



State of Nevada Traffic Crash Report

Las Vegas, NV

HWY18FH001

(8 pages)

Event Number: LLV171108001910		STATE OF NEVADA TRAFFIC CRASH REPORT SCENE INFORMATION SHEET Revised 01/2016			Crash Number: LVM171108001910		Scene Information		
Code Revision: 01/01/2016						<input checked="" type="checkbox"/> 1) Property <input type="checkbox"/> 2) Injury <input type="checkbox"/> 3) Fatal			
<input checked="" type="checkbox"/> 1) Urban <input type="checkbox"/> 2) Rural	<input type="checkbox"/> 1) Emergency Use <input type="checkbox"/> 2) Office Report	<input checked="" type="checkbox"/> 1) Preliminary Report <input type="checkbox"/> 2) Initial Report	<input type="checkbox"/> 3) Resubmission <input type="checkbox"/> 4) Supplement Report	<input type="checkbox"/> 1) Hit and Run <input type="checkbox"/> 2) Private Property	Agency Name: LAS VEGAS METRO PD				
Crash Date 11 / 8 / 2017	Time 1207	Day WED	Beat / Sector A3	<input type="checkbox"/> 1) County <input checked="" type="checkbox"/> 2) City LAS VEGAS					
Mile Marker	# Vehicles 2	# Non Motorists 0	# Occupants 7	# Fatalities 0	# Injured 0	# Restrained 1			
Occurred On: (Highway # or Street Name) <input type="checkbox"/> 1) Parking Lot <input type="checkbox"/> 2) Active School Zone S 6TH ST									
<input type="checkbox"/> 1) At Intersection With: <input checked="" type="checkbox"/> 2) Or 162 <input checked="" type="checkbox"/> 3) Feet <input type="checkbox"/> 4) Miles <input type="checkbox"/> 5) Approximate SOUTH Of (Cross Street) FREMONT ST									
Surface <input checked="" type="checkbox"/> 1) Asphalt <input type="checkbox"/> 2) Concrete <input type="checkbox"/> 3) Gravel <input type="checkbox"/> 4) Dirt <input type="checkbox"/> 5) Other _____		Intersection <input type="checkbox"/> 1) Four Way <input type="checkbox"/> 4) Y <input type="checkbox"/> 2) > Four Way <input type="checkbox"/> 5) Roundabout <input type="checkbox"/> 3) T <input type="checkbox"/> 7) L <input type="checkbox"/> 6) Other _____		Paddle Markers <input checked="" type="checkbox"/> 1) None <input type="checkbox"/> 2) Left Side <input type="checkbox"/> 3) Right Side <input type="checkbox"/> 4) Both Sides <input type="checkbox"/> 5) Unknown		Access Control <input checked="" type="checkbox"/> 1) None <input type="checkbox"/> 2) Full <input type="checkbox"/> 3) Partial			
Roadway Character <input type="checkbox"/> 1) Curve & Grade <input type="checkbox"/> 2) Curve & Hillcrest <input type="checkbox"/> 3) Curve & Level <input type="checkbox"/> 4) Straight & Grade <input type="checkbox"/> 5) Straight & Hillcrest <input checked="" type="checkbox"/> 6) Straight & Level <input type="checkbox"/> 7) Unknown <input type="checkbox"/> 8) Other _____		Roadway Conditions <input checked="" type="checkbox"/> 1) Dry <input type="checkbox"/> 7) Slush <input type="checkbox"/> 2) Icy <input type="checkbox"/> 8) Standing Water <input type="checkbox"/> 3) Wet <input type="checkbox"/> 9) Moving Water <input type="checkbox"/> 4) Snow <input type="checkbox"/> 10) Unknown <input type="checkbox"/> 5) Sand / Mud/ Dirt / Gravel <input type="checkbox"/> 6) Other <input type="checkbox"/> 11) Oil		Total Thru Lanes Main Road <input type="checkbox"/> 1) One <input checked="" type="checkbox"/> 2) Two <input type="checkbox"/> 3) Three <input type="checkbox"/> 4) Four <input type="checkbox"/> 5) Five <input type="checkbox"/> 6) > 5 Total All Lanes: 2	Average Roadway Widths Travel Lane 14 Ft Storage / Turn Lane 0 Ft Median 0 Ft Paved Shoulder Inside Outside		Roadway Grade <input type="checkbox"/> 1) Not Determined <input checked="" type="checkbox"/> 2) Relatively Level Roadway <input type="checkbox"/> 3) Up Slope (+) <input type="checkbox"/> 4) Down Slope (-) Relative To V1 Grade 0.0 %		
Pavement Markings <input type="checkbox"/> 1) Centerline, Broken Yellow <input checked="" type="checkbox"/> 2) Centerline, Solid Yellow <input type="checkbox"/> 3) Centerline, Double Yellow <input type="checkbox"/> 4) Lane Line, Broken White <input type="checkbox"/> 5) Lane Line, Solid White <input type="checkbox"/> 6) No Passing, Either Direction <input type="checkbox"/> 7) Turn Arrow Symbols <input type="checkbox"/> 8) Center Turn Lane Line <input type="checkbox"/> 9) Edge Line, Left Yellow <input type="checkbox"/> 10) Edge Line, Right White <input type="checkbox"/> 11) Other _____ <input type="checkbox"/> 12) None <input type="checkbox"/> 13) Unknown				Roadway Description <input checked="" type="checkbox"/> 1) Two-Way, Not Divided <input type="checkbox"/> 2) Two-Way, Divided, Unpro, Median <input type="checkbox"/> 3) Two-Way, Divided, Median Barrier <input type="checkbox"/> 4) One-Way, Not Divided <input type="checkbox"/> 5) Unknown <input type="checkbox"/> 6) Off Road		Weather Conditions <input checked="" type="checkbox"/> 1) Clear <input type="checkbox"/> 7) Fog, Smog, Smoke, Ash <input type="checkbox"/> 2) Cloudy <input type="checkbox"/> 8) Severe Crosswinds <input type="checkbox"/> 3) Snow <input type="checkbox"/> 9) Sleet / Hail <input type="checkbox"/> 4) Rain <input type="checkbox"/> 10) Unknown <input type="checkbox"/> 5) Blowing Sand, Dirt, Soil <input type="checkbox"/> 6) Other <input type="checkbox"/> 11) Blowing Snow			
