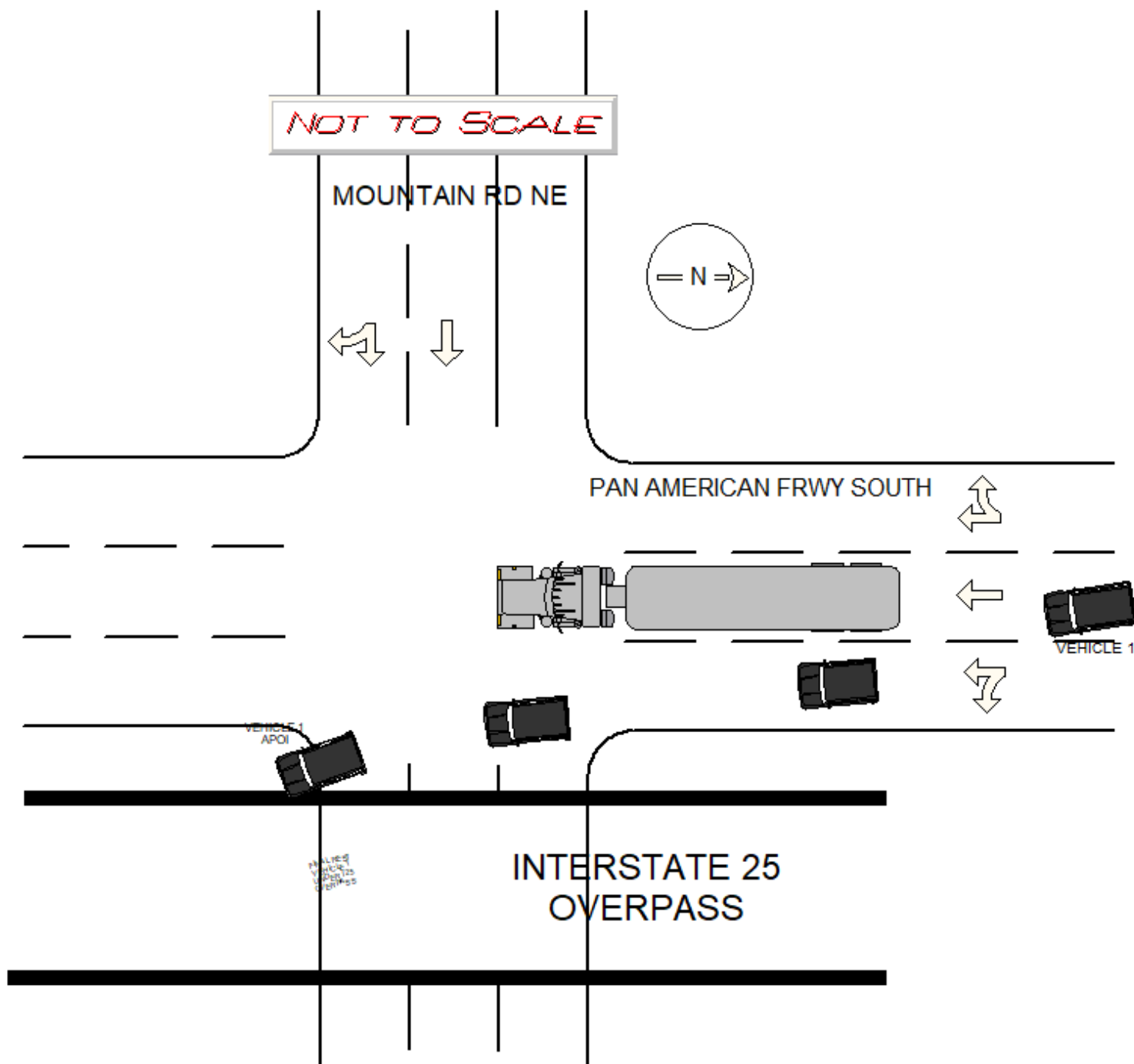


710570258

VEHICLE NO. 001

| | | |
|---------------------------------------|--|--------------|
| Crash Report Number: 710570258 | STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209 NMDOT COPY | Sheet 1 Of 3 |
| Case Number: 190082602 | | |

| | | | | | | | | |
|--|---|---|--|--------------------------------------|---|------------------------------------|--|--|
| COND | Lighting DAYLIGHT | | Weather CLEAR | | Road Character STRAIGHT | | Road Grade ON GRADE | |
| | VEH NO. 01 | Road Condition DRY | Road Surface PAVED CENTER AND EDGE LIN | | Traffic Control TRAFFIC SIGNALS | | Road Lanes 3 LANES | Road Design Div PAINTED DIVIDE |
| ROAD | Road Design ONE WAY | | | | | | | |
| | EVENT | APPARENT CONTRIBUTING FACTORS | | | | DRIVER'S ACTIONS | | SEQUENCE OF EVENTS |
| | | AVOID NO CONTACT VEHICLE, EXCESSIVE SPEED | | | | GOING STRAIGHT | | FIRST EVENT |
| | | | | | | | | SECOND EVENT |
| | | | | | | | | THIRD EVENT |
| FOURTH EVENT | | | | | | | | |
| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | PEDESTRIAN/PEDALCYCLIST ACTION | | | |
| | HAD NOT CONSUMED ALCOHOL | | NO APP. DEFECTS | | At Intersection | | | |
| | | | | | Not At Intersection | | | |
| | Breath Test Results | | Driver Physical Condition - Other | | Pedestrian Action - Other | | | |
| NARRATIVE | | | | | | | | |
| ON 09/07/2019 AT APPROXIMATELY 1443 HOURS I WAS DISPATCHED A CRASH BEING REPORTED AT THE INTERSECTION OF PAN AMERICAN FWRY AND MOUNTAIN RD NE. UPON MY ARRIVAL I WAS ABLE TO CONTACT THE DRIVER AND TWO INDEPENATANT WITNESSES. BASED UPON MY INTERVIEW WITH THE DRIVER AND WITNESSES I WAS ABLE TO LEARN THAT VEHICLE #1 WAS SOUTH ON PAN AMERICAN FRWY AT A HIGH RATE OF SPEED, AS VEHICLE ONE APPROACHED THE INTERSECTION, A TRACTOR TRAILER WAS IN THE CENTER LANE ALSO TRAVELING SOUTH. ACCORDING TO BOTH OF THE WITNESSES DRIVER OF VEHICLE ONE SWERVED TO GO AROUND THE SLOWER MOVING TRACTOR TRAILER AND LOST CONTROL OF HIS VEHICLE. THE VEHICLE CRASHED INTO THE CONCRETE BRIDGE SUPPORT WHICH CAUSED HEAVY DAMAGE TO VEHICLE ONE. THE DRIVER HAD COMPLAINTS OF A HEAD INJURY, HE WAS TREATED AT THE SCENE. THE VEHICLE WAS TOWED FROM THE SCENE AND FAMILY MEMBERS ARRIVED AND TOOK THE DRIVER HOME. NO OTHER INFORMATION AT THIS TIME. | | | | | | | | |
| Other Property Involved | Type | Description of Property and Damage | | | | | | |
| | Owner's Last Name | | Owner's First Name | | | Owner's Middle Name | | |
| | Owner's Street Address | | Owner's City | | State | Zip Code | Owner's Phone | |
| WITNESS | Witness's Last Name MACKEY | | Witness's First Name BEN | | | Witness's Middle Name | | Age |
| | Witness's Street Address | | Witness's City | | State | Zip Code | Witness's Phone (505) 450-2389 | |
| WITNESS | Witness's Last Name DIAZ | | Witness's First Name CHERYL | | | Witness's Middle Name | | Age |
| | Witness's Street Address | | Witness's City | | State | Zip Code | Witness's Phone (951) 544-6237 | |
| ENFORCEMENT ACTION - VIOLATIONS | | | | | | | | |
| VEH NO. | Last Name | | First Name | | Middle Name | | Violation (Common Name) | |
| Time Notified 14:43 | | Time Arrived 14:52 | | Notified By COMMUNICATIONS | | Supervisor at Scene NONE | | |
| Checked By 1271 - HIGDON, SEAN - 9/12/2019 | | | | | | | | |
| Officer's Signature  | | Officer's Name ARMIJO, LEONARD | | | Rank P1/C | | ID Number 6575 | District 234 |
| | | | | | | | Report Date 09/08/2019 | |

DIAGRAM



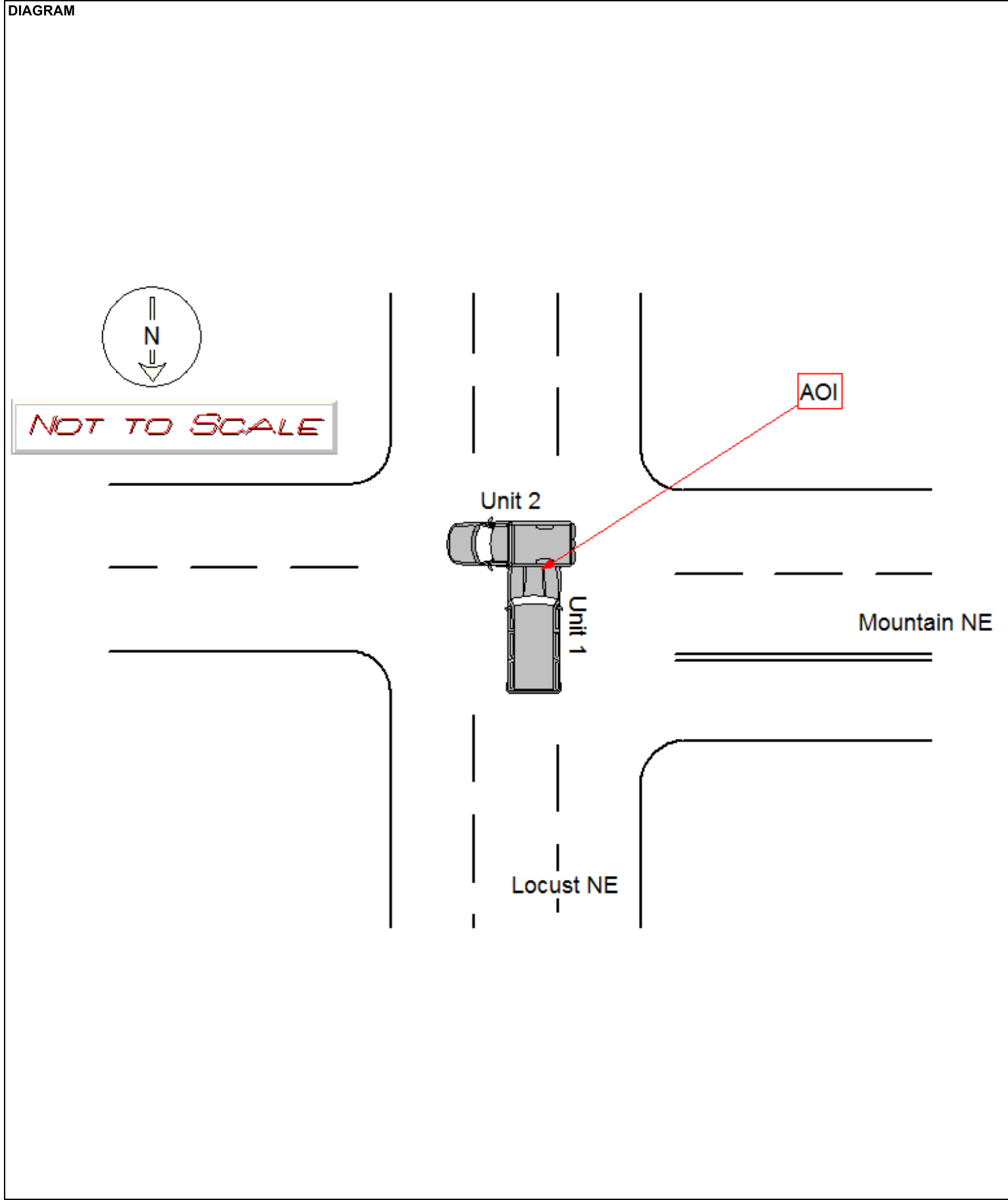
710570897

VEHICLE NO. 001

| | | |
|---------------------------------------|--|--------------|
| Crash Report Number: 710570897 | STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209 NMDOT COPY | Sheet 1 Of 4 |
| Case Number: 190083125 | | |

| | | | | | | | | | | | | | | | | | | | |
|---|-------------------------------|--|------------|----------------------|-----------|--|--------------|---------------------|-------------------------------|--------------------------------|------------------|----------------------|------------------|------------------|--------------------|------------------|-----------|-----------|--|
| VEHICLE NO. 002 | DEHERRERA | | | | MATTHEW | | | | | | | | 2114 E 13TH ST | | | | | | |
| | Driver's License Number | | State | Type | Status | Restrictions | Endorsements | Expires | City | | | State | Zip Code | Phone | | | | | |
| | 3534068 | | NM | D | V | | | 07/24/2024 | PUEBLO | | | CO | 81001 | (719) 557-9208 | | | | | |
| | Date of Birth | | Occupation | | | | | Seat Pos | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans | |
| | 07/24/1981 | | | | | | | LF | 38 | M | O | O | 6 | YES | N | N | | | |
| | Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Veh. Year | | Vehicle Make | | Color | | Body Style | | Cargo Body Type | | Veh. Use1 | | Veh. Use2 | | Veh. Towed? | | Vehicle Disabled | | | |
| 2011 | | CHEVROLET | | WHITE - WHI | | PC | | | | | | P | | NO | | NO | | | |
| Lic. Year | | State | | License Plate Number | | VIN | | DOT # | | | | | | Damage Severity | | Damage Area | | | |
| 2019 | | CO | | 609WPA | | 1GC1CXCG7BF165864 | | | | | | | | MODERATE | | 1 2 3 4 5 | | | |
| Interstate Carrier? | | Towed By | | Towed To | | | | | | | | | | Extent | | 12 11 10 9 8 7 | | | |
| | | | | | | | | | | | | | | APPEARANCE | | 07,08 | | | |
| Number of Axles | | Gross Vehicle/Comb Weight Rating | | HazMat Placard? | | Hazmat Placard 4-digit OR Hazmat Name | | AND | | 1-digit # | | HazMat Released | | | | | | | |
| | | | | | | | | | | | | NO | | | | | | | |
| Carrier's Name | | | | Street Address | | | | Carrier City | | | | State | | Carrier's Zip | | | | | |
| Owner's Last Name | | | | Owner's First Name | | | | Owner's Middle Name | | | | Owner's Company Name | | | | | | | |
| DUSTROL | | | | | | | | | | | | | | | | | | | |
| Street Address | | | | Owner's City | | | | State | | Owner Zip | | Owner's Phone | | | | | | | |
| 2626 MC CORMICK AVE | | | | PUEBLO | | | | CO | | 81001 | | | | | | | | | |
| Insured By: (Name of Company) | | | | Policy Number | | Trailer or Towed Vehicles (1) | | Type | Year | Make | Lic. Year | Lic State | License Num | | | | | | |
| EMPLOYERS MUTUAL CASUALTY CO | | | | 3B5249819 | | | | | | | | | | | | | | | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic. Year | Lic State | License Num | | Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic. Year | Lic State | License Num | | | |
| | | | | | | | | | | | | | | | | | | | |
| Veh. Num | Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| COND | Lighting | | | | Weather | | | | Road Character | | | | Road Grade | | | | | | |
| | DAYLIGHT | | | | CLEAR | | | | STRAIGHT | | | | LEVEL | | | | | | |
| ROAD | VEH NO. | Road Condition | | Road Surface | | Traffic Control | | Road Lanes | | Road Design Div | | Road Design | | | | | | | |
| | 01 | DRY | | PAVED CENTER STRIPE | | TRAFFIC SIGNALS | | 2 LANES | | PAINTED DIVIDE | | OTHER | | | | | | | |
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | | | | | | | DRIVER'S ACTIONS | | | | SEQUENCE OF EVENTS | | | | |
| | NONE | | | | | | | | | | GOING STRAIGHT | | | | FIRST EVENT | | | | |
| | | | | | | | | | | | | | | | SECOND EVENT | | | | |
| | | | | | | | | | | | | | | | THIRD EVENT | | | | |
| | | | | | | | | | | | | | | | FOURTH EVENT | | | | |
| DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | | | | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | | | PEDESTRIAN/PEDALCYCLIST ACTION | | | | | | | | | |
| | | | | | | | | | | At Intersection | | | | | | | | | |

| | | | | | | | | | | | | | |
|---|---|------------------------------------|--|---------------------------------------|--|--|------------------------------------|--|-----------------------------|--------------------------------|--------------------|------------------------|----------------------------------|
| DRIVER | HAD NOT CONSUMED ALCOHOL | | | | NO APP. DEFECTS | | | | PEDESTRIAN | Not At Intersection | | | |
| | Breath Test Results | | | | Driver Physical Condition - Other | | | | | Pedestrian Action - Other | | | |
| ROAD | VEH NO. 02 | Road Condition DRY | Road Surface PAVED CENTER STRIPE | | Traffic Control TRAFFIC SIGNALS | | Road Lanes 2 LANES | Road Design Div PAINTED DIVIDE | Road Design OTHER | | | | |
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | | | DRIVER'S ACTIONS | | | | SEQUENCE OF EVENTS | | |
| | DRIVER INATTENTION | | | | | | GOING STRAIGHT | | | | FIRST EVENT | | |
| | | | | | | | | | | | SECOND EVENT | | |
| | | | | | | | | | | | THIRD EVENT | | |
| | | | | | | | | | | | FOURTH EVENT | | |
| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | | | |
| | HAD NOT CONSUMED ALCOHOL | | | | NO APP. DEFECTS | | | | | At Intersection | | | |
| | | | | | | | | | | Not At Intersection | | | |
| Breath Test Results | | | | Driver Physical Condition - Other | | | | Pedestrian Action - Other | | | | | |
| NARRATIVE | | | | | | | | | | | | | |
| <p>ON 09/09/2019 AT 1057 HOURS, I WAS DISPATCHED TO A TRAFFIC COLLISION THAT OCCURRED AT THE INTERSECTION OF MOUNTAIN AND LOCUST ST NE. COMMENTS ON THE CALL STATED THAT TWO VEHICLES HAD BEEN INVOLVED IN A COLLISION. WHEN I ARRIVED ON SCENE, I MADE CONTACT WITH BOTH DRIVERS AND GATHERED THE FOLLOWING INFORMATION:</p> <p>VEHICLE #1 WAS TRAVELING SOUTHBOUND ON LOCUST NE APPROACHING THE INTERSECTION WITH MOUNTAIN NE. DRIVER OF VEHICLE #1 STATED THAT SHE HAD A GREEN LIGHT WHEN SHE WAS GOING THROUGH THE INTERSECTION. AS SHE WENT THROUGH THE INTERSECTION SHE STATED THAT VEHICLE #1 WAS GOING EASTBOUND ON MOUNTAIN NE. SHE COLLIDED WITH VEHICLE #2 ON ITS LEFT REAR FENDER NEAR THE TIRE.</p> <p>VEHICLE #1 WAS TRAVELING EASTBOUND ON MOUNTAIN NE APPROACHING THE INTERSECTION WITH LOCUST NE. HE STATED THAT HE HAD A GREEN LIGHT AND WENT THROUGH THE INTERSECTION. HE WAS COLLIDED INTO BY VEHICLE #1.</p> <p>WITNESSES STATED THAT VEHICLE #1 HAD THE GREEN LIGHT.</p> <p>VEHICLE #1 WAS TOWED.</p> | | | | | | | | | | | | | |
| Other Property Involved | Type | Description of Property and Damage | | | | | | | | | | | |
| | Owner's Last Name | | | | Owner's First Name | | | | Owner's Middle Name | | | | |
| | Owner's Street Address | | | | Owner's City | | | | State | Zip Code | Owner's Phone | | |
| WITNESS | Witness's Last Name | | | | Witness's First Name | | | | Witness's Middle Name | | | | Age |
| | Witness's Street Address | | | | Witness's City | | | | State | Zip Code | Witness's Phone | | |
| ENFORCEMENT ACTION - VIOLATIONS | | | | | | | | | | | | | |
| VEH NO. | Last Name | | | First Name | | | Middle Name | | | Violation (Common Name) | | | Action |
| Time Notified 10:57 | Time Arrived 11:10 | Notified By APD DISPATCH | | | | | Supervisor at Scene NONE | | | | | | |
| Checked By 2500 - RODRIGUEZ, A.C. - 10/3/2019 | | | | | | | | | | | | | |
| Officer's Signature <i>H. Gallegos</i> | | | | Officer's Name GALLEGOS, H. | | | | Rank P1C | | ID Number 4629 | | District 234 | Report Date 09/09/2019 |





710580111

E_JULY_2018

ALBUQUERQUE POLICE DEPT

REPORTING DEPARTMENT

| | | | | | | | | | | | | | | | |
|---|---------------------------------------|---|--|--|---|---------------------------------|---|-------------------------------|---------------------------------|--------------|--|--------------------|--------------|-------------|-----------------|
| <input type="checkbox"/> Private Property | <input type="checkbox"/> Fatal | Property Damage Only | <input type="checkbox"/> Under \$500 | <input type="checkbox"/> Hit-and-Run | Case Number: 200100322 | | CAD Num: 203501324 | | | | | | | | |
| <input type="checkbox"/> Secondary Crash | <input type="checkbox"/> Injury | <input checked="" type="checkbox"/> \$500 or More | <input type="checkbox"/> | <input type="checkbox"/> School Bus Directly Involved | Agency: 1 - ALBUQUERQUE POLICE DEPARTMENT | | | | | | | | | | |
| Crash Date 12/15/2020 | | Crash Time 2134 | City Occurred In ALBUQUERQUE | | | County BERNALILLO | | | | | | | | | |
| Day of Week TUESDAY | | Occurred On: (Route No. or Name) LOCUST ST NE | | | At Intersection With: MOUNTAIN RD NE | | | | | | | | | | |
| Other Location | Measurement | Direction | Permanent Landmark - County Line - Intersection - Milepost | | | | Lat: | | | | | | | | |
| | | | | | | | Long: | | | | | | | | |
| Crash Occurred ON ROADWAY | | First Harmful Event COLLISION W/MOTOR VEHICLE | | | Manner of Impact FRONT-TO-SIDE (EX. T-BONE, ANGLE) | | Manner of Crash INTERSECTING PATH (T-BONE) | | | | | | | | |
| <input type="checkbox"/> Work Zone-Construction | <input type="checkbox"/> Tribal Land? | Analysis Code | | | | Location of First Harmful Event | | | | | | | | | |
| <input type="checkbox"/> Work Zone-Maintenance | NO | MV IN TRANSPORT | | | | ON ROADWAY | | | | | | | | | |
| <input type="checkbox"/> Work Zone-Utility | | | | | | | | | | | | | | | |
| TRAFFIC UNIT 01 | | | | | | | | | | | | | | | |
| VEHICLE NO. HEADED 01 | | MV Type IN TRANSPORT | | Direction W | On: MOUNTAIN RD NE | | Left Scene of Crash? NO | Posted Speed 30 | Safe Speed 30 | | | | | | |
| Driver's Last Name HERNANDEZ | | | Driver's First Name DESIREE | | | Driver's Middle Name NICOLE | | | | | | | | | |
| Driver's Street Address 7423 VIA DESIRETO NE | | | City ALBUQUERQUE | | | State NM | Zip Code 87113-0000 | Phone (505) 859-8915 | | | | | | | |
| Date of Birth 06/22/1993 | Driver's License Number 508501625 | State NM | Type D | CDL N | Status V | Restrictions | Endorsements | Expires 07/22/2022 | Interlock NO | Occupation | | | | | |
| Incident Responder NO | | | | # of Occupants 1 | Seat Pos LF | Age 27 | Sex F | Race H | Injury Code O | OP Code 6 | OP Used YES | Airbag Deploy S | Ejected N | EMS Number | Med Trans NT |
| Supplemental Occupant Information | | | | | | | | | | | | | | | |
| Vehicle Information | | | | | | | | | | | | | | | |
| Year 2007 | Vehicle Make HONDA | | Vehicle Model ACCORD | | Color GRY | Veh Use1 | Veh Use2 P | Veh Use3 | Veh. Towed? YES | | Veh. Disabled? YES | | | | |
| Body Style PC | Cargo Body Type | Lic. Year 2021 | State NM | License Plate Number 622WBR | | VIN 1HGCM66547A020295 | | | Damage Severity HEAVY | | 1 2 3 4 5 12 6 11 10 9 8 7 14-Top 15-Undercarriage 02,03 | | | | |
| Towed By 0236 | | | | Towed To 8705 BROADWAY BLVD. SE # E ALBUQUERQUE, NM | | | | | | | | | | | |
| Gross Vehicle/Comb Weight Rating | | HazMat Placard? (Cargo Only) | HazMat Released (Cargo Only) | Hazmat Placard 4-digit OR Hazmat Name | | | AND | | 1-digit # | DOT # | | | | | |
| State # | | Number of Axles | Carrier Type Code | | | | | | | | | | | | |
| Carrier's Name | | | Street Address | | | | Carrier City | | | | State | Carrier's Zip | | | |
| Owner's Last Name HERNANDEZ | | | Owner's First Name DESIREE | | | Owner's Middle Name NICOLE | | | Owner's Company Name | | | | | | |
| Street Address 7423 VIA DESIRETO NE | | | Owner's City ALBUQUERQUE | | | State NM | Owner Zip 87113-0000 | | Owner's Phone (505) 859-8915 | | | | | | |
| Insured By: (Name of Company) NONE | | | | Policy Number NONE | | Trailer or Towed Vehicles (1) | Type | Year | Make | Lic Year | Lic State | License Num | | | |
| Trailer or Towed Vehicles (2) | Type | Year | Make | Lic Year | Lic State | License Num | | Trailer or Towed Vehicles (3) | Type | Year | Make | Lic Year | Lic State | License Num | |

Crash Report Number: 710580111

Case Number: 200100322


Condition Information

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

TRAFFIC UNIT 02

| | | | | | | | | | | | | | | | | |
|--|---|--------------------------------|-----------------------------|---|----------------------------|--------------------------|------------------|-----------------------------------|-------------------------------|---------------------------------------|---------------------|-----------------------|---------------------------|---------------------|------------|------------------------|
| VEHICLE NO. HEADED 02 | | MV Type IN TRANSPORT | | Direction S | On: LOCUST ST NE | | | Left Scene of Crash? NO | Posted Speed 35 | Safe Speed 35 | | | | | | |
| Driver's Last Name GRIEGO | | | | Driver's First Name NICOMEDES | | | | Driver's Middle Name | | | | | | | | |
| Driver's Street Address PO BOX 67486 | | | | City ALBUQUERQUE | | | | State NM | Zip Code 87193-0000 | Phone (505) 206-9188 | | | | | | |
| Date of Birth 05/14/1993 | Driver's License Number 509235287 | State NM | Type D | CDL N | Status V | Restrictions B | Endorsements | Expires 05/23/2026 | Interlock NO | Occupation AMBULANCE DRIVER | | | | | | |
| Incident Responder EMS | | | | | # of Occupants 3 | Seat Pos LF | Age 27 | Sex M | Race H | Injury Code O | OP Code 6 | OP Used YES | Airbag Deploy N | Ejected N | EMS Number | Med Trans NT |
| Supplemental Occupant Information | | | | | | | 27 | M | H | O | 6 | YES | N | N | | NT |
| UN | KERSTING 7001 VISTA TERRAZA | | JUSTIN ALBUQUERQUE | | NM | 87120 | 31 | M | H | O | 10 | YES | N | N | | NT |
| UN | SANCHEZ 73 BLACK MESA RD | | LASIHA SAN FELIPE PUEBLO | | NM | 87001 | 20 | F | H | O | 10 | YES | N | N | 36 | EG |

Vehicle Information

| | | | | | | | | | | |
|-------------------------------------|-----------------------------|------------------------------|-------------------------------|--|---------------------|---------------------------------|----------------------|---------------------------|---------------------------------|---|
| Year 2011 | Vehicle Make FORD | | Vehicle Model F-450 | | Color WHI | Veh Use1 AM | Veh Use2 G | Veh Use3 EE | Veh. Towed? YES | Veh. Disabled? YES |
| Body Style MT | Cargo Body Type | Lic. Year 2099 | State NM | License Plate Number G-83192 | | VIN 1FDUF4HT1BEB33907 | | | Damage Severity HEAVY | <div> 1 2 3 4 5 12  6 11 10 9 8 7 14-Top 15-Undercarriage 12 </div> |
| Towed By INTERCITY TOWING | | | | Towed To 101 MENAUL BLVD | | | | Extent DISABLED | | |
| Gross Vehicle/Comb Weight Rating | | HazMat Placard? (Cargo Only) | HazMat Released (Cargo Only) | Hazmat Placard 4-digit OR Hazmat Name | | | AND 1-digit # | | DOT # | |
| State # | Number of Axles | Carrier Type Code | | | | | | | | |
| Carrier's Name | | | Street Address | | | Carrier City | | | State | Carrier's Zip |

Crash Report Number: **710580111**

Case Number: **200100322**

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

Sheet 2 Of 5

| | | | | | | | | | | | | | | | |
|---|------|------|------|---|-----------|-------------------------------|------|-------------------------------|---------------------------|----------|---------------|---|-----------|-------------|--|
| Owner's Last Name SANTO DOMINGO PUEBLO EMS | | | | Owner's First Name | | | | Owner's Middle Name | | | | Owner's Company Name SANTO DOMINGO PUEBLO EMS | | | |
| Street Address PO BOX 88 | | | | Owner's City SANTO DOMINGO PUEBLO | | | | State NM | Owner Zip 87052 | | Owner's Phone | | | | |
| Insured By: (Name of Company) BERGER BRIGGS INSURANCE | | | | Policy Number PCA 9500299-11 | | Trailer or Towed Vehicles (1) | Type | Year | Make | Lic Year | Lic State | License Num | | | |
| Trailer or Towed Vehicles (2) | Type | Year | Make | Lic Year | Lic State | License Num | | Trailer or Towed Vehicles (3) | Type | Year | Make | Lic Year | Lic State | License Num | |

Condition Information

| | | | | | | | | | | | | |
|-----------------------------------|-------------------------------|-------------------------------------|----------------|--|---|--------------------------------------|-----------------|---|-------------------------|--|--|--|
| Lighting DARK LIGHTED | | Weather CLEAR | | | | Intersection Type FOUR-WAY | | Relation To Junction INTERSECTION | | | | |
| Work Zone Location | | | Work Zone Type | | | | Workers Present | | Law Enforcement Present | | | |
| Road Character STRAIGHT | Road Grade DOWNHILL | Road Condition DRY | | | Road Surface PAVED CENTER AND EDGE LINE | | | Traffic Control TRAFFIC SIGNALS | | | | |
| Road Lanes 3 LANES | | Road Design Div UNDIVIDED | | | Road Design ONE-WAY | | | | | | | |

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

NARRATIVE

ON 12/15/2020, I WAS SENT TO A MOTOR VEHICLE CRASH WITH INJURIES AT I-25 SOUTHBOUND FRONTAGE ROAD AND MOUNTAIN RD NE INVOLVING AN AMBULANCE AND A PASSENGER VEHICLE. THE AMBULANCE WAS IN THE PROCESS OF TRANSPORTING A PATIENT TO UNM HOSPITAL. I CHECKED WITH ALL INVOLVED PARTIES AND NONE COMPLAINED OF INJURY. THE PATIENT IN THE AMBULANCE WAS TRANSFERRED TO ALBUQUERQUE AMBULANCE #36 AND TRANSPORTED TO UNM HOSPITAL.


I SPOKE WITH DRIVER 1 WHO STATED SHE WAS STOPPED AT THE TRAFFIC SIGNAL WESTBOUND ON MOUNTAIN RD NE. DRIVER 1 STATED THE TRAFFIC SIGNAL TURNED GREEN AND SHE STARTED DRIVING INTO THE INTERSECTION. DRIVER 1 STATED AT THAT TIME, VEHICLE 2 WAS DRIVING SOUTHBOUND AT A HIGH RATE OF SPEED SOUTHBOUND ON LOCUST AND COLLIDED WITH THE RIGHT SIDE OF VEHICLE 1. VEHICLE 1 SUSTAINED HEAVY DAMAGE TO THE RIGHT SIDE AND THERE WAS SIGNIFICANT OIL LEAKAGE FROM THE ENGINE. VEHICLE 1 WAS TOWED FROM THE SCENE BY ACME IMPOUND.

