

SURVIVAL FACTORS ATTACHMENT

State of Nevada Traffic Crash Report

North Las Vegas, Nevada

HWY22FH004

(20 pages)

Event Numbe	er:					ст	ATE OF	NF		1		Crash N	umber:			Sce	ne Informati	ion
					TE		FIC CR/				-		201290	001	.725			
							INFORM											
Code Revision:	11/2017	1					Revised											
X 1) Urban		Emorgonaulico		minery De	mant IV 2		lement Repor		11111111	and Dec) Property		2) Injury		🔀 3) Fatal	
🗳 1) Urban		Emergency Use Office Report	1) Preli 2) Initia	-	eport LA 3) Supp	lement Repor		🗌 1) Hita 🗌 2) Priva			Agency N	lame:					
-		•											Las V	eaa	as PD			
Crash Date		Time	Day Sat		Beat / Sec	tor		-		2) C	ity			- 3-				
01/29/20		1512		B2			NORTH	ЦА	S VEG	AS	Inciden	t Clearance	Time					
Is this a Seconda	ary Collis		adway Clear	ance Time	:								Time:					
X No			0000								000	0						
		# Veh	icles		n Motorist	ts		upant	ts	#	Fatalit	ties		jure	d		Restrained	
		6		0			15				9		2				11	
Occurred On:	(Highw	ay # or Street Nam	ne)									Latitude			I	ong	tude	
1) Parking Lot	t			NC	OMMERC	E S	т											
2) Active School	ool Zone																	
🕱 1) At Intersec	tion Wit	h:W CHEYE	NE AVE											-				
							N	Mile N	larker									
□ 2) Or						Of	:	0	r									
□ 2) Or	X 3) Feet 🛛 4) Mil	es ∟ 5)Ap	proximate	9		c	cross S	Street:									
Roadway Ch		r	Roadway	Condition	ns		Surface				Inters	ection			al Thru Lane in Road	es	Access Cont	trol
□ 1) Curve & 0 □ 2) Curve & H		🕱 1) Dry		🗆 7) Slu	ish		X 1) Asphalt		🔀 1) Fo	ur Way	,	🗆 4) Y			1) One		🔀 1) None	
3) Curve & L		🗆 2) Icy		anding Wate		2) Concrete	•	🗆 2) > F	our W	ay	🗌 5) Rou	ndabout		2) Two		🗆 2) Full		
4) Straight &		□ 3) Wet		oving Water		3) Gravel 4) Dirt		🗆 З) Т			🗆 7)L			3) Three		🗌 3) Partia	al	
5) Straight 8		st 🗌 4) Snor	🗆 10) U	nknown		5) Other		🗆 6) Ot	her					4) Four				
🕱 6) Straight 8	k Level		d / Mud/ Dirt												5) > 5			
🗌 7) Unknown	1	🗌 6) Oth	er	🗆 11) O	l	-							-					
🗌 8) Other														Tota	All Lanes:			
			ement Mark	-					Ro	adwa	y Descr	iption			Weather			
 1) Centerlin 2) Centerlin 					urn Lane Line			X	1) Two-	Way, N	lot Divid	ed		•			mog, Smoke, A e Crosswinds	Ash
2) Centerlin 3) Centerlin				-	e, Left Yellow ne, Right Wh				2) Two-	Way, D	ivided,	Unpro, Med	lian 🗆 2	,				
4) Lane Line				l) Other	ie, night wi	ite						Median Bar	rier	1) Rai	-			
5) Lane Line			_	,] 4) One-1		lot Divid	ed		-	wing Sand, D			
🗌 6) No Passin	g, Eithei	r Direction	X 1	2) None] 5) Unkn] 6) Off R				□ 6	5) Otl	ner 🗆 11)	Blov	ing Snow	
🗌 7) Turn Arro			1	3) Unknov	vn					Jau			-					
		ght Conditions			_		icle Collision				_		Location of			_		
1) Dusk		Dark—No Roadwa			□ 1) Head		G 6) Side	•	-			vel Lane	L]6)0 X[7)lr		e Shoulder		L1) Ramp L2) Unknown	
 2) Dawn 3) Davlight 		Dark—Spot Roady Dark—Continuous		hting	 2) Rear 3) Back 		7) Side 8) Nor	-		-	□ 2)1ui □ 3)Go	rn Lane			Property	_	L2) Unknown L3) Separator	
		Dark—Unknown F		-	X 4) Angl	-	□ 9) Unk		1011		□ 3,00 □ 4)Me		□ 9)R				14) Parking Lane/	Zone
□ 5) Other					S) Rear		•		ide	1	🗆 5) Ins	ide Shoulder	10)	Other				
		Roadv	vay / Enviro	nment F	actors					\neg	т	ype of Wo	rk Zone		w	ork /	Area Zone	
X 1) None		🗆 10) V	Vet, Icy, Snov	r, Slush	[Backup Regul	ar Con	gestion			ne Closure			🗌 1) Adva	nced	Warning Area	
2) Weather			uts, Holes, Bu				Work Zone					ne Shift/Cro			2) Trans			
 3) Debris 4) Glare 			nimal in Road Inknown	dway			Non Highway Railway Grad						ulder or Medi Moving Work		3) Activ 4) Term			
5) Other Roa	adway _				_		Shared User P				□ - 5) O1		thorning thorn	•				
6) Other Env										Г		Workers I	Present			forc	ement Preser	nt
 7) Shoulders 8) Road Obs 		_ '	isual Obstruc ackup Prior C								🗆 1) Ye	25			□ 1) No □ 2) Office	or Pro	cont	
🛛 9) Worn Tra			ackup Non R		ncident						🗆 2) No	D					Only Present	
								Othe	r Than V	ehicle								
Describe Propert	Describe Property Damage:							Owne	er's Name:							_		
																	1) Owner Not	tified
								Owne	r's Addres	s: (Stre	eet Addr	ess City, St	ate Zip)					
First Harmful E	vent	Code #214	Description	MOTO	OR VEH	ICLI	E IN TR	ANS	PORT									
Investigation	Comple	Photo	I Taken	600	ne Diagram	Т	St-	temei	nts		Date A	lotified	Time Notif	ied	Arrival D	ate	Arrival T	ime
-	2) No		2) No		re Diagram (es 🛛 2) N		□ 1) Yes		1) No # 0			9/2022	1513	.eu	01/29/2		1516	e
		tigator(s)	,,,,,			_	Date	-44, 2	,		viewed	-			ate Reviewe	-	Page	
Trevor				2096			9/2022	1	Kanow						/18/202		1 of 1	9