Light Conditions <input type="checkbox"/> 1) Dark <input type="checkbox"/> 6) Dark—No Roadway Lighting <input type="checkbox"/> 2) Dawn <input type="checkbox"/> 7) Dark—Spot Roadway Lighting <input checked="" type="checkbox"/> 3) Daylight <input type="checkbox"/> 8) Dark—Continuous Roadway Lighting <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 9) Dark—Unknown Roadway Lighting <input type="checkbox"/> 5) Other _____		Vehicle Collision Type <input type="checkbox"/> 1) Head On <input type="checkbox"/> 6) Sideswipe - Meeting <input type="checkbox"/> 2) Rear End <input type="checkbox"/> 7) Sideswipe - Overtaking <input checked="" type="checkbox"/> 3) Backing <input type="checkbox"/> 8) Non Collision <input type="checkbox"/> 4) Angle <input type="checkbox"/> 9) Unknown <input type="checkbox"/> 5) Rear to Rear <input type="checkbox"/> 10) Rear to Side		Location of First Event <input checked="" type="checkbox"/> 1) Travel Lane 1 <input type="checkbox"/> 2) Turn Lane <input type="checkbox"/> 6) Outside Shoulder <input type="checkbox"/> 11) Ramp <input type="checkbox"/> 3) Gore <input type="checkbox"/> 7) Intersection <input type="checkbox"/> 12) Unknown <input type="checkbox"/> 4) Median <input type="checkbox"/> 8) Private Property <input type="checkbox"/> 13) Separator <input type="checkbox"/> 5) Inside Shoulder <input type="checkbox"/> 9) Roadside <input type="checkbox"/> 14) Parking Lane/Zone <input type="checkbox"/> 10) Other _____					
Roadway / Environment Factors <input type="checkbox"/> 1) None <input type="checkbox"/> 10) Wet, Icy, Snow, Slush <input type="checkbox"/> 2) Weather <input type="checkbox"/> 11) Ruts, Holes, Bumps <input type="checkbox"/> 3) Debris <input type="checkbox"/> 12) Animal in Roadway <input type="checkbox"/> 4) Glare <input type="checkbox"/> 13) Unknown <input type="checkbox"/> 5) Other Roadway _____ <input type="checkbox"/> 6) Other Environmental _____ <input type="checkbox"/> 7) Shoulders <input type="checkbox"/> 8) Road Obstruction <input type="checkbox"/> 9) Worn Traffic				<input checked="" type="checkbox"/> 19) Backup Regular Congestion <input type="checkbox"/> 20) Work Zone <input type="checkbox"/> 21) Non Highway Work <input type="checkbox"/> 22) Railway Grade Crossing # _____ <input type="checkbox"/> 23) Shared User Path/Trail		Type of Work Zone <input type="checkbox"/> 1) Lane Closure <input type="checkbox"/> 2) Lane Shift/Crossover <input type="checkbox"/> 3) Work on Shoulder or Median <input type="checkbox"/> 4) Intermittent/Moving Work <input type="checkbox"/> 5) Other _____		Work Area Zone <input type="checkbox"/> 1) Advanced Warning Area <input type="checkbox"/> 2) Transition Area <input type="checkbox"/> 3) Activity Area <input type="checkbox"/> 4) Termination Area	
				<input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No		Law Enforcement Present <input type="checkbox"/> 1) No <input type="checkbox"/> 2) Officer Present <input type="checkbox"/> 3) LE Vehicle Only Present			
Describe Property Damage To Other Than Vehicle <div style="background-color: black; width: 100%; height: 100px; margin-top: 10px;"></div>									
				Owner's Name: _____ <input type="checkbox"/> 1) Owner Notified Owner's Address: (Street Address City, State Zip) NV					
First Harmful Event	Code # 217	Description: SLOW/STOPPED VEHICLE							
Investigation Complete	Photos Taken	Scene Diagram	Statements	Date Notified	Time Notified	Arrival Date	Arrival Time		
<input checked="" type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No	<input type="checkbox"/> 1) Yes <input checked="" type="checkbox"/> 2) No	<input type="checkbox"/> 1) Yes <input checked="" type="checkbox"/> 2) No	<input type="checkbox"/> 1) Yes <input checked="" type="checkbox"/> 2) No # 0	11 / 8 / 2017	1225	11 / 8 / 2017	1225		
Investigator(s) Pilette		ID Number 6066	Date 11 / 8 / 2017	Reviewed By Chulawudt Baker		Date Reviewed 11 / 9 / 2017	Page 1 of 7		