I SPOKE WITH DRIVER 2 WHO STATED HE WAS TRANSPORTING A PATIENT TO UNM HOSPITAL. DRIVER 2 STATED HE WAS DRIVING AT A HIGH RATE OF SPEED WITH HIS EMERGENCY LIGHTS AND SIRENS ACTIVATED. DRIVER 2 STATED HE EXITED I-25 SOUTHBOUND ONTO LOCUST AND THE LIGHT WAS GREEN AT MOUNTAIN RD. DRIVER 2 STATED AS HE GOT CLOSER, THE LIGHT TURNED RED. DRIVER 2 STATED HE DIDN'T SEE ANYONE APPROACHING THE INTERSECTION, SO HE SPED UP TO CLEAR THE INTERSECTION BEFORE ANY VEHICLES ARRIVED. DRIVER 2 STATED AT THE LAST SECOND, HE SAW VEHICLE 1 CROSSING THE INTERSECTION WESTBOUND. DRIVER 2 STATED HE APPLIED THE BRAKES TO ATTEMPT TO STOP, BUT WAS UNABLE TO STOP COMPLETELY. DRIVER 2 STATED HE COLLIDED WITH VEHICLE 1 IN THE INTERSECTION. VEHICLE 2 SUSTAINED MODERATE DAMAGE TO THE FRONT BUMPER/GRILL RENDERING IT UNDRIVEABLE. VEHICLE 2 WAS TOWED FROM THE SCENE BY INTERCITY TOWING.

VIOLATION 01

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

CONCLUSION

| | | | | | | |
|--|--------------------------------------|--|------------------------------------|--------------------------|------------------------|----------------------------------|
| Time Notified 2134 | Time Arrived 2147 | Notified By SANDOVAL COUNTY | Supervisor at Scene NONE | | | |
| Time Roadway Cleared 2310 | Time Incident Cleared 2330 | Checked By 5074 - OLLQUIST, RENEE - 12/19/2020 | | | | |
| Officer's Signature  | | Officer's Name GONSALEZ, DAVID | Rank P1C | ID Number 6644 | District 234 | Report Date 12/15/2020 |

DIAGRAM

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



ALBUQUERQUE POLICE DEPT

REPORTING DEPARTMENT

STATE OF NEW MEXICO
UNIFORM CRASH REPORT

710581577

| | | | | | | | | | | | | | | | | |
|---|--|---|----------------------------|---|--------------------------|---|------------------------------|--|-----------------------------------|---|--------------------------------|--|---------------------------|---------------------|---------|-----------|
| Private Property? NO | | <input type="checkbox"/> Fatal <input type="checkbox"/> Injury | | Property Damage Only <input type="checkbox"/> Under \$500 <input checked="" type="checkbox"/> \$500 or More | | Hit and Run? NO | | Case Number: 200002713 | | | | | | | | |
| | | | | | | | | NMDOT: | | CAD Num: 200090848 | | | | | | |
| Crash Date 01/09/2020 | | Military Time 15:16 | | City Occurred In ALBUQUERQUE | | | | County BERNALILLO | | | | | | | | |
| Day of Week THURSDAY | | Occurred On: (Route No. or Name) I-25 SB FRONTAGE | | | | At Intersection With: MOUNTAIN RD NE | | | | Tribal Land? NO | | | | | | |
| Other Location | | Measurement | | Direction | | Permanent Landmark - County Line - Intersection | | | | Milepost | | Lat: | | | | |
| | | | | | | | | | | | | Long: | | | | |
| Crash Occurred ON ROADWAY | | | | Crash Classification OTHER VEHICLE | | | | Analysis Code 01 - BOTH GOING STRAIGHT/ENTERING AT ANGLE | | | | | | | | |
| VEHICLE NO. HEADED 01 | | Unit Direction SOUTH | | On: I-25 SB FRONTAGE | | | | Left the Scene of the Crash? NO | | Posted Speed 45 | | Safe Speed | | | | |
| Driver's Last Name PADILLA | | | | Driver's First Name CARMEN | | | | Driver's Middle Name | | Driver's Street Address 2536 CHEROKEE CIR | | | | | | |
| Driver's License Number 502055682 | | State NM | Type D | Status V | Restrictions B | Endorsements | Expires 09/06/2022 | City LAS CRUCES | | State NM | Zip Code 88011-0000 | Phone (575) 640-1040 | | | | |
| Date of Birth 08/07/1988 | | Occupation | | | | Seat Pos LF | Age 31 | Sex F | Race O | Injury Code O | OP Code 6 | OP Used Properly YES | Airbag Deploy N | Ejected N | EMS Num | Med Trans |
| Seat Pos RR | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) ALTAMARANO ADRIAN | | | | | | 31 | F | O | O | 6 | YES | N | N | | |
| | | | | | | | 6 | M | O | O | 6 | YES | N | N | | |
| LR | BACA RAYLENE | | | | | | 10 | F | O | O | 6 | YES | N | N | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Veh. Year 2011 | Vehicle Make HYUNDAI | | Color BLUE - BLU | | Body Style PC | Cargo Body Type | Veh. Use1 | Veh. Use2 P | Veh. Towed? YES | | Vehicle Disabled YES | | | | | |
| Lic. Year 2020 | State NM | License Plate Number 405WMW | | VIN 5NPEC4AB0BH315665 | | | DOT # | | Damage Severity UNKNOWN | | Damage Area 12 | | | | | |
| Interstate Carrier? | | Towed By OWNER REQUEST | | Towed To OWNER DESTINATION | | | | Extent UNKNOWN | | 12 11 10 9 8 7 12 | | | | | | |
| Number of Axles | | Gross Vehicle/Comb Weight Rating | | HazMat Placard? | | Hazmat Placard 4-digit OR Hazmat Name | | AND | | 1-digit # | | HazMat Released NO | | | | |
| Carrier's Name | | | | Street Address | | | | Carrier City | | | | State | | Carrier's Zip | | |
| Owner's Last Name PADILLA | | | | Owner's First Name CARMEN | | | | Owner's Middle Name | | Owner's Company Name | | | | | | |
| Street Address 2536 CHEROKEE CIR | | | | Owner's City LAS CRUCES | | | | State NM | | Owner Zip 88011-0000 | | Owner's Phone (575) 640-1040 | | | | |
| Insured By: (Name of Company) PROGRESSIVE | | | | Policy Number 914851881 | | Trailer or Towed Vehicles (1) | | Type | Year | Make | Lic. Year | Lic State | License Num | | | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic. Year | Lic State | License Num | Trailer or Towed Vehicles (3) | Type | Year | Make | Lic. Year | Lic State | License Num | | |
| VEHICLE NO. HEADED 02 | | Unit Direction WEST | | On: MOUNTAIN RD NE | | | | Left the Scene of the Crash? NO | | Posted Speed 25 | | Safe Speed | | | | |
| Driver's Last Name | | | | Driver's First Name | | | | Driver's Middle Name | | | | Driver's Street Address | | | | |

Crash Report Number: 710581577

Case Number: 200002713

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


Sheet 1 Of 4

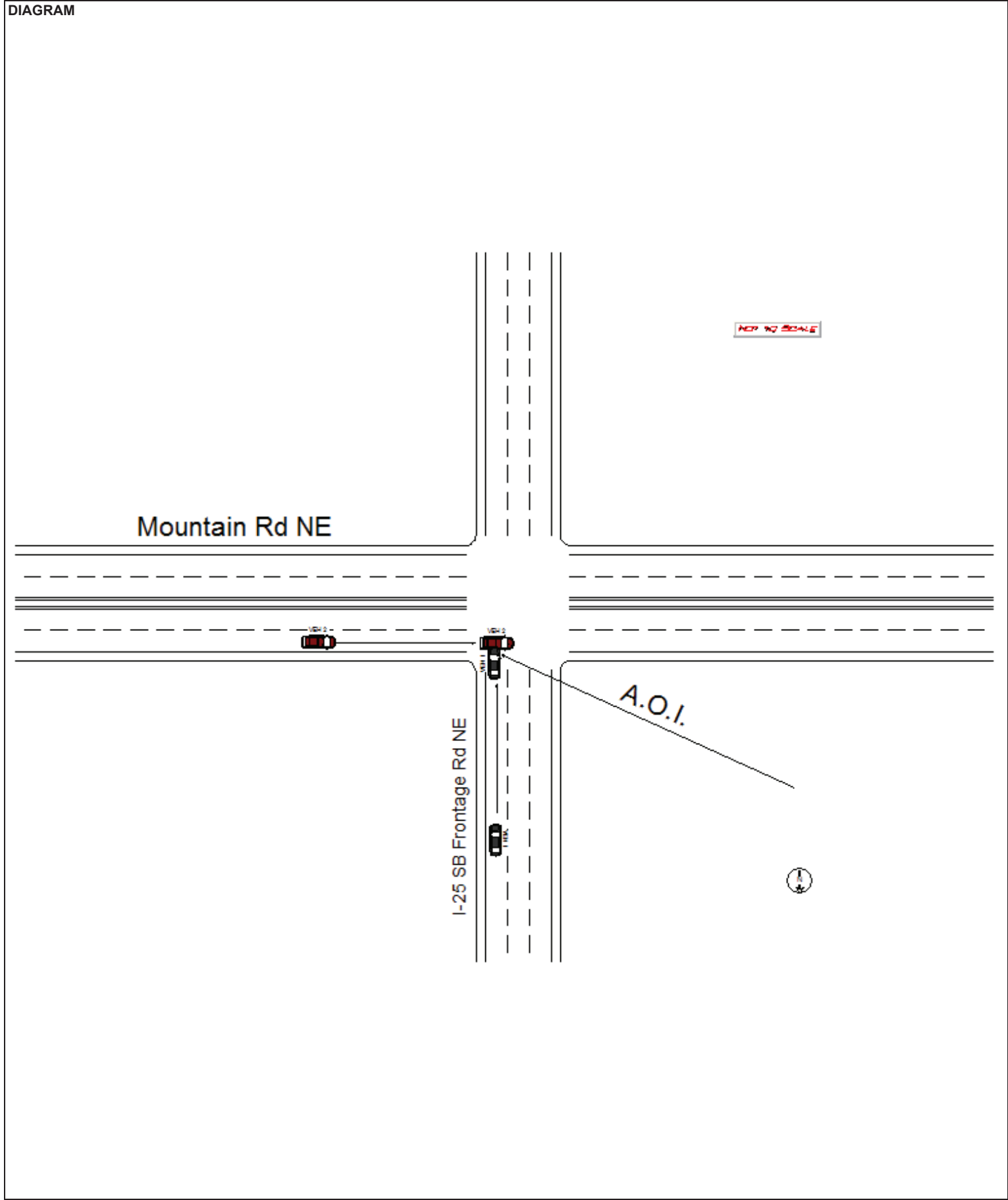
| | | | | | | | | | | | | | | | | | | | | |
|---|-------------------------------|--|----------------------|--------------------|---------------------------|--|-------------------------------|---------------------------------------|-----------------|--------------------------------|------------------|----------------------|---------------------|----------------------------|--------------------|---------|-----------|-----------|--|--|
| VEHICLE NO. 002 | LADNER | | | | JEREMY | | | | MICHAEL | | | | 283 STATE ROUTE 940 | | | | | | | |
| | Driver's License Number | | State | Type | Status | Restrictions | Endorsements | Expires | City | | | | State | Zip Code | | Phone | | | | |
| | 29036857 | | PA | C | V | | | 07/10/2023 | WHITE HAVEN | | | | PA | 18661-0000 | | | | | | |
| | Date of Birth | | Occupation | | | | | Seat Pos | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans | | |
| | 07/09/1989 | | | | | | | LF | 30 | M | O | O | 6 | YES | N | N | | | | |
| | Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Veh. Year | | Vehicle Make | | | Color | | | Body Style | Cargo Body Type | Veh. Use1 | Veh. Use2 | Veh. Towed? | | Vehicle Disabled | | | | | | |
| 2005 | | FORD | | | BURGUNDY (PURPLE) - M | | | VN | | | P | YES | | YES | | | | | | |
| Lic. Year | | State | License Plate Number | | | VIN | | | DOT # | | | Damage Severity | | Damage Area | | | | | | |
| 2020 | | NY | KWT2343 | | | 2FMZA51605BA13336 | | | | | | UNKNOWN | | 12 11 10 9 8 7 6 5 4 3 2 1 | | | | | | |
| Interstate Carrier? | | Towed By | | | Towed To | | | | | | | Extent | | 03,04 | | | | | | |
| | | OWNER REQUEST | | | OWNER DESTINATION | | | | | | | UNKNOWN | | | | | | | | |
| Number of Axles | | Gross Vehicle/Comb Weight Rating | | | HazMat Placard? | | | Hazmat Placard 4-digit OR Hazmat Name | | | AND | | 1-digit # | | HazMat Released | | | | | |
| | | | | | | | | | | | | | | | NO | | | | | |
| Carrier's Name | | | | Street Address | | | | Carrier City | | | | State | | Carrier's Zip | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Owner's Last Name | | | | Owner's First Name | | | | Owner's Middle Name | | | | Owner's Company Name | | | | | | | | |
| LADNER | | | | JEREMY | | | | MICHAEL | | | | | | | | | | | | |
| Street Address | | | | Owner's City | | | | State | Owner Zip | | Owner's Phone | | | | | | | | | |
| 283 STATE ROUTE 940 | | | | WHITE HAVEN | | | | PA | 18661-0000 | | | | | | | | | | | |
| Insured By: (Name of Company) | | | | Policy Number | | | Trailer or Towed Vehicles (1) | Type | Year | Make | Lic. Year | Lic State | License Num | | | | | | | |
| PROGRESSIVE | | | | 27604038 | | | | | | | | | | | | | | | | |
| Trailer or Towed Vehicles (2) | Type | Year | Make | Lic. Year | Lic State | License Num | Trailer or Towed Vehicles (3) | Type | Year | Make | Lic. Year | Lic State | License Num | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Veh. Num | Seat Pos | Occupant's Name (Last First Middle) / Occupant's Address (Street City State Zip) | | | | | | Age | Sex | Race | Injury Code | OP Code | OP Used Properly | Airbag Deploy | Ejected | EMS Num | Med Trans | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| COND | Lighting | | | | Weather | | | | Road Character | | | | Road Grade | | | | | | | |
| | DAYLIGHT | | | | CLEAR | | | | STRAIGHT | | | | LEVEL | | | | | | | |
| ROAD | VEH NO. | Road Condition | | | Road Surface | | | Traffic Control | | Road Lanes | Road Design Div | | Road Design | | | | | | | |
| | 01 | DRY | | | PAVED CENTER AND EDGE LIN | | | TRAFFIC SIGNALS | | 3 LANES | PHYSICAL DIVIDE | | ONE WAY | | | | | | | |
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | | | | | | | DRIVER'S ACTIONS | | | | SEQUENCE OF EVENTS | | | | | |
| | NONE | | | | | | | | | | GOING STRAIGHT | | | | FIRST EVENT | | | | | |
| | | | | | | | | | | | | | | | MVT | | | | | |
| | | | | | | | | | | | | | | | SECOND EVENT | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | THIRD EVENT | | | | | | |
| | | | | | | | | | | | | | | FOURTH EVENT | | | | | | |
| DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | | | | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | | | PEDESTRIAN/PEDALCYCLIST ACTION | | | | | | | | | | |
| | | | | | | | | | | At Intersection | | | | | | | | | | |

| | | | | | | | | | | | |
|--------|--|-----------------------|---|--|-----------------------|-----------------------------------|----------------------|--------------------------------|---------------------------|--|--|
| DRIVER | HAD NOT CONSUMED ALCOHOL | | | NO APP. DEFECTS | | | PEDESTRIAN | Not At Intersection | | | |
| | Breath Test Results | | | Driver Physical Condition - Other | | | | Pedestrian Action - Other | | | |
| ROAD | VEH NO. 02 | Road Condition DRY | Road Surface PAVED CENTER AND EDGE LIN | Traffic Control TRAFFIC SIGNALS | Road Lanes 2 LANES | Road Design Div PAINTED DIVIDE | Road Design OTHER | | | | |
| EVENT | APPARENT CONTRIBUTING FACTORS | | | | DRIVER'S ACTIONS | | SEQUENCE OF EVENTS | | | | |
| | DISREGARDED TRAFFIC SIGNAL, DRIVER INATTENTION, FAILED TO YIELD RIGHT OF WAY | | | | GOING STRAIGHT | | FIRST EVENT MVT | | | | |
| | | | | | | | SECOND EVENT | | | | |
| | | | | | | | THIRD EVENT | | | | |
| | | | | | | | FOURTH EVENT | | | | |
| DRIVER | DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | | | |
| | HAD NOT CONSUMED ALCOHOL | | | NO APP. DEFECTS | | | | At Intersection | | | |
| | Breath Test Results | | | Driver Physical Condition - Other | | | | Not At Intersection | | | |
| | | | | | | | | | Pedestrian Action - Other | | |

| | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|
| NARRATIVE | | | | | | | | | | |
| <p>DRIVER 1 STATED SHE WAS TRAVELING SB ON THE I-25 FRONTAGE RD WHEN THE COLLISION OCCURRED. DRIVER 1 STATED SHE ENTERED THE INTERSECTION DUE TO THE LIGHT BEING GREEN. DRIVER 1 STATED THAT WHEN SHE ENTERED THE INTERSECTION, VEHICLE 2 RAN THE RED LIGHT AND SHE WAS UNABLE TO AVOID THE COLLISION.</p> <p>DRIVER 2 STATED HE WAS TRAVELING WB ON MOUNTAIN RD NE WHEN THE COLLISION OCCURRED. DRIVER 2 STATED HE WAS NOT FROM THE AREA AND THOUGHT THE LIGHT WAS GREEN AS HE ENTERED THE INTERSECTION. DRIVER 2 STATED THAT ONCE HE WAS IN THE INTERSECTION, VEHICLE 1 STRUCK THE PASSENGER SIDE OF HIS VEHICLE.</p> <p>WITNESS 1 STATED SHE WAS BEHIND VEHICLE 1 WHEN SHE OBSERVED THE COLLISION OCCUR. WITNESS 1 STATED THE LIGHT FOR THE SB FRONTAGE ROAD HAD JUST TURNED GREEN, SO VEHICLE 1 PROCEEDED THROUGH THE INTERSECTION. WITNESS 1 STATED VEHICLE 2 THEN RAN THE RED LIGHT FOR WB MOUNTAIN RD NE AND VEHICLE 1 WAS UNABLE TO AVOID THE COLLISION.</p> <p>BOTH VEHICLES WERE TOWED FROM THE SCENE BY OWNER REQUEST.</p> <p>ALL SUBJECTS WERE CHECKED BY RESCUE AND ALL REFUSED TRANSPORT.</p> | | | | | | | | | | |

| | | | | | | | | | | |
|-------------------------|-------------------------------|------------------------------------|--|-------------------------------|--|--|-----------------------|----------|-----------------------------------|-----------|
| Other Property Involved | Type | Description of Property and Damage | | | | | | | | |
| | Owner's Last Name | | | Owner's First Name | | | Owner's Middle Name | | | |
| | Owner's Street Address | | | Owner's City | | | State | Zip Code | Owner's Phone | |
| WITNESS | Witness's Last Name GRIEGO | | | Witness's First Name JENAI | | | Witness's Middle Name | | | Age 37 |
| | Witness's Street Address | | | Witness's City | | | State | Zip Code | Witness's Phone (505) 492-4578 | |

| | | | | | | | | | | |
|--|-----------------------|-------------------------|---------------------------------|------------|--|-----------------------------|--|-------------------------|-----------------|---------------------------|
| ENFORCEMENT ACTION - VIOLATIONS | | | | | | | | | | |
| VEH NO. | Last Name | | | First Name | | Middle Name | | Violation (Common Name) | | Action |
| Time Notified 15:18 | Time Arrived 15:19 | Notified By DISPATCH | | | | Supervisor at Scene NONE | | | | |
| Checked By 2500 - RODRIGUEZ, A.C. - 1/13/2020 | | | | | | | | | | |
| Officer's Signature  | | | Officer's Name GRIEGO, JONAH | | | Rank PSA | | ID Number 5769 | District 322 | Report Date 01/09/2020 |





710761796

E_JULY_2018

ALBUQUERQUE POLICE DEPT

REPORTING DEPARTMENT

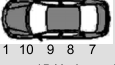
| | | | | | | |
|---|---|---|---|---|--|---------------------------|
| <input type="checkbox"/> Private Property | <input type="checkbox"/> Fatal | Property Damage Only | <input type="checkbox"/> Under \$500 | <input type="checkbox"/> Hit-and-Run | Case Number: 210080002 | CAD Num: 212800768 |
| <input type="checkbox"/> Secondary Crash | <input type="checkbox"/> Injury | <input checked="" type="checkbox"/> \$500 or More | <input type="checkbox"/> | <input type="checkbox"/> School Bus Directly Involved | Agency: 1 - ALBUQUERQUE POLICE DEPARTMENT | |
| <input type="checkbox"/> School Bus Indirectly Involved | <input type="checkbox"/> Commercial Vehicle Involved | | | | | |
| Crash Date 10/07/2021 | Crash Time 1457 | City Occurred In ALBUQUERQUE | | | County BERNALILLO | |
| Day of Week THURSDAY | Occurred On: (Route No. or Name) MOUNTAIN RD NE | | | At Intersection With: I 25 FRONTAGE RD | | |
| Other Location | Measurement | Direction | Permanent Landmark - County Line - Intersection - Milepost MOUNTAIN RD NE / I25 SB OFRP | | | Lat: Long: |
| Crash Occurred ON ROADWAY | First Harmful Event COLLISION W/MOTOR VEHICLE | | Manner of Impact FRONT-TO-SIDE (EX. T-BONE, ANGLE) | | Manner of Crash INTERSECTING PATH (T-BONE) | |
| <input type="checkbox"/> Work Zone-Construction | <input type="checkbox"/> Tribal Land? | Analysis Code | | | Location of First Harmful Event | |
| <input type="checkbox"/> Work Zone-Maintenance | NO | MV IN TRANSPORT | | | ON ROADWAY | |
| <input type="checkbox"/> Work Zone-Utility | | | | | | |

TRAFFIC UNIT 01

| | | | | | | |
|---|---|--------------------------------------|------------------------------|-------------------------------------|--------------------------|--------------------------------|
| VEHICLE NO. HEADED 01 | MV Type IN TRANSPORT | Direction W | On: MOUNTAIN RD NE | Left Scene of Crash? NO | Posted Speed | Safe Speed |
| Driver's Last Name BEARGROUND | | Driver's First Name JOSHUA | | Driver's Middle Name NOEL | | |
| Driver's Street Address 971 LAS ROSAS DR SE | | City LOS LUNAS | | State NM | Zip Code 87031 | Phone (406) 318-6551 |
| Date of Birth 12/08/1999 | Driver's License Number 516303361 | State NM | Type I | CDL N | Status V | Restrictions |
| Incident Responder | | # of Occupants 1 | Seat Pos LF | Expires 12/31/2022 | Interlock NO | Occupation N/A |
| | | Age 21 | Sex M | Race I | Injury Code O | OP Code 6 |
| | | OP Used YES | Airbag Deploy F | Ejected N | EMS Number AFR | Med Trans NT |

Supplemental Occupant Information

Vehicle Information

| | | | | | | | | |
|---|----------------------------------|---|---------------------------------------|--|---------------------------------|--|---------------------------------|---|
| Year 2009 | Vehicle Make CHEVROLET | Vehicle Model IMPALA | Color SIL | Veh Use1 TB | Veh Use2 P | Veh Use3 | Veh. Towed? YES | Veh. Disabled? YES |
| Body Style PC | Cargo Body Type | Lic. Year 2022 | State MT | License Plate Number 221192D | VIN 2G1WT57N991264974 | | Damage Severity HEAVY | 1 2 3 4 5 12  6 |
| Towed By ACME T & R | | Towed To 8705 BROADWAY BLVD. SE # A ALBUQUERQUE, NM | | | | | Extent DISABLED | 11 10 9 8 7 14-Top 15-Undercarriage 04,05 |
| Gross Vehicle/Comb Weight Rating | HazMat Placard? (Cargo Only) | HazMat Released (Cargo Only) | Hazmat Placard 4-digit OR Hazmat Name | | AND | 1-digit # | DOT # | |
| State # | Number of Axles | Carrier Type Code | | | | | | |
| Carrier's Name | | Street Address | | | Carrier City | | State | Carrier's Zip |
| Owner's Last Name BEARGROUND | | Owner's First Name JOSHUA | | Owner's Middle Name NOEL | | Owner's Company Name | | |
| Street Address 971 LAS ROSAS DR SE | | Owner's City LOS LUNAS | | State NM | Owner Zip 87031 | Owner's Phone (406) 318-6551 | | |
| Insured By: (Name of Company) NOT INSURED | | Policy Number 0000000000 | | Trailer or Towed Vehicles (1) | Type | Year | Make | Lic Year |
| | | | | | | | | Lic State |
| | | | | | | | | License Num |
| Trailer or Towed Vehicles (2) | Type | Year | Make | Lic Year | Lic State | License Num | Trailer or Towed Vehicles (3) | Type |
| | | | | | | | | Year |
| | | | | | | | | Make |
| | | | | | | | | Lic Year |
| | | | | | | | | Lic State |
| | | | | | | | | License Num |

Crash Report Number: 710761796

Case Number: 210080002

Condition Information

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

TRAFFIC UNIT 02

| | | | | | | | | | | | | | | | | |
|--|---|--------------------------------|------------------|------------------------------------|--------------------------------|-----------------------|------------------|-----------------------------------|--------------------------|--------------------------------|---------------------|-----------------------|---------------------------|---------------------|--------------------------|------------------------|
| VEHICLE NO. HEADED 02 | | MV Type IN TRANSPORT | | Direction S | On: I 25 FRONTAGE RD | | | Left Scene of Crash? NO | Posted Speed | Safe Speed | | | | | | |
| Driver's Last Name SOTELO MARQUEZ | | | | Driver's First Name JUAN | | | | Driver's Middle Name F | | | | | | | | |
| Driver's Street Address 1228 SANDLER DR NE | | | | City ALBUQUERQUE | | | | State NM | Zip Code 87112 | Phone (505) 377-9795 | | | | | | |
| Date of Birth 03/17/1976 | Driver's License Number 503823730 | State NM | Type D | CDL N | Status V | Restrictions | Endorsements | Expires 11/18/2021 | Interlock NO | Occupation N/A | | | | | | |
| Incident Responder | | | | | # of Occupants 1 | Seat Pos LF | Age 45 | Sex M | Race H | Injury Code O | OP Code 6 | OP Used YES | Airbag Deploy N | Ejected N | EMS Number AFR | Med Trans NT |

Supplemental Occupant Information

Vehicle Information

| | | | | | | | | | | | |
|---|-----------------------------|------------------------------|------------------------------------|---|---------------------|---------------------------------|---------------------------|-----------|--|--|-------|
| Year 2003 | Vehicle Make FORD | | Vehicle Model F250 | | Color GRY | Veh Use1 TB | Veh Use2 P | Veh Use3 | Veh. Towed? YES | Veh. Disabled? YES | |
| Body Style PK | Cargo Body Type | Lic. Year 2023 | State NM | License Plate Number 667TXW | | VIN 1FTNW20L73EC44245 | | | Damage Severity HEAVY Extent DISABLED | 12 14-Top 15-Undercarriage 12 | |
| Towed By ACME T & R | | | | Towed To 8705 BROADWAY BLVD. SE # A ALBUQUERQUE, NM | | | | | | | |
| Gross Vehicle/Comb Weight Rating | | HazMat Placard? (Cargo Only) | HazMat Released (Cargo Only) | Hazmat Placard 4-digit OR Hazmat Name | | | AND | 1-digit # | | | DOT # |
| State # | | Number of Axles | Carrier Type Code | | | | | | | | |
| Carrier's Name | | | Street Address | | | Carrier City | | | State | Carrier's Zip | |
| Owner's Last Name SOTELO MARQUEZ | | | Owner's First Name JUAN | | | Owner's Middle Name F | | | Owner's Company Name | | |
| Street Address 1228 SANDLER DR NE | | | Owner's City ALBUQUERQUE | | | State NM | Owner Zip 87112 | | Owner's Phone (505) 377-9795 | | |

| | | | | | | | | | | | | | |
|--|------|------|------|-----------------------------------|-----------|-------------------------------|-------------------------------|------|------|----------|-----------|-------------|-------------|
| Insured By: (Name of Company) ALLSTATE | | | | Policy Number 844478272 | | Trailer or Towed Vehicles (1) | Type | Year | Make | Lic Year | Lic State | License Num | |
| Trailer or Towed Vehicles (2) | Type | Year | Make | Lic Year | Lic State | License Num | Trailer or Towed Vehicles (3) | Type | Year | Make | Lic Year | Lic State | License Num |

Condition Information

| | | | | | | | | | | | | |
|-----------------------------------|-------------------------------|--|-------------------------|----------------|-------------------------------------|--------------------------------------|--|-----------------|---|-------------------------|--|--|
| Lighting DAYLIGHT | | | Weather CLEAR | | | Intersection Type FOUR-WAY | | | Relation To Junction INTERSECTION | | | |
| Work Zone Location | | | | Work Zone Type | | | | Workers Present | | Law Enforcement Present | | |
| Road Character STRAIGHT | Road Grade DOWNHILL | Road Condition DRY | | | Road Surface LANE MARKERS | | | | Traffic Control TRAFFIC SIGNALS | | | |
| Road Lanes 3 LANES | | Road Design Div PHYSICAL BARRIER | | | Road Design ONE-WAY | | | | | | | |

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

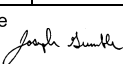
NARRATIVE

ON OCTOBER 7, 2021 VEH #1 WAS TRAVELING WESTBOUND ON MOUNTAIN RD NE UNDER I25, APPROACHING SOUTHBOUND I25 FRONTAGE ROAD. VEH #2 WAS TRAVELING SOUTHBOUND ON I25 FRONTAGE RD, APPROACHING INTERSECTION WITH MOUNTAIN RD NE. VEH #1 TRAVELED THROUGH THE INTERSECTION AGAINST A RED LIGHT. VEH #2 TRAVELED THROUGH THE SAME INTERSECTION ON A GREEN LIGHT. VEH #2 WAS UNABLE TO STOP AND COLLIDED WITH THE VEH #1, HITTING THE AREA OF THE PASSENGER SIDE C-PILLAR. AFR EVALUATED BOTH DRIVERS AND NO ONE TRANSPORTED. BOTH DRIVERS WERE ABLE TO REMOVE ALL ITEMS OF VALUE FROM THEIR RESPECTIVE VEHICLES. ACME TOWING AND RECOVERY REMOVED THE VEHICLES FROM THE SCENE. DRIVER #1 WAS CITED FOR NO INSURANCE, NO DRIVER'S LICENSE, AND FAILURE TO OBEY TRAFFIC CONTROL DEVICE.