Event Number:

Code Revision: 11/2017

STATE OF NEVADA TRAFFIC CRASH REPORT SCENE INFORMATION SHEET Revised 11/2020

Crash Number: NLPD2201290001725

Agency Name:

Scene Information

North Las Vegas PD

Description of Crash / Narrative

V1 WAS TRAVELING N/B ON COMMERCE ST IN THE NUMBER ONE TRAVEL LANE APPROACHING THE INTERSECTION E CHEYENNE AVE.

V2 WAS TRAVELING E/B ON E CHEYENNE AVE IN THE NUMBER TWO TRAVEL LANE APPROACHING THE INTERSECTION COMMERCE ST AGAINST A SOLID GREEN SIGNAL.

V3 WAS TRAVELING E/B ON E CHEYENNE AVE IN THE NUMBER ONE TRAVEL LANE, OFFSET TO THE LEFT AND SLIGHTLY BEHIND V2, APPROACHING THE INTERSECTION WITH COMMERCE ST AGAINST A SOLID GREEN SIGNAL.

V4 WAS TRAVELING W/B ON E CHEYENNE AVE IN THE NUMBER ONE TRAVEL LANE AND STARTED TRAVELING INTO THE INTERSECTION WITH COMMERCE ST AGAINST A SOLID GREEN SIGNAL.