Event Number: LLV171108001910

**STATE OF NEVADA
TRAFFIC CRASH REPORT
SCENE INFORMATION SHEET
Revised 10/20/15**

Crash Number:
LVM171108001910

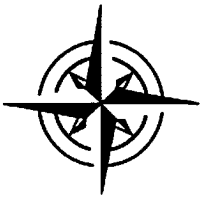
Scene Information

Code Revision: 01/01/2016

Agency Name:
LAS VEGAS METRO PD

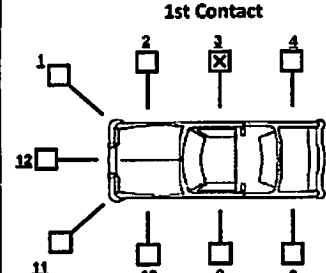
Description of Crash / Narrative

V2 WAS STOPPED FACING N/B IN THE #1 TRAVEL LANE ON 6TH APPROXIMATELY 162FT SOUTH OF FREMONT. V1 WAS BACKING S/B TO W/B ON 6TH APPROXIMATELY 162FT SOUTH OF FREMONT. V1S RIGHT FRONT TIRE STRUCK V2S LEFT FRONT END RESULTING IN A TRAFFIC COLLISION. DRIVER OF V1 SAID AS HE AS HE WAS BACKING UP HE HAD HIS HAZARD LIGHTS AND BACK UP ALARM SOUNDING AND AS HE STRAIGHTENED HIS CAB HE FELT THE IMPACT WITH V2. V2 IS A AUTOMATED DRIVERLESS VEHICLE. THERE WERE NO REPORTED INJURIES.