VIOLATION 01

| | | | | | |
|----------------------|--------------------------------|-----------------------------|----------------------------|---|------------------------|
| VEH NO. 01 | Last Name BEARGROUND | First Name JOSHUA | Middle Name NOEL | Violation (Common Name) RAN RED LIGHT | Action CITED |
|----------------------|--------------------------------|-----------------------------|----------------------------|---|------------------------|

CONCLUSION

| | | | | | | | |
|--|--------------------------------------|---|-----------------------------------|---------------------|--------------------------|------------------------|----------------------------------|
| Time Notified 1457 | Time Arrived 1513 | Notified By JUAN MARQUEZ | Supervisor at Scene N/A | | | | |
| Time Roadway Cleared 1608 | Time Incident Cleared 1610 | Checked By 3332 - CHACON, JENNIFER - 10/10/2021 | | | | | |
| Officer's Signature  | | Officer's Name GUMBLE, JOSEPH | | Rank P1/C | ID Number 5673 | District 234 | Report Date 10/07/2021 |

DIAGRAM

Diagram Drawn By
GUMBLE, JOSEPH

Measurements Taken By
NOT TO SCALE

DIAGRAM



710784377

E_JULY_2018

ALBUQUERQUE POLICE DEPT

REPORTING DEPARTMENT

| | | | | | | | | | | | | | | | | |
|---|--|--|---|--|---|---|----------------------------|---|-------------------------------|--------------|-----------------------|--------------------|--------------|------------------|-----------------|-------------|
| <input type="checkbox"/> Private Property | <input type="checkbox"/> Fatal | Property Damage Only | <input type="checkbox"/> Under \$500 | <input type="checkbox"/> Hit-and-Run | Case Number: 210035353 | | CAD Num: 211281249 | | | | | | | | | |
| <input type="checkbox"/> Secondary Crash | <input checked="" type="checkbox"/> Injury | <input type="checkbox"/> \$500 or More | <input type="checkbox"/> School Bus Directly Involved | <input type="checkbox"/> School Bus Indirectly Involved | Agency: 1 - ALBUQUERQUE POLICE DEPARTMENT | | | | | | | | | | | |
| Crash Date 05/08/2021 | | Crash Time 2244 | | City Occurred In ALBUQUERQUE | | County BERNALILLO | | | | | | | | | | |
| Day of Week SATURDAY | | Occurred On: (Route No. or Name) MOUNTAIN RD NE | | | At Intersection With: I-25 SOUTHBOUND FRONTAGE | | | | | | | | | | | |
| Other Location | | Measurement | Direction | Permanent Landmark - County Line - Intersection - Milepost | | | Lat: Long: | | | | | | | | | |
| Crash Occurred ON ROADWAY | | First Harmful Event COLLISION W/MOTOR VEHICLE | | Manner of Impact FRONT-TO-SIDE (EX. T-BONE, ANGLE) | | Manner of Crash INTERSECTING PATH (T-BONE) | | | | | | | | | | |
| <input type="checkbox"/> Work Zone-Construction | <input type="checkbox"/> Tribal Land? | Analysis Code MV IN TRANSPORT | | | Location of First Harmful Event ON ROADWAY | | | | | | | | | | | |
| <input type="checkbox"/> Work Zone-Maintenance | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Work Zone-Utility | | | | | | | | | | | | | | | | |
| TRAFFIC UNIT 01 | | | | | | | | | | | | | | | | |
| VEHICLE NO. HEADED 01 | | MV Type IN TRANSPORT | | Direction S | On: I-25 SOUTHBOUND FRONTAGE | | Left Scene of Crash? NO | Posted Speed 45 | Safe Speed 45 | | | | | | | |
| Driver's Last Name HAYNES | | | Driver's First Name ERIN | | | Driver's Middle Name | | | | | | | | | | |
| Driver's Street Address 2 CARSAN CT | | | City LOS LUNAS | | | State NM | Zip Code 87031 | Phone | | | | | | | | |
| Date of Birth 05/08/1984 | Driver's License Number 512466681 | State NM | Type D | CDL N | Status V | Restrictions B | Endorsements W | Expires 06/08/2021 | Interlock NO | Occupation | | | | | | |
| Incident Responder | | | | # of Occupants 1 | Seat Pos LF | Age 37 | Sex F | Race O | Injury Code B | OP Code 6 | OP Used UNK | Airbag Deploy B | Ejected N | EMS Number R3 | Med Trans NT | |
| Supplemental Occupant Information | | | | | | | | | | | | | | | | |
| Vehicle Information | | | | | | | | | | | | | | | | |
| Year 2018 | Vehicle Make JEEP | | Vehicle Model 02 | | Color GRN | Veh Use1 | Veh Use2 P | Veh Use3 | Veh. Towed? YES | | Veh. Disabled? YES | | | | | |
| Body Style PC | Cargo Body Type | Lic. Year 2021 | State NM | License Plate Number 226WKX | | VIN ZACCJABB9JPH22951 | | | Damage Severity UNKNOWN | | Extent DISABLED | | | | | |
| Towed By NEW MEXICO TOWING | | | | Towed To 8705 BROADWAY BLVD. SE # C ALBUQUERQUE, NM | | | | 11 10 9 8 7 14-Top 15-Undercarriage 01,10,11,12 | | | | | | | | |
| Gross Vehicle/Comb Weight Rating | | HazMat Placard? (Cargo Only) | | HazMat Released (Cargo Only) | | Hazmat Placard 4-digit OR Hazmat Name | | | AND | | 1-digit # | | DOT # | | | |
| State # | | Number of Axles | | Carrier Type Code | | | | | | | | | | | | |
| Carrier's Name | | | Street Address | | | Carrier City | | | State | | Carrier's Zip | | | | | |
| Owner's Last Name HAYNES | | | Owner's First Name ERIN | | | Owner's Middle Name | | | Owner's Company Name | | | | | | | |
| Street Address 2 CARSAN CT | | | Owner's City LOS LUNAS | | | State NM | Owner Zip 87031 | | Owner's Phone | | | | | | | |
| Insured By: (Name of Company) ESURANCE | | | | Policy Number PANM-5542111 | | Trailer or Towed Vehicles (1) | | Type | Year | Make | Lic Year | Lic State | License Num | | | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic Year | Lic State | License Num | | Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic Year | Lic State | License Num |

Crash Report Number: 710784377

Case Number: 210035353

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

Sheet 1 Of 5


Condition Information

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

TRAFFIC UNIT 02

| | | | | | | | | | | | | | | | | | |
|--|---|--------------------------------|------------------|---|------------------------------|----------------------------|-----------------------|-----------------------------------|---------------------------|-------------------------|-------------------------|---------------------|-----------------------|---------------------------|---------------------|-------------------------|------------------------|
| VEHICLE NO. HEADED 02 | | MV Type IN TRANSPORT | | Direction W | On: MOUNTAIN RD NE | | | Left Scene of Crash? NO | Posted Speed 30 | Safe Speed 30 | | | | | | | |
| Driver's Last Name BARELA | | | | Driver's First Name CHRISTOPHER | | | | Driver's Middle Name | | | | | | | | | |
| Driver's Street Address 5801 DAVID CT NW | | | | City ALBUQUERQUE | | | | State NM | Zip Code 87107 | Phone | | | | | | | |
| Date of Birth 12/10/2002 | Driver's License Number 516609028 | State NM | Type D | CDL N | Status V | Restrictions B | Endorsements | Expires 06/01/2021 | Interlock NO | Occupation | | | | | | | |
| Incident Responder | | | | | | # of Occupants 1 | Seat Pos LF | Age 18 | Sex M | Race O | Injury Code O | OP Code 6 | OP Used UNK | Airbag Deploy B | Ejected N | EMS Number R5 | Med Trans NT |

Supplemental Occupant Information**Vehicle Information**

| | | | | | | | | | | | |
|--------------------------------------|-------------------------------|------------------------------|------------------------------------|---|---------------------|---------------------------------|----------------------|----------|-----------------------------------|---|--|
| Year 2010 | Vehicle Make TOYOTA | | Vehicle Model 04 | | Color BLK | Veh Use1 | Veh Use2 P | Veh Use3 | Veh. Towed? YES | Veh. Disabled? YES | |
| Body Style PC | Cargo Body Type | Lic. Year 2021 | State NM | License Plate Number 21T156800 | | VIN 3TMLU4EN0AM050537 | | | Damage Severity UNKNOWN | 1 2 3 4 5 12  6 | |
| Towed By NEW MEXICO TOWING | | | | Towed To 8705 BROADWAY BLVD. SE # C ALBUQUERQUE, NM | | | | | Extent DISABLED | 14-Top 15-Undercarriage 01,02,11,12 | |
| Gross Vehicle/Comb Weight Rating | | HazMat Placard? (Cargo Only) | HazMat Released (Cargo Only) | Hazmat Placard 4-digit OR Hazmat Name | | | AND 1-digit # | | DOT # | | |
| State # | Number of Axles | Carrier Type Code | | | | | | | | | |
| Carrier's Name | | | Street Address | | | Carrier City | | | State | Carrier's Zip | |
| Owner's Last Name BARELA | | | Owner's First Name RENEE | | | Owner's Middle Name | | | Owner's Company Name | | |
| Street Address | | | Owner's City | | | State | Owner Zip | | Owner's Phone | | |

| | | | | | | | | | | | | | | |
|--|------|------|------|----------|-----------|-------------------------------------|--|-------------------------------|------|------|------|----------|-----------|-------------|
| Insured By: (Name of Company) STATE FARM | | | | | | Policy Number 31-3391-M91 | | Trailer or Towed Vehicles (1) | Type | Year | Make | Lic Year | Lic State | License Num |
| Trailer or Towed Vehicles (2) | Type | Year | Make | Lic Year | Lic State | License Num | | Trailer or Towed Vehicles (3) | Type | Year | Make | Lic Year | Lic State | License Num |

Condition Information

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

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

NARRATIVE

ON SATURDAY 05/08/2021 I WAS DISPATCHED TO THE LISTED INTERSECTION OF MOUNTAIN RD NE AND THE I-25 SOUTH BOUND FRONTAGE RD IN REFERENCE TO A MOTOR VEHICLE CRASH WITH INJURIES. AS I ARRIVED ON SCENE I MADE CONTACT WITH BOTH DRIVERS.

DRIVER ONE STATED SHE WAS TRAVELING SOUTH BOUND ON THE INTERSTATE 25 SOUTH BOUND FRONTAGE RD APPROACHING THE INTERSECTION OF I-25 SOUTH BOUND FRONTAGE RD AND MOUNTAIN RD NE. DRIVER ONE STATED AS SHE WAS TRAVELING SHE WAS PROCEEDING ON A GREEN TRAFFIC SIGNAL. DRIVER ONE STATED AS SHE WAS CONTINUING SHE THEN FELT A SUDDEN IMPACT TO THE DRIVERS SIDE FRONT OF HER VEHICLE. DRIVER ONE'S VEHICLE THEN COLLIDED WITH A PNM POWER BOX ON THE SOUTHWEST SIDE OF THE INTERSECTION.

DRIVER TWO STATED HE WAS TRAVELING WEST BOUND ON MOUNTAIN RD NE APPROACHING THE INTERSECTION OF I-25 SOUTH BOUND FRONTAGE RD AND MOUNTAIN RD NE. DRIVER TWO STATED THAT HE WAS BEING FOLLOWED BY ANOTHER DRIVER. DRIVER TWO STATED HE WAS TRYING TO AVOID CONFRONTATION FROM THE DRIVER THAT WAS FOLLOWING HIM. DRIVER TWO STATED HE THEN BEGAN TO PROCEED WEST BOUND ON MOUNTAIN RD NE. DRIVER TWO STATED AS HE WAS PROCEEDING THE TRAFFIC SIGNAL WAS RED AND HE THEN FELT A SUDDEN IMPACT TO THE PASSENGERS SIDE FRONT OF THE VEHICLE.

ALL ON SCENE WERE EXAMINED BY ALBUQUERQUE FIRE RESCUE AND DECLINED TO BE TRANSPORTED.

THERE IS NOTHING FURTHER AT THIS TIME.


PROPERTY 01

| | | | | | | |
|---|---|------------------------------------|--|---------------------|--------------------------|--|
| Type C | Description of Property and Damage GENERATOR OR POWER BOX | | | | | |
| Owner's Last Name POWER NEW MEXICO | | Owner's First Name | | Owner's Middle Name | | |
| Owner's Street Address 414 SILVER AVE SW #4 | | Owner's City ALBUQUERQUE | | State NM | Zip Code 87102 | Owner's Phone (505) 246-5700 |

VIOLATION 01

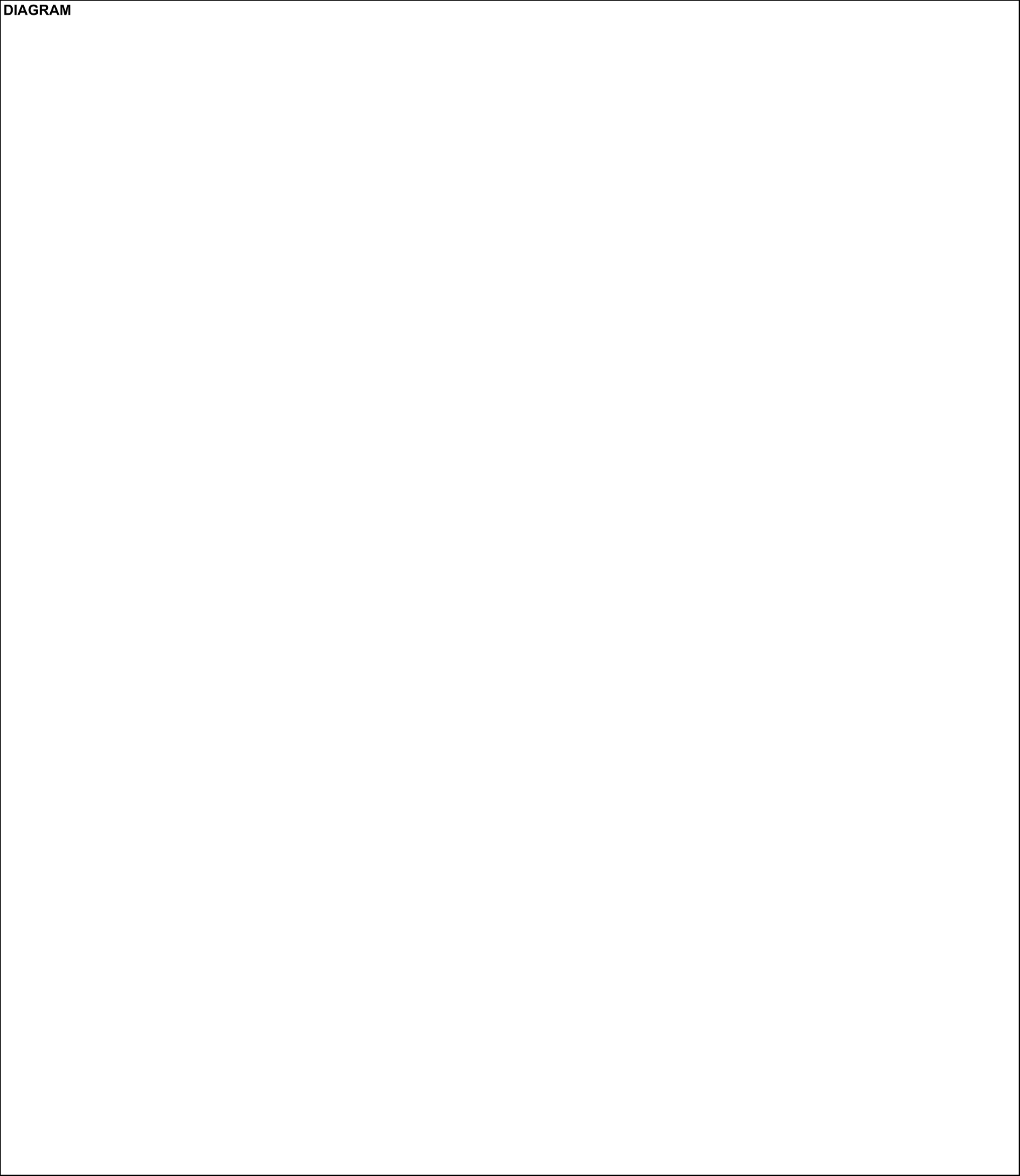
| | | | | | |
|---------|-----------|------------|-------------|-------------------------|--------|
| VEH NO. | Last Name | First Name | Middle Name | Violation (Common Name) | Action |
|---------|-----------|------------|-------------|-------------------------|--------|

CONCLUSION

| | | | | | | |
|--|--------------------------------------|---|---------------------|--------------------------|------------------------|----------------------------------|
| Time Notified 2244 | Time Arrived 2248 | Notified By DISPATCH | Supervisor at Scene | | | |
| Time Roadway Cleared 2354 | Time Incident Cleared 2354 | Checked By 5047 - BRIONES, BONNIE - 5/12/2021 | | | | |
| Officer's Signature  | | Officer's Name ATENCIO, XAVIER | Rank PSA | ID Number 6838 | District 322 | Report Date 05/08/2021 |

DIAGRAM

| | |
|--|--|
| Diagram Drawn By ATENCIO, XAVIER | Measurements Taken By NOT TO SCALE |
|--|--|





REPORTING DEPARTMENT

710786140

TRAFFIC UNIT 01

Vehicle Information

| | | |
|---------------------------------------|--|--------------|
| Crash Report Number: 710786140 | STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209 NMDOT COPY | Sheet 1 Of 4 |
| Case Number: 210038616 | | |

Condition Information

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

TRAFFIC UNIT 02

| | | | | | | | | | | | | | | | | |
|---|---|--------------------------------|------------------|--------------------------------------|------------------------------|-----------------------|------------------|---------------------------------------|-------------------------------|--------------------------------|---------------------|-----------------------|---------------------------|---------------------|--------------------------|------------------------|
| VEHICLE NO. HEADED 02 | | MV Type IN TRANSPORT | | Direction W | On: MOUNTAIN RD NE | | | Left Scene of Crash? NO | Posted Speed | Safe Speed | | | | | | |
| Driver's Last Name CORDOVA | | | | Driver's First Name ISAIAH | | | | Driver's Middle Name MATHEW | | | | | | | | |
| Driver's Street Address 9715 TRIANA PL NW | | | | City ALBUQUERQUE | | | | State NM | Zip Code 87114-0000 | Phone (757) 779-8140 | | | | | | |
| Date of Birth 05/23/2001 | Driver's License Number 515066691 | State NM | Type D | CDL N | Status V | Restrictions | Endorsements | Expires 06/22/2022 | Interlock NO | Occupation | | | | | | |
| Incident Responder NO | | | | | # of Occupants 1 | Seat Pos LF | Age 19 | Sex M | Race O | Injury Code C | OP Code 6 | OP Used UNK | Airbag Deploy F | Ejected N | EMS Number R19 | Med Trans NT |

Supplemental Occupant Information

Vehicle Information

| | | | | | | | | | | |
|-------------------------------------|------------------------------|------------------------------|--|---|---------------------|---------------------------------|--------------------------------|---------------------------|---------------------------------|------------------------------|
| Year 2012 | Vehicle Make ACURA | | Vehicle Model TL | | Color BLK | Veh Use1 | Veh Use2 P | Veh Use3 | Veh. Towed? YES | Veh. Disabled? YES |
| Body Style PC | Cargo Body Type | Lic. Year 2021 | State NM | License Plate Number PPN916 | | VIN 19UUA8F27CA018193 | | | Damage Severity HEAVY | |
| Towed By TNC RECOVERY | | | | Towed To 2800 BROADWAY BLVD. SE ALBUQUERQUE, NM 871 | | | | Extent DISABLED | 10,11,12 | |
| Gross Vehicle/Comb Weight Rating | | HazMat Placard? (Cargo Only) | HazMat Released (Cargo Only) | Hazmat Placard 4-digit OR Hazmat Name | | | AND | 1-digit # | DOT # | |
| State # | Number of Axles | Carrier Type Code | | | | | | | | |
| Carrier's Name | | | Street Address | | | Carrier City | | | State | Carrier's Zip |
| Owner's Last Name CHACON | | | Owner's First Name AUDREY | | | Owner's Middle Name A | | | Owner's Company Name | |
| Street Address PO BOX 743 | | | Owner's City RANCHOS DE TAOS | | | State NM | Owner Zip 87557-0743 | | Owner's Phone | |

| | | | | | | | | | | | | | | |
|---|------|------|------|----------|-----------|---------------------------------------|--|-------------------------------|------|------|------|----------|-----------|-------------|
| Insured By: (Name of Company) GEICO | | | | | | Policy Number 6022-03-90-41 | | Trailer or Towed Vehicles (1) | Type | Year | Make | Lic Year | Lic State | License Num |
| Trailer or Towed Vehicles (2) | Type | Year | Make | Lic Year | Lic State | License Num | | Trailer or Towed Vehicles (3) | Type | Year | Make | Lic Year | Lic State | License Num |

Condition Information

| | | | | | | | | | | | | | | |
|-----------------------------------|--|----------------------------|--|------------------------------|--|--------------------------------------|---|-----------------|---|-------------------------|---|--|--|--|
| Lighting DAYLIGHT | | | Weather CLEAR | | | Intersection Type FOUR-WAY | | | Relation To Junction INTERSECTION | | | | | |
| Work Zone Location | | | | Work Zone Type | | | | Workers Present | | Law Enforcement Present | | | | |
| Road Character STRAIGHT | | Road Grade LEVEL | | Road Condition DRY | | | Road Surface PAVED CENTER AND EDGE LINE | | | | Traffic Control TRAFFIC SIGNALS | | | |
| Road Lanes 1 LANE | | | Road Design Div PAINTED DIVIDER (>4 FT) | | | | Road Design OTHER | | | | | | | |

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

NARRATIVE

DRIVER 1 STATED THAT HE WAS DRIVING SOUTHBOUND ON LOCUST ST/SOUTH FRONTAGE ROAD AT THE INTERSECTION WITH MOUNTAIN RD NE WHEN THE COLLISION OCCURRED. DRIVER 1 STATED THAT AS HE ENTERED THE INTERSECTION DRIVING SOUTHBOUND IN THE NUMBER 2 LANE THAT VEHICLE 2 ENTERED THE INTERSECTION DRIVING WESTBOUND COLLIDING WITH HIS VEHICLE. WHEN QUESTIONED, DRIVER 1 STATED THAT HE HAD A GREEN LIGHT AS HE PASSED THROUGH THE INTERSECTION WITH OTHER TRAFFIC. DRIVER 1 ALSO STATED THAT OTHER TRAFFIC CONTINUED TO PASS THROUGH THE INTERSECTION SOUTHBOUND AFTER VEHICLE 2 COLLIDED WITH HIM. DRIVER 1 COMPLAIN OF NECK AND BACK PAIN AND WAS ASSESSED ON SCENE BY RESCUE 19. VEHICLE 1 WAS NOT FUNCTIONAL AND REQUIRED TOWING.

DRIVER 2 STATED THAT HE WAS DRIVING WESTBOUND ON MOUNTAIN RD NE AT THE INTERSECTION WITH LOCUST/SOUTH FRONTAGE ROAD WHEN THE COLLISION OCCURRED. DRIVER 2 STATED THAT AS HE ENTERED THE INTERSECTION VEHICLE 1 ALSO ENTERED THE INTERSECTION DRIVING SOUTHBOUND COLLIDING WITH HIS VEHICLE. WHEN QUESTIONED FURTHER, DRIVER 2 STATED THAT HE "HAD A GREEN LIGHT AND THAT VEHICLE 1 RAN THE RED LIGHT." DRIVER 2 ALSO STATED THAT HE SAW THE LIGHT TURN GREEN AS HE LEFT THE INTERSECTION JUST TO THE WEST (MOUNTAIN RD NE AND NORTH FRONTAGE ROAD) AND BEGAN WESTBOUND ON MOUNTAIN RD NE. DRIVER 2 COMPLAIN OF LEFT WRIST AND LEG PAIN AND WAS ASSESS ON SCENE BY RESCUE 19. VEHICLE 2 WAS NOT FUNCTIONAL AND REQUIRED TOWING.

BOTH DRIVERS WERE NOT TRANSPORTED.


RTC ADVISED THAT THERE WERE NOT ANY WORKING CAMERAS AT THE INTERSECTION OF LOCUST AND MOUNTAIN RD NE.

I HAD NO FURTHER INVOLVEMENT WITH THIS INCIDENT.

VIOLATION 01

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

CONCLUSION

| | | | | | |
|--|--------------------------------------|---|------------------------------------|--------------------------|----------------------------------|
| Time Notified 1228 | Time Arrived 1236 | Notified By DISPATCH | Supervisor at Scene NONE | | |
| Time Roadway Cleared 1331 | Time Incident Cleared 1411 | Checked By 3924 - DEEDS, RYAN - 5/20/2021 | | | |
| Officer's Signature  | | Officer's Name NOVICKI, THOMAS | Rank PSA | ID Number 7237 | District 234 |
| | | | | | Report Date 05/20/2021 |

| | | |
|---------------------------------------|--|--------------|
| Crash Report Number: 710786140 | STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209 NMDOT COPY | Sheet 3 Of 4 |
| Case Number: 210038616 | | |

DIAGRAM

| | |
|--|--|
| Diagram Drawn By NOVICKI, THOMAS | Measurements Taken By NOT TO SCALE |
|--|--|

DIAGRAM




710789489

E_JULY_2018

ALBUQUERQUE POLICE DEPT

REPORTING DEPARTMENT

| | | | | | | | | | | | | | | | |
|---|--|--|---|---|---|---------------------------------|----------------------------|-------------------------------------|----------------------|------------------------------|---|--------------------|--------------|------------------|-----------------|
| <input type="checkbox"/> Private Property | <input type="checkbox"/> Fatal | Property Damage Only | <input type="checkbox"/> Under \$500 | <input type="checkbox"/> Hit-and-Run | Case Number: 220042701 | | CAD Num: 221560003 | | | | | | | | |
| <input type="checkbox"/> Secondary Crash | <input checked="" type="checkbox"/> Injury | <input type="checkbox"/> \$500 or More | <input type="checkbox"/> School Bus Directly Involved | <input type="checkbox"/> School Bus Indirectly Involved | Agency: 1 - ALBUQUERQUE POLICE DEPARTMENT | | | | | | | | | | |
| Crash Date 06/05/2022 | | Crash Time 0001 | | City Occurred In ALBUQUERQUE | | County BERNALILLO | | | | | | | | | |
| Day of Week SUNDAY | | Occurred On: (Route No. or Name) I 25 FRONTAGE RD | | | At Intersection With: MOUNTAIN RD NE | | | | | | | | | | |
| Other Location | | Measurement | Direction SOUTH | Permanent Landmark - County Line - Intersection - Milepost I-25 SB FRONTAGE AND MOUNTAIN RD NE | | | Lat: | | | | | | | | |
| | | | | | | | Long: | | | | | | | | |
| Crash Occurred ON ROADWAY | | First Harmful Event COLLISION W/FIXED OBJECT | | | Manner of Impact | | Manner of Crash | | | | | | | | |
| <input type="checkbox"/> Work Zone-Construction | | Tribal Land? | Analysis Code | | | Location of First Harmful Event | | | | | | | | | |
| <input type="checkbox"/> Work Zone-Maintenance | | NO | CURB | | | ON ROADWAY | | | | | | | | | |
| <input type="checkbox"/> Work Zone-Utility | | | | | | | | | | | | | | | |
| TRAFFIC UNIT 01 | | | | | | | | | | | | | | | |
| VEHICLE NO. HEADED 01 | | MV Type IN TRANSPORT | | Direction S | On: I 25 FRONTAGE RD | | Left Scene of Crash? NO | Posted Speed 35 | Safe Speed 35 | | | | | | |
| Driver's Last Name PADILLA | | | Driver's First Name JULIAN | | | Driver's Middle Name DAVID | | | | | | | | | |
| Driver's Street Address 3270 HIGHWAY 47 | | | City LOS LUNAS | | | State NM | Zip Code 87031 | Phone (505) 377-1959 | | | | | | | |
| Date of Birth 03/20/2005 | Driver's License Number 517352292 | State NM | Type D | CDL N | Status V | Restrictions | Endorsements | Expires 04/19/2023 | Interlock NO | Occupation | | | | | |
| Incident Responder NO | | | | # of Occupants 3 | Seat Pos LF | Age 17 | Sex M | Race H | Injury Code C | OP Code 6 | OP Used UNK | Airbag Deploy B | Ejected N | EMS Number 61 | Med Trans NT |
| Supplemental Occupant Information | | | | | | | | | | | | | | | |
| RF | NEWMAN | | KAITLYN | | | 17 | F | | B | 0 | UNK | B | N | 61 | EG |
| RR | JARAMILLO | | SERENITY | | JASMINE | 17 | F | | C | 0 | UNK | B | N | 32 | EG |
| | 1450 ADELA LN SW | | LOS LUNAS | | NM 87031 | | | | | | | | | | |
| Vehicle Information | | | | | | | | | | | | | | | |
| Year 2014 | Vehicle Make BUICK | | Vehicle Model VERANO | | Color WHI | Veh Use1 NS | Veh Use2 P | Veh Use3 | Veh. Towed? YES | Veh. Disabled? YES | | | | | |
| Body Style PC | Cargo Body Type | Lic. Year 2023 | State NM | License Plate Number ATCC62 | | VIN 1G4PT5SV4E4200502 | | | | Damage Severity ALL AREAS | 1 2 3 4 5 12  6 | | | | |
| Towed By CAR STOP TOWING | | | | Towed To 2200 RENARD PL. SE ALBUQUERQUE, NM 87106 | | | | Extent DISABLED | | | | | | | |
| | | | | | | | | 01,02,03,04,05,06,07,08,09,10,11,12 | | | | | | | |
| Gross Vehicle/Comb Weight Rating | | HazMat Placard? (Cargo Only) | HazMat Released (Cargo Only) | Hazmat Placard 4-digit OR Hazmat Name | | | | AND | 1-digit # | | DOT # | | | | |
| | | | | | | | | | | | | | | | |
| State # | | Number of Axles | Carrier Type Code | | | | | | | | | | | | |
| Carrier's Name | | | Street Address | | | | Carrier City | | | State | Carrier's Zip | | | | |
| Owner's Last Name MOULDER | | | Owner's First Name DUSTIN | | | Owner's Middle Name JEFFREY | | | Owner's Company Name | | | | | | |
| Street Address 49 MILTON LOOP | | | Owner's City LOS LUNAS | | | State NM | Owner Zip 87031 | | Owner's Phone | | | | | | |
| Insured By: (Name of Company) UNK | | | Policy Number UNK | | Trailer or Towed Vehicles (1) | Type | Year | Make | Lic Year | Lic State | License Num | | | | |

Crash Report Number: 710789489

Case Number: 220042701

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

Sheet 1 Of 4

| | | | | | | | | | | | | | |
|-------------------------------|------|------|------|----------|-----------|-------------|-------------------------------|------|------|------|----------|-----------|-------------|
| Trailer or Towed Vehicles (2) | Type | Year | Make | Lic Year | Lic State | License Num | Trailer or Towed Vehicles (3) | Type | Year | Make | Lic Year | Lic State | License Num |
|-------------------------------|------|------|------|----------|-----------|-------------|-------------------------------|------|------|------|----------|-----------|-------------|

Condition Information

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

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

NARRATIVE

ON SUNDAY, JUNE 5, 2022, AT 0001 HOURS, I WAS DISPATCHED TO THE INTERSECTION OF I-25 SOUTHBOUND FRONTAGE ROAD AND MOUNTAIN RD NE FOR A VEHICLE CRASH WITH INJURIES. UPON ARRIVAL, I NOTICED A WHITE IN COLOR BUICK VERANO BEARING NEW MEXICO LICENSE PLATE ATCC62 THAT WAS SEVERELY DAMAGED AND SMOKING. JUST TO THE SOUTH OF THE VEHICLE WERE THE OCCUPANTS AND WITNESS. PASSENGER #1 WAS ON THE GROUND WITH BLOOD RUNNING DOWN HER FACE FROM A DEEP LACERATION ON HER FOREHEAD. I ADVISED RESCUE PERSONNEL TO STEP UP THEIR ARRIVAL DUE TO THE INJURIES THAT PASSENGER #1 HAD SUSTAINED. RESCUE PERSONNEL ARRIVED ON SCENE AND BEGAN ASSESSING PASSENGER #1'S INJURIES. PASSENGER #1 WAS TRANSPORTED TO UNMH VIA ALBUQUERQUE AMBULANCE FOR NON-LIFE THREATENING INJURIES.

I THEN MADE CONTACT WITH DRIVER #1 WHO ADVISED THAT HE WAS OKAY, BUT HAD HIT HIS HEAD AT SOME POINT DURING THE CRASH. DRIVER #1 STATED THAT HE AND THE OTHER OCCUPANTS OF THE VEHICLE HAD GOTTEN SOME FOOD AND WERE HEADED HOME. DRIVER #1 STATED THAT HE WAS TRAVELING SOUTHBOUND ON I-25 FRONTAGE RD JUST NORTH OF THE HILL PRIOR TO MOUNTAIN RD NE. DRIVER #1 STATED THAT HE MAY HAVE BEEN DRIVING FASTER THAN HE SHOULD HAVE BBEN. DRIVER #1 STATED THAT WHEN HE GOT OVER THE TOP OF THE HILL, HE REALIZED THAT A NUMBER OF VEHICLES WERE STOPPED AT THE INTERSECTION FOR A RED LIGHT. DRIVER #1 STATED THAT HE SLAMMED ON THE BRAKES BUT NOTICED THAT THEY WERE NOT SLOWING HIM DOWN. DRIVER #1 MADE AN EVASIVE MANEUVER IN ORDER TO AVOID CRASHING INTO THE VEHICLES BY SWERVING TO THE FAR RIGHT TURN LANE. DRIVER #1 STATED THAT HE HIT THE CURB ON THE RIGHT SIDE OF THE ROAD, CAUSING HIM TO LOSE CONTROL OF THE VEHICLE. DRIVER #1 STATED THAT HE REMEMBERS THE VEHICLE SPINNING THROUGH THE INTERSECTION BUT DID NOT REMEMBER ANYTHING ELSE.

CONTACT WAS MADE WITH PASSENGER #2 AS WELL, WHO ADVISED THAT SHE WAS GOING TO PASS OUT. PASSENGER #2 WAS ALSO TRANSPORTED TO UNMH FOR NON-LIFE THREATENING INJURIES BY ALBUQUERQUE AMBULANCE.