V5 WAS TRAVELING W/B ON E CHEYENNE AVE IN THE NUMBER TWO TRAVEL LANE, OFFSET TO THE RIGHT AND SLIGHTLY AHEAD OF V4 AND STARTED ENTERING THE INTERSECTION WITH COMMERCE AGAINST A SOLID GREEN SIGNAL.

V6 WAS TRAVELING W/B ON E CHEYENNE AVE IN THE NUMBER THREE TRAVEL LANE APPROACHING THE INTERSECTION WITH COMMERCE AGAINST A SOLID GREEN SIGNAL, OFFSET TO THE RIGHT AND BEHIND V5.

V1 WAS TRAVELING AT A HIGH RATE OF SPEED AND FAILED TO OBEY A TRAFFIC CONTROL DEVICE ENTERING THE INTERSECTION AGAINST A SOLID RED SIGNAL. AS V1 ENTERED THE INTERSECTION, THE FRONT OF V1 STRUCK THE RIGHT SIDE OF V2 CAUSING A COLLISION. THE HIGH RATE OF SPEED AND MOMENTUM BROUGHT INTO THE COLLISION BY V1 CAUSED V2 TO IMMEDIATELY BUCKLE/BEND/WRAP AROUND THE FRONT OF V1 RESULTING IN THE RIGHT REAR SIDE OF V2 TO SLAP/STRIKE THE LEFT FRONT WHEEL/TIRE OF V1.

THE HIGH SPEED AND MOMENTUM OF V1 CAUSED AN IMMEDIATE REDIRECTION OF V2 E/B TRAVEL PATH IN A N/B DIRECTION AND V2 STARTED A CLOCKWISE ROTATION. AS V2 STARTED THE ROTATION, THE LEFT REAR SIDE OF V2 STRUCK THE RIGHT FRONT OF V3 FURTHER CHANGING V2 MOMENTUM PATH AND NOW CAUSED V2 TO ROTATE/ROLL. DUE TO V3 E/B MOMENTUM, V2 WAS REDIRECTED IN A N/E DIRECTION AS V2 ROLLED THROUGH THE INTERSECTION. V5 HAD ENTERED THE INTERSECTION W/B AS V2 ROLLED N/E THROUGH THE INTERSECTION STRIKING THE LEFT SIDE OF V5. BASED ON THE W/B MOMENTUM OF V5 AND THE N/E MOMENTUM OF V2, V5 AND V2 NOW ROTATED IN A COUNTER CLOCKWISE DIRECTION, AS V2 ROLLED "OVER" THE TOP END OF V5. V5 AND V2 SEPARATED AS V2 CONTINUED TO ROLL ALONG IT'S X-AXIS AND NOW WAS ROTATED AROUND TO Z-AXIS. IT IS BELIEVED AT THIS POINT THE THREE REAR

Indicate North

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Description of Crash / Narrative

PASSENGERS OF V2 WERE EJECTED FROM V2. V2 CONTINUED IT'S ROLLING AND ROTATING LANDING ALONG THE N/E SIDEWALK TRAVELING THROUGH A CHAIN-LINK FENCE COMING TO REST FACING W/B IN A THE DIRT LOT 167 FEET FROM THE AOI.

AFTER STRIKING V1 AND THE REDIRECTION FROM V3, BOTH V1 AND V3 WERE ALSO REDIRECTED TRAVELING THROUGH THE INTERSECTION IN A N/E DIRECTION. V4 WAS NOW ENTERING THE INTERSECTION AND THE RIGHT SIDE OF V1 STRUCK THE FRONT OF V4. THE IMPACT WITH V1 CAUSED A CLOCKWISE ROTATION OF V4 AS V4 CAME TO REST FACING N/B IN THE INTERSECTION. THE IMPACT FROM V4 TO THE RIGHT REAR SIDE OF V1 NOW CAUSED V1 TO FURTHER ROTATE IN A CLOCKWISE DIRECTION AT IT TRAVELED N/E THROUGH THE INTERSECTION. AS V1 ROTATED CLOCKWISE AND DUE TO V4 INITIAL W/B MOMENTUM THE REDIRECTION OF V1 WAS TOWARD V3 TRAVEL PATH AS V1 ROTATED CLOCKWISE. BOTH V1 AND V3 TRAVELED ONTO THE NORTH SIDEWALK COMING TO REST. V3 CAME TO REST FACING IN A N/B DIRECTION AS V1 CAME TO REST IN A S/B DIRECTION.