Indicate North

A.I.C.: 162FT S/S 29FT W/E

Event Number: LLV171108001910		STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 1/2016		Crash Number: LVM171108001910		Vehicle Information	
Vehicle # V1	# Occupants 1	<input checked="" type="checkbox"/> 1) At Fault <input type="checkbox"/> 2) Non Contact Vehicle		Agency Number: LAS VEGAS METRO PD			
Direction of Travel: <input type="checkbox"/> 1) North <input type="checkbox"/> 3) East <input type="checkbox"/> 5) Unknown <input checked="" type="checkbox"/> 2) South <input type="checkbox"/> 4) West		Roadway / Street Name: S 6TH ST			Travel Lane #: 1		
Vehicle Action: <input type="checkbox"/> 1) Straight <input type="checkbox"/> 3) Left Turn <input type="checkbox"/> 5) U-Turn <input type="checkbox"/> 7) Wrong Way <input type="checkbox"/> 9) Passing <input type="checkbox"/> 11) Leaving Parked <input type="checkbox"/> 13) Leaving Lane <input type="checkbox"/> 16) Driverless Vehicle <input type="checkbox"/> 19) Unknown <input checked="" type="checkbox"/> 2) Backing <input type="checkbox"/> 4) Right Turn <input type="checkbox"/> 6) Parked <input type="checkbox"/> 8) Stopped <input type="checkbox"/> 10) Racing <input type="checkbox"/> 12) Entering Lane <input type="checkbox"/> 15) Enter Parked <input type="checkbox"/> 17) Lane Change <input type="checkbox"/> 22) Negotiating a Curve		Driver: (Last Name, First Name, Middle Name Suffix) DELANCEY, ROBERT EARL					
Street Address: [REDACTED]		Transported By: <input checked="" type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____					
City: LAS VEGAS		State / Country <input checked="" type="checkbox"/> 1) NV		Zip Code: 89129		Person Type: 1 Seating Position: 1 Occupant Restraints: 7	
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown DOB: / / Phone Number: [REDACTED] <input type="checkbox"/> 2) Female		OLN: State <input checked="" type="checkbox"/> 1) NV Class: <input checked="" type="checkbox"/> 1) CDL <input type="checkbox"/> 2) DL License Status: 0		Injury Severity: 0 Injury Location:		Airbags: 2 Airbag Switch: Ejected: 0 Trapped: 0	
Compliance: <input type="checkbox"/> 1) Restrict <input type="checkbox"/> 2) Endorse		Endorsements		Restrictions		Driver Factors <input checked="" type="checkbox"/> 1) Apparently Normal <input type="checkbox"/> 6) Driver Ill / Injured <input type="checkbox"/> 2) Had Been Drinking <input type="checkbox"/> 7) Other Improper Driving <input type="checkbox"/> 3) Drug Involvement <input type="checkbox"/> 8) Driver Inattention / Distracted <input type="checkbox"/> 4) Apparently Fatigued / Asleep <input type="checkbox"/> 9) Physical Impairment <input type="checkbox"/> 5) Obstructed View <input type="checkbox"/> 10) Unknown	
Alcohol / Drug Involvement <input checked="" type="checkbox"/> 1) Not Involved <input type="checkbox"/> 2) Suspected Impairment <input type="checkbox"/> 3) Alcohol <input type="checkbox"/> 4) Drugs <input type="checkbox"/> 5) Unknown		Method of Determination (check up to 2) <input type="checkbox"/> 1) Field Sobriety Test <input type="checkbox"/> 4) Urine Test <input type="checkbox"/> 2) Evidentiary Breath <input type="checkbox"/> 5) Blood Test <input type="checkbox"/> 3) Driver Admission <input type="checkbox"/> 6) Preliminary Breath Test		Vehicle Factors <input type="checkbox"/> 1) Failed To Yield Right of Way <input type="checkbox"/> 13) Over Correct / Steering <input type="checkbox"/> 2) Disregard Control Device <input type="checkbox"/> 14) Other Improper Driving <input type="checkbox"/> 3) Too Fast For Conditions <input type="checkbox"/> 16) Driverless Vehicle <input type="checkbox"/> 4) Exceeding Speed Limit <input checked="" type="checkbox"/> 17) Unsafe Backing <input type="checkbox"/> 5) Wrong Way / Direction <input type="checkbox"/> 18) Ran Off Road <input type="checkbox"/> 6) Mechanical Defects <input type="checkbox"/> 19) Hit and Run <input type="checkbox"/> 7) Drove Left of Center <input type="checkbox"/> 20) Road Defect <input type="checkbox"/> 8) Other _____ <input type="checkbox"/> 21) Object Avoidance <input type="checkbox"/> 9) Failed to Maintain Lane <input type="checkbox"/> 22) Unknown <input type="checkbox"/> 10) Following Too Close <input type="checkbox"/> 28) Aggressive <input type="checkbox"/> 11) Unsafe Lane Change <input type="checkbox"/> 29) Reckless / Careless <input type="checkbox"/> 12) Made Improper Turn			
Vehicle Year: 2006 Vehicle Make: INTERNATIONAL Vehicle Model: TRUCK TRACTOR Vehicle Type: SEMI		Plate / Permit No.: 94116P State <input checked="" type="checkbox"/> 1) NV Expiration Date: 3 / 31 / 2018 Vehicle Color: WHI		Vehicle Identification Number: [REDACTED]			
Registered Owner Name: E H DISTRIBUTING LLC. <input type="checkbox"/> 1) Same As Driver		Registered Owner Address: 2700 S KAUFMAN ST, ENNIS, TX 751197131					
Insurance Company Name: ZURICH AMERICAN <input checked="" type="checkbox"/> 1) Insured		Insurance Company Address or Phone Number:					
Policy number: [REDACTED] Effective: 11 / 1 / 2017 To: 11 / 1 / 2018		Traffic Control <input type="checkbox"/> 2) Traffic Control Signal <input type="checkbox"/> 11) Stop Sign <input type="checkbox"/> 3) Flashing Traffic Control Signal <input type="checkbox"/> 12) Yield Sign <input type="checkbox"/> 4) School Zone Sign / Device <input type="checkbox"/> 13) Railway Crossing Sign / Device <input type="checkbox"/> 5) Pedestrian Signal / Sign <input type="checkbox"/> 17) Chain / Snow Tire Req. Device <input type="checkbox"/> 20) Officer / Flagger <input type="checkbox"/> 6) No Passing <input type="checkbox"/> 19) Unknown <input type="checkbox"/> 7) No Controls <input type="checkbox"/> 8) Warning Sign <input type="checkbox"/> 10) Other _____		Distance Traveled After Impact FEET		Speed Estimate From To Limit 25	
<input type="checkbox"/> 1) Vehicle Towed Towed By:		Removed To:		<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1st Contact</p>  </div> <div style="width: 45%;"> <p>Damaged Areas</p> <input checked="" type="checkbox"/> 1) Front <input type="checkbox"/> 2) Right Side <input type="checkbox"/> 3) Left Side <input type="checkbox"/> 4) Rear <input type="checkbox"/> 5) Right Front <input type="checkbox"/> 6) Right Rear <input type="checkbox"/> 7) Top <input type="checkbox"/> 8) Under Carriage <input type="checkbox"/> 9) Left Front <input type="checkbox"/> 10) Left Rear <input type="checkbox"/> 11) Unknown <input type="checkbox"/> 12) Other <p>Extent of Damage <input type="checkbox"/> 1) Minor <input type="checkbox"/> 4) Total <input type="checkbox"/> 2) Moderate <input checked="" type="checkbox"/> 5) None <input type="checkbox"/> 3) Major <input type="checkbox"/> 6) Unknown</p> </div> </div>			
<input checked="" type="checkbox"/> 1) NRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) CC/MC <input type="checkbox"/> 4) Pending (1) 484B.113		Violation ILLEGAL BACKING		NOC 53954		Citation Number LVM0316287	
<input type="checkbox"/> 1) NRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) CC/MC (2)		Violation		NOC		Citation Number	
Investigator(s) Pilette		ID Number 6066		Date 11 / 8 / 2017		Reviewed By Chulawudt Baker	
				Date Reviewed 11 / 9 / 2017		Page 3 of 7	