I THEN MADE CONTACT WITH WITNESS #1 WHO ADVISED THAT SHE IS FRIEND'S WITH THE OCCUPANTS OF VEHICLE #1. WITNESS #1 STATED THAT SHE WAS STOPPED AT THE LIGHT AT THE INTERSECTION OF I-25 SOUTHBOUND FRONTAGE ROAD AND MOUNTAIN RD NE IN THE SECOND LANE FROM THE RIGHT. WITNESS #1 STATED THAT SHE HEARD TIRES SCREECHING FROM JUST NORTH OF HER. WITNESS #1 STATED THAT WHEN SHE LOOKED UP, SHE SAW THE WHITE IN COLOR BUICK HER FRIEND WAS DRIVING HIT THE RIGHT CURB CAUSING THE VEHICLE TO LOSE CONTROL. WITNESS #1 STATED THAT THE VEHICLE SPUN THROUGH THE INTERSECTION AND HIT THE TRAFFIC SIGNAL AND FIRE HYDRANT AT THE SOUTHWEST CORNER OF THE INTERSECTION.

ONCE VEHICLE #1 WAS NO LONGER SMOKING AND DEEMED SAFE BY ALBUQUERQUE FIRE RESCUE IT WAS TOWED BY CAR STOP TOWING. I HAD NO FURTHER INVOLVEMENT WITH THIS INCIDENT.

OBRD VIDEO WAS UPLOADED TO EVIDENCE.COM.


WITNESS 01

| | | | | | | |
|--------------------------------------|--|---------------------------------------|--|-----------------------|----------|--|
| Witness's Last Name ROMERO | | Witness's First Name LIZETT | | Witness's Middle Name | | Age 17 |
| Witness's Street Address | | Witness's City | | State | Zip Code | Witness's Phone (505) 975-1068 |

VIOLATION 01

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

CONCLUSION

| | | | | | | |
|--|--------------------------------------|---|--|--------------------------|------------------------|----------------------------------|
| Time Notified 0002 | Time Arrived 0004 | Notified By APD | Supervisor at Scene SERGEANT T. STODDARD | | | |
| Time Roadway Cleared 0134 | Time Incident Cleared 0134 | Checked By 6564 - STODDARD, THOMAS - 6/5/2022 | | | | |
| Officer's Signature  | | Officer's Name HOLDER, ROBERT | Rank P1C | ID Number 7042 | District 226 | Report Date 06/05/2022 |

DIAGRAM

| | | | |
|---|--|--|--|
| Diagram Drawn By HOLDER, ROBERT | | Measurements Taken By | |
| DIAGRAM | | | |
| | | | |
| Crash Report Number: 710789489 | | STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209 NMDOT COPY | |
| Case Number: 220042701 | | | |
| | | Sheet 4 Of 4 | |



710795635

E_JULY_2018

ALBUQUERQUE POLICE DEPT

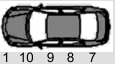
REPORTING DEPARTMENT

| | | | | | | |
|---|---|---|--|--|--|--|
| <input type="checkbox"/> Private Property | <input type="checkbox"/> Fatal | Property Damage Only | <input type="checkbox"/> Under \$500 | <input type="checkbox"/> Hit-and-Run | Case Number: 210091095 | CAD Num: 213191101 |
| <input type="checkbox"/> Secondary Crash | <input type="checkbox"/> Injury | <input checked="" type="checkbox"/> \$500 or More | <input type="checkbox"/> | <input type="checkbox"/> School Bus Directly Involved | Agency: 1 - ALBUQUERQUE POLICE DEPARTMENT | |
| <input type="checkbox"/> School Bus Indirectly Involved | <input type="checkbox"/> Commercial Vehicle Involved | | | | | |
| Crash Date 11/15/2021 | Crash Time 1620 | City Occurred In ALBUQUERQUE | | | County BERNALILLO | |
| Day of Week MONDAY | Occurred On: (Route No. or Name) LOCUST AVE | | | At Intersection With: MOUNTAIN RD NE | | |
| Other Location | Measurement | Direction | Permanent Landmark - County Line - Intersection - Milepost | | | Lat: |
| | | | | | | Long: |
| Crash Occurred ON ROADWAY | | First Harmful Event COLLISION W/MOTOR VEHICLE | | Manner of Impact FRONT-TO-SIDE (EX. T-BONE, ANGLE) | | Manner of Crash INTERSECTING PATH (T-BONE) |
| <input type="checkbox"/> Work Zone-Construction | <input type="checkbox"/> Tribal Land? | Analysis Code | | | | Location of First Harmful Event |
| <input type="checkbox"/> Work Zone-Maintenance | NO | MV IN TRANSPORT | | | | ON ROADWAY |
| <input type="checkbox"/> Work Zone-Utility | | | | | | |

TRAFFIC UNIT 01

| | | | | | | |
|--|---|---------------------------------------|------------------------------|-----------------------------------|---------------------------|--------------------------------|
| VEHICLE NO. HEADED 01 | MV Type IN TRANSPORT | Direction E | On: MOUNTAIN RD NE | Left Scene of Crash? NO | Posted Speed 35 | Safe Speed 00 |
| Driver's Last Name ZIEGLER | | Driver's First Name JACKSON | | Driver's Middle Name | | |
| Driver's Street Address 2932 LA PALOMITA RD NE | | City ALBUQUERQUE | | State NM | Zip Code 87111 | Phone (505) 389-8313 |
| Date of Birth 01/27/2005 | Driver's License Number 517399591 | State NM | Type D | CDL N | Status V | Restrictions B |
| Endorsements | | Expires 02/26/2023 | Interlock NO | Occupation STUDENT | | |
| Incident Responder | | | # of Occupants 4 | Seat Pos LF | Age 16 | Sex M |
| | | | | | Race C | Injury Code O |
| | | | | | OP Code 3 | OP Used YES |
| | | | | | Airbag Deploy N | Ejected N |
| | | | | | EMS Number | Med Trans |
| Supplemental Occupant Information | | | | | | |
| RF | TRACY | RYAN | | 17 | F | C |
| | 12613 ELAINE PL NE | ALBUQUERQUE | NM 87112 | | O | O |
| | | | | 3 | YES | N |
| | | | | N | | |
| RR | CHACO | RILEY | | 16 | F | C |
| | 11813 PHOENIX AVE NE | ALBUQUERQUE | NM 87112 | | O | O |
| | | | | 3 | YES | N |
| | | | | N | | |
| LR | PEREZ | CHRISTOPHER | | 16 | M | H |
| | 412 GENERAL STILWELL ST NE | ALBUQUERQUE | NM 87123 | | O | O |
| | | | | 3 | YES | N |
| | | | | N | | |

Vehicle Information

| | | | | | | | | |
|---|------------------------------|---|---------------------------------------|---------------------------------------|---------------------------------|--|---------------------------|---|
| Year 2009 | Vehicle Make MAZDA | Vehicle Model 3 | Color RED | Veh Use1 | Veh Use2 | Veh Use3 | Veh. Towed? YES | Veh. Disabled? YES |
| Body Style PC | Cargo Body Type | Lic. Year 2023 | State NM | License Plate Number BBDH67 | VIN JM1BK343691195344 | Damage Severity HEAVY | | 1 2 3 4 5 12  6 |
| Towed By ACME T & R | | Towed To 8705 BROADWAY BLVD. SE # A ALBUQUERQUE, NM | | Extent DISABLED | | 14-Top 15-Undercarriage 10,11,12 | | |
| Gross Vehicle/Comb Weight Rating | HazMat Placard? (Cargo Only) | HazMat Released (Cargo Only) | Hazmat Placard 4-digit OR Hazmat Name | | AND | 1-digit # | DOT # | |
| State # | Number of Axles | Carrier Type Code | | | | | | |
| Carrier's Name | | Street Address | | Carrier City | | State | Carrier's Zip | |
| Owner's Last Name ZIEGLER | | Owner's First Name MATTHEW | | Owner's Middle Name | | Owner's Company Name | | |
| Street Address 2932 LA PALOMITA RD NE | | Owner's City ALBUQUERQUE | | State NM | Owner Zip 87111 | Owner's Phone (505) 389-8313 | | |

Crash Report Number: 710795635

Case Number: 210091095

| | | | | | | | | | | | | | | |
|--|------|------|------|----------|-----------|------------------------------------|--|-------------------------------|------|------|------|----------|-----------|-------------|
| Insured By: (Name of Company) USAA | | | | | | Policy Number 007611056C | | Trailer or Towed Vehicles (1) | Type | Year | Make | Lic Year | Lic State | License Num |
| Trailer or Towed Vehicles (2) | Type | Year | Make | Lic Year | Lic State | License Num | | Trailer or Towed Vehicles (3) | Type | Year | Make | Lic Year | Lic State | License Num |

Condition Information

| | | | | | | | | | | | | | | |
|-----------------------------------|--|-----------------------------|--|------------------------------|--|--|---|-----------------|---|-------------------------|---|--|--|--|
| Lighting DAYLIGHT | | | Weather CLEAR | | | Intersection Type T-INTERSECTION | | | Relation To Junction INTERSECTION RELATED | | | | | |
| Work Zone Location | | | | Work Zone Type | | | | Workers Present | | Law Enforcement Present | | | | |
| Road Character STRAIGHT | | Road Grade UPHILL | | Road Condition DRY | | | Road Surface PAVED CENTER AND EDGE LINE | | | | Traffic Control TRAFFIC SIGNALS | | | |
| Road Lanes 4+ LANES | | | Road Design Div PAINTED DIVIDER (>4 FT) | | | Road Design FULL ACCESS CONTROL (E.G. HIGHWAY OR INTERSTATE) | | | | | | | | |


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

TRAFFIC UNIT 02

| | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|--------------------|-------------------------------------|-----------------|----------------------------|--------------|-----------------------|------------------------------|-----------------------------------|--------------------------|---------------------------|--------------------------------|-------------------------|-----------------------|---------------------------|---------------------|------------|-----------|
| VEHICLE NO. HEADED 02 | | MV Type IN TRANSPORT | | | Direction S | | On: LOCUST AVE | | | | Left Scene of Crash? NO | | Posted Speed 35 | | Safe Speed 00 | | | | | |
| Driver's Last Name MONTES-SINALOA | | | | | Driver's First Name CARLA | | | | | Driver's Middle Name | | | | | | | | | | |
| Driver's Street Address 1041 TAPIA BLVD SW | | | | | City ALBUQUERQUE | | | | | State NM | | Zip Code 87105 | | Phone (505) 485-7396 | | | | | | |
| Date of Birth 01/13/2001 | | Driver's License Number 515228446 | | State NM | Type D | CDL N | Status V | Restrictions | Endorsements | Expires 02/12/2022 | | Interlock NO | | Occupation | | | | | | |
| Incident Responder | | | | | | | # of Occupants 1 | | Seat Pos LF | | Age 20 | Sex F | Race H | Injury Code O | OP Code 3 | OP Used YES | Airbag Deploy F | Ejected N | EMS Number | Med Trans |

Supplemental Occupant Information

Vehicle Information

| | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------|--|------------------------------|--|------------------------------|--------------------------------|---------------------------------------|---|---------------------------------------|--|--------------|---------------------------------|----------|-----------|----------|---------------------------|---------------------------------|---------------|---|--|--|--|
| Year 2012 | | Vehicle Make FORD | | | Vehicle Model ESCAPE | | | Color BLK | | Veh Use1 | | Veh Use2 | | Veh Use3 | | Veh. Towed? YES | | Veh. Disabled? YES | | | |
| Body Style SV | | Cargo Body Type | | Lic. Year 2022 | | State NM | | License Plate Number ALMG83 | | | VIN 1FMCU0DG1CKA37183 | | | | | Damage Severity HEAVY | | <div>1 2 3 4 5 12  6 11 10 9 8 7 14-Top 15-Undercarriage</div> | | | |
| Towed By ACME T & R | | | | | | | Towed To 8705 BROADWAY BLVD. SE # A ALBUQUERQUE, NM | | | | | | | | Extent DISABLED | | | | | | |
| Gross Vehicle/Comb Weight Rating | | HazMat Placard? (Cargo Only) | | HazMat Released (Cargo Only) | | Hazmat Placard 4-digit OR Hazmat Name | | | | | AND | | 1-digit # | | DOT # | | | | | | |
| State # | | Number of Axles | | Carrier Type Code | | | | | | | | | | | | | | | | | |
| Carrier's Name | | | | | Street Address | | | | | Carrier City | | | | | State | | Carrier's Zip | | | | |

| | | | | | | | | | | | | | | |
|---|------|------|------------------------------------|----------|-----------|-------------------------------|---------------------------|-------------------------------|--|----------|-----------|-------------|-----------|-------------|
| Owner's Last Name MONTES-SINALOA | | | Owner's First Name CARLA | | | Owner's Middle Name | | | Owner's Company Name | | | | | |
| Street Address 1041 TAPIA BLVD SW | | | Owner's City ALBUQUERQUE | | | State NM | Owner Zip 87105 | | Owner's Phone (505) 485-7396 | | | | | |
| Insured By: (Name of Company) PROGRESSIVE | | | Policy Number 929908906 | | | Trailer or Towed Vehicles (1) | Type | Year | Make | Lic Year | Lic State | License Num | | |
| Trailer or Towed Vehicles (2) | Type | Year | Make | Lic Year | Lic State | License Num | | Trailer or Towed Vehicles (3) | Type | Year | Make | Lic Year | Lic State | License Num |

Condition Information

| | | | | | | | | | | |
|-----------------------------------|-------------------------------|--|----------------|---|--|-----------------|---|-------------------------|--|--|
| Lighting DAYLIGHT | | Weather CLEAR | | | Intersection Type T-INTERSECTION | | Relation To Junction INTERSECTION RELATED | | | |
| Work Zone Location | | | Work Zone Type | | | Workers Present | | Law Enforcement Present | | |
| Road Character STRAIGHT | Road Grade DOWNHILL | Road Condition DRY | | Road Surface PAVED CENTER AND EDGE LINE | | | Traffic Control TRAFFIC SIGNALS | | | |
| Road Lanes 4+ LANES | | Road Design Div PAINTED DIVIDER (>4 FT) | | | Road Design FULL ACCESS CONTROL (E.G. HIGHWAY OR INTERSTATE) | | | | | |

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

NARRATIVE

ON NOVEMBER 15, 2021 AT APPROXIMATELY 1620 HOURS, THE RED MAZDA DRIVEN BY JACKSON ZIEGLER WAS TRAVELING EAST ON MOUNTAIN RD NE AND WHILE MAKING IT THROUGH THE INTERSECTION HE STRUCK THE BLACK FORD ESCAPE DRIVEN BY CARLA MONTES-SINALOA AS SHE WAS DRIVING SOUTH ON LOCUST RD.

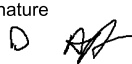
BOTH VEHICLES SUFFERED FRONT END DAMAGE AND BOTH DRIVERS STATED THEY HAD A GREEN LIGHT. I CHECKED FOR CAMERAS IN THE AREA TO HELP DETERMINE WHO HAD THE GREEN LIGHT BUT THERE WAS NONE. I ALSO OBSERVED THE LIGHTS TO BE IN WORKING ORDER DURING THE TIME I WAS ON SCENE.

BOTH VEHICLE'S WERE TOWED FROM THE SCENE. MY OBRD WILL BE UPLOADED TO EVIDENCE.COM.

VIOLATION 01

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

CONCLUSION

| | | | | | |
|--|--------------------------------------|--|---------------------|--------------------------|----------------------------------|
| Time Notified 1632 | Time Arrived 1634 | Notified By DISPATCH | Supervisor at Scene | | |
| Time Roadway Cleared 1739 | Time Incident Cleared 1830 | Checked By 3008 - GARCIA, HOLLY - 11/15/2021 | | | |
| Officer's Signature  | | Officer's Name HOFFMAN, DOUGLAS | Rank P2C | ID Number 7393 | Report Date 11/15/2021 |

DIAGRAM

| | |
|---|-----------------------|
| Diagram Drawn By HOFFMAN, DOUGLAS | Measurements Taken By |
| DIAGRAM | |



710796028

E_JULY_2018

ALBUQUERQUE POLICE DEPT

REPORTING DEPARTMENT

| | | | | | | |
|---|--|--|--|--|---|---|
| <input type="checkbox"/> Private Property | <input type="checkbox"/> Fatal | Property Damage Only | <input type="checkbox"/> Under \$500 | <input checked="" type="checkbox"/> Hit-and-Run School Bus Directly Involved | Case Number: 210077917 | CAD Num: 212730728 |
| <input checked="" type="checkbox"/> Secondary Crash | <input checked="" type="checkbox"/> Injury | <input type="checkbox"/> \$500 or More | <input type="checkbox"/> School Bus Indirectly Involved | <input type="checkbox"/> Commercial Vehicle Involved | Agency: 1 - ALBUQUERQUE POLICE DEPARTMENT | |
| Crash Date 09/30/2021 | Crash Time 1350 | City Occurred In ALBUQUERQUE | | | County BERNALILLO | |
| Day of Week THURSDAY | Occurred On: (Route No. or Name) MOUNTAIN RD NE | | | At Intersection With: I 25 FRONTAGE RD | | |
| Other Location | Measurement | Direction | Permanent Landmark - County Line - Intersection - Milepost | | | Lat: Long: |
| Crash Occurred ON ROADWAY | | First Harmful Event COLLISION W/MOTOR VEHICLE | | Manner of Impact FRONT-TO-SIDE (EX. T-BONE, ANGLE) | | Manner of Crash INTERSECTING PATH (T-BONE) |
| <input type="checkbox"/> Work Zone-Construction | <input type="checkbox"/> Tribal Land? | Analysis Code | | | Location of First Harmful Event | |
| <input type="checkbox"/> Work Zone-Maintenance | NO | MV IN TRANSPORT | | | ON ROADWAY | |
| <input type="checkbox"/> Work Zone-Utility | | | | | | |

TRAFFIC UNIT 01

| | | | | | | |
|--|--------------------------------------|--------------------------------|-----------------------|----------------------------------|------------------------|-------------------------|
| VEHICLE NO. HEADED 01 | MV Type IN TRANSPORT | Direction W | On: MOUNTAIN RD NE | Left Scene of Crash? NO | Posted Speed 25 | Safe Speed |
| Driver's Last Name SANDOVAL | | Driver's First Name PAULINE | | Driver's Middle Name VERONICA | | |
| Driver's Street Address 524 TRADING POST TRL SE | | City ALBUQUERQUE | | State NM | Zip Code 87123-0000 | Phone (505) 550-2029 |
| Date of Birth 09/08/1959 | Driver's License Number 083185317 | State NM | Type B | CDL Y | Status V | Restrictions B,E,M |
| Incident Responder NO | | # of Occupants 3 | Seat Pos LF | Expires 10/08/2022 | Interlock NO | Occupation |
| Supplemental Occupant Information | | Age 62 | Sex F | Race H | Injury Code O | OP Code 0 |
| | | OP Used UNK | Airbag Deploy N | Ejected N | EMS Number | Med Trans NT |
| BP | ROELES | ALEXA | | | F | H |
| | 800 ODELIA RD NW | ALBUQUERQUE | NM | 87102 | O | 0 |
| BP | HERNANDEZ | ADRIANA | | | F | H |
| | 800 ODELIA RD NW | ALBUQUERQUE | NM | 87102 | O | 0 |

Vehicle Information

| | | | | | | | | |
|--|--------------------------|-------------------------------|------------------------------|---|--------------------------|--|-----------------------------|---|
| Year 2013 | Vehicle Make BLUEBIRD | Vehicle Model SCHOOL BUS | Color YEL | Veh Use1 SB | Veh Use2 G | Veh Use3 | Veh. Towed? YES | Veh. Disabled? YES |
| Body Style BU | Cargo Body Type | Lic. Year 2099 | State NM | License Plate Number SKB1044 | VIN 1BAKGCPA9DF295259 | | Damage Severity MODERATE | 1 2 3 4 5 12 6 11 10 9 8 7 14-Top 15-Undercarriage |
| Towed By UNKNOWN | | Towed To OWNER DESTINATION | | | | Extent DISABLED | | |
| Gross Vehicle/Comb Weight Rating | | HazMat Placard? (Cargo Only) | HazMat Released (Cargo Only) | Hazmat Placard 4-digit OR Hazmat Name AND 1-digit # | | DOT # | | |
| State # | Number of Axles | Carrier Type Code | | | | | | |
| Carrier's Name | | Street Address | | Carrier City | | State | Carrier's Zip | |
| Owner's Last Name | | Owner's First Name | | Owner's Middle Name | | Owner's Company Name APS/HERRERA SCHOOL BUSES | | |
| Street Address 10605 CENTRAL AVE NW | | Owner's City ALBUQUERQUE | | State NM | Owner Zip 87121 | Owner's Phone | | |
| Insured By: (Name of Company) SELF | | Policy Number SELF | | Trailer or Towed Vehicles (1) | Type | Year | Make | Lic Year Lic State License Num |

| | | | | | | | | | | | | | |
|-------------------------------|------|------|------|----------|-----------|-------------|-------------------------------|------|------|------|----------|-----------|-------------|
| Trailer or Towed Vehicles (2) | Type | Year | Make | Lic Year | Lic State | License Num | Trailer or Towed Vehicles (3) | Type | Year | Make | Lic Year | Lic State | License Num |
|-------------------------------|------|------|------|----------|-----------|-------------|-------------------------------|------|------|------|----------|-----------|-------------|

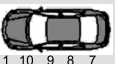
Condition Information

| | | | | | | | | |
|---|-------------------------------|--|--|--|---|---|---------------------------|--|
| Lighting DAYLIGHT | | Weather CLOUDY, RAINING | | Intersection Type FOUR-WAY | | Relation To Junction INTERSECTION | | |
| Work Zone Location | | | Work Zone Type | | Workers Present | | Law Enforcement Present | |
| Road Character STRAIGHT | Road Grade DOWNHILL | Road Condition WET | | Road Surface LANE MARKERS | | Traffic Control TRAFFIC SIGNALS | | |
| Road Lanes 3 LANES | | Road Design Div PAINTED DIVIDER (>4 FT) | | Road Design FULL ACCESS CONTROL (E.G. HIGHWAY OR INTERSTATE) | | | | |
| APPARENT CONTRIBUTING FACTORS | | | | | DRIVER'S ACTIONS | | SEQUENCE OF EVENTS | |
| NO DRIVER ERROR | | | | | GOING STRAIGHT | | FIRST EVENT MVT | |
| | | | | | | | SECOND EVENT | |
| | | | | | | | THIRD EVENT | |
| | | | | | | | FOURTH EVENT | |
| | | | | | | | MHE MVT | |
| DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | PEDESTRIAN/PEDALCYCLIST ACTION | | | |
| HAD NOT CONSUMED ALCOHOL | | | NO APP. DEFECTS | | <input type="checkbox"/> At Intersection <input type="checkbox"/> Not at Intersection | | | |
| | | | | | Actions Prior to Crash | | | |
| | | | | | Actions at Time of Crash | | | |
| Breath Test Results | | | Driver Physical Condition - Other | | | Location at Time of Crash | | |

TRAFFIC UNIT 02

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|--------------------------------------|--|--------------------------------|-----------------|--|--------------------------|-------------------------------|--|--------------------------------|--|------------------------|--|------------------|--|-------------------------|--|---------------------|--|-----------------------|--|---------------------------|--|---------------------|--|------------|--|------------------------|--|
| VEHICLE NO. HEADED 02 | | MV Type IN TRANSPORT | | Direction S | | On: I 25 FRONTAGE RD | | Left Scene of Crash? NO | | Posted Speed 45 | | Safe Speed | | | | | | | | | | | | | | | | | | | |
| Driver's Last Name BRITO | | | | Driver's First Name EDWARD | | | | Driver's Middle Name WILLIAM | | | | | | | | | | | | | | | | | | | | | | | |
| Driver's Street Address 5913 CARLOS REY CIR SW | | | | City ALBUQUERQUE | | | | State NM | | Zip Code 87121-0000 | | Phone (505) 340-8825 | | | | | | | | | | | | | | | | | | | |
| Date of Birth 05/07/1938 | | Driver's License Number 002968509 | | State NM | | Type D | CDL N | Status V | Restrictions B | Endorsements | | Expires 08/29/2022 | | Interlock NO | | Occupation | | | | | | | | | | | | | | | |
| Incident Responder NO | | | | | | | | # of Occupants 2 | | Seat Pos LF | | Age 83 | | Sex M | | Race H | | Injury Code O | | OP Code 0 | | OP Used UNK | | Airbag Deploy N | | Ejected N | | EMS Number | | Med Trans NT | |
| Supplemental Occupant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RF | | BRITO | | | | ROSEMARY | | | | 80 | | F | | H | | C | | 0 | | UNK | | N | | N | | | | NT | | | |
| | | 5913 CARLOS REY CIR SW | | | | ALBUQUERQUE | | | | NM | | 87121-0000 | | | | | | | | | | | | | | | | | | | |

Vehicle Information

| | | | | | | | | | | | | | | | | | |
|---|--|------------------------------|--|---------------------------------|--|------------------------------|--|---|--|---------------------------------|--|----------|--|---------------------------------|--|---|--|
| Year 2016 | | Vehicle Make DODGE | | Vehicle Model CARAVAN | | Color RED | | Veh Use1 | | Veh Use2 P | | Veh Use3 | | Veh. Towed? YES | | Veh. Disabled? YES | |
| Body Style VN | | Cargo Body Type | | Lic. Year 2022 | | State NM | | License Plate Number 0136RF | | VIN 2C4RDGCG6GR273750 | | | | Damage Severity HEAVY | | 1 2 3 4 5 12  6 | |
| Towed By BONES TOWING & SALVAGE | | | | | | | | Towed To 105 DALE AVE. NE ALBUQUERQUE, NM 87105 | | | | | | Extent DISABLED | | 14-Top 15-Undercarriage 12 | |
| Gross Vehicle/Comb Weight Rating | | | | HazMat Placard? (Cargo Only) | | HazMat Released (Cargo Only) | | Hazmat Placard 4-digit OR Hazmat Name | | | | AND | | 1-digit # | | DOT # | |
| State # | | Number of Axles | | Carrier Type Code | | | | | | | | | | | | | |
| Carrier's Name | | | | Street Address | | | | Carrier City | | | | State | | Carrier's Zip | | | |

| | | | | | | | | | | | | | | | |
|---|------|------|------|-------------------------------------|-----------|---------------------------------------|--|---------------------------------------|------|--------------------|--------------------------------|----------------------|--|-------------|--|
| Owner's Last Name BRITO | | | | Owner's First Name EDWARD | | | | Owner's Middle Name WILLIAM | | | | Owner's Company Name | | | |
| Street Address 5913 CARLOS REY CIR SW | | | | | | Owner's City ALBUQUERQUE | | | | State NM | Owner Zip 87121-0000 | | Owner's Phone (505) 340-8825 | | |
| Insured By: (Name of Company) GEICO | | | | | | Policy Number 4546-63-44-62 | | Trailer or Towed Vehicles (1) | Type | Year | Make | Lic Year | Lic State | License Num | |
| Trailer or Towed Vehicles (2) | Type | Year | Make | Lic Year | Lic State | License Num | | Trailer or Towed Vehicles (3) | Type | Year | Make | Lic Year | Lic State | License Num | |

Condition Information

| | | | | | | | | | | | | | | |
|-----------------------------------|--|-------------------------------|--|--|--|--|--|--------------------------------------|--|-------------------------|---|--|--|--|
| Lighting DAYLIGHT | | | | Weather CLOUDY, RAINING | | | | Intersection Type FOUR-WAY | | | Relation To Junction INTERSECTION | | | |
| Work Zone Location | | | | Work Zone Type | | | | Workers Present | | Law Enforcement Present | | | | |
| Road Character STRAIGHT | | Road Grade DOWNHILL | | Road Condition WET | | | Road Surface LANE MARKERS | | | | Traffic Control TRAFFIC SIGNALS | | | |
| Road Lanes 2 LANES | | | | Road Design Div PHYSICAL BARRIER | | | Road Design FULL ACCESS CONTROL (E.G. HIGHWAY OR INTERSTATE) | | | | | | | |

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

NARRATIVE

UNIT 1 WAS WESTBOUND ON MOUNTAIN RD NE. UNIT 2 WAS SOUTHBOUND ON I25 SOUTHBOUND FRONTAGE RD NE. THE FRONT OF UNIT 2 STRUCK THE RIGHT SIDE OF UNIT 1.

DRIVER 1 ADVISED THE LIGHT FOR WESTBOUND TRAFFIC WAS GREEN AND DROVE THROUGH THE INTERSECTION. DRIVER 1 BELIEVES UNIT 2 RAN THE RED LIGHT AND ADVISED UNIT 2 STRUCK THE RIGHT SIDE OF UNIT 1.

DRIVER 2 ADVISED THE LIGHT FOR SOUTHBOUND TRAFFIC WAS GREEN AND DROVE THROUGH THE INTERSECTION. DRIVER 2 BELIEVES UNIT 1 RAN THE RED LIGHT AND PULLED IN FRONT OF HIM. DRIVER 2 ADVISED HE WAS UNABLE TO STOP IN TIME TO PREVENT THE COLLISION.


THE APD RTCC ADVISED THERE WERE NO TRAFFIC CAMERAS IN THE INTERSECTION THAT WOULD HAVE CAPTURED THE COLLISION. THERE WERE NO WITNESSES AT THE TIME OF THIS REPORT. IT IS UNKNOWN WHICH LIGHT WAS GREEN AT THE TIME OF THE COLLISION.

PASSENGER OF UNIT 2 REPORTED PAIN ALL OVER.

NO OTHER INJURIES WERE REPORTED.