V6 WAS W/B APPROACHING THE INTERSECTION AS V2 WAS TRAVELING IN THE N/E DIRECTION AFTER STRIKING V5. AS V6 APPROACHED THE INTERSECTION P6 AND P7 WERE EJECTED. P7 STRUCK THE LEFT FRONT SIDE OF V6, CAUSING P7 TO LAND IN THE W/B #3TL AND P6 WAS EJECTED LANDING ON THE NORTH SIDEWALK. AFTER CONTACT WITH P7 AND THE FORWARD MOMENTUM OF V6, THE LEFT REAR SIDE OF V6 WAS CONTACTED BY THE LEFT SIDE OF V3 AND V3 AND V1 TRAVELED ONTO THE NORTH SIDEWALK COMING TO REST FACING N/B 135 FEET FROM THE AOI.

BOTH V5 AND V6 HAD BEEN MOVED PRIOR TO THE ARRIVAL OF OFFICERS.

CSI FISCHER ARRIVED ON SCENE AND TOOK PICTURES OF ALL VEHICLES AND ROADWAY EVIDENCE AND LATER DOWNLOADED ALL PICTURES INTO THE DIMS SYSTEM.

ALL OCCUPANTS INSIDE OF V2 AND V1 WERE PRONOUNCED DECEASED. CLARK COUNTY CORONER INVESTIGATOR TOOK POSSESSION OF ALL DECEDENTS (FOR FURTHER REFERENCE CCC CASE #'S 22-811 THRU 22-819).

D3 SUSTAINED SUSPECTED MAJOR INJURIES AND WAS TRANSPORTED TO UMC HOSPITAL. D5 CLAIMED MINOR INJURIES AND REFUSED ANY FURTHER MEDICAL ATTENTION. NO OTHER INJURIES WERE REPORTED AT THE SCENE.

ALL EYEWITNESS ACCOUNTS STATED BOTH E/B AND W/B TRAFFIC ON E CHEYENNE AVE HAD A SOLID GREEN SIGNAL WHEN V1 ENTERED THE INTERSECTION N/B AT A HIGH RATE OF SPEED CAUSING THE COLLISION.



Indicate North

A.LC.: 25'5 w/e 16' 9" n/s

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Event Number:

Code Revision: 11/2017

STATE OF NEVADA TRAFFIC CRASH REPORT SCENE INFORMATION SHEET Revised 11/2020

Crash Number: NLPD2201290001725 Scene Information

Agency Name:

North Las Vegas PD

Description of Crash / Narrative

WHILE ON SCENE IT WAS FURTHER NOTED THAT ALL TRAFFIC SIGNALS AT THE INTERSECTION WERE OPERATING CORRECTLY AND NO REPORTS OF AN ERROR IN OPERATION HAD BEEN REPORTED ON THE ABOVE DATE.

BASED ON THE PRELIMINARY ON SCENE INVESTIGATION, THE OVERALL COLLISION SCENE AND EYEWITNESS STATEMENTS, I DETERMINED D1 AT FAULT FOR RECKLESS DRIVING WITH DEATH, FAIL TO USE DUE CARE AND FAIL TO OBEY A TRAFFIC CONTROL DEVICE.

WHILE ON SCENE I OBTAINED SEARCH WARRANTS FOR THE REMOVAL AND THE DOWNLOADING OF THE ACM'S FOR V1 AND V2. I OBTAINED CONSENT FROM D3, D4 AND D5 TO COMPLETE A DOWNLOAD OF THE VEHICLE.