Event Number: LLV171108001910	STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 1/2016	Crash Number: LVM171108001910 Agency Number: LAS VEGAS METRO PD
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Vehicle Information

Name: (Last Name, First Name, Middle Name Suffix)			Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____		
Street Address:			Transported To:		
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown	DOB: / /	Phone Number:	Injury Severity:	Injury Location:	
<input type="checkbox"/> 2) Female					
			Airbags:	Airbag Switch:	Ejected: <input type="checkbox"/> Trapped: <input type="checkbox"/>

Name: (Last Name, First Name, Middle Name Suffix)			Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____		
Street Address:			Transported To:		
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown	DOB: / /	Phone Number:	Injury Severity:	Injury Location:	
<input type="checkbox"/> 2) Female					
			Airbags:	Airbag Switch:	Ejected: <input type="checkbox"/> Trapped: <input type="checkbox"/>

Name: (Last Name, First Name, Middle Name Suffix)			Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____		
Street Address:			Transported To:		
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown	DOB: / /	Phone Number:	Injury Severity:	Injury Location:	
<input type="checkbox"/> 2) Female					
			Airbags:	Airbag Switch:	Ejected: <input type="checkbox"/> Trapped: <input type="checkbox"/>

<input checked="" type="checkbox"/> 1) Tralling Unit 1 VIN : [REDACTED]	Plate: 01781PT	State: NV <input checked="" type="checkbox"/> 1) NV	Type: VAN
<input type="checkbox"/> 1) Tralling Unit 1 VIN :	Plate:	<input type="checkbox"/> 1) NV	Type:
<input type="checkbox"/> 1) Tralling Unit 1 VIN :	Plate:	<input type="checkbox"/> 1) NV	Type:

Commercial Vehicle Configuration			<input checked="" type="checkbox"/> 1) Commercial Vehicle <input type="checkbox"/> 2) School Bus		
<input type="checkbox"/> 1) Bus, 9 - 15 Occupants <input type="checkbox"/> 2) Bus, > 15 Occupants <input type="checkbox"/> 3) Single 2 Axle and 6 Tire <input type="checkbox"/> 4) Single > 3 Axle <input type="checkbox"/> 5) Any 4 Tire Vehicle			Source <input type="checkbox"/> 1) Driver <input type="checkbox"/> 2) Log Book <input type="checkbox"/> 3) Shipping Papers / Trip Manifest		
<input type="checkbox"/> 6) Tractor Only <input checked="" type="checkbox"/> 7) Tractor / Trailer <input type="checkbox"/> 8) Tractor / Doubles <input type="checkbox"/> 9) Tractor / Triples <input type="checkbox"/> 10) Truck with Trailer			<input type="checkbox"/> 4) State Reg. <input checked="" type="checkbox"/> 5) Side Of Vehicle <input type="checkbox"/> 6) Other		
<input type="checkbox"/> 11) Tractor / Semi Trailer <input type="checkbox"/> 12) Passenger Vehicle, (Haz-Mat) <input type="checkbox"/> 13) Light Truck, (Haz-Mat) <input type="checkbox"/> 14) Other Heavy Vehicle					

Carrier Name: US FOOD	Power Unit GCWR <input type="checkbox"/> 1) ≤ 10,000 Lbs. <input checked="" type="checkbox"/> 2) 10,001 - 26,000 Lbs. <input type="checkbox"/> 3) ≥ 26,001 Lbs.	<input type="checkbox"/> 1) Hazmat <input type="checkbox"/> 2) Released
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Carrier Street Address: 9399 W HIGGINS RD	City: DES PLAINES	State <input type="checkbox"/> 1) NV IL	Zip Code: 60018
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Cargo Body Type		Haz-Mat ID #:	Type of Carrier	NAS Safety Report #:
<input type="checkbox"/> 1) Pole	<input type="checkbox"/> 6) Van / Box		<input type="checkbox"/> 1) Single State	0000
<input type="checkbox"/> 2) Tank	<input type="checkbox"/> 7) Concrete Mixer		<input checked="" type="checkbox"/> 2) USDOT	Carrier Number:
<input type="checkbox"/> 3) Flatbed	<input type="checkbox"/> 8) Auto Carrier		<input type="checkbox"/> 3) Canada	060859
<input type="checkbox"/> 4) Dump	<input type="checkbox"/> 9) Garbage / Refuse		<input type="checkbox"/> 4) Mexico	
<input type="checkbox"/> 5) Unknown	<input type="checkbox"/> 10) Not Applicable		<input type="checkbox"/> 5) None	
		Hazard Classification #: 5		Page 4 of 7