PROPERTY 01

| | | | | | | |
|---|---|--|------------------------------------|--|---------------------|--------------------------|
| Type C | Description of Property and Damage CHAIN LINK FENCE | | | | | |
| Owner's Last Name APS | | | Owner's First Name | | Owner's Middle Name | |
| Owner's Street Address 807 MOUNTAIN RD NE | | | Owner's City ALBUQUERQUE | | State NM | Zip Code 87102 |
| | | | | | Owner's Phone | |

| VIOLATION 01 | | | | | | |
|--|--------------------------------------|---|-------------|------------------------------------|--------------------------|------------------------|
| VEH NO. | Last Name | First Name | Middle Name | Violation (Common Name) | Action | |
| CONCLUSION | | | | | | |
| Time Notified 1428 | Time Arrived 1431 | Notified By APD DISPATCH | | Supervisor at Scene NONE | | |
| Time Roadway Cleared 1530 | Time Incident Cleared 1600 | Checked By 3936 - CLINGENPEEL, MARC - 10/4/2021 | | | | |
| Officer's Signature  | | Officer's Name BEEM, KEVIN | | Rank P1C | ID Number 5526 | District 234 |
| | | | | Report Date 09/30/2021 | | |

DIAGRAM

| | | | |
|--|--|---|--|
| Diagram Drawn By BEEM, KEVIN | | Measurements Taken By | |
| <div>DIAGRAM</div> | | | |
| | | | |
| Crash Report Number: 710796028 | | STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209 NMDOT COPY | |
| Case Number: 210077917 | | | |
| | | Sheet 5 Of 5 | |



710796039

E_JULY_2018

ALBUQUERQUE POLICE DEPT

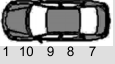
REPORTING DEPARTMENT

| | | | | | | |
|---|---|---|--|--|--|--|
| <input type="checkbox"/> Private Property | <input type="checkbox"/> Fatal | Property Damage Only | <input type="checkbox"/> Under \$500 | <input type="checkbox"/> Hit-and-Run | Case Number: 210088421 | CAD Num: 213091076 |
| <input type="checkbox"/> Secondary Crash | <input checked="" type="checkbox"/> Injury | <input type="checkbox"/> \$500 or More | <input type="checkbox"/> School Bus Directly Involved | <input type="checkbox"/> School Bus Indirectly Involved | Agency: 1 - ALBUQUERQUE POLICE DEPARTMENT | |
| Crash Date 11/05/2021 | Crash Time 1930 | City Occurred In ALBUQUERQUE | | | County BERNALILLO | |
| Day of Week FRIDAY | Occurred On: (Route No. or Name) I 25 FRONTAGE RD | | | At Intersection With: MOUNTAIN RD NW | | |
| Other Location | Measurement | Direction | Permanent Landmark - County Line - Intersection - Milepost | | | Lat: |
| | | | | | | Long: |
| Crash Occurred ON ROADWAY | | First Harmful Event COLLISION W/MOTOR VEHICLE | | Manner of Impact FRONT-TO-SIDE (EX. T-BONE, ANGLE) | | Manner of Crash INTERSECTING PATH (T-BONE) |
| <input type="checkbox"/> Work Zone-Construction | <input type="checkbox"/> Work Zone-Maintenance | <input type="checkbox"/> Work Zone-Utility | Tribal Land? NO | Analysis Code MV IN TRANSPORT | | Location of First Harmful Event ON ROADWAY |

TRAFFIC UNIT 01

| | | | | | | |
|---|---|---------------------------------------|--------------------------------|---------------------------------------|-------------------------------|--------------------------------|
| VEHICLE NO. HEADED 01 | MV Type IN TRANSPORT | Direction S | On: I 25 FRONTAGE RD | Left Scene of Crash? NO | Posted Speed 45 | Safe Speed |
| Driver's Last Name MANNING | | Driver's First Name ZACHARY | | Driver's Middle Name ARTHUR | | |
| Driver's Street Address 5541 CAMINO ESCONDIDA | | City LAS CRUCES | | State NM | Zip Code 88011-0000 | Phone (575) 644-8650 |
| Date of Birth 06/06/1987 | Driver's License Number 500408341 | State NM | Type D | CDL N | Status V | Restrictions B |
| Incident Responder NO | | # of Occupants 2 | | Seat Pos LF | | Endorsements |
| Supplemental Occupant Information | | Expires 08/26/2027 | | Interlock NO | | Occupation |
| RF | | HARRIS | ANGELA | ELIZABETH | Age 34 | Sex M |
| 1620 AGUA FRIA ST | | SANTA FE | NM | 87505-0000 | Race C | Injury Code O |
| | | | | | OP Code 0 | OP Used UNK |
| | | | | | Airbag Deploy N | Ejected N |
| | | | | | EMS Number | Med Trans NT |

Vehicle Information

| | | | | | | | | |
|--|-------------------------------|--------------------------------------|------------------------------|---|---------------------------------|--|------------------------------------|---|
| Year 2003 | Vehicle Make SUBARU | Vehicle Model OUTBACK | Color GRN | Veh Use1 | Veh Use2 P | Veh Use3 | Veh. Towed? YES | Veh. Disabled? YES |
| Body Style PC | Cargo Body Type | Lic. Year 2022 | State NM | License Plate Number RBX052 | VIN 4S3BH686137652327 | | Damage Severity MODERATE | 1 2 3 4 5 12  6 |
| Towed By AAA | | Towed To OWNER DESTINATION | | | | Extent DISABLED | | |
| Gross Vehicle/Comb Weight Rating | | HazMat Placard? (Cargo Only) | HazMat Released (Cargo Only) | Hazmat Placard 4-digit OR Hazmat Name AND 1-digit # | | DOT # | | |
| State # | | Number of Axles | Carrier Type Code | | | | | |
| Carrier's Name | | Street Address | | Carrier City | | State | Carrier's Zip | |
| Owner's Last Name MANNING | | Owner's First Name ZACHARY | | Owner's Middle Name ARTHUR | | Owner's Company Name | | |
| Street Address 5541 CAMINO ESCONDIDA | | Owner's City LAS CRUCES | | State NM | Owner Zip 88011-0000 | Owner's Phone (575) 644-8650 | | |
| Insured By: (Name of Company) NATIONWIDE | | Policy Number 7230J 003739 | | Trailer or Towed Vehicles (1) | Type | Year | Make | Lic Year |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic Year | Lic State | License Num | |
| Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic Year | Lic State | License Num | |

Crash Report Number: 710796039

Case Number: 210088421

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

Sheet 1 Of 5

Condition Information

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

TRAFFIC UNIT 02

| | | | | | | | | | | | | | | | | |
|--|---|--------------------------------|------------------|------------------------------------|------------------------------|-----------------------|---|-----------------------------------|--------------------------------|-------------------------|---------------------|-----------------------|---------------------------|---------------------|-------------------------|------------------------|
| VEHICLE NO. HEADED 02 | | MV Type IN TRANSPORT | | Direction E | On: MOUNTAIN RD NW | | | Left Scene of Crash? NO | Posted Speed | Safe Speed | | | | | | |
| Driver's Last Name FUNNELL | | | | Driver's First Name LORI | | | Driver's Middle Name MICHELLE | | | | | | | | | |
| Driver's Street Address 2817 GEORGIA ST NE | | | | City ALBUQUERQUE | | | State NM | Zip Code 87110-0000 | Phone (505) 301-5558 | | | | | | | |
| Date of Birth 07/16/1989 | Driver's License Number 503259605 | State NM | Type D | CDL N | Status V | Restrictions | Endorsements W | Expires 09/12/2029 | Interlock NO | Occupation | | | | | | |
| Incident Responder NO | | | | | # of Occupants 1 | Seat Pos LF | Age 32 | Sex F | Race C | Injury Code C | OP Code 0 | OP Used UNK | Airbag Deploy F | Ejected N | EMS Number 12 | Med Trans NT |

Supplemental Occupant Information

Vehicle Information

| | | | | | | | | | | | |
|---|--------------------------------|------------------------------|------------------------------------|---|---------------------|--|--------------------------------|---------------------------|--|---|--|
| Year 2018 | Vehicle Make HYUNDAI | | Vehicle Model SANTA FE | | Color SIL | Veh Use1 | Veh Use2 P | Veh Use3 | Veh. Towed? YES | Veh. Disabled? YES | |
| Body Style SV | Cargo Body Type | Lic. Year 2022 | State NM | License Plate Number 214SND | | VIN 5NMSG73D09H259662 | | | Damage Severity HEAVY |  | |
| Towed By TNC RECOVERY | | | | Towed To 2800 BROADWAY BLVD. SE ALBUQUERQUE, NM 871 | | | | Extent DISABLED | 14-Top 15-Undercarriage 12 | | |
| Gross Vehicle/Comb Weight Rating | | HazMat Placard? (Cargo Only) | HazMat Released (Cargo Only) | Hazmat Placard 4-digit OR Hazmat Name | | | AND 1-digit # | | DOT # | | |
| State # | Number of Axles | Carrier Type Code | | | | | | | | | |
| Carrier's Name | | | Street Address | | | Carrier City | | | State | Carrier's Zip | |
| Owner's Last Name FUNNELL | | | Owner's First Name LORI | | | Owner's Middle Name MICHELLE | | | Owner's Company Name | | |
| Street Address 2817 GEORGIA ST NE | | | Owner's City ALBUQUERQUE | | | State NM | Owner Zip 87110-0000 | | Owner's Phone (505) 301-5558 | | |

Crash Report Number: **710796039**

Case Number: **210088421**

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

Sheet 2 Of 5

| | | | | | | | | | | | | | | |
|---|------|------|------|----------|-----------|-----------------------------------|--|-------------------------------|------|------|------|----------|-----------|-------------|
| Insured By: (Name of Company) PROGRESSIVE | | | | | | Policy Number 952540424 | | Trailer or Towed Vehicles (1) | Type | Year | Make | Lic Year | Lic State | License Num |
| Trailer or Towed Vehicles (2) | Type | Year | Make | Lic Year | Lic State | License Num | | Trailer or Towed Vehicles (3) | Type | Year | Make | Lic Year | Lic State | License Num |

Condition Information

| | | | | | | | | | | | | | |
|-----------------------------------|-----------------------------|------------------------------|--|----------------|-------------------------------------|--|--|-----------------|---|-------------------------|--|--|--|
| Lighting DARK LIGHTED | | | Weather CLEAR | | | Intersection Type FOUR-WAY | | | Relation To Junction INTERSECTION | | | | |
| Work Zone Location | | | | Work Zone Type | | | | Workers Present | | Law Enforcement Present | | | |
| Road Character STRAIGHT | Road Grade UPHILL | Road Condition DRY | | | Road Surface LANE MARKERS | | | | Traffic Control TRAFFIC SIGNALS | | | | |
| Road Lanes 3 LANES | | | Road Design Div PAINTED DIVIDER (>4 FT) | | | Road Design FULL ACCESS CONTROL (E.G. HIGHWAY OR INTERSTATE) | | | | | | | |


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

| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NARRATIVE | | | | | | | | | | | | | |
| UNIT 1 WAS SOUTHBOUND ON I25 FRONTAGE ROAD, PASSING THROUGH MOUNTAIN. UNIT 2 WAS EASTBOUND MOUNTAIN, PASSING THROUGH THE I25 FRONTAGE RD. THE FRONT OF UNIT 2 STRUCK THE RIGHT SIDE OF UNIT 1. | | | | | | | | | | | | | |
| DRIVER 1 ADVISED THE LIGHT FOR SOUTHBOUND TRAFFIC WAS GREEN AND HE DROVE INTO THE INTERSECTION. DRIVER 1 ADVISED THE LIGHT FOR UNIT 2 WAS RED. | | | | | | | | | | | | | |
| DRIVER 2 ADVISED SHE HEARD A TRAIN, LOOKED BACK AND THE COLLISION OCCURRED. | | | | | | | | | | | | | |
| WITNESS 1 WAS BEHIND UNIT 1 AND OBSERVED UNIT 2 RUN A RED LIGHT PRIOR TO THE COLLISION. WITNESS 1 ADVISED THE LIGHT FOR UNIT 1 WAS GREEN. | | | | | | | | | | | | | |
| DRIVER 2 COMPLAINED OF PAIN, NO OTHER INJURIES WERE REPORTED. | | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|---|--|--|--|--|---|--|--|--------------------|--------------------------|-----------------------|--|--|------------------|
| WITNESS 01 | | | | | | | | | | | | | |
| Witness's Last Name SENA | | | | | Witness's First Name LAWRENCE | | | | | Witness's Middle Name | | | Age 48 |
| Witness's Street Address 13 COOPER HAWK | | | | | Witness's City THOREAU | | | State NM | Zip Code 87323 | | Witness's Phone (575) 799-2476 | | |

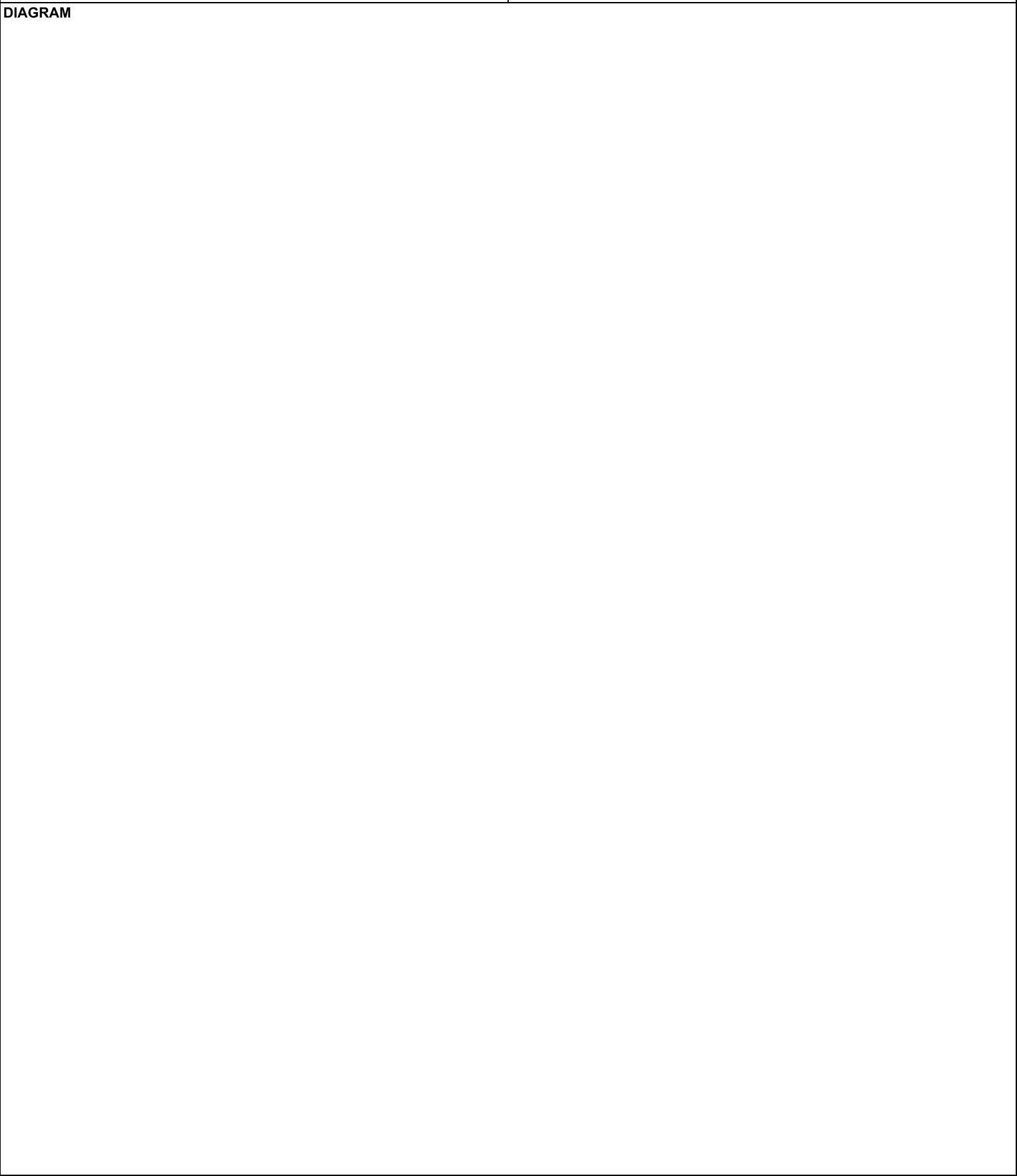
| | | | | | | | | | | | | | | |
|---------------------|-----------|--|--|--|------------|--|--|-------------|--|--|-------------------------|--|--|--------|
| VIOLATION 01 | | | | | | | | | | | | | | |
| VEH NO. | Last Name | | | | First Name | | | Middle Name | | | Violation (Common Name) | | | Action |

CONCLUSION

| | | | | | | |
|--|--------------------------------------|--|------------------------------------|--------------------------|------------------------|----------------------------------|
| Time Notified 1941 | Time Arrived 1945 | Notified By APD DISPATCH | Supervisor at Scene NONE | | | |
| Time Roadway Cleared 2026 | Time Incident Cleared 2029 | Checked By 3936 - CLINGENPEEL, MARC - 11/11/2021 | | | | |
| Officer's Signature  | | Officer's Name BEEM, KEVIN | Rank P1C | ID Number 5526 | District 234 | Report Date 11/05/2021 |

DIAGRAM

| | |
|--|-----------------------|
| Diagram Drawn By BEEM, KEVIN | Measurements Taken By |
|--|-----------------------|





710799513

E_JULY_2018

ALBUQUERQUE POLICE DEPT

REPORTING DEPARTMENT

| | | | | | | | | | |
|---|--|--|---|--|---|---------------------------------|--|-------------------------------|---------------|
| <input type="checkbox"/> Private Property | <input type="checkbox"/> Fatal | Property Damage Only | <input type="checkbox"/> Under \$500 | <input type="checkbox"/> Hit-and-Run | Case Number: 210089783 | | CAD Num: 213141086 | | |
| <input type="checkbox"/> Secondary Crash | <input checked="" type="checkbox"/> Injury | <input type="checkbox"/> \$500 or More | <input type="checkbox"/> School Bus Directly Involved | <input type="checkbox"/> School Bus Indirectly Involved | Agency: 1 - ALBUQUERQUE POLICE DEPARTMENT | | | | |
| Crash Date 11/10/2021 | | Crash Time 1748 | | City Occurred In ALBUQUERQUE | | County BERNALILLO | | | |
| Day of Week WEDNESDAY | | Occurred On: (Route No. or Name) I 25 FRONTAGE RD | | | At Intersection With: MOUNTAIN RD NE | | | | |
| Other Location | | Measurement | Direction | Permanent Landmark - County Line - Intersection - Milepost | | | Lat: Long: | | |
| Crash Occurred ON ROADWAY | | First Harmful Event COLLISION W/MOTOR VEHICLE | | | Manner of Impact SIDESWIPE | | Manner of Crash FROM SAME DIRECTION | | |
| <input type="checkbox"/> Work Zone-Construction | <input type="checkbox"/> Tribal Land? | Analysis Code | | | Location of First Harmful Event | | | | |
| <input type="checkbox"/> Work Zone-Maintenance | NO | MV IN TRANSPORT | | | ON ROADWAY | | | | |
| <input type="checkbox"/> Work Zone-Utility | | | | | | | | | |
| TRAFFIC UNIT 01 | | | | | | | | | |
| VEHICLE NO. HEADED 01 | | MV Type IN TRANSPORT | | Direction S | On: I 25 FRONTAGE RD | | Left Scene of Crash? NO | Posted Speed Safe Speed | |
| Driver's Last Name GONZALES | | | Driver's First Name ROQUE | | | Driver's Middle Name GABRIEL | | | |
| Driver's Street Address 7337 LUELLA ANNE DR NE | | | City ALBUQUERQUE | | | State NM | Zip Code 87109-0000 | Phone | |
| Date of Birth 07/14/1956 | Driver's License Number 012360045 | State NM | Type D | CDL N | Status V | Restrictions B | Endorsements | Expires 11/08/2025 | |
| Incident Responder | | | | # of Occupants 1 | Seat Pos LF | Age 65 | Sex M | Race O | |
| | | | | | | Injury Code C | OP Code 6 | OP Used YES | |
| | | | | | | Airbag Deploy F | Ejected N | EMS Number Med Trans NT | |
| Supplemental Occupant Information | | | | | | | | | |
| Vehicle Information | | | | | | | | | |
| Year 2007 | Vehicle Make CHEVROLET | Vehicle Model 1500 | | Color RED | Veh Use1 | Veh Use2 P | Veh Use3 | Veh. Towed? YES | |
| Body Style PK | Cargo Body Type | Lic. Year 2021 | State OR | License Plate Number 433HVV | VIN 2GCEC19R1V1249407 | | Veh. Disabled? YES | Damage Severity MODERATE | |
| Towed By A&M TOWING | | | | Towed To 6374 DESERT RD SE | | Extent DISABLED | | | |
| Gross Vehicle/Comb Weight Rating | | HazMat Placard? (Cargo Only) | HazMat Released (Cargo Only) | Hazmat Placard 4-digit OR Hazmat Name | | AND | 1-digit # | DOT # | |
| State # | | Number of Axles | Carrier Type Code | | | | | | |
| Carrier's Name | | Street Address | | | Carrier City | | | State | Carrier's Zip |
| Owner's Last Name GONZALES | | Owner's First Name ROQUE | | | Owner's Middle Name GABRIEL | | Owner's Company Name | | |
| Street Address 7337 LUELLA ANNE DR NE | | Owner's City ALBUQUERQUE | | | State NM | Owner Zip 87109-0000 | Owner's Phone | | |
| Insured By: (Name of Company) NOT AVAILABLE | | Policy Number NOT AVAILABLE | | Trailer or Towed Vehicles (1) | Type | Year | Make | Lic Year | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic Year | Lic State | License Num | | |
| Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic Year | Lic State | License Num | | |

Crash Report Number: 710799513

Case Number: 210089783

Condition Information

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

TRAFFIC UNIT 02

| | | | | | | | | | | | | | | | | |
|--|---|--------------------------------|------------------|--------------------------------------|--------------------------------|--------------------------|------------------|------------------------------------|-------------------------------|-------------------------|---------------------|-----------------------|---------------------------|---------------------|----------------------------------|------------------------|
| VEHICLE NO. HEADED 02 | | MV Type IN TRANSPORT | | Direction S | On: I 25 FRONTAGE RD | | | Left Scene of Crash? NO | Posted Speed | Safe Speed | | | | | | |
| Driver's Last Name NELSON | | | | Driver's First Name RHONDA | | | | Driver's Middle Name LEE | | | | | | | | |
| Driver's Street Address 2011 TROY KING RD TRLR | | | | City FARMINGTON | | | | State NM | Zip Code 87401-0000 | Phone | | | | | | |
| Date of Birth 04/21/1963 | Driver's License Number 039937280 | State NM | Type D | CDL N | Status V | Restrictions B | Endorsements | Expires 05/21/2022 | Interlock NO | Occupation | | | | | | |
| Incident Responder | | | | | # of Occupants 1 | Seat Pos LF | Age 58 | Sex F | Race O | Injury Code O | OP Code 6 | OP Used YES | Airbag Deploy N | Ejected N | EMS Number 01,10,11,12 | Med Trans NT |

Supplemental Occupant Information

Vehicle Information

| | | | | | | | | | | |
|---|------------------------------|------------------------------|-------------------------------------|---------------------------------------|--------------------------------------|-----------------------------------|--------------------------------|-----------|------------------------------------|------------------------------|
| Year 2019 | Vehicle Make DODGE | | Vehicle Model PICK-UP | | Color BLK | Veh Use1 | Veh Use2 P | Veh Use3 | Veh. Towed? YES | Veh. Disabled? YES |
| Body Style PK | Cargo Body Type | Lic. Year 2022 | State NM | License Plate Number S24621 | VIN 1HD1KGF1XKB682057 | | | | Damage Severity MODERATE | |
| Towed By A&M TOWING | | | | | Towed To 6374 DESERT RD SE | | | | Extent DISABLED | |
| Gross Vehicle/Comb Weight Rating | | HazMat Placard? (Cargo Only) | HazMat Released (Cargo Only) | Hazmat Placard 4-digit OR Hazmat Name | | AND | | 1-digit # | DOT # | |
| State # | Number of Axles | Carrier Type Code | | | | | | | | |
| Carrier's Name | | | Street Address | | | Carrier City | | | State | Carrier's Zip |
| Owner's Last Name NELSON | | | Owner's First Name RHONDA | | | Owner's Middle Name LEE | | | Owner's Company Name | |
| Street Address 2011 TROY KING RD TRLR | | | Owner's City FARMINGTON | | | State NM | Owner Zip 87401-0000 | | Owner's Phone | |

Crash Report Number: **710799513**

Case Number: **210089783**

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

Sheet 2 Of 5

| | | | | | | | | | | | | | | |
|---|------|------|------|----------|-----------|------------------------------------|--|-------------------------------|------|------|------|----------|-----------|-------------|
| Insured By: (Name of Company) GEICO | | | | | | Policy Number 4332303942 | | Trailer or Towed Vehicles (1) | Type | Year | Make | Lic Year | Lic State | License Num |
| Trailer or Towed Vehicles (2) | Type | Year | Make | Lic Year | Lic State | License Num | | Trailer or Towed Vehicles (3) | Type | Year | Make | Lic Year | Lic State | License Num |

Condition Information

| | | | | | | | | | | | | | | |
|---------------------------------------|--|----------------------------|--|------------------------------|--|--|-------------------------------------|-----------------|--|-------------------------|---|--|--|--|
| Lighting DARK - NOT LIGHTED | | | Weather CLEAR | | | Intersection Type T-INTERSECTION | | | Relation To Junction THROUGH ROADWAY | | | | | |
| Work Zone Location | | | | Work Zone Type | | | | Workers Present | | Law Enforcement Present | | | | |
| Road Character STRAIGHT | | Road Grade LEVEL | | Road Condition DRY | | | Road Surface LANE MARKERS | | | | Traffic Control TRAFFIC SIGNALS | | | |
| Road Lanes 3 LANES | | | Road Design Div PAINTED DIVIDER (>4 FT) | | | | Road Design ONE-WAY | | | | | | | |

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

NARRATIVE

ON NOVEMBER 10, 2021 I WAS DISPATCHED TO I-25 SOUTHBOUND FRONTAGE RD NE/MOUNTAIN RD NE AT APPROXIMATELY 1751 HOURS IN REFERENCE TO A TRAFFIC ACCIDENT WITH INJURIES.

DRIVER 1 SATED HE WAS TRAVELING SOUTH BOUND ON I-25 FRONTAGE RD NE IN THE FIRST LANE. DRIVER 1 THEN ADVISED VEHICLE 2 HIT HIM FROM THE RIGHT SIDE OF HIS VEHICLE WHICH CAUSED HIM TO DRIVE INTO A POLE. DRIVER 1 HAD COMPLAINT OF WRIST PAIN BUT REFUSED TO BE CHECKED OUT BY AFR. VEHICLE 1 WAS TOWED FROM THE SCENE BY A&M TOWING.

DRIVER 2 STATED SHE WAS HEADING SOUTH BOUND ON I-25 FRONTAGE RD NE IN THE SECOND LANE. DRIVER 2 THEN ADVISED SHE WENT TO TURN LEFT INTO THE FIRST LANE BUT SHE DID NOT SEE VEHICLE 1 AND THEN HIT VEHICLE 1. DRIVER 2 HAD NO COMPLAINT OF INJURY AND VEHICLE 2 WAS TOWED FROM THE SCENE BY A&M TOWING.

WITNESS 1 STATED HE SAW VEHICLE 2 TRAVELING SOUTH BOUND ON I-25 FRONTAGE RD NE IN THE SECOND LANE AND THEN ADVISED VEHICLE 2 MERGED INTO THE FIRST LANE AND HIT VEHICLE CAUSING VEHICLE 1 TO RUN INTO A POLE.

PROPERTY 01

| | | | | | | |
|--|--|--|--|---------------------|--------------------------|---------------|
| Type H | Description of Property and Damage TRAFFIC SIGNALS | | | | | |
| Owner's Last Name CITY OF ABQ | | Owner's First Name CITY OF ABQ | | Owner's Middle Name | | |
| Owner's Street Address 400 ROMA AVE NW | | Owner's City ALBUQUERQUE | | State NM | Zip Code 87102 | Owner's Phone |


WITNESS 01

| | | | | | | |
|--|--|------------------------------------|--|-----------------------|----------|--|
| Witness's Last Name POSTLETHWAIT | | Witness's First Name JAY | | Witness's Middle Name | | Age |
| Witness's Street Address | | Witness's City | | State | Zip Code | Witness's Phone (707) 280-9075 |

VIOLATION 01

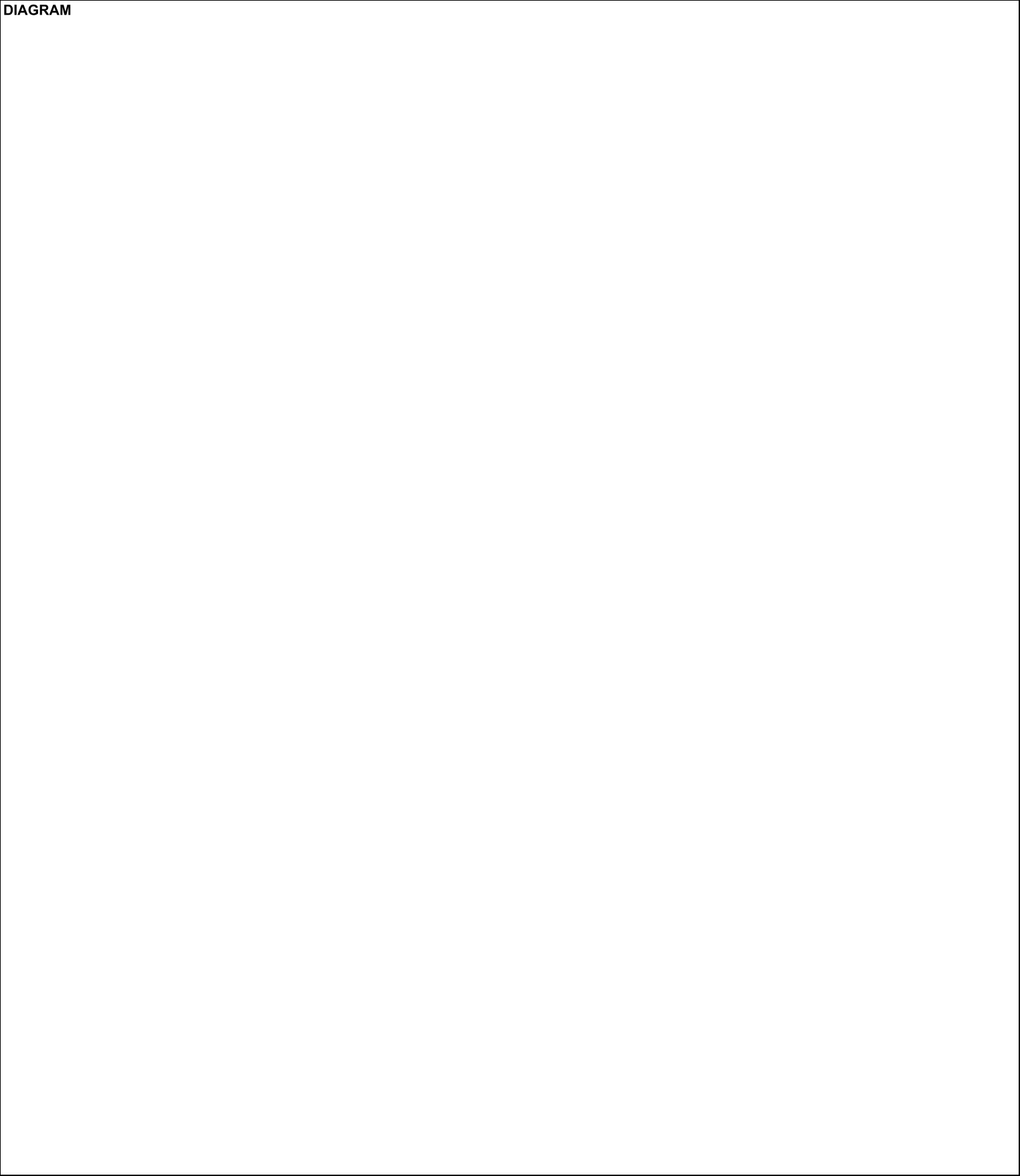
| | | | | | |
|---------|-----------|------------|-------------|-------------------------|--------|
| VEH NO. | Last Name | First Name | Middle Name | Violation (Common Name) | Action |
|---------|-----------|------------|-------------|-------------------------|--------|

CONCLUSION

| | | | | | | |
|--|--------------------------------------|--|---------------------|--------------------------|------------------------|----------------------------------|
| Time Notified 1751 | Time Arrived 1759 | Notified By DISPATCH | Supervisor at Scene | | | |
| Time Roadway Cleared 1906 | Time Incident Cleared 1906 | Checked By 3936 - CLINGENPEEL, MARC - 11/11/2021 | | | | |
| Officer's Signature  | | Officer's Name HOY, TRISTAN | Rank PSA | ID Number 7445 | District 234 | Report Date 11/10/2021 |

DIAGRAM

| | |
|----------------------------------|---------------------------------------|
| Diagram Drawn By HOY, TRISTAN | Measurements Taken By NOT TO SCALE |
|----------------------------------|---------------------------------------|





710803498

E_JULY_2018

ALBUQUERQUE POLICE DEPT

REPORTING DEPARTMENT

| | | | | | | | | | | | | | | | | |
|--|--|---|---|---|--|--|--|--------------------------------|---------------------------------|--|------------------------------|---------------------------|---------------------|------------|------------------------|-------------|
| <input type="checkbox"/> Private Property | <input type="checkbox"/> Fatal | Property Damage Only | <input type="checkbox"/> Under \$500 | <input type="checkbox"/> Hit-and-Run | Case Number: 210088049 | | CAD Num: 213080891 | | | | | | | | | |
| <input type="checkbox"/> Secondary Crash | <input checked="" type="checkbox"/> Injury | <input type="checkbox"/> \$500 or More | <input type="checkbox"/> School Bus Directly Involved | <input type="checkbox"/> School Bus Indirectly Involved | Agency: 1 - ALBUQUERQUE POLICE DEPARTMENT | | | | | | | | | | | |
| Crash Date 11/04/2021 | | Crash Time 1529 | | City Occurred In ALBUQUERQUE | | County BERNALILLO | | | | | | | | | | |
| Day of Week THURSDAY | | Occurred On: (Route No. or Name) MOUNTAIN RD | | | At Intersection With: FRONTAGE RD | | | | | | | | | | | |
| Other Location | | Measurement | Direction WEST | Permanent Landmark - County Line - Intersection - Milepost | | | Lat: Long: | | | | | | | | | |
| Crash Occurred ON ROADWAY | | First Harmful Event COLLISION W/MOTOR VEHICLE | | Manner of Impact FRONT-TO-SIDE (EX. T-BONE, ANGLE) | | Manner of Crash INTERSECTING PATH (T-BONE) | | | | | | | | | | |
| <input type="checkbox"/> Work Zone-Construction | <input type="checkbox"/> Work Zone-Maintenance | <input type="checkbox"/> Work Zone-Utility | Tribal Land? NO | Analysis Code MV IN TRANSPORT | | | Location of First Harmful Event ON ROADWAY | | | | | | | | | |
| TRAFFIC UNIT 01 | | | | | | | | | | | | | | | | |
| VEHICLE NO. HEADED 01 | | MV Type IN TRANSPORT | | Direction W | On: MOUNTAIN RD | | Left Scene of Crash? NO | Posted Speed Safe Speed | | | | | | | | |
| Driver's Last Name BACA | | | Driver's First Name ANNAMARIE | | | Driver's Middle Name | | | | | | | | | | |
| Driver's Street Address 115 JIMENEZ ST | | | City SANTA FE | | | State NM | Zip Code 87501-0000 | Phone (505) 306-2222 | | | | | | | | |
| Date of Birth 02/17/1958 | Driver's License Number 010366585 | State NM | Type D | CDL N | Status V | Restrictions | Endorsements | Expires 07/31/2027 | Interlock NO | Occupation | | | | | | |
| Incident Responder | | | | # of Occupants 1 | Seat Pos LF | Age 63 | Sex F | Race O | Injury Code C | OP Code 6 | OP Used YES | Airbag Deploy B | Ejected N | EMS Number | Med Trans NT | |
| Supplemental Occupant Information | | | | | | | | | | | | | | | | |
| Vehicle Information | | | | | | | | | | | | | | | | |
| Year 2018 | Vehicle Make DODGE | | Vehicle Model JOURNEY | | Color WHI | Veh Use1 | Veh Use2 P | Veh Use3 | Veh. Towed? YES | | Veh. Disabled? YES | | | | | |
| Body Style PC | Cargo Body Type | Lic. Year 2021 | State NM | License Plate Number AMTK25 | | VIN 3C4PDDGG7JT296345 | | | Damage Severity HEAVY | | Extent DISABLED | | | | | |
| Towed By TNC RECOVERY | | | | Towed To 2800 BROADWAY BLVD. SE ALBUQUERQUE, NM 871 | | | | 02,03,04,05,07 | | | | | | | | |
| Gross Vehicle/Comb Weight Rating | | HazMat Placard? (Cargo Only) | | HazMat Released (Cargo Only) | | Hazmat Placard 4-digit OR Hazmat Name | | | AND | | 1-digit # | | DOT # | | | |
| State # | | Number of Axles | | Carrier Type Code | | | | | | | | | | | | |
| Carrier's Name | | | Street Address | | | Carrier City | | | State | | Carrier's Zip | | | | | |
| Owner's Last Name BACA | | | Owner's First Name ANNAMARIE | | | Owner's Middle Name | | | Owner's Company Name | | | | | | | |
| Street Address 115 JIMENEZ ST | | | Owner's City SANTA FE | | | State NM | | Owner Zip 87501-0000 | | Owner's Phone (505) 306-2222 | | | | | | |
| Insured By: (Name of Company) STATE FARM | | | | Policy Number 0758523E28310 | | Trailer or Towed Vehicles (1) | | Type | Year | Make | Lic Year | Lic State | License Num | | | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic Year | Lic State | License Num | | Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic Year | Lic State | License Num |