THE DOWNLOAD FROM V1 CLEARLY SHOWS THE VEHICLE WAS IN PROPER OPERATION AN THAT D1 WAS AT FULL ACCELERATION AND WAS LISTED AT 90 MPH 5 SECONDS BEFORE THE COLLISION. THE DOWNLOAD SHOWED V1 ACCELERATED TO A SPEED OF 103 MPH IN THE POSTED 35 MPH SPEED ZONE AND WAS AT 103 MPH WITH CONTACT/IMPACT WITH V2.

THE DOWNLOAD FOR V2 SHOWED V2 TRAVELING AT A SPEED PF 43 MPH IN A POSTED 50 MPH ZONE. THE DOWNLOAD FOR V3 SHOWED V3 ABOVE THE POSTED SPEED LIMIT ENTERING THE INTERSECTION. THE DOWNLOADS FROM V2 AND V3 WOULD BE CONSISTENT WITH STATEMENTS THAT BOTH E/B AND W/B HAD A SOLID GREEN SIGNAL AND BOTH VEHICLES WERE TRAVELING THROUGH THE INTERSECTION ON A GREEN SIGNAL.

THE DOWNLOADS FOR V4 AND V5 SHOW CONSISTENCY WITH THE STATEMENTS OF BOTH D4 AND D5 AS THEY WERE ACCELERATING INTO THE INTERSECTION ON A GREEN SIGNAL, PLACING BOTH THEIR SPEEDS AT 27 AND 29 MPH RESPECTIVELY.

BASED ON ALL THE DOWNLOADS OBTAINED FROM THE VEHICLES AS WELL AS THE STATEMENTS FROM THE DRIVERS AND EYEWITNESSES I AM ABLE TO DETERMINE THAT BOTH E/B AND W/B TRAFFIC HAD A SOLID GREEN SIGNAL WHEN V1 FAILED TO STOP FOR S SOLID RED SIGNAL N/B.

*** SUBJECT TO CHANGE ***



Indicate North

A.LC.: 25'5 w/e 16' 9" n/s

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Code Revision: 11/2017

POSITIONS FOR THE 7 VICTIMS IN V2.

STATE OF NEVADA TRAFFIC CRASH REPORT SCENE INFORMATION SHEET Revised 11/2020

Description of Crash / Narrative

Crash Number: NLPD2201290001725

Agency Name: North Las Vegas PD Scene Information

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R A		
Indicate North		
A.LC.:25'5 w/e 16' 9" n/s		