Event Number: LLV171108001910	STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 1/2016	Crash Number: LVM171108001910	Vehicle Information
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Vehicle # V2	# Occupants 6	<input type="checkbox"/> 1) At Fault <input type="checkbox"/> 2) Non Contact Vehicle	Agency Number: LAS VEGAS METRO PD
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Direction of Travel: <input checked="" type="checkbox"/> 1) North <input type="checkbox"/> 2) South <input type="checkbox"/> 3) East <input type="checkbox"/> 4) West <input type="checkbox"/> 5) Unknown	Roadway / Street Name: S 6TH ST	Travel Lane #: 1
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Vehicle Action: <input type="checkbox"/> 1) Straight <input type="checkbox"/> 2) Backing <input type="checkbox"/> 3) Left Turn <input type="checkbox"/> 4) Right Turn <input type="checkbox"/> 5) U-Turn <input type="checkbox"/> 6) Parked <input checked="" type="checkbox"/> 7) Wrong Way <input type="checkbox"/> 8) Stopped <input type="checkbox"/> 9) Passing <input type="checkbox"/> 10) Racing <input type="checkbox"/> 11) Leaving Parked <input type="checkbox"/> 12) Entering Lane <input type="checkbox"/> 13) Leaving Lane <input type="checkbox"/> 14) Enter Parked <input type="checkbox"/> 15) Driverless Vehicle <input type="checkbox"/> 16) Leaving Parked <input type="checkbox"/> 17) Lane Change <input type="checkbox"/> 18) Negotiating a Curve <input type="checkbox"/> 19) Unknown <input type="checkbox"/> 20) Unknown <input type="checkbox"/> 21) Unknown <input type="checkbox"/> 22) Unknown											
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Driver: (Last Name, First Name, Middle Name Suffix)	Transported By: <input checked="" type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____
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Street Address:	Transported To:
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City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:
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<input type="checkbox"/> 1) Male <input type="checkbox"/> 2) Female <input type="checkbox"/> 3) Unknown	DOB: / /	Phone Number:	Injury Severity:	Injury Location:
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OLN:	State <input type="checkbox"/> 1) NV	Class: <input type="checkbox"/> 1) CDL <input checked="" type="checkbox"/> 2) DL	License Status	Airbags:	Airbag Switch:	Ejected:	Trapped:
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Compliance: <input type="checkbox"/> 1) Restrict <input type="checkbox"/> 2) Endorse	Endorsements	Restrictions	Driver Factors <input type="checkbox"/> 1) Apparently Normal <input type="checkbox"/> 6) Driver Ill / Injured <input type="checkbox"/> 2) Had Been Drinking <input type="checkbox"/> 7) Other Improper Driving <input type="checkbox"/> 3) Drug Involvement <input type="checkbox"/> 8) Driver Inattention / Distracted <input type="checkbox"/> 4) Apparently Fatigued / Asleep <input type="checkbox"/> 9) Physical Impairment <input type="checkbox"/> 5) Obstructed View <input type="checkbox"/> 10) Unknown
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Vehicle Year: 2017	Vehicle Make: NAVYA	Vehicle Model: BUS	Vehicle Type: BUS	Vehicle Factors <input type="checkbox"/> 1) Failed To Yield Right of Way <input type="checkbox"/> 13) Over Correct / Steering <input type="checkbox"/> 2) Disregard Control Device <input type="checkbox"/> 14) Other Improper Driving <input type="checkbox"/> 3) Too Fast For Conditions <input type="checkbox"/> 16) Driverless Vehicle <input type="checkbox"/> 4) Exceeding Speed Limit <input type="checkbox"/> 17) Unsafe Backing <input type="checkbox"/> 5) Wrong Way / Direction <input type="checkbox"/> 18) Ran Off Road <input type="checkbox"/> 6) Mechanical Defects <input type="checkbox"/> 19) Hit and Run <input type="checkbox"/> 7) Drove Left of Center <input type="checkbox"/> 20) Road Defect <input type="checkbox"/> 8) Other <input type="checkbox"/> 21) Object Avoidance <input type="checkbox"/> 9) Failed to Maintain Lane <input type="checkbox"/> 22) Unknown <input type="checkbox"/> 10) Following Too Close <input type="checkbox"/> 28) Aggressive <input type="checkbox"/> 11) Unsafe Lane Change <input type="checkbox"/> 29) Reckless / Careless <input type="checkbox"/> 12) Made Improper Turn		
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Plate / Permit No.: AUJ0031	State <input checked="" type="checkbox"/> 1) NV	Expiration Date: 8 / 7 / 2018	Vehicle Color: WHI
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Vehicle Identification Number: [REDACTED]	Registered Owner Name: <input type="checkbox"/> 1) Same As Driver KEOLIS TRANSIT SERVICES LLC,
-----------------------------------------------------	----------------------------------------------------------------------------------------------------------

Registered Owner Address: 6053 W CENTURY BLVD #900, LOS ANGELES, CA 90045	
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Insurance Company Name: <input checked="" type="checkbox"/> 1) Insured AMERICAN ALTERNATIVE	
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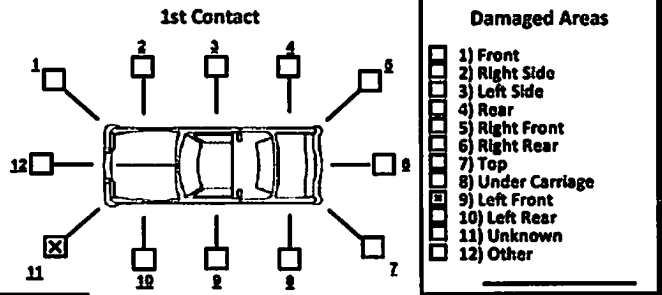
Policy number: [REDACTED]	Effective: 11 / 7 / 2017	To: 11 / 7 / 2018	
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Insurance Company Address or Phone Number: 5039436621	
-----------------------------------------------------------------	--