Crash Report Number: 710803498

Case Number: 210088049


Condition Information

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

TRAFFIC UNIT 02

| | | | | | | | | | | | | | | | | |
|---|---|--------------------------------|---------------------------------------|-----------------------|----------------------------|---------------------------------------|-------------------------------|-----------------------------------|------------------------|-------------------------|---------------------|-----------------------|---------------------------|---------------------|------------|------------------------|
| VEHICLE NO. HEADED 02 | | MV Type IN TRANSPORT | | Direction S | On: FRONTAGE RD | | | Left Scene of Crash? NO | Posted Speed | Safe Speed | | | | | | |
| Driver's Last Name OTERO | | | Driver's First Name CRYSTAL | | | Driver's Middle Name NICOLE | | | | | | | | | | |
| Driver's Street Address 120 LANSING DR SW | | | City ALBUQUERQUE | | | State NM | Zip Code 87105-0000 | Phone (505) 681-3671 | | | | | | | | |
| Date of Birth 05/16/1981 | Driver's License Number 123586263 | State NM | Type D | CDL N | Status V | Restrictions B | Endorsements | Expires 03/29/2025 | Interlock NO | Occupation | | | | | | |
| Incident Responder | | | | | # of Occupants 1 | Seat Pos LF | Age 40 | Sex F | Race O | Injury Code C | OP Code 6 | OP Used YES | Airbag Deploy B | Ejected N | EMS Number | Med Trans NT |

Supplemental Occupant Information**Vehicle Information**

| | | | | | | | | | | | |
|--|-------------------------------|------------------------------|--------------------------------------|---|---------------------|--------------------------------------|--------------------------------|----------|--|---|--|
| Year 2017 | Vehicle Make TOYOTA | | Vehicle Model TACOMA | | Color ONG | Veh Use1 | Veh Use2 P | Veh Use3 | Veh. Towed? NO | Veh. Disabled? YES | |
| Body Style PK | Cargo Body Type | Lic. Year 2021 | State NM | License Plate Number 750WBL | | VIN 3TMCZ5AN9HM070759 | | | Damage Severity HEAVY | 1 2 3 4 5 12  6 | |
| Towed By TNC RECOVERY | | | | Towed To 2800 BROADWAY BLVD. SE ALBUQUERQUE, NM 871 | | | | | Extent DISABLED | 14-Top 15-Undercarriage 01,11,12 | |
| Gross Vehicle/Comb Weight Rating | | HazMat Placard? (Cargo Only) | HazMat Released (Cargo Only) | Hazmat Placard 4-digit OR Hazmat Name | | | AND 1-digit # | | DOT # | | |
| State # | Number of Axles | Carrier Type Code | | | | | | | | | |
| Carrier's Name | | | Street Address | | | Carrier City | | | State | Carrier's Zip | |
| Owner's Last Name OTERO | | | Owner's First Name CRYSTAL | | | Owner's Middle Name NICOLE | | | Owner's Company Name | | |
| Street Address 120 LANSING DR SW | | | Owner's City ALBUQUERQUE | | | State NM | Owner Zip 87105-0000 | | Owner's Phone (505) 681-3671 | | |

| | | | | | | | | | | | | | | |
|---|------|------|------|----------|-----------|-----------------------------------|--|-------------------------------|------|------|------|----------|-----------|-------------|
| Insured By: (Name of Company) PROGRESSIVE | | | | | | Policy Number 934986997 | | Trailer or Towed Vehicles (1) | Type | Year | Make | Lic Year | Lic State | License Num |
| Trailer or Towed Vehicles (2) | Type | Year | Make | Lic Year | Lic State | License Num | | Trailer or Towed Vehicles (3) | Type | Year | Make | Lic Year | Lic State | License Num |

Condition Information

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


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

| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NARRATIVE | | | | | | | | | | | | | |
| ON 11/04/2021 I WAS DRIVING ON THE FRONTAGE RD APPROACHING MOUNTAIN RD, WHEN I CAME ACROSS TRAFFIC ACCIDENT. I STOPPED AND TALKED TO BOTH PARTIES BEGINNING MY INVESTIGATION. | | | | | | | | | | | | | |
| DRIVER 1 ADVISED THAT SHE WAS DRIVING WESTBOUND ON MOUNTAIN WHEN THE COLLISION OCCURRED. DRIVER 1 ADVISED SHE HAD THE GREEN LIGHT AT THE INTERSECTION, AND ATTEMPTED TO DRIVE THROUGH THE INTERSECTION, WHEN VEHICLE 2 RAN THE RED LIGHT COLLIDING WITH VEHICLE 1. DRIVER 1 ADVISED THAT SHE HAD CHEST PAIN, AND WAS EXAMINED BY MEDICAL PERSONAL ON SCENE, AND DENIED TO BE TRANSPORTED. VEHICLE 1 SUSTAINED DISABLING DAMAGE TO THE RIGHT SIDE OF THE VEHICLE, AND HAD TO BE TOWED FROM THE SCENE. | | | | | | | | | | | | | |
| DRIVER 2 ADVISED SHE WAS TRAVELING SOUTHBOUND ON FRONTAGE RD WHEN THE COLLISION OCCURRED. DRIVER 2 ADVISED AS SHE WAS APPROACHING THE INTERSECTION THE LIGHT HAD TURNED YELLOW, AND THAT SHE TRIED TO BREAK BUT REALIZED SHE WOULD NOT HAVE TIME TO STOP. DRIVER 2 ATTEMPTED TO GO THROUGH THE INTERSECTION CAUSING THE COLLISION WITH VEHICLE 1. DRIVER 2 ADVISED SHE WAS HAVING KNEE PAIN AND WAS EXAMINED BY MEDICAL PERSONAL ON SCENE AND DENIED TRANSPORTATION. VEHICLE 2 WAS TOWED FROM THE SCENE DUE TO DISABLING DAMAGE TO THE FRONT OF THE VEHICLE. | | | | | | | | | | | | | |
| WITNESS 1 ADVISED HE WAS PARKED ON THE SOUTHWEST CORNER OF THE INTERSECTION WHEN THE COLLISION OCCURRED. WITNESS 1 ADVISED THAT HE SAW THE LIGHT TURN RED FOR VEHICLE 2 AND THAT SHE ATTEMPTED TO GO THROUGH THE INTERSECTION COLLIDING WITH VEHICLE 1. | | | | | | | | | | | | | |
| THIS CONCLUDES MY INVOLVEMENT WITH THIS INCIDENT. | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | |
|-------------------------------------|--|--|--|--|--|--------------------------------------|--|--|--|-----------------------|----------|--|--|-----|
| WITNESS 01 | | | | | | | | | | | | | | |
| Witness's Last Name LAUER | | | | | | Witness's First Name AARON | | | | Witness's Middle Name | | | | Age |
| Witness's Street Address | | | | | | Witness's City | | | | State | Zip Code | Witness's Phone (505) 382-4200 | | |

| | | | | | | | | | | | | | | | |
|---------------------|-----------|--|--|--|--|------------|--|--|-------------|--|--|-------------------------|--|--|--------|
| VIOLATION 01 | | | | | | | | | | | | | | | |
| VEH NO. | Last Name | | | | | First Name | | | Middle Name | | | Violation (Common Name) | | | Action |

CONCLUSION

| | | | | | | |
|--|--------------------------------------|--|------------------------------------|--------------------------|------------------------|----------------------------------|
| Time Notified 1529 | Time Arrived 1529 | Notified By FIRST ON SCENE | Supervisor at Scene NONE | | | |
| Time Roadway Cleared 1610 | Time Incident Cleared 1615 | Checked By 5383 - BENAVIDEZ, TOMMY - 11/5/2021 | | | | |
| Officer's Signature  | | Officer's Name MAESTAS, DAVID | Rank PSA | ID Number 6842 | District 234 | Report Date 11/04/2021 |

DIAGRAM

Diagram Drawn By
MAESTAS, DAVID

Measurements Taken By
NOT TO SCALE

DIAGRAM



710881377

E_JULY_2018

ALBUQUERQUE POLICE DEPT

REPORTING DEPARTMENT

| | | | | | | |
|---|--|---|--|---|---|--|
| <input type="checkbox"/> Private Property | <input type="checkbox"/> Fatal | Property Damage Only | <input type="checkbox"/> Under \$500 | <input type="checkbox"/> Hit-and-Run | Case Number: 220009090 | CAD Num: 220350858 |
| <input type="checkbox"/> Secondary Crash | <input type="checkbox"/> Injury | <input checked="" type="checkbox"/> \$500 or More | <input type="checkbox"/> | <input type="checkbox"/> School Bus Directly Involved | Agency: 1 - ALBUQUERQUE POLICE DEPARTMENT | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> School Bus Indirectly Involved | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Commercial Vehicle Involved | | |
| Crash Date 02/04/2022 | Crash Time 1537 | City Occurred In ALBUQUERQUE | | | County BERNALILLO | |
| Day of Week FRIDAY | Occurred On: (Route No. or Name) I 25 FRONTAGE RD | | | At Intersection With: MOUNTAIN RD NE | | |
| Other Location | Measurement | Direction | Permanent Landmark - County Line - Intersection - Milepost | | | Lat: |
| | | | | | | Long: |
| Crash Occurred ON ROADWAY | | First Harmful Event COLLISION W/MOTOR VEHICLE | | Manner of Impact SIDESWIPE | | Manner of Crash FROM SAME DIRECTION |
| <input type="checkbox"/> Work Zone-Construction | <input type="checkbox"/> Tribal Land? | Analysis Code | | | Location of First Harmful Event | |
| <input type="checkbox"/> Work Zone-Maintenance | NO | MV IN TRANSPORT | | | ON ROADWAY | |
| <input type="checkbox"/> Work Zone-Utility | | | | | | |

TRAFFIC UNIT 01

| | | | | | | |
|--|--------------------------------------|------------------------------|-------------------------|---------------------------------|------------------------|------------------|
| VEHICLE NO. HEADED 01 | MV Type IN TRANSPORT | Direction S | On: I 25 FRONTAGE RD | Left Scene of Crash? NO | Posted Speed | Safe Speed |
| Driver's Last Name MARQUEZ | | Driver's First Name ANGEL | | Driver's Middle Name GABRIEL | | |
| Driver's Street Address 1308 ARNO ST SE | | City ALBUQUERQUE | | State NM | Zip Code 87102-0000 | Phone |
| Date of Birth 09/09/1995 | Driver's License Number 512399240 | State NM | Type D | CDL N | Status V | Restrictions |
| | | Endorsements | Expires 11/08/2024 | Interlock NO | Occupation | |
| Incident Responder | | | # of Occupants 1 | Seat Pos LF | Age 26 | Sex M |
| | | | | | Race O | Injury Code O |
| | | | | | OP Code 6 | OP Used YES |
| | | | | | Airbag Deploy N | Ejected N |
| | | | | | EMS Number | Med Trans NT |

Supplemental Occupant Information

Vehicle Information

| | | | | | | | | |
|---------------------------------------|------------------------------|------------------------------|---------------------------------------|--------------------------------|--------------------------|-------------------------|--|----------------------|
| Year 1996 | Vehicle Make CHEVROLET | Vehicle Model SUBURB | Color BRO | Veh Use1 | Veh Use2 P | Veh Use3 | Veh. Towed? NO | Veh. Disabled? NO |
| Body Style SV | Cargo Body Type | Lic. Year 2022 | State NM | License Plate Number PAD157 | VIN 3GNEC16R3TG106958 | | Damage Severity MODERATE | Extent FUNCTIONAL |
| Towed By | | Towed To | | | | | 1 2 3 4 5 12 11 10 9 8 7 14-Top 15-Undercarriage 01,02,03,11,12 | |
| Gross Vehicle/Comb Weight Rating | HazMat Placard? (Cargo Only) | HazMat Released (Cargo Only) | Hazmat Placard 4-digit OR Hazmat Name | | AND | 1-digit # | DOT # | |
| State # | Number of Axles | Carrier Type Code | | | | | | |
| Carrier's Name | | Street Address | | | Carrier City | | State | Carrier's Zip |
| Owner's Last Name RAMON | | Owner's First Name G | | Owner's Middle Name MARQUEZ | | Owner's Company Name | | |
| Street Address 52 OSHA PL | | Owner's City LOS LUNAS | | | State NM | Owner Zip 87031-9490 | Owner's Phone | |
| Insured By: (Name of Company) LOYA | | Policy Number 62491414320 | | Trailer or Towed Vehicles (1) | Type | Year | Make | Lic Year |
| | | | | | | | | Lic State |
| | | | | | | | | License Num |
| Trailer or Towed Vehicles (2) | Type | Year | Make | Lic Year | Lic State | License Num | Trailer or Towed Vehicles (3) | Type |
| | | | | | | | | Year |
| | | | | | | | | Make |
| | | | | | | | | Lic Year |
| | | | | | | | | Lic State |
| | | | | | | | | License Num |

Crash Report Number: 710881377

Case Number: 220009090

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

Sheet 1 Of 4

Condition Information


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

TRAFFIC UNIT 02

| | | | | | | | | | | | | | | | | |
|--|---|--------------------------------|------------------|------------------------------------|--------------------------------|--------------------------|------------------|--------------------------------------|-------------------------------|-------------------------|---------------------|-----------------------|---------------------------|---------------------|------------|------------------------|
| VEHICLE NO. HEADED 02 | | MV Type IN TRANSPORT | | Direction S | On: I 25 FRONTAGE RD | | | Left Scene of Crash? NO | Posted Speed | Safe Speed | | | | | | |
| Driver's Last Name AHASTEEN | | | | Driver's First Name SHAY | | | | Driver's Middle Name STORM | | | | | | | | |
| Driver's Street Address 08 M E MM 18 HWY 491 | | | | City MEXICAN SPRINGS | | | | State NM | Zip Code 87320-0000 | Phone | | | | | | |
| Date of Birth 04/20/1996 | Driver's License Number 512705049 | State NM | Type D | CDL N | Status V | Restrictions B | Endorsements | Expires 10/23/2025 | Interlock NO | Occupation | | | | | | |
| Incident Responder | | | | | # of Occupants 1 | Seat Pos LF | Age 25 | Sex M | Race O | Injury Code O | OP Code 6 | OP Used YES | Airbag Deploy N | Ejected N | EMS Number | Med Trans NT |

Supplemental Occupant Information

Vehicle Information

| | | | | | | | | | | | |
|---|----------------------------------|------------------------------|--|---------------------------------------|---------------------|-------------------------------------|--------------------------------|-----------|------------------------------------|--|--|
| Year 2020 | Vehicle Make CHEVROLET | | Vehicle Model MALIBU | | Color SIL | Veh Use1 | Veh Use2 P | Veh Use3 | Veh. Towed? NO | Veh. Disabled? NO | |
| Body Style PC | Cargo Body Type | Lic. Year 2022 | State NM | License Plate Number AYMD15 | | VIN 1G1ZB5ST5LF143252 | | | Damage Severity MODERATE | <div>1 2 3 4 5 12  6 11 10 9 8 7 14-Top 15-Undercarriage 09,10,11,12</div> | |
| Towed By | | | | | Towed To | | | | Extent FUNCTIONAL | | |
| Gross Vehicle/Comb Weight Rating | | HazMat Placard? (Cargo Only) | HazMat Released (Cargo Only) | Hazmat Placard 4-digit OR Hazmat Name | | | AND | 1-digit # | DOT # | | |
| State # | | Number of Axles | Carrier Type Code | | | | | | | | |
| Carrier's Name | | | Street Address | | | Carrier City | | | State | Carrier's Zip | |
| Owner's Last Name AHASTEEN | | | Owner's First Name SHAY | | | Owner's Middle Name STORM | | | Owner's Company Name | | |
| Street Address 08 M E MM 18 HWY 491 | | | Owner's City MEXICAN SPRINGS | | | State NM | Owner Zip 87320-0000 | | Owner's Phone | | |

| | | | | | | | | | | | | | |
|-------------------------------|------|------|------|----------|---------------|-------------|-------------------------------|------|------|------|----------|-----------|-------------|
| Insured By: (Name of Company) | | | | | Policy Number | | Trailer or Towed Vehicles (1) | Type | Year | Make | Lic Year | Lic State | License Num |
| SENTRY INSURANCE | | | | | 11406790978 | | | | | | | | |
| Trailer or Towed Vehicles (2) | Type | Year | Make | Lic Year | Lic State | License Num | Trailer or Towed Vehicles (3) | Type | Year | Make | Lic Year | Lic State | License Num |

Condition Information

| | | | | | | | | | | | | | |
|--------------------|------------|----------------|------------------|----------------|--------------|-------------------|--|-----------------|----------------------|-------------------------|--|--|--|
| Lighting | | | Weather | | | Intersection Type | | | Relation To Junction | | | | |
| DAYLIGHT | | | CLEAR | | | T-INTERSECTION | | | THROUGH ROADWAY | | | | |
| Work Zone Location | | | | Work Zone Type | | | | Workers Present | | Law Enforcement Present | | | |
| Road Character | Road Grade | Road Condition | | | Road Surface | | | | Traffic Control | | | | |
| STRAIGHT | LEVEL | DRY | | | LANE MARKERS | | | | TRAFFIC SIGNALS | | | | |
| Road Lanes | | | Road Design Div | | | Road Design | | | | | | | |
| 3 LANES | | | PHYSICAL DIVIDER | | | ONE-WAY | | | | | | | |

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

NARRATIVE

ON FEBRUARY 4TH, 2022 AT APPROXIMATELY 1539 HOURS I WAS DISPATCHED TO I25 SB FRONTAGE RD NE/MOUNTAIN RD NE IN REFERENCE TO A TRAFFIC ACCIDENT WITH NO INJURIES.

DRIVER 1 STATED HE WAS TRAVELING SOUTH BOUND ON FRONTAGE RD IN THE FIRST LANE. DRIVER 1 ADVISED THAT VEHICLE 2 CHANGED INTO HIS LANE AND SIDESWIPE HIM, CAUSING HIM TO RUN INTO A CURB. DRIVER 1 HAD NO COMPLAINT OF INJURY AND VEHICLE 1 WAS ABLE TO DRIVE FROM THE SCENE.

DRIVER 2 STATED HE WAS TRAVELING SOUTH BOUND ON FRONTAGE RD IN THE SECOND LANE. DRIVER 2 ADVISED THAT HE MOVED OVER INTO THE FIRST LANE BUT DID NOT SEE VEHICLE 1 AND HE SIDEWIPE VEHICLE 1. DRIVER 2 HAD NO COMPLAINT OF INJURY AND VEHICLE 2 WAS ABLE TO DRIVE FROM THE SCENE.

VIOLATION 01

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

CONCLUSION

| | | | | | | |
|----------------------|-----------------------|-------------------------------------|---------------------|-----------|----------|-------------|
| Time Notified | Time Arrived | Notified By | Supervisor at Scene | | | |
| 1539 | 1558 | DISPATCH | | | | |
| Time Roadway Cleared | Time Incident Cleared | Checked By | | | | |
| 1627 | 1627 | 3936 - CLINGENPEEL, MARC - 2/7/2022 | | | | |
| Officer's Signature | | Officer's Name | Rank | ID Number | District | Report Date |
| | | HOY, TRISTAN | PSA | 7445 | 234 | 02/04/2022 |

DIAGRAM

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



710883736

E_JULY_2018

ALBUQUERQUE POLICE DEPT

REPORTING DEPARTMENT

| | | | | | | |
|--|--|--|--|---|---|---|
| <input type="checkbox"/> Private Property | <input type="checkbox"/> Fatal | Property Damage Only | <input type="checkbox"/> Under \$500 | <input type="checkbox"/> Hit-and-Run | Case Number: 220040018 | CAD Num: 221460751 |
| <input type="checkbox"/> Secondary Crash | <input checked="" type="checkbox"/> Injury | <input type="checkbox"/> \$500 or More | <input type="checkbox"/> School Bus Directly Involved | <input type="checkbox"/> School Bus Indirectly Involved | Agency: 1 - ALBUQUERQUE POLICE DEPARTMENT | |
| Crash Date 05/26/2022 | Crash Time 1312 | City Occurred In ALBUQUERQUE | | | County BERNALILLO | |
| Day of Week THURSDAY | Occurred On: (Route No. or Name) I 25 FRONTAGE RD | | | At Intersection With: MOUNTAIN RD NE | | |
| Other Location | Measurement | Direction | Permanent Landmark - County Line - Intersection - Milepost | | | Lat: Long: |
| Crash Occurred ON ROADWAY | | First Harmful Event COLLISION W/MOTOR VEHICLE | | Manner of Impact FRONT-TO-SIDE (EX. T-BONE, ANGLE) | | Manner of Crash INTERSECTING PATH (T-BONE) |
| <input type="checkbox"/> Work Zone-Construction | <input type="checkbox"/> Tribal Land? | Analysis Code | | | Location of First Harmful Event | |
| <input type="checkbox"/> Work Zone-Maintenance | NO | MV IN TRANSPORT | | | ON ROADWAY | |
| <input type="checkbox"/> Work Zone-Utility | | | | | | |
| TRAFFIC UNIT 01 | | | | | | |
| VEHICLE NO. HEADED 01 | MV Type IN TRANSPORT | | Direction S | On: I 25 FRONTAGE RD | | Left Scene of Crash? NO |
| Driver's Last Name DELGADO-SUBIRIAS | | Driver's First Name JOSE | | Driver's Middle Name G | | |
| Driver's Street Address 7043 2ND ST NW UNIT 4 | | City ALBUQUERQUE | | State NM | Zip Code 87107-0000 | Phone (505) 391-9238 |
| Date of Birth 07/05/1979 | Driver's License Number 508044364 | State NM | Type D | CDL N | Status V | Restrictions |
| Incident Responder | | # of Occupants 1 | Seat Pos LF | Expires 07/23/2029 | Interlock NO | Occupation |
| | | Age 42 | Sex M | Race H | Injury Code O | OP Code 6 |
| | | OP Used YES | Airbag Deploy N | Ejected N | EMS Number | Med Trans NT |
| Supplemental Occupant Information | | | | | | |
| Vehicle Information | | | | | | |
| Year 2001 | Vehicle Make FORD | Vehicle Model F-550 | | Color WHI | Veh Use1 P | Veh Use2 P |
| Body Style PK | Cargo Body Type | Lic. Year 2021 | State NM | License Plate Number TEMP | VIN 1FDAF56S21EC02573 | |
| Towed By | | Towed To | | Veh. Towed? NO | | |
| | | | | Veh. Disabled? NO | | |
| | | | | Damage Severity HEAVY | | |
| | | | | Extent FUNCTIONAL | | |
| | | | | 14-Top 15-Undercarriage 08,09,10 | | |
| Gross Vehicle/Comb Weight Rating | | HazMat Placard? (Cargo Only) | HazMat Released (Cargo Only) | Hazmat Placard 4-digit OR Hazmat Name AND 1-digit # | | DOT # |
| State # | | Number of Axles | Carrier Type Code | | | |
| Carrier's Name | | Street Address | | Carrier City | | State Carrier's Zip |
| Owner's Last Name DELGADO-SUBIRIAS | | Owner's First Name JOSE | | Owner's Middle Name G | | Owner's Company Name |
| Street Address 7043 2ND ST NW UNIT 4 | | Owner's City ALBUQUERQUE | | State NM | Owner Zip 87107-0000 | Owner's Phone (505) 391-9238 |
| Insured By: (Name of Company) | | Policy Number | | Trailer or Towed Vehicles (1) | Type | Year |
| | | | | | Make | Lic Year |
| | | | | | Lic State | License Num |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic Year | Lic State |
| | | | | | | License Num |
| Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic Year | Lic State |
| | | | | | | License Num |

Crash Report Number: 710883736

Case Number: 220040018

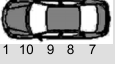
Condition Information

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

TRAFFIC UNIT 02

| | | | | | | | | | | | | | | | | |
|---|---|--------------------------------|--------------------|--------------------------------------|------------------------------|--------------------------|------------------|-----------------------------------|-------------------------------|-------------------------|---------------------|-----------------------|----------------------------|---------------------|--------------|------------------------|
| VEHICLE NO. HEADED 02 | | MV Type IN TRANSPORT | | Direction W | On: MOUNTAIN RD NE | | | Left Scene of Crash? NO | Posted Speed | Safe Speed | | | | | | |
| Driver's Last Name HOLGUIN-SOTO | | | | Driver's First Name JAVIER | | | | Driver's Middle Name | | | | | | | | |
| Driver's Street Address 8404 CENTRAL AVE SE STE | | | | City ALBUQUERQUE | | | | State NM | Zip Code 87108-0000 | Phone | | | | | | |
| Date of Birth 02/20/1960 | Driver's License Number 109230111 | State NM | Type D | CDL | Status V | Restrictions B | Endorsements | Expires 03/20/2025 | Interlock NO | Occupation | | | | | | |
| Incident Responder | | | | | # of Occupants 2 | Seat Pos LF | Age 62 | Sex M | Race H | Injury Code O | OP Code 6 | OP Used YES | Airbag Deploy NA | Ejected N | EMS Number | Med Trans NT |
| Supplemental Occupant Information | | | | | | | 62 | M | H | O | 6 | YES | NA | N | | NT |
| RF | GARCIA PINON | | ANGEL | | E | | 58 | M | H | C | 6 | YES | NA | N | E,R 4 | EG |
| | 503 SPRUNK RD NE | | ALBUQUERQUE | | NM | 87102-0000 | | | | | | | | | | |

Vehicle Information

| | | | | | | | | | | | | | | | | |
|--|--------------------------------|------------------------------|-------------------------------------|--|---------------------|---------------------------------|----------------------|----------|---------------------------------|---|-------|--|--|--|--|--|
| Year 1992 | Vehicle Make PONTIAC | | Vehicle Model TRANS | | Color WHI | Veh Use1 | Veh Use2 P | Veh Use3 | Veh. Towed? YES | Veh. Disabled? YES | | | | | | |
| Body Style VN | Cargo Body Type | Lic. Year 2023 | State NM | License Plate Number MZS184 | | VIN 1GMDU06L8NT239028 | | | Damage Severity HEAVY | 1 2 3 4 5 12  6 | | | | | | |
| Towed By BERNALILLO MOTORS | | | | Towed To 2720 COORS SW ALBUQUERQUE, NM 87121 | | | | | Extent DISABLED | 11 10 9 8 7 14-Top 15-Undercarriage 01,11,12 | | | | | | |
| Gross Vehicle/Comb Weight Rating | | HazMat Placard? (Cargo Only) | HazMat Released (Cargo Only) | Hazmat Placard 4-digit OR Hazmat Name | | | AND | | 1-digit # | | DOT # | | | | | |
| State # | | Number of Axles | Carrier Type Code | | | | | | | | | | | | | |
| Carrier's Name | | | Street Address | | | Carrier City | | | State | Carrier's Zip | | | | | | |
| Owner's Last Name HOLGUIN-SOTO | | | Owner's First Name JAVIER | | | Owner's Middle Name | | | Owner's Company Name | | | | | | | |

| | | | | | | | | | | | | | | |
|---|------|------|------|------------------------------------|-----------|-----------------------------------|-------------------------------|-------------------------------|--------------------------------|------|---------------|-----------|-------------|-------------|
| Street Address 8404 CENTRAL AVE SE STE | | | | Owner's City ALBUQUERQUE | | | | State NM | Owner Zip 87108-0000 | | Owner's Phone | | | |
| Insured By: (Name of Company) PROGRESSIVE | | | | | | Policy Number 033736038 | | Trailer or Towed Vehicles (1) | Type | Year | Make | Lic Year | Lic State | License Num |
| Trailer or Towed Vehicles (2) | Type | Year | Make | Lic Year | Lic State | License Num | Trailer or Towed Vehicles (3) | Type | Year | Make | Lic Year | Lic State | License Num | |

Condition Information

| | | | | | | | | | | | | | | |
|---|-------------------------------|--|--|--|-------------------------------------|--------------------------------------|--|---|--|--|--|---------------------------|--|--|
| Lighting DAYLIGHT | | Weather CLEAR | | | | Intersection Type FOUR-WAY | | Relation To Junction | | | | | | |
| Work Zone Location | | | | Work Zone Type | | | | Workers Present | | Law Enforcement Present | | | | |
| Road Character STRAIGHT | Road Grade DOWNHILL | Road Condition DRY | | | Road Surface LANE MARKERS | | | Traffic Control TRAFFIC SIGNALS | | | | | | |
| Road Lanes 2 LANES | | Road Design Div PAINTED DIVIDER (>4 FT) | | | Road Design OTHER | | | | | | | | | |
| APPARENT CONTRIBUTING FACTORS | | | | | | | | DRIVER'S ACTIONS | | | | SEQUENCE OF EVENTS | | |
| OTHER IMPROPER DRIVING | | | | | | | | GOING STRAIGHT | | | | FIRST EVENT MVT | | |
| | | | | | | | | | | | | SECOND EVENT | | |
| | | | | | | | | | | | | THIRD EVENT | | |
| | | | | | | | | | | | | FOURTH EVENT | | |
| | | | | | | | | | | | | MHE MVT | | |
| DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | | | PEDESTRIAN/PEDALCYCLIST ACTION | | | | | | |
| HAD NOT CONSUMED ALCOHOL | | | | NO APP. DEFECTS | | | | <input type="checkbox"/> At Intersection | | <input type="checkbox"/> Not at Intersection | | | | |
| | | | | | | | | Actions Prior to Crash | | | | | | |
| | | | | | | | | Actions at Time of Crash | | | | | | |
| Breath Test Results | | | | Driver Physical Condition - Other | | | | Location at Time of Crash | | | | | | |


NARRATIVE

VEHICLE # 1 WAS TRAVELING SOUTHBOUND ON THE SOUTH FRONTAGE ROAD THROUGH THE INTERSECTION OF MOUNTAIN RD NE WHEN HIT BY VEHICLE #2 ON THE LEFT SIDE OF THE VEHICLE. VEHICLE #2 WAS WEST BOUND ON MOUNTAIN RD TRAVELING THROUGH THE INTERSECTION AT SOUTH FRONTAGE WHEN VEHICLE #1 WAS GOING THROUGH AT THE SAME TIME AND COLLISION OCCURRED. BOTH DRIVERS OF EACH VEHICLE STATED THEY HAD A GREEN LIGHT WHEN THE COLLISION OCCURRED. THERE WAS NO AVAILABLE VIDEO OF THE COLLISION AND NO INDEPENDENT WITNESSES. PASSENGER OF VEHICLE #2 RECENTLY HAD KNEE SURGERY EARLIER IN THE WEEK AND WAS IN A LOT OF PAIN IN THAT AREA FROM THE COLLISION. PASSENGER NOF VEH#2 WAS TRANSPORTED TO LOVELACE HOSPITAL FOR TREATMENT. VEHICLE #2 WAS TOWED FROM SCENE BY BERNALILLO TOW.