Event Numb	er:				TR			F NEVA ASH RE		100	sh Number: PD220129	900017	25	Vehi	cle Information
Vehicle # 1	# Occupa 2		l) At Fault 2) Non Cor	ntact Vehicle	10.0000000			RMATIO 11/2020	N SHEET	-	ency Name: orth Las	Vegas	9 PD		
Direction of Travel:	X 1) North) Unknown	10011006100000		eet Name CE ST							Tra 1	vel Lane #:
Vehicle 🛛 🕯 Action: 🗆		🗆 3) Left Tu 🗌 4) Right T) U-Turn) Parked	7) Wrong 8) Stoppe				ring Parked 🔲 12 Pring Lane 🗌 12						nknown egotiating a Curve
Driver: (Last) ROBINSO		ne, Middle Name Y DEAN	Suffix)						52.5		1) Not Transpo				4) Unknown
Street Addre	ess:		5						Transported CORON		OFFICE				
City: NORTH I	LAS VEG	AS	5	State / Cour NV	ntry 🛛	1) NV	Zip Cod 8908		Person Type: 1		Seating Position: 1 ode	Helmet Use:	Code	Occu Rest	pant raints: ⁷ ode
🔀 1) Male	I 3) Un or No	known m-Binary	DOB:			Phone	e Numbe	r:	Injury Severity: K	de	Injury Location:	4Code	5°ode		Code
OLN:		State NV	2		C D	1) CDL 2) DL	0	nse Status Code	Airbags: 3 ^{Cod}		Airbag Switch: 2 ^{ode}	Ejecte	d:0 ^{°ode}	Tra	apped: 1 ^{ode}
🗆 1) Restrict	l / Drug Inv olved ed Impairm) Field Sobrie) Evidentiary	1	Urine T Blood 1	ip to 2) Test Test inary	1.00	 1) Appa 2) Had (3) Drug 4) Appa 5) Obst 	Been (Involution	Normal Drinking vement Fatigued / Asle	□ 7) □ 8) □ 9)	Driver III / I Other Impr	oper D tention	/ Distracted		
Vehicle Year: 2018	Ve D	Vehicle M		Vet	hicle Type		1) Failed To 2) Disregard		Right of Way		ors Over Corre Other Impi				
Plate / Permi	ification Nu	NV	X 1) NV	Expiration 09/13			hicle Colo JRGUNI		3) Too Fast 4) Exceedin 5) Wrong W 6) Mechani	For Co g Spec Vay / I cal De	onditions ed Limit Direction fects	16) 17) 18) 19)	Driverless Unsafe Bac Ran Off Ro Hit and Ru	Vehicle king ad	
2C3CDZAO Registered Ov 1) Same A Registered Ov	wner Name Is Driver		ON, G	ARY DE	AN				7) Drove Le 8) Other 9) Failed to 10) Followi 11) Unsafe 12) Made In	Maint ng Too Lane (tain Lane Close Change	□ 21) □ 22) Ⅹ 28)	Road Defer Object Avo Unknown Aggressive Reckless /	idance	
Insurance Con		e: GOAUT	O INS	NORTH URANCE		NV NY	8	9086	1	2	Lst Contact	5 -		1) Fron	
X 1) Insured		3		Effective: 07/22/	/2021	To:	0/13/	2022		Τ			X	2) Righ 3) Left 4) Rear 5) Righ	Side t Front
Insurance Cor	2.4			r:		20			12 🛛 🗌	_	L.J			9) Left	er Carriage Front
X 1) Vehicle X 2) Towed Disabling	Due to	Towed By: Removed			TOWING	;			<u>"</u>	10				10) Left 11) Uni 12) Oth	nown
2) Traffic C			 11) Stop Sig 12) Yield Sig			nce Trave eet	eled After In Inche		Speed Estimate To 105 3	Limit 5		evel Eng	ageo 2	Exter Minor Moder Major	at of Damage X 4) Total ate 5) None 6) Unknown
Code 4) School Z	one Sign / Dev	ice Code	13) Railway Device	Crossing Sign /		Code	2#			uenc Descrij	e of Events ption		Co Fi	llision W xed Obje	th Most Harmful ct Event
Device	ing		17) Chain / 20) Officer /	Snow Tire Req. / Flagger	1st 2nd	214	Code Code	MOTOR	VEHICLE 1	N 1	RANSPOR	г	\mp		
Code 7) No Cont			19) Unknov	vn	3rd 4th	-	Code								
Code 8) Warning	add 8) Warning Sign					-	Code	-					-		
- 10 (B. R	1) NRS 2) CFR 3) CC/MC 4) Pending						Violation				NOC		Citation	Numbe	
(1) (1) NRS (2) CFR (3) CC/MC							Violation				NOC		Citation	Numbe	r
(2)		stigator(s)			ID Numbe	er		Date	Review			Date Re		Т	Page
Trevo	r DeSou	ısa			2096		01/2	9/2022	Kanowell	. те	2/	18/20	42		6 of 19