<input type="checkbox"/> 1) Vehicle Towed	Towed By: OTHER
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Removed To: OWNERS RESIDENCE/REQUEST	Distance Traveled After Impact: 0 FEET	Speed Estimate		
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Traffic Control <input type="checkbox"/> 2) Traffic Control Signal <input type="checkbox"/> 11) Stop Sign <input type="checkbox"/> 3) Flashing Traffic Control Signal <input type="checkbox"/> 12) Yield Sign <input type="checkbox"/> 4) School Zone Sign / Device <input type="checkbox"/> 13) Railway Crossing Sign / Device <input type="checkbox"/> 5) Pedestrian Signal / Sign <input type="checkbox"/> 17) Chain / Snow Tire Req. Device <input type="checkbox"/> 6) No Passing <input type="checkbox"/> 20) Officer / Flagger <input checked="" type="checkbox"/> 7) No Controls <input type="checkbox"/> 19) Unknown <input type="checkbox"/> 8) Warning Sign <input type="checkbox"/> 10) Other _____						Extent of Damage <input type="checkbox"/> 1) Minor <input type="checkbox"/> 4) Total <input type="checkbox"/> 2) Moderate <input type="checkbox"/> 5) None <input type="checkbox"/> 3) Major <input type="checkbox"/> 6) Unknown
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<input type="checkbox"/> 1) NRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) CC/MC <input type="checkbox"/> 4) Pending	Violation	NOC	Citation Number
(1)			
<input type="checkbox"/> 1) NRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) CC/MC	Violation	NOC	Citation Number
(2)			

Investigator(s) Pilette	ID Number 6066	Date 11 / 8 / 2017	Reviewed By Chulawudt Baker	Date Reviewed 11 / 9 / 2017	Page 5	of 7
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Event Number: LLV171108001910	STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 1/2016	Crash Number: LVM171108001910 Agency Number: LAS VEGAS METRO PD
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Vehicle Information

Name: (Last Name, First Name, Middle Name Suffix) PARKER, MARLEEN		Transported By: <input checked="" type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other	
Street Address: [REDACTED]		Transported To:	
City: [REDACTED]	State / Country: <input type="checkbox"/> 1) NV <input type="checkbox"/> FL	Zip Code: 33020	Person Type: 2 Seating Position: 11 Occupant Restraints: 13
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown DOB: / / 1900	Phone Number: [REDACTED]	Injury Severity: U	Injury Location:
		Airbags: 1 Airbag Switch: 1	Ejected: 0 Trapped: 0

Name: (Last Name, First Name, Middle Name Suffix) SU, SHERIDAN		Transported By: <input checked="" type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other	
Street Address: [REDACTED]		Transported To:	
City: LAS VEGAS	State / Country: <input checked="" type="checkbox"/> 1) NV <input type="checkbox"/> NV	Zip Code: 89104	Person Type: 2 Seating Position: 11 Occupant Restraints: 13
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown DOB: / / 1900	Phone Number: [REDACTED]	Injury Severity: U	Injury Location:
		Airbags: 1 Airbag Switch: 1	Ejected: 0 Trapped: 0

Name: (Last Name, First Name, Middle Name Suffix) WONG, JENNY		Transported By: <input checked="" type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other	
Street Address: [REDACTED]		Transported To:	
City: LAS VEGAS	State / Country: <input checked="" type="checkbox"/> 1) NV <input type="checkbox"/> NV	Zip Code: 89104	Person Type: 2 Seating Position: 11 Occupant Restraints: 13
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown DOB: / / 1900	Phone Number: [REDACTED]	Injury Severity: U	Injury Location:
		Airbags: 1 Airbag Switch: 1	Ejected: 0 Trapped: 0

<input type="checkbox"/> 1) Trailing Unit 1 VIN :	Plate:	State: <input type="checkbox"/> 1) NV	Type:
<input type="checkbox"/> 1) Trailing Unit 1 VIN :	Plate:	<input type="checkbox"/> 1) NV	Type:
<input type="checkbox"/> 1) Trailing Unit 1 VIN :	Plate:	<input type="checkbox"/> 1) NV	Type:

Commercial Vehicle Configuration		<input type="checkbox"/> 1) Commercial Vehicle <input type="checkbox"/> 2) School Bus	
<input type="checkbox"/> 1) Bus, 9 - 15 Occupants	<input type="checkbox"/> 6) Tractor Only	<input type="checkbox"/> 11) Tractor / Semi Trailer	Source <input type="checkbox"/> 1) Driver <input type="checkbox"/> 4) State Reg. <input type="checkbox"/> 2) Log Book <input type="checkbox"/> 5) Side Of Vehicle <input type="checkbox"/> 3) Shipping Papers / Trip Manifest <input type="checkbox"/> 6) Other
<input type="checkbox"/> 2) Bus, > 15 Occupants	<input type="checkbox"/> 7) Tractor / Trailer	<input type="checkbox"/> 12) Passenger Vehicle, (Haz-Mat)	
<input type="checkbox"/> 3) Single 2 Axle and 6 Tire	<input type="checkbox"/> 8) Tractor / Doubles	<input type="checkbox"/> 13) Light Truck, (Haz-Mat)	
<input type="checkbox"/> 4) Single > 3 Axle	<input type="checkbox"/> 9) Tractor / Triples	<input type="checkbox"/> 14) Other Heavy Vehicle	
<input type="checkbox"/> 5) Any 4 Tire Vehicle	<input type="checkbox"/> 10) Truck with Trailer		