VIOLATION 01

| | | | | | |
|----------------------|--------------------------------------|---------------------------|-------------------------|---|------------------------|
| VEH NO. 01 | Last Name DELGADO-SUBIRIAS | First Name JOSE | Middle Name G | Violation (Common Name) NO PROOF OF INS | Action CITED |
|----------------------|--------------------------------------|---------------------------|-------------------------|---|------------------------|

CONCLUSION

| | | | | | |
|--|--------------------------------------|--|---------------------|--------------------------|----------------------------------|
| Time Notified 1315 | Time Arrived 1326 | Notified By DISPATCH | Supervisor at Scene | | |
| Time Roadway Cleared 1422 | Time Incident Cleared 1520 | Checked By 5279 - THOMAS, WILLIAM - 6/4/2022 | | | |
| Officer's Signature  | | Officer's Name CRAVENS, TODD | Rank P1C | ID Number 2760 | District 234 |
| | | | | | Report Date 05/26/2022 |

DIAGRAM

Diagram Drawn By
CRAVENS, TODD

Measurements Taken By
NOT TO SCALE

DIAGRAM



710890876

E_JULY_2018

ALBUQUERQUE POLICE DEPT


REPORTING DEPARTMENT

| | | | | | | |
|---|---|---|--|--|--|--|
| <input type="checkbox"/> Private Property | <input type="checkbox"/> Fatal | Property Damage Only | <input type="checkbox"/> Under \$500 | <input type="checkbox"/> Hit-and-Run | Case Number: 220029243 | CAD Num: 221080743 |
| <input type="checkbox"/> Secondary Crash | <input checked="" type="checkbox"/> Injury | <input type="checkbox"/> \$500 or More | <input type="checkbox"/> School Bus Directly Involved | <input type="checkbox"/> School Bus Indirectly Involved | Agency: 1 - ALBUQUERQUE POLICE DEPARTMENT | |
| Crash Date 04/18/2022 | Crash Time 1408 | City Occurred In ALBUQUERQUE | | | County BERNALILLO | |
| Day of Week MONDAY | Occurred On: (Route No. or Name) I 25 SOUTH-BD FW | | | At Intersection With: MOUNTAIN RD NE | | |
| Other Location | Measurement | Direction | Permanent Landmark - County Line - Intersection - Milepost | | | Lat: Long: |
| Crash Occurred ON ROADWAY | | First Harmful Event COLLISION W/MOTOR VEHICLE | | Manner of Impact FRONT-TO-SIDE (EX. T-BONE, ANGLE) | | Manner of Crash INTERSECTING PATH (T-BONE) |
| <input type="checkbox"/> Work Zone-Construction | <input type="checkbox"/> Tribal Land? | Analysis Code | | | Location of First Harmful Event | |
| <input type="checkbox"/> Work Zone-Maintenance | NO | MV IN TRANSPORT | | | ON ROADWAY | |
| <input type="checkbox"/> Work Zone-Utility | | | | | | |

TRAFFIC UNIT 01

| | | | | | | |
|--|---|---------------------------------------|--------------------------------|-----------------------------------|---------------------------|--------------------------------|
| VEHICLE NO. HEADED 01 | MV Type IN TRANSPORT | Direction S | On: I 25 SOUTH-BD FW | Left Scene of Crash? NO | Posted Speed 45 | Safe Speed 45 |
| Driver's Last Name LOO | | Driver's First Name MATTHEW | | Driver's Middle Name | | |
| Driver's Street Address 324 N 6TH ST | | City BELEN | | State NM | Zip Code 87002 | Phone (505) 319-1525 |
| Date of Birth 03/11/1989 | Driver's License Number 505701917 | State NM | Type D | CDL | Status V | Restrictions B |
| Incident Responder NO | | # of Occupants 2 | | Seat Pos LF | Occupation | |
| Supplemental Occupant Information | | Age 33 | | Sex M | Race I | Injury Code O |
| RF LOO | | MAY ANN | | OP Code 6 | OP Used YES | Airbag Deploy S |
| 324 N 6TH ST | | BELEN | | Ejected O | EMS Number | Med Trans NT |
| | | NM | | 87002 | 0 | YES |
| | | | | 60 | F | I |
| | | | | C | 0 | YES |
| | | | | S | O | NT |

Vehicle Information

| | | | | | | | | |
|---|---------------------------------|---|------------------------------|---|---------------------------------|--|---------------------------------|---|
| Year 2014 | Vehicle Make CHRYSLER | Vehicle Model | Color MAR | Veh Use1 | Veh Use2 P | Veh Use3 | Veh. Towed? YES | Veh. Disabled? YES |
| Body Style PC | Cargo Body Type | Lic. Year 2022 | State NM | License Plate Number RHR452 | VIN 1C3CCBBB2EN150284 | | Damage Severity HEAVY | 1 2 3 4 5 12  6 |
| Towed By 0235 | | Towed To 2800 BROADWAY BLVD. SE ALBUQUERQUE, NM 871 | | | | Extent DISABLED | | |
| Gross Vehicle/Comb Weight Rating | | HazMat Placard? (Cargo Only) | HazMat Released (Cargo Only) | Hazmat Placard 4-digit OR Hazmat Name AND 1-digit # | | DOT # | | |
| State # | | Number of Axles | Carrier Type Code | | | | | |
| Carrier's Name | | Street Address | | Carrier City | | State | Carrier's Zip | |
| Owner's Last Name LOO | | Owner's First Name MATTHEW | | Owner's Middle Name | | Owner's Company Name | | |
| Street Address 324 N 6TH ST | | Owner's City BELEN | | State NM | Owner Zip 87002 | Owner's Phone (505) 319-1525 | | |
| Insured By: (Name of Company) PROGRESSIVE | | Policy Number 953196223 | | Trailer or Towed Vehicles (1) | Type | Year | Make | Lic Year |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic Year | Lic State | License Num | |
| Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic Year | Lic State | License Num | |

Crash Report Number: 710890876

Case Number: 220029243

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

Sheet 1 Of 4


Condition Information

| | | | | | | | |
|---|----------------------------|--|--|---|--|---|--|
| Lighting DAYLIGHT | | Weather CLEAR | | Intersection Type L-INTERSECTION | | Relation To Junction INTERSECTION | |
| Work Zone Location | | | Work Zone Type | | Workers Present | Law Enforcement Present | |
| Road Character STRAIGHT | Road Grade LEVEL | Road Condition DRY | | Road Surface PAVED CENTER AND EDGE LINE | | Traffic Control TRAFFIC SIGNALS | |
| Road Lanes 2 LANES | | Road Design Div PHYSICAL DIVIDER | | Road Design RAMP | | | |
| APPARENT CONTRIBUTING FACTORS | | | | | DRIVER'S ACTIONS | | SEQUENCE OF EVENTS |
| NO DRIVER ERROR | | | | | GOING STRAIGHT | | FIRST EVENT MVT |
| | | | | | | | SECOND EVENT |
| | | | | | | | THIRD EVENT |
| | | | | | | | FOURTH EVENT |
| | | | | | | | MHE MVT |
| DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | PEDESTRIAN/PEDALCYCLIST ACTION | | |
| HAD NOT CONSUMED ALCOHOL | | | NO APP. DEFECTS | | <input type="checkbox"/> At Intersection | | <input type="checkbox"/> Not at Intersection |
| | | | | | Actions Prior to Crash | | |
| | | | | | Actions at Time of Crash | | |
| Breath Test Results | | Driver Physical Condition - Other | | | | Location at Time of Crash | |

TRAFFIC UNIT 02

| | | | | | | | | | | | | | | | | |
|---|---|--------------------------------|------------------|---------------------------------------|------------------------------|-----------------------|------------------|-----------------------------------|---------------------------|-------------------------|---------------------|-----------------------|---------------------------|---------------------|------------|------------------------|
| VEHICLE NO. HEADED 02 | | MV Type IN TRANSPORT | | Direction E | On: MOUNTAIN RD NE | | | Left Scene of Crash? NO | Posted Speed 45 | Safe Speed 45 | | | | | | |
| Driver's Last Name HAMMACK | | | | Driver's First Name TIMOTHY | | | | Driver's Middle Name | | | | | | | | |
| Driver's Street Address 739 WOODLAND AVE NW | | | | City ALBUQUERQUE | | | | State NM | Zip Code 87107 | Phone | | | | | | |
| Date of Birth 02/02/1960 | Driver's License Number 017768425 | State NM | Type D | CDL N | Status V | Restrictions | Endorsements | Expires 03/01/2026 | Interlock NO | Occupation | | | | | | |
| Incident Responder NO | | | | | # of Occupants 1 | Seat Pos LF | Age 62 | Sex M | Race C | Injury Code O | OP Code 6 | OP Used YES | Airbag Deploy N | Ejected N | EMS Number | Med Trans NT |
| Supplemental Occupant Information | | | | | | | | | | | | | | | | |

Vehicle Information

| | | | | | | | | | | | |
|--|-----------------------------|------------------------------|--------------------------------------|---------------------------------------|---------------------|---------------------------------|---------------------------|-----------------------------|---------------------------------|-----------------------------|---|
| Year 2008 | Vehicle Make FORD | | Vehicle Model | | Color WHI | Veh Use1 | Veh Use2 P | Veh Use3 | Veh. Towed? NO | Veh. Disabled? NO | |
| Body Style PK | Cargo Body Type | Lic. Year 2022 | State NM | License Plate Number LHM041 | | VIN 1FTRX12W58KE94995 | | | Damage Severity HEAVY | | <div>1 2 3 4 5 12  6 11 10 9 8 7 14-Top 15-Undercarriage 01,11,12</div> |
| Towed By | | | | Towed To | | | | Extent FUNCTIONAL | | | |
| Gross Vehicle/Comb Weight Rating | | HazMat Placard? (Cargo Only) | HazMat Released (Cargo Only) | Hazmat Placard 4-digit OR Hazmat Name | | | AND | 1-digit # | DOT # | | |
| State # | Number of Axles | Carrier Type Code | | | | | | | | | |
| Carrier's Name | | | Street Address | | | Carrier City | | | State | Carrier's Zip | |
| Owner's Last Name HAMMACK | | | Owner's First Name TIMOTHY | | | Owner's Middle Name | | | Owner's Company Name | | |
| Street Address 739 WOODLAND AVE NW | | | Owner's City ALBUQUERQUE | | | State NM | Owner Zip 87107 | | Owner's Phone | | |

| | | | | | | | | | | | | | | |
|--|------|------|------|----------|-----------|--|--|-------------------------------|------|------|------|----------|-----------|-------------|
| Insured By: (Name of Company) STATE FARM | | | | | | Policy Number 043 3134 A21 31A | | Trailer or Towed Vehicles (1) | Type | Year | Make | Lic Year | Lic State | License Num |
| Trailer or Towed Vehicles (2) | Type | Year | Make | Lic Year | Lic State | License Num | | Trailer or Towed Vehicles (3) | Type | Year | Make | Lic Year | Lic State | License Num |

Condition Information

| | | | | | | | | | | | | | |
|-----------------------------------|--|----------------------------|-------------------------------------|----------------|--|---|--|-----------------|---|---|--|--|--|
| Lighting DAYLIGHT | | | Weather CLEAR | | | Intersection Type L-INTERSECTION | | | Relation To Junction INTERSECTION | | | | |
| Work Zone Location | | | | Work Zone Type | | | | Workers Present | | Law Enforcement Present | | | |
| Road Character STRAIGHT | | Road Grade LEVEL | Road Condition DRY | | | Road Surface PAVED CENTER AND EDGE LINE | | | | Traffic Control TRAFFIC SIGNALS | | | |
| Road Lanes 2 LANES | | | Road Design Div UNDIVIDED | | | Road Design RAMP | | | | | | | |

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

NARRATIVE

ON APRIL 18, 2022, VEHICLE NUMBER ONE WAS TRAVELING SOUTHBOUND ON I 25 FRONTAGE ROAD PASSING THROUGH THE INTERSECTION OF MOUNTAIN RD WHEN IT WAS STRUCK IN A T-BONE FASHION ON THE RIGHT REAR SIDE BY VEHICLE NUMBER TWO, WHICH WAS TRAVELING EASTBOUND. THE DRIVER OF VEHICLE NUMBER ONE STATED THAT VEHICLE TWO RAN THE RED LIGHT. THE DRIVER OF VEHICLE NUMBER TWO STATED THAT HE MAY HAVE RAN THE RED LIGHT. BOTH DRIVERS WERE EVALUATED BY AFR ON SCENE AND DECLINED TRANSPORT. THE PASSENGER OF VEHICLE ONE WAS COMPLAINING OF PAIN TO HER RIGHT ARM.

VIOLATION 01

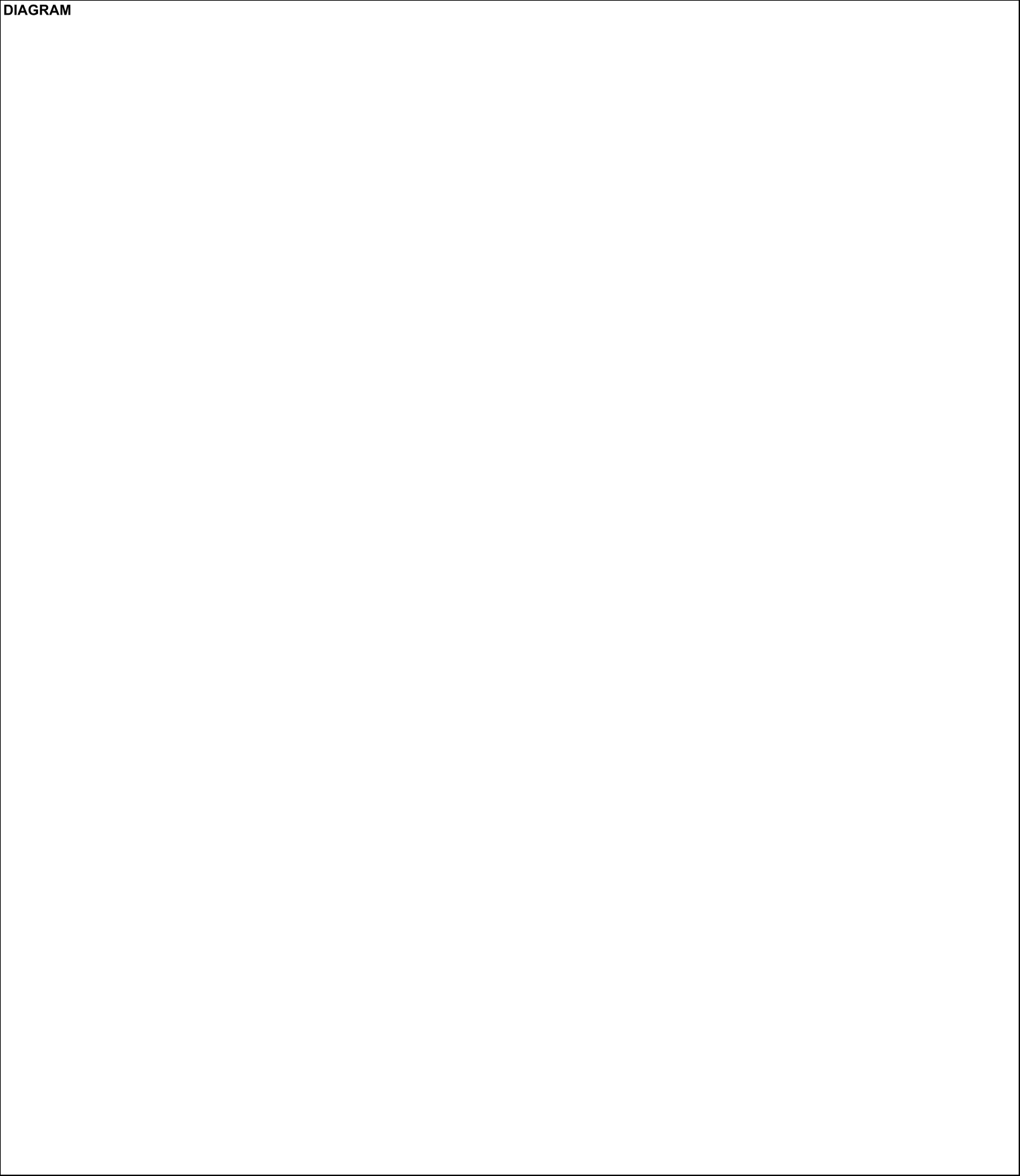
| | | | | | |
|---------|-----------|------------|-------------|-------------------------|--------|
| VEH NO. | Last Name | First Name | Middle Name | Violation (Common Name) | Action |
|---------|-----------|------------|-------------|-------------------------|--------|

CONCLUSION

| | | | | | | |
|--|--------------------------------------|---|------------------------------------|--------------------------|------------------------|----------------------------------|
| Time Notified 1408 | Time Arrived 1424 | Notified By DISPATCH | Supervisor at Scene NONE | | | |
| Time Roadway Cleared 1504 | Time Incident Cleared 1504 | Checked By 6646 - HERRERA, GREGORY - 05/03/2022 | | | | |
| Officer's Signature <i>Anthony Guerra</i> | | Officer's Name GUERRERA, ANTHONY | Rank P1C | ID Number 5623 | District 234 | Report Date 04/18/2022 |

DIAGRAM

| | |
|---------------------------------------|-----------------------|
| Diagram Drawn By GUERRERA, ANTHONY | Measurements Taken By |
|---------------------------------------|-----------------------|





710913337

E_JULY_2018

ALBUQUERQUE POLICE DEPT

REPORTING DEPARTMENT

| | | | | | | |
|---|--|--|--|---|---|---|
| <input type="checkbox"/> Private Property | <input type="checkbox"/> Fatal | Property Damage Only | <input type="checkbox"/> Under \$500 | <input type="checkbox"/> Hit-and-Run | Case Number: 220089544 | CAD Num: 223190998 |
| <input checked="" type="checkbox"/> Secondary Crash | <input checked="" type="checkbox"/> Injury | <input type="checkbox"/> \$500 or More | <input type="checkbox"/> School Bus Directly Involved | <input type="checkbox"/> School Bus Indirectly Involved | Agency: 1 - ALBUQUERQUE POLICE DEPARTMENT | |
| Crash Date 11/15/2022 | Crash Time 1735 | City Occurred In ALBUQUERQUE | | | County BERNALILLO | |
| Day of Week TUESDAY | Occurred On: (Route No. or Name) I 25 FRONTAGE RD | | | At Intersection With: MOUNTAIN RD NE | | |
| Other Location | Measurement | Direction | Permanent Landmark - County Line - Intersection - Milepost | | | Lat: Long: |
| Crash Occurred ON ROADWAY | | First Harmful Event COLLISION W/MOTOR VEHICLE | | Manner of Impact FRONT-TO-SIDE (EX. T-BONE, ANGLE) | | Manner of Crash INTERSECTING PATH (T-BONE) |
| <input type="checkbox"/> Work Zone-Construction | <input type="checkbox"/> Tribal Land? | Analysis Code | | | Location of First Harmful Event | |
| <input type="checkbox"/> Work Zone-Maintenance | NO | MV IN TRANSPORT | | | ON ROADWAY | |
| <input type="checkbox"/> Work Zone-Utility | | | | | | |

TRAFFIC UNIT 01

| | | | | | | |
|---|--------------------------------------|---------------------------------|-------------------------|------------------------------|------------------------|-------------------------|
| VEHICLE NO. HEADED 01 | MV Type IN TRANSPORT | Direction S | On: I 25 FRONTAGE RD | Left Scene of Crash? NO | Posted Speed | Safe Speed |
| Driver's Last Name ROMERO | | Driver's First Name SANTIAGO | | Driver's Middle Name PAUL | | |
| Driver's Street Address 3924 CAMINO ALAMEDA SW | | City ALBUQUERQUE | | State NM | Zip Code 87105-0000 | Phone (505) 250-8906 |
| Date of Birth 05/05/1998 | Driver's License Number 512896154 | State NM | Type D | CDL N | Status V | Restrictions |
| Incident Responder NO | | # of Occupants 1 | Seat Pos LF | Expires 05/09/2027 | Interlock NO | Occupation |
| Supplemental Occupant Information | | Age 24 | Sex M | Race O | Injury Code O | OP Code 6 |
| | | OP Used UNK | Airbag Deploy B | Ejected N | EMS Number E4 | Med Trans NT |

Vehicle Information

| | | | | | | | | |
|---|------------------------------|---|---------------------------------------|--------------------------------|--------------------------|---|-------------------------------|-----------------------|
| Year 2020 | Vehicle Make CHEVROLET | Vehicle Model 4 DOOR | Color GRY | Veh Use1 | Veh Use2 P | Veh Use3 | Veh. Towed? YES | Veh. Disabled? YES |
| Body Style PC | Cargo Body Type | Lic. Year 2023 | State NM | License Plate Number AYAH36 | VIN 1G1ZD5ST4LF019886 | | Damage Severity HEAVY | Extent DISABLED |
| Towed By BERNALILLO MOTORS | | Towed To 2720 COORS SW ALBUQUERQUE, NM 87121 | | | | 12 11 10 9 8 7 6 14-Top 15-Undercarriage 01,02,10,11,12 | | |
| Gross Vehicle/Comb Weight Rating | HazMat Placard? (Cargo Only) | HazMat Released (Cargo Only) | Hazmat Placard 4-digit OR Hazmat Name | | AND | 1-digit # | DOT # | |
| State # | Number of Axles | Carrier Type Code | | | | | | |
| Carrier's Name | | Street Address | | | Carrier City | | State | Carrier's Zip |
| Owner's Last Name ROMERO | | Owner's First Name SANTIAGO | | Owner's Middle Name PAUL | | Owner's Company Name | | |
| Street Address 3924 CAMINO ALAMEDA SW | | Owner's City ALBUQUERQUE | | State NM | Owner Zip 87105-0000 | Owner's Phone (505) 250-8906 | | |
| Insured By: (Name of Company) ALLSTATE | | Policy Number 98608108 | | Trailer or Towed Vehicles (1) | Type | Year | Make | Lic Year |
| Trailer or Towed Vehicles (2) | Type | Year | Make | Lic Year | Lic State | License Num | Trailer or Towed Vehicles (3) | Type |
| | | | | | | | | |

Crash Report Number: 710913337

Case Number: 220089544

Condition Information

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

TRAFFIC UNIT 02

| | | | | | | | | | | | | | | | | |
|--|---|--------------------------------|------------------|---------------------------------------|------------------------------|-----------------------|------------------|---------------------------------------|-------------------------------|--------------------------------|---------------------|-----------------------|---------------------------|---------------------|-------------------------|------------------------|
| VEHICLE NO. HEADED 02 | | MV Type IN TRANSPORT | | Direction W | On: MOUNTAIN RD NE | | | Left Scene of Crash? NO | Posted Speed | Safe Speed | | | | | | |
| Driver's Last Name GALINDO | | | | Driver's First Name LEANDRA | | | | Driver's Middle Name NADINE | | | | | | | | |
| Driver's Street Address 7927 AMBERLY RD SW | | | | City ALBUQUERQUE | | | | State NM | Zip Code 87121-0000 | Phone (505) 363-4132 | | | | | | |
| Date of Birth 02/15/2002 | Driver's License Number 516592052 | State NM | Type D | CDL N | Status V | Restrictions | Endorsements | Expires 03/17/2023 | Interlock NO | Occupation | | | | | | |
| Incident Responder NO | | | | | # of Occupants 1 | Seat Pos LF | Age 20 | Sex F | Race O | Injury Code C | OP Code 6 | OP Used UNK | Airbag Deploy B | Ejected N | EMS Number E4 | Med Trans NT |

Supplemental Occupant Information

Vehicle Information

| | | | | | | | | | | |
|---|---|--------------------------------|--------------------------------------|--|--------------------------------------|----------------------|--------------------------------|--|------------------------------|---------------|
| Year 2019 | Vehicle Make KIA MOTORS CORP. | Vehicle Model 4 DOOR | | Color WHI | Veh Use1 | Veh Use2 P | Veh Use3 | Veh. Towed? YES | Veh. Disabled? YES | |
| Body Style PC | Cargo Body Type | Lic. Year 2023 | State NM | License Plate Number AXCJ60 | VIN 5XXGT4L30KG347722 | | | Damage Severity HEAVY | | |
| Towed By BERNALILLO MOTORS | | | | Towed To 2720 COORS SW ALBUQUERQUE, NM 87121 | | | Extent DISABLED | | | |
| | | | | | | | 01,11,12 | | | |
| Gross Vehicle/Comb Weight Rating | | HazMat Placard? (Cargo Only) | HazMat Released (Cargo Only) | Hazmat Placard 4-digit OR Hazmat Name | | | AND | 1-digit # | DOT # | |
| State # | Number of Axles | Carrier Type Code | | | | | | | | |
| Carrier's Name | | | Street Address | | | Carrier City | | | State | Carrier's Zip |
| Owner's Last Name GALINDO | | | Owner's First Name LEANDRA | | Owner's Middle Name NADINE | | Owner's Company Name | | | |
| Street Address 7927 AMBERLY RD SW | | | Owner's City ALBUQUERQUE | | | State NM | Owner Zip 87121-0000 | Owner's Phone (505) 363-4132 | | |

Crash Report Number: **710913337**

Case Number: **220089544**

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

Sheet 2 Of 5

| | | | | | | | | | | | | | | |
|---|------|------|------|----------|-----------|---|--|-------------------------------|------|------|------|----------|-----------|-------------|
| Insured By: (Name of Company) STATEFARM | | | | | | Policy Number 216 4678-022-31 | | Trailer or Towed Vehicles (1) | Type | Year | Make | Lic Year | Lic State | License Num |
| Trailer or Towed Vehicles (2) | Type | Year | Make | Lic Year | Lic State | License Num | | Trailer or Towed Vehicles (3) | Type | Year | Make | Lic Year | Lic State | License Num |

Condition Information

| | | | | | | | | | | | | | |
|-----------------------------------|--|----------------------------|-------------------------|--|--|--------------------------------------|---|-----------------|---|---|--|--|--|
| Lighting DARK LIGHTED | | | Weather CLEAR | | | Intersection Type FOUR-WAY | | | Relation To Junction INTERSECTION | | | | |
| Work Zone Location | | | | Work Zone Type | | | | Workers Present | | Law Enforcement Present | | | |
| Road Character STRAIGHT | | Road Grade LEVEL | | Road Condition DRY | | | Road Surface PAVED CENTER AND EDGE LINE | | | Traffic Control TRAFFIC SIGNALS | | | |
| Road Lanes 1 LANE | | | | Road Design Div PAINTED DIVIDER (>4 FT) | | | Road Design OTHER | | | | | | |

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

NARRATIVE

ON 11/15/2022, I WAS DISPATCHED TO THE INTERSECTION OF THE I-25 SOUTHBOUND FRONTAGE ROAD AND MOUNTAIN RD NE INTERSECTION IN REFERENCE TO A TWO VEHICLE COLLISION RESULTING IN MINOR INJURY.

DRIVER 1 STATED THAT HE WAS DRIVING SOUTHBOUND ON THE I-25 FRONTAGE ROAD IN THE MIDDLE LANE DRIVING THROUGH THE INTERSECTION WITH MOUNTAIN RD NE WHEN THE COLLISION OCCURRED. DRIVER 1 STATED THAT AS HE PASSED THROUGH THE INTERSECTION HE HAD A GREEN LIGHT AND "OUT OF THE CORNER OF HIS EYE" HE SAW VEHICLE 2 ENTER THE INTERSECTION DRIVING WESTBOUND ON MOUNTAIN RD NE. DRIVER 1 THEN STATED THAT THE COLLISION OCCURRED IN THE INTERSECTION. DRIVER 1 DID NOT COMPLAIN OF ANY INJURIES AND WAS ASSESSED ON SCENE BY AFR ENGINE 4. VEHICLE 1 WAS NOT FUNCTIONAL AND REQUIRED TOWING.

DRIVER 2 COULD NOT PROVIDE A STATEMENT AS SHE "COULD NOT REMEMBER WHAT HAPPENED." DRIVER 2 DID COMPLAIN OF PAIN FROM THE SEAT BELT AND WAS ASSESSED ON SCENE BY AFR ENGINE 4. DRIVER 2 WAS NOT TRANSPORTED. VEHICLE 2 WAS DISABLED AND REQUIRED TOWING.

WITNESS 1 STATED THAT HE WAS ALSO DRIVING SOUTHBOUND ON THE I-25 SOUTHBOUND FRONTAGE WHEN HE OBSERVED THE COLLISION. WITNESS 1 STATED THAT HE WAS BEHIND VEHICLE 1 BUT IN THE RIGHT MOST LANE WHEN APPROACHING THE INTERSECTION. WITNESS 1 EXPLAINED THAT AS HE AND VEHICLE 1 APPROACHED THE INTERSECTION THAT THEY BOTH HAD A GREEN LIGHT, AND AS VEHICLE 1 PASSED THROUGH THE INTERSECTION, VEHICLE 2 COLLIDED WITH VEHICLE 1 BY DRIVING WESTBOUND ON MOUNTAIN RD NE THROUGH THE INTERSECTION.

END OF REPORT.