Event Number:				STATE OF AFFIC CRA ICLE INFORN Revised 1	SH REPO	ORT	Crash Number NLPD2201 Agency Name North La	2900(e:		Veh	icle Information
Name: (Last Name, First Name, Middle MILLER, TANAGA R	Name Suffix	c)				• •	Not Transported		3) Police 4		
Street Address:					Transported CORNOE	To:					
City:		State / Country	🕱 1) NV	Zip Code:	Person	S	eating osition: 3 ^{ode}	Helm	et Code	Oce	upant traints: ^{2Code}
NORTH LAS VEGAS I) Male 3) Unknown	DOB:	NV	Bhana	89030 Number:	Type:		Injury	Use:		Kes	traints: -
□ 2) Female or Non-Binary			FIIONE	Number.	Injury Severity:	Code	Location: 5 ^{CC}	ode	4 Code		Code
					Airbags: 3		irbag witch: 2 _{Code}	Ejected	: Qode	Trap	ped: 1 _{Code}
Name: (Last Name, First Name, Middle	Name Suffix	()			Transported	By: 🗆 1)	Not Transported 🗌		3) Police 4 icate Transportin		
Street Address:					Transported	To:					
City:		State / Country	🗆 1) NV	Zip Code:	Person Type: ^{Ca}	a di a	eating osition: ^{Code}	Helm Use:	et Code		upant traints: ^{Code}
1) Male 3) Unknown 2) Female or Non-Binary	DOB:		Phone	Number:	Injury Severity:	Code	Injury Location:	ode	Code		Code
			-				irbag witch: Code	Ejected	Code	Trap	ped: Code
Name: (Last Name, First Name, Middle	Name Suffix	c)			Transported	By: 1)	Not Transported	-	3) Police 4		
Street Address:					Transported	To:					
City:		State / Country	🗆 1) NV	Zip Code:	Person Type: ^{Co}	a di a	eating osition: ^{Code}	Helm Use:	et Code		upant traints: ^{Code}
1) Male 3) Unknown 2) Female or Non-Binary	DOB:		Phone	Number:	Injury Severity:	Code	Injury Location:	ode	Code		Code
					Airbags:		irbag witch: Code	Ejected	Code	Trap	ped: Code
□ 1) Trailing Unit 1 VIN :					Plate:		State: [] 1) NV	Туре:		
□ 1) Trailing Unit 1 VIN :					Plate:		[] 1) NV	Туре:		
□ 1) Trailing Unit 1 VIN :					Plate:		C	□ 1) NV	Туре:		
Comme	rcial Ve	hicle Configura	tion		L 1) Commerc	ial Vehicle				
vehicle displays HM Placard) 6- 2) Light Truck (Only if vehicle displays HM Placard) mr 3) Bus (Seats for 9-15 people, including driver) 4) Bus (Seats >15 people,	Tire) 6) Single-U ore axles) 7) Truck/Tr 8) Truck Tr	nit Truck (3 or	•	•	·	at Released elease ≥ 25 g DCATION O r Only	isplayed gal. or 3 cubic yds.? f Hazmat Rele	ease, Ri 3) Combin Tractor &		f Am	<u>ount</u>
Carrier Name:						,	Power Uni	t GCWR/	GVWR		
					□ 1) ≤ 10,00	0 Lbs.	□ 2) 10	,001 - 26,0	000 Lbs.	□ 3) ≥ 26,001 Lbs.
Carrier Street Address:					City:			State	🗆 1) NV	Zip C	ode:
Cargo	Body Ty	/pe □ 12) Not Ap	olicable	Haz-Mat ID #:		Type	e of Carrier	NAS Sa	fety Report #:		
people, including driver) 7) Con 2) Bus (Seats for >15 8) Auto	crete Mixer o Transport	er 13) Interno	odal			2) Inter	rstate in Commerce—	Carrier	/UDSOT #:		
3) Van/Enclosed Box	bage/Refus ain, chips, le	e 🛛 15) Vehicle another vehic 🗆 98) Other		Hazard Classifica	tion #:	□ 4) Not i Govern	in Commerce— iment er Operation/Not				Page 7 of <u>1</u> 9