Carrier Name:	Power Unit GCWR <input type="checkbox"/> 1) ≤ 10,000 Lbs. <input type="checkbox"/> 2) 10,001 - 26,000 Lbs. <input type="checkbox"/> 3) ≥ 26,001 Lbs.	<input type="checkbox"/> 1) Hazmat <input type="checkbox"/> 2) Released
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Carrier Street Address:	City:	State: <input type="checkbox"/> 1) NV	Zip Code:
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Cargo Body Type		Haz-Mat ID #:	Type of Carrier	NAS Safety Report #:
<input type="checkbox"/> 1) Pole	<input type="checkbox"/> 6) Van / Box	<input type="checkbox"/> 11) Grain, Gravel Chips	<input type="checkbox"/> 1) Single State	Carrier Number:
<input type="checkbox"/> 2) Tank	<input type="checkbox"/> 7) Concrete Mixer	<input type="checkbox"/> 12) Bus, 9-15 Occupants	<input type="checkbox"/> 2) USDOT	
<input type="checkbox"/> 3) Flatbed	<input type="checkbox"/> 8) Auto Carrier	<input type="checkbox"/> 13) Bus, > 15 Occupants	<input type="checkbox"/> 3) Canada	
<input type="checkbox"/> 4) Dump	<input type="checkbox"/> 9) Garbage / Refuse	<input type="checkbox"/> 14) Other	<input type="checkbox"/> 4) Mexico	
<input type="checkbox"/> 5) Unknown	<input type="checkbox"/> 10) Not Applicable		<input type="checkbox"/> 5) None	
		Hazard Classification #: 7		Page 6 of 7

Event Number:

LLV171108001910

STATE OF NEVADA
TRAFFIC ACCIDENT REPORT

Occupant / Witness Supplement
Revised 1/14/04

Accident Number:

LVM171108001910

Agency Name:

LAS VEGAS METRO PD

V # 2		Name: (Last Name, First Name, Middle Name Suffix) HATCH, BRANDON LEE			Transported By: <input checked="" type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____		
Street Address: [REDACTED]					Transported To:		
City: [REDACTED]		State / Country <input checked="" type="checkbox"/> 1) NV	Zip Code: 89130	Person Type: 2	Seating Position: 11	Occupant Restraints: 1	
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB: / / 1978	Phone Number: [REDACTED]		Injury Severity: 0	Injury Location:		
[REDACTED]			Airbags: 1	Airbag Switch: 1	Ejected: 0	Trapped: 0	
V # 2		Name: (Last Name, First Name, Middle Name Suffix) ZURSCHNAUDE, JEFF			Transported By: <input checked="" type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____		
Street Address: [REDACTED]					Transported To:		
City: [REDACTED]		State / Country <input type="checkbox"/> 1) NV	Zip Code: 97035	Person Type: 2	Seating Position: 11	Occupant Restraints: 13	
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB: / / 1900	Phone Number: 5033303010		Injury Severity: U	Injury Location:		
[REDACTED]			Airbags: 1	Airbag Switch: 1	Ejected: 0	Trapped: 0	
V # 2		Name: (Last Name, First Name, Middle Name Suffix) CAGE, TRAVIS			Transported By: <input checked="" type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____		
Street Address: [REDACTED]					Transported To:		
City: [REDACTED]		State / Country <input checked="" type="checkbox"/> 1) NV	Zip Code: 89103	Person Type: 2	Seating Position: 11	Occupant Restraints: 13	
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB: / / 1900	Phone Number: 7023018932		Injury Severity: U	Injury Location:		
[REDACTED]			Airbags: 1	Airbag Switch: 1	Ejected: 0	Trapped: 0	
V #		Name: (Last Name, First Name, Middle Name Suffix)			Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____		
Street Address: [REDACTED]					Transported To:		
City: [REDACTED]		State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:	
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB: / /	Phone Number:		Injury Severity:	Injury Location:		
[REDACTED]			Airbags:	Airbag Switch:	Ejected:	Trapped:	
V #		Name: (Last Name, First Name, Middle Name Suffix)			Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____		
Street Address: [REDACTED]					Transported To:		
City: [REDACTED]		State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:	
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB: / /	Phone Number:		Injury Severity:	Injury Location:		
[REDACTED]			Airbags:	Airbag Switch:	Ejected:	Trapped:	
Investigator(s) Pilette		ID Number 6066	Date 11 / 8 / 2017	Reviewed By Chulawudt Baker	Date Reviewed 11 / 9 / 2017	Page 7 of 7	