WITNESS 01

| | | | | | | | | | | |
|--------------------------------------|--|--|--------------------------------------|----------------|--|-----------------------|-------|----------|--|--|
| Witness's Last Name ROMERO | | | Witness's First Name RAMON | | | Witness's Middle Name | | | Age | |
| Witness's Street Address | | | | Witness's City | | | State | Zip Code | Witness's Phone (505) 903-2674 | |

VIOLATION 01

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

CONCLUSION

| | | | | | | |
|--|--------------------------------------|---|------------------------------------|--------------------------|------------------------|----------------------------------|
| Time Notified 1814 | Time Arrived 1816 | Notified By DISPATCH | Supervisor at Scene NONE | | | |
| Time Roadway Cleared 1925 | Time Incident Cleared 1950 | Checked By 5925 - ROLSTON, JASON - 11/17/2022 | | | | |
| Officer's Signature  | | Officer's Name NOVICKI, THOMAS | Rank P 2/C | ID Number 7237 | District 234 | Report Date 11/15/2022 |

DIAGRAM

Diagram Drawn By
NOVICKI, THOMAS

Measurements Taken By
NOT TO SCALE

DIAGRAM



710914664

E_JULY_2018

ALBUQUERQUE POLICE DEPT

REPORTING DEPARTMENT

| | | | | | | | | | | | | | | | |
|--|---|--|--------------------------------------|--|--|--|--|--------------------------------|--|---------------------|------------------------------|---------------------------|---------------------|-------------------------|------------------------|
| <input type="checkbox"/> Private Property | <input type="checkbox"/> Fatal | Property Damage Only | <input type="checkbox"/> Under \$500 | <input type="checkbox"/> Hit-and-Run | Case Number: 220100637 | | CAD Num: 223590571 | | | | | | | | |
| <input type="checkbox"/> Secondary Crash | <input checked="" type="checkbox"/> Injury | <input type="checkbox"/> \$500 or More | | <input type="checkbox"/> School Bus Directly Involved | Agency: 1 - ALBUQUERQUE POLICE DEPARTMENT | | | | | | | | | | |
| Crash Date 12/25/2022 | | Crash Time 1608 | | City Occurred In ALBUQUERQUE | | County BERNALILLO | | | | | | | | | |
| Day of Week SUNDAY | | Occurred On: (Route No. or Name) I25 SOUTHBOUND FR | | | At Intersection With: MOUNTAIN RD NE | | | | | | | | | | |
| Other Location | | Measurement | Direction WEST | Permanent Landmark - County Line - Intersection - Milepost | | | Lat: Long: | | | | | | | | |
| Crash Occurred ON ROADWAY | | First Harmful Event COLLISION W/MOTOR VEHICLE | | | Manner of Impact FRONT-TO-SIDE (EX. T-BONE, ANGLE) | | Manner of Crash INTERSECTING PATH (T-BONE) | | | | | | | | |
| <input type="checkbox"/> Work Zone-Construction | | Tribal Land? | Analysis Code | | | Location of First Harmful Event | | | | | | | | | |
| <input type="checkbox"/> Work Zone-Maintenance | | NO | MV IN TRANSPORT | | | ON ROADWAY | | | | | | | | | |
| <input type="checkbox"/> Work Zone-Utility | | | | | | | | | | | | | | | |
| TRAFFIC UNIT 01 | | | | | | | | | | | | | | | |
| VEHICLE NO. HEADED 01 | | MV Type IN TRANSPORT | | Direction S | On: I25 SOUTHBOUND FR | | Left Scene of Crash? NO | Posted Speed Safe Speed | | | | | | | |
| Driver's Last Name HOSKINSON | | | Driver's First Name AUSTIN | | | Driver's Middle Name MICHAEL | | | | | | | | | |
| Driver's Street Address 2739 MONTEREY AVE SE | | | City ALBUQUERQUE | | | State NM | Zip Code 87106 | Phone (505) 453-1963 | | | | | | | |
| Date of Birth 12/28/1994 | Driver's License Number 514021015 | State NM | Type D | CDL N | Status V | Restrictions B | Endorsements W | Expires 05/25/2025 | Interlock NO | Occupation | | | | | |
| Incident Responder | | | | # of Occupants 1 | Seat Pos LF | Age 27 | Sex M | Race C | Injury Code C | OP Code 6 | OP Used YES | Airbag Deploy B | Ejected N | EMS Number E4 | Med Trans NT |
| Supplemental Occupant Information | | | | | | | | | | | | | | | |
| Vehicle Information | | | | | | | | | | | | | | | |
| Year 2013 | Vehicle Make HONDA | | Vehicle Model 4D/HB | | Color BRO | Veh Use1 | Veh Use2 P | Veh Use3 | Veh. Towed? YES | | Veh. Disabled? YES | | | | |
| Body Style PC | Cargo Body Type | Lic. Year 2023 | State NM | License Plate Number NSS663 | | VIN 5J6TF1H30DL000546 | | | Damage Severity HEAVY | | Extent DISABLED | | | | |
| Towed By PRIVATE TOW | | | | Towed To PRIVATE TOW | | | | 09,10,11,12 | | | | | | | |
| Gross Vehicle/Comb Weight Rating | | HazMat Placard? (Cargo Only) | HazMat Released (Cargo Only) | Hazmat Placard 4-digit OR Hazmat Name | | | AND | | 1-digit # | DOT # | | | | | |
| State # | | Number of Axles | Carrier Type Code | | | | | | | | | | | | |
| Carrier's Name | | | Street Address | | | Carrier City | | | State | Carrier's Zip | | | | | |
| Owner's Last Name HOSKINSON | | | Owner's First Name AUSTIN | | | Owner's Middle Name MICHAEL | | | Owner's Company Name | | | | | | |
| Street Address 2739 MONTEREY AVE SE | | | Owner's City ALBUQUERQUE | | | State NM | Owner Zip 87106 | | Owner's Phone (505) 453-1963 | | | | | | |
| Insured By: (Name of Company) USAA | | | Policy Number 02751 10 24C | | | Trailer or Towed Vehicles (1) | Type | Year | Make | Lic Year | Lic State | License Num | | | |
| Trailer or Towed Vehicles (2) | Type | Year | Make | Lic Year | Lic State | License Num | | Trailer or Towed Vehicles (3) | Type | Year | Make | Lic Year | Lic State | License Num | |

Crash Report Number: 710914664

Case Number: 220100637

STATE OF NEW MEXICO UNIFORM CRASH REPORT
NM STATUTE 66-7-209
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Sheet 1 Of 5

Condition Information

| | | | | | | | |
|---|----------------------------|-------------------------------------|--|--|---|---|---------------------------|
| Lighting DUSK | | Weather CLEAR | | Intersection Type FOUR-WAY | | Relation To Junction INTERSECTION | |
| Work Zone Location | | | Work Zone Type | | Workers Present | Law Enforcement Present | |
| Road Character STRAIGHT | Road Grade LEVEL | Road Condition DRY | | Road Surface PAVED CENTER AND EDGE LINE | | Traffic Control TRAFFIC SIGNALS | |
| Road Lanes 3 LANES | | Road Design Div UNDIVIDED | | Road Design FULL ACCESS CONTROL (E.G. HIGHWAY OR INTERSTATE) | | | |
| APPARENT CONTRIBUTING FACTORS | | | | | DRIVER'S ACTIONS | | SEQUENCE OF EVENTS |
| NO DRIVER ERROR | | | | | GOING STRAIGHT | | FIRST EVENT MVT |
| | | | | | | | SECOND EVENT FO |
| | | | | | | | THIRD EVENT |
| | | | | | | | FOURTH EVENT |
| | | | | | | | MHE MVT |
| DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | PEDESTRIAN/PEDALCYCLIST ACTION | | |
| HAD NOT CONSUMED ALCOHOL | | | NO APP. DEFECTS | | <input type="checkbox"/> At Intersection <input type="checkbox"/> Not at Intersection | | |
| | | | | | Actions Prior to Crash | | |
| | | | | | Actions at Time of Crash | | |
| Breath Test Results | | | Driver Physical Condition - Other | | | Location at Time of Crash | |

TRAFFIC UNIT 02

| | | | | | | | | | | | | | | | | |
|--|---|--------------------------------|------------------|------------------------------------|------------------------------|--------------------------|------------------|---|--------------------------|--------------------------------|---------------------|-----------------------|---------------------------|---------------------|-------------------------|------------------------|
| VEHICLE NO. HEADED 02 | | MV Type IN TRANSPORT | | Direction W | On: MOUNTAIN RD NE | | | Left Scene of Crash? NO | Posted Speed | Safe Speed | | | | | | |
| Driver's Last Name PEREZ | | | | Driver's First Name ADAN | | | | Driver's Middle Name ISIDRO DURAN | | | | | | | | |
| Driver's Street Address 645 ESPANOLA ST SE | | | | City ALBUQUERQUE | | | | State NM | Zip Code 87108 | Phone (505) 385-6549 | | | | | | |
| Date of Birth 12/24/1975 | Driver's License Number 100254719 | State NM | Type D | CDL N | Status V | Restrictions B | Endorsements | Expires 01/25/2029 | Interlock NO | Occupation | | | | | | |
| Incident Responder | | | | | # of Occupants 1 | Seat Pos LF | Age 47 | Sex M | Race H | Injury Code B | OP Code 6 | OP Used YES | Airbag Deploy N | Ejected N | EMS Number E4 | Med Trans NT |

Supplemental Occupant Information

Vehicle Information

| | | | | | | | | | | |
|---|-------------------------------|------------------------------|------------------------------------|--|---------------------|--|---------------------------|---------------------------|--|------------------------------|
| Year 1994 | Vehicle Make TOYOTA | | Vehicle Model 07 | | Color WHI | Veh Use1 | Veh Use2 P | Veh Use3 | Veh. Towed? YES | Veh. Disabled? YES |
| Body Style SV | Cargo Body Type | Lic. Year 2099 | State NM | License Plate Number DV999J | | VIN JT3VN39W3R8063371 | | | Damage Severity HEAVY | |
| Towed By GOTCHA COVERED TOWING | | | | Towed To 3405 BROADWAY BL SE | | | | Extent DISABLED | | |
| Gross Vehicle/Comb Weight Rating | | HazMat Placard? (Cargo Only) | HazMat Released (Cargo Only) | Hazmat Placard 4-digit OR Hazmat Name | | | AND | 1-digit # | DOT # | |
| State # | Number of Axles | Carrier Type Code | | | | | | | | |
| Carrier's Name | | | Street Address | | | Carrier City | | | State | Carrier's Zip |
| Owner's Last Name PEREZ | | | Owner's First Name ADAN | | | Owner's Middle Name ISIDRO DURAN | | | Owner's Company Name | |
| Street Address 645 ESPANOLA ST SE | | | Owner's City ALBUQUERQUE | | | State NM | Owner Zip 87108 | | Owner's Phone (505) 385-6549 | |

Crash Report Number: **710914664**

Case Number: **220100637**

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

Sheet 2 Of 5

| | | | | | | | | | | | | | | |
|---|------|------|------|----------|-----------|------------------------------------|--|-------------------------------|------|------|------|----------|-----------|-------------|
| Insured By: (Name of Company) GEICO | | | | | | Policy Number 4267074971 | | Trailer or Towed Vehicles (1) | Type | Year | Make | Lic Year | Lic State | License Num |
| Trailer or Towed Vehicles (2) | Type | Year | Make | Lic Year | Lic State | License Num | | Trailer or Towed Vehicles (3) | Type | Year | Make | Lic Year | Lic State | License Num |

Condition Information

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

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

NARRATIVE

VEHICLE 1 WAS TRAVELING SOUTHBOUND ON THE I25 SOUTHBOUND FRONTAGE ROAD, AT THE INTERSECTION WITH MOUNTAIN RD NE WHEN IT COLLIDED WITH VEHICLE 2. VEHICLE 2 WAS TRAVELING WESTBOUND ON MOUNTAIN RD NE AT THE INTERSECTION WITH THE I25 SOUTHBOUND FRONTAGE ROAD WHEN IT COLLIDED WITH VEHICLE 1. DRIVER OF VEHICLE 1 STATED HE HAD THE GREEN LIGHT AND PROCEEDED THROUGH THE INTERSECTION WHEN HE WAS STRUCK BY VEHICLE 2. DRIVER OF VEHICLE 2 STATED HE WAS TRAVELING WESTBOUND ON MOUNTAIN RD NE AT THE INTERSECTION WITH THE I25 SOUTHBOUND FRONTAGE ROAD. DRIVER OF VEHICLE 2 STATED HE THOUGHT HE HAD A GREEN LIGHT.

I ASKED THROUGH DISPATCH IF THERE WERE ANY CAMERAS AVAILABLE IN THE AREA WHICH MIGHT HAVE CAPTURE THE TRAFFIC ACCIDENT ON CAMERA. I WAS ADVISED THROUGH DISPATCH THERE WERE NO CAMERAS IN THE AREA.

DRIVER OF VEHICLE 1 HAD COMPLAINTS OF PAIN IN HIS RIBS, BUT DID NOT WANT TO BE SEEN BY RESCUE PERSONNEL. DRIVER OF VEHICLE 2 HAD COMPLAINTS OF HEAD PAIN. DRIVER OF VEHICLE 2 ALSO HAD BLOOD COMING FROM THE RIGHT REAR PORTION OF HIS HEAD. DRIVER OF VEHICLE 1 AND DRIVER OF VEHICLE 2 WERE CHECKED OUT BY RESCUE PERSONNEL ON-SCENE, BUT DID NOT GET TRANSPORTED.

VEHICLE 1 AND 2 WERE DISABLED AND REQUIRED A TOW TRUCK TO BE REMOVED FROM THE SCENE. VEHICLE 1 WAS TOWED FROM THE SCENE BY A PRIVATE TOW.


PROPERTY 01

| | | | | | | |
|--|--|--|--|--|---------------------|--------------------------|
| Type U | Description of Property and Damage STREET CURB | | | | | |
| Owner's Last Name CITY OF | | | Owner's First Name ALBUQUERQUE | | Owner's Middle Name | |
| Owner's Street Address UNKNOWN | | | Owner's City ALBUQUERQUE | | State NM | Zip Code 87102 |
| | | | | | Owner's Phone | |

VIOLATION 01

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

CONCLUSION

| | | | | | | |
|--|--------------------------------------|---|---------------------|--------------------------|------------------------|----------------------------------|
| Time Notified 1613 | Time Arrived 1633 | Notified By DISPATCH | Supervisor at Scene | | | |
| Time Roadway Cleared 1725 | Time Incident Cleared 1815 | Checked By 6646 - HERRERA, GREGORY - 12/27/2022 | | | | |
| Officer's Signature  | | Officer's Name ESQUIBEL, EZRA | Rank P1/C | ID Number 5621 | District 234 | Report Date 12/25/2022 |

DIAGRAM

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



710918208

E_JULY_2018

ALBUQUERQUE POLICE DEPT

REPORTING DEPARTMENT

| | | | | | | | | | | | | | | | | |
|---|--|--|--|--|---|---|----------------------------|-----------------------|-------------------------------|--------------|-----------------------|--------------------|--------------|------------|-----------------|-------------|
| <input type="checkbox"/> Private Property | <input type="checkbox"/> Fatal | Property Damage Only | <input type="checkbox"/> Under \$500 | <input type="checkbox"/> Hit-and-Run | Case Number: 220091625 | | CAD Num: P223270471 | | | | | | | | | |
| <input type="checkbox"/> Secondary Crash | <input checked="" type="checkbox"/> Injury | <input type="checkbox"/> \$500 or More | <input checked="" type="checkbox"/> School Bus Directly Involved | <input type="checkbox"/> School Bus Indirectly Involved | Agency: 1 - ALBUQUERQUE POLICE DEPARTMENT | | | | | | | | | | | |
| Crash Date 11/23/2022 | | Crash Time 0954 | | City Occurred In ALBUQUERQUE | | County BERNALILLO | | | | | | | | | | |
| Day of Week WEDNESDAY | | Occurred On: (Route No. or Name) FRONTAGE RD | | | At Intersection With: MOUNTAIN RD NE | | | | | | | | | | | |
| Other Location | | Measurement | Direction SOUTH | Permanent Landmark - County Line - Intersection - Milepost | | | Lat: | | | | | | | | | |
| | | | | | | | Long: | | | | | | | | | |
| Crash Occurred ON ROADWAY | | First Harmful Event COLLISION W/MOTOR VEHICLE | | Manner of Impact FRONT-TO-SIDE (EX. T-BONE, ANGLE) | | Manner of Crash INTERSECTING PATH (T-BONE) | | | | | | | | | | |
| <input type="checkbox"/> Work Zone-Construction | <input type="checkbox"/> Tribal Land? | Analysis Code MV IN TRANSPORT | | | | Location of First Harmful Event ON ROADWAY | | | | | | | | | | |
| <input type="checkbox"/> Work Zone-Maintenance | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Work Zone-Utility | | | | | | | | | | | | | | | | |
| TRAFFIC UNIT 01 | | | | | | | | | | | | | | | | |
| VEHICLE NO. HEADED 01 | | MV Type IN TRANSPORT | | Direction S | On: FRONTAGE RD | | Left Scene of Crash? NO | Posted Speed | Safe Speed | | | | | | | |
| Driver's Last Name LARKIN | | | Driver's First Name MATTHEW | | | Driver's Middle Name TAYLOR | | | | | | | | | | |
| Driver's Street Address 8008 BELLAMAH AVE NE | | | City ALBUQUERQUE | | | State NM | Zip Code 87110 | Phone | | | | | | | | |
| Date of Birth 12/28/2001 | Driver's License Number 515212370 | State NM | Type D | CDL N | Status V | Restrictions | Endorsements | Expires 01/27/2023 | Interlock NO | Occupation | | | | | | |
| Incident Responder | | | | # of Occupants 1 | Seat Pos LF | Age 20 | Sex M | Race O | Injury Code C | OP Code 6 | OP Used UNK | Airbag Deploy N | Ejected N | EMS Number | Med Trans NT | |
| Supplemental Occupant Information | | | | | | | | | | | | | | | | |
| Vehicle Information | | | | | | | | | | | | | | | | |
| Year 2018 | Vehicle Make NISSAN | | Vehicle Model SEDAN | | Color BLK | Veh Use1 | Veh Use2 P | Veh Use3 | Veh. Towed? YES | | Veh. Disabled? YES | | | | | |
| Body Style PC | Cargo Body Type | Lic. Year 2023 | State NM | License Plate Number AFJN17 | | VIN 3N1CN7AP6JL822862 | | | Damage Severity HEAVY | | Extent DISABLED | | | | | |
| Towed By CAR STOP TOWING | | | | Towed To 2200 RENARD PL. SE ALBUQUERQUE, NM 87106 | | | | 01,02,03,09,10,11,12 | | | | | | | | |
| Gross Vehicle/Comb Weight Rating | | HazMat Placard? (Cargo Only) | | HazMat Released (Cargo Only) | | Hazmat Placard 4-digit OR Hazmat Name | | AND | | 1-digit # | | DOT # | | | | |
| State # | | Number of Axles | | Carrier Type Code | | | | | | | | | | | | |
| Carrier's Name | | | Street Address | | | Carrier City | | | State | | Carrier's Zip | | | | | |
| Owner's Last Name LARKIN | | | Owner's First Name MATTHEW | | | Owner's Middle Name TAYLOR | | | Owner's Company Name | | | | | | | |
| Street Address 8008 BELLAMAH AVE NE | | | Owner's City ALBUQUERQUE | | | State NM | Owner Zip 87110 | | Owner's Phone | | | | | | | |
| Insured By: (Name of Company) FARM BUREAU PROPERTY | | | | Policy Number 0000000008221750 | | Trailer or Towed Vehicles (1) | | Type | Year | Make | Lic Year | Lic State | License Num | | | |
| Trailer or Towed Vehicles (2) | | Type | Year | Make | Lic Year | Lic State | License Num | | Trailer or Towed Vehicles (3) | | Type | Year | Make | Lic Year | Lic State | License Num |

Crash Report Number: 710918208

Case Number: 220091625

STATE OF NEW MEXICO UNIFORM CRASH REPORT
NM STATUTE 66-7-209
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Sheet 1 Of 5

Condition Information


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

TRAFFIC UNIT 02

| | | | | | | | | | | | | | | | | |
|--|--------------------------------------|-------------------------|--------------------------------|----------------|-----------------------|---------------------------------|-------------------|----------------------------|-----------------|------------------|--------------|----------------|--------------------|--------------|------------|-----------------|
| VEHICLE NO. HEADED 02 | | MV Type IN TRANSPORT | | Direction E | On: MOUNTAIN RD NE | | | Left Scene of Crash? NO | Posted Speed | Safe Speed | | | | | | |
| Driver's Last Name WEST | | | Driver's First Name CHARLES | | | Driver's Middle Name MICHAEL | | | | | | | | | | |
| Driver's Street Address 7624 VIA TRANQUILO SW | | | City ALBUQUERQUE | | | State NM | Zip Code 87121 | Phone | | | | | | | | |
| Date of Birth 09/24/1983 | Driver's License Number 121367335 | State NM | Type C | CDL Y | Status V | Restrictions | Endorsements | Expires 05/30/2027 | Interlock NO | Occupation | | | | | | |
| Incident Responder | | | | | # of Occupants 1 | Seat Pos LF | Age 39 | Sex M | Race O | Injury Code O | OP Code 6 | OP Used UNK | Airbag Deploy N | Ejected N | EMS Number | Med Trans NT |

Supplemental Occupant Information

Vehicle Information

| | | | | | | | | | | | | | | | | |
|--|------------------------------------|-------------------------------------|------------------------------------|---|---------------------|--------------------------|----------------|--|---|--|--|--|--|--|--|--|
| Year 1999 | Vehicle Make FREIGHTLINER CORP. | Vehicle Model SEMI | | Color PLE | Veh Use1 | Veh Use2 C | Veh Use3 NN | Veh. Towed? NO | Veh. Disabled? NO | | | | | | | |
| Body Style TS | Cargo Body Type AT | Lic. Year 2023 | State NM | License Plate Number WD132261 | | VIN 1FV6HLBA7XHA22249 | | Damage Severity SLIGHT | 1 2 3 4 5 12  6 11 10 9 8 7 14-Top 15-Undercarriage 07 | | | | | | | |
| Towed By | | | | Towed To | | | | Extent FUNCTIONAL | | | | | | | | |
| Gross Vehicle/Comb Weight Rating GREATER THAN 26,000 LBS. | | HazMat Placard? (Cargo Only) 0 | HazMat Released (Cargo Only) NO | Hazmat Placard 4-digit OR Hazmat Name AND 1-digit # | | | | DOT # 2156927 | | | | | | | | |
| State # NM22315090 | Number of Axles 02 | Carrier Type Code 1 - INTERSTATE | | | | | | | | | | | | | | |
| 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 TOADY VENTURES LLC | | | | | | | | |
| Street Address 903 W WILSON AVE | | Owner's City GALLUP | | | State NM | Owner Zip 87301 | | Owner's Phone | | | | | | | | |

| | | | | | | | | | | | | | |
|--------------------------------|------|------|------|----------|---------------|-------------|-------------------------------|------|------|------|----------|-----------|-------------|
| Insured By: (Name of Company) | | | | | Policy Number | | Trailer or Towed Vehicles (1) | Type | Year | Make | Lic Year | Lic State | License Num |
| GREAT DIVINE INSURANCE COMPANY | | | | | CNA7512455-12 | | | AC | 2018 | KAUF | 2099 | NM | 3311FTK |
| Trailer or Towed Vehicles (2) | Type | Year | Make | Lic Year | Lic State | License Num | Trailer or Towed Vehicles (3) | Type | Year | Make | Lic Year | Lic State | License Num |

Condition Information

| | | | | | | | | | | | | |
|--------------------|------------|----------------|-------------------------|----------------|----------------------------|----------------------|--|-----------------|----------------------|-------------------------|--|--|
| Lighting | | | Weather | | | Intersection Type | | | Relation To Junction | | | |
| DAYLIGHT | | | CLEAR | | | FOUR-WAY | | | INTERSECTION | | | |
| Work Zone Location | | | | Work Zone Type | | | | Workers Present | | Law Enforcement Present | | |
| Road Character | Road Grade | Road Condition | | | Road Surface | | | | Traffic Control | | | |
| STRAIGHT | UPHILL | DRY | | | PAVED CENTER AND EDGE LINE | | | | TRAFFIC SIGNALS | | | |
| Road Lanes | | | Road Design Div | | | Road Design | | | | | | |
| 2 LANES | | | PAINTED DIVIDER (>4 FT) | | | TWO-WAY, NOT DIVIDED | | | | | | |

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

NARRATIVE

ON NOVEMBER 24TH 2022, I WAS DISPATCHED TO THE LOCATION OF SOUTHBOUND FRONTAGE RD. AND MOUNTAIN RD. NE IN REFERENCE TO A MOTOR VEHICLE COLLISION.

DRIVER 1 MATTHEW LARKIN STATED THAT HE WAS TRAVELING SOUTHBOUND ON FRONTAGE RD. WITH A GREEN LIGHT. MR. LARKIN ADVISED VEHICLE 2 TRAVELING EASTBOUND ON MOUNTAIN RD. NE DISREGARDED ITS RED LIGHT. RESULTING IN MR. LARKIN IMPACTING THE REAR LEFT OF VEHICLE 2'S TRAILER. MR. LARKIN ADVISED OF INJURIES AT THE TIME OF THE COLLISION AND WAS EVALUATED BY MEDICAL PERSONAL, BUT NOT TRANSPORTED. VEHICLE 1 SUSTAINED DAMAGES TO THE FRONT END OF THE VEHICLE. VEHICLE 1 WAS NO LONGER FUNCTIONAL AND WAS TOWED FROM THE SCENE BY CAR STOP TOWING.

DRIVER 2 CHARLES WEST STATED HE WAS TRAVELING EASTBOUND ON MOUNTAIN RD. NE MR. WEST ADVISED HE WENT THRU THE INTERSECTION AND FELT AN IMPACT TO THE REAR OF THE TRAILER. MR. WEST ADVISED ME OF NO INJURIES AT THE TIME OF THE INCIDENT. VEHICLE 1 SUSTAINED CLOSE NO NO DAMAGES TO THE REAR LEFT SIDE OF THE TOWING TRAILER. VEHICLE 2 WAS STILL FUNCTIONAL AFTER THE COLLISION AND WAS DRIVEN AWAY FROM THE SCENE.

WITNESS CARRY DAVIS STATED THAT SHE WAS TRAVELING BEHIND VEHICLE 1 AT THE TIME OF THE INCIDENT. MS. CARRY DAVIS ADVISED OF VEHICLE 1 HAVING A GREEN LIGHT AT THE TIME OF THE COLLISION.

THIS CONCLUDES MY INVOLVEMENT TO THIS INCIDENT.

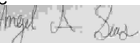
WITNESS 01

| | | | | | | | | | |
|--------------------------|--|--|----------------------|----------------|--|-----------------------|-------|----------|-----------------|
| Witness's Last Name | | | Witness's First Name | | | Witness's Middle Name | | | Age |
| DAVIS | | | CARRY | | | | | | 51 |
| Witness's Street Address | | | | Witness's City | | | State | Zip Code | Witness's Phone |

VIOLATION 01

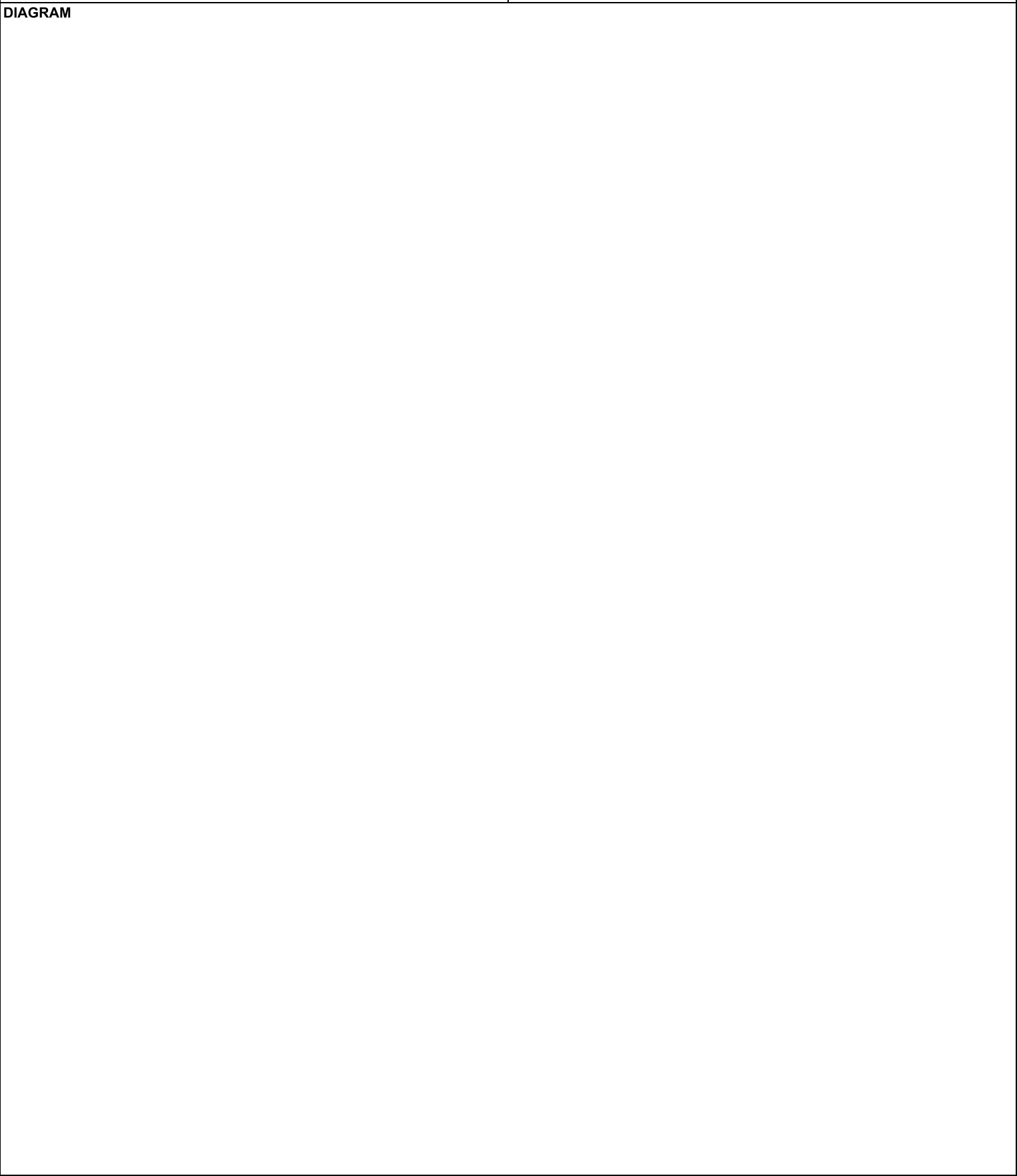
| | | | | | |
|---------|-----------|------------|-------------|-------------------------|--------|
| VEH NO. | Last Name | First Name | Middle Name | Violation (Common Name) | Action |
|---------|-----------|------------|-------------|-------------------------|--------|

CONCLUSION

| | | | | | | |
|--|--------------------------------------|---|---------------------|--------------------------|------------------------|----------------------------------|
| Time Notified 1001 | Time Arrived 1010 | Notified By DISPATCH | Supervisor at Scene | | | |
| Time Roadway Cleared 1110 | Time Incident Cleared 1110 | Checked By 1271 - HIGDON, SEAN - 11/29/2022 | | | | |
| Officer's Signature  | | Officer's Name SIAS, ANGEL | Rank PSA | ID Number 7614 | District 234 | Report Date 11/23/2022 |

DIAGRAM

| | |
|---------------------------------|---------------------------------------|
| Diagram Drawn By SIAS, ANGEL | Measurements Taken By NOT TO SCALE |
|---------------------------------|---------------------------------------|





REPORTING DEPARTMENT

710920226

TRAFFIC UNIT 01

Vehicle Information

| | | |
|---------------------------------------|--|--------------|
| Crash Report Number: 710920226 | STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209 NMDOT COPY | Sheet 1 Of 3 |
| Case Number: 220099418 | | |

Condition Information

| | | | | | | | |
|---|----------------------------|--|--|--|--|---|--|
| Lighting DARK LIGHTED | | Weather CLEAR | | Intersection Type T-INTERSECTION | | Relation To Junction INTERSECTION | |
| Work Zone Location | | | Work Zone Type | | Workers Present | Law Enforcement Present | |
| Road Character STRAIGHT | Road Grade LEVEL | Road Condition DRY | | Road Surface PAVED UNSTRIPED | | Traffic Control TRAFFIC SIGNALS | |
| Road Lanes 2 LANES | | Road Design Div PAINTED DIVIDER (>4 FT) | | Road Design TWO-WAY, DIVIDED | | | |
| APPARENT CONTRIBUTING FACTORS | | | | DRIVER'S ACTIONS | | SEQUENCE OF EVENTS | |
| UNDER INFLUENCE OF ALCOHOL | | | | GOING STRAIGHT | | FIRST EVENT OTC | |
| | | | | | | SECOND EVENT | |
| | | | | | | THIRD EVENT | |
| | | | | | | FOURTH EVENT | |
| | | | | | | MHE OTC | |
| DRIVER/PEDESTRIAN/PEDALCYCLIST SOBRIETY | | | DRIVER/PED/PEDALCYCLIST PHYSICAL CONDITION | | PEDESTRIAN/PEDALCYCLIST ACTION | | |
| CONSUMED ALCOHOL | | | UNDER THE INFLUENCE OF MEDICATION/DRUGS/ALCOHOL | | <input type="checkbox"/> At Intersection | | <input type="checkbox"/> Not at Intersection |
| | | | | | Actions Prior to Crash | | |
| | | | | | Actions at Time of Crash | | |
| Breath Test Results | | Driver Physical Condition - Other | | | Location at Time of Crash | | |

NARRATIVE

ON DECEMBER 20, 2022, AT APPROXIMATELY 2107 HOURS. I OFFICER B. QUINTANA WAS DISPATCHED TO A TRAFFIC ACCIDENT WITH NO INJURIES AS A SECONDARY OFFICER. I ARRIVED ON SCENE AT APPROXIMATELY 2117 HOURS. UPON MY ARRIVAL I OBSERVED THE VEHICLE FACING EAST BOUND IN A DIRT AREA JUST EAST OF THE I-25 NORTHBOUND FRONTAGE ROAD. THE DRIVER OF THE VEHICLE WHO WAS LATER IDENTIFIED AS MAX SCRETON ADVISED HE WAS TRAVELING EASTBOUND ON MOUNTAIN RD. WHEN HE ATTEMPTED TO "TURN AROUND AND I GOT STUCK". IT IS TO BE NOTED THAT THE VEHICLE HAD FRONT END DAMAGE AS WELL AS AIRBAG DEPLOYMENT. AT THIS TIME THE VEHICLE WAS DISABLED AND TOWED BY THE GOTCHA COVERED TOWING. THIS CONCLUDES MY INVOLVEMENT WITH THIS INCIDENT WITH NOTHING FURTHER TO REPORT.

REFER TO CASE #220099417 FOR THE DWI INVESTIGATION.


WITNESS 01

| | | | | | | |
|--------------------------|--|----------------------|--|-----------------------|----------|-----------------|
| Witness's Last Name | | Witness's First Name | | Witness's Middle Name | | Age |
| Witness's Street Address | | Witness's City | | State | Zip Code | Witness's Phone |

VIOLATION 01

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

CONCLUSION

| | | | | | | |
|--|--------------------------------------|--|---------------------|--------------------------|------------------------|----------------------------------|
| Time Notified 2107 | Time Arrived 2117 | Notified By DISPATCH | Supervisor at Scene | | | |
| Time Roadway Cleared 2130 | Time Incident Cleared 2130 | Checked By 6570 - LEEPER, CHRISTOPHER - 12/28/2022 | | | | |
| Officer's Signature  | | Officer's Name QUINTANA, BIANCA | Rank P2C | ID Number 7628 | District 322 | Report Date 12/20/2022 |

Crash Report Number: **710920226**

Case Number: **220099418**

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

Sheet 2 Of 3

DIAGRAM

| | |
|---|-----------------------|
| Diagram Drawn By QUINTANA, BIANCA | Measurements Taken By |
|---|-----------------------|