Event Number:								F NEVA ASH RE		100	sh Numb PD2201		00017	25	Vehio	le Informati	on
Vehicle # # Oo 2 7	cupar		t Fault	t Vehicle		ICLE	INFOR		N SHEET		ency Nam orth La		Vegas	PD			
Different	North South	X 3) East		nknown	Roadwa W CHE								-		Trav 2	el Lane #:	٦
Vehicle 🛛 1) Straig Action: 🗌 2) Back		3) Left Turn 4) Right Turn	🗆 5) U-		7) Wrong 8) Stopped				ring Parked 🗌 1 rring Lane 🗌 1							known gotiating a C	urve
Driver: (Last Name, Fi ZACARIS, J		e, Middle Name Si	(ffix)						Transported				ed 🗆 2) E			4) Unknow	
Street Address:			8						Transported CORON		S OFFI	CE					
City: NORTH LAS	VEG	AS	Stat	te / Count NV	try 🛛	1) NV	Zip Cod 8903		Person Type: 1		eating osition:1	ode	Helmet Use:	Code	Occup	aints: 7 od	e
		nown DO n-Binary	B:			Phone	Numbe	r:	Injury Severity: K	ode	Injury Locatio	n: 4	ode	5Code		Code	
OLN:		State	1000	.) NV (1) CDL 2) DL	8	nse Status 8	Airbags: 8		Airbag Switch: 2	ode	Ejected	l: O ^{Code}	Tra	pped: <u>1</u> od	e
X 1) Not Involved	1) Restrict 2) Endorse Code Alcohol / Drug Involvement Method of J 1) Not Involved Method of J 2) Suspected Impairment 1) Field Sc 3) Alcohol 4) Drugs 5) Unknown 6) Marijuana						est est nary		X 1) Appa 2) Had 3) Drug 4) Appa 5) Obst	Been D Involv arently	erinking ement Fatigued / /		7) (8) (9) F	Driver III / I Other Impr	oper Dr ention	/ Distracted	
Vehicle Year: 2013	1000			ehicle Mo	del:	Veh VA	icle Type	2:	1) Failed To 2) Disregar					ors Over Corre Other Impr			
Plate / Permit No.:	Iorom Dir						icle Colo ITE	r	3) Too Fast 4) Exceedir 5) Wrong V 6) Mechani	For Co Ig Spee Vay / D	nditions d Limit irection	ode	16) 17) 18)	Driverless V Unsafe Bac Ran Off Roi Hit and Rui	/ehicle king ad		
5TDXK3DC4DS Registered Owner			. ERI	LINDA					□ 7) Drove Le □ 8) Other □ 9) Failed to	ft of Ce	enter		20) 21)	Road Defec Object Avo Unknown	t		
1) Same As Driv Registered Owner A	er		10						10) Followi 11) Unsafe 12) Made I	Lane C	hange			Aggressive Reckless /			
Insurance Company	Name	PROGRES		ORTH	LAS	NV	8	9030	1 ¹ a		st Contact	¢			Dama) Front 2) Right		
Policy number:		3	-	ffective: 5/26/	2019	то: 07	/22/2	2022	ſ	-	ן זידמי	। शत	1		3) Left S 1) Rear 5) Right 5) Right	Front	
Insurance Company 800-274-44 X 1) Vehicle Towe	99			DDOG	TONTNO	200				-	<u>N</u>	<u> </u>) Top	r Carriage ront	
X 2) Towed Due to Disabling Damag	,	Towed By: E Removed To:			TOWING	•			<u>"</u>	10	L P			1	1) Unk 2) Oth	nown er	
2) Traffic Control S	gnal		Stop Sign Yield Sign			eet	led After Im Inche		Speed Estimate	Limit O	Aut Presence 0	Leve 0	Vehicle I Enga O	aged 1	Exten Minor Modera Major	t of Damage X 4) Total ate 5) None 6) Unkr	l e nown
Code 4) School Zone Sign	/ Devic	e Code 13)	Railway Cro Device	ossing Sign /	F	Code	#			quence Descrip	e of Events	5		GH F	lision Wi red Objec	h Most Ham	mful
Device			Chain / Sno Officer / Fla		1st 2nd	214	ode ode	MOTOR	VEHICLE :	IN T	RANSP	ORT					
Code 7) No Controls		19)	Unknown		3rd	_	ode										
Code 8) Warning Sign							ode										_
1) NRS 2) CFR	3) (CC/MC 🔲 4) Per	nding	—	5th		Violation				NOC	T		Citation	Number		-
(1)																	
1) NRS 2) CFR	3) (CC/MC					Violation				NOC			Citation	Number		
		tigator(s) sa			ID Numbe 2096	9r		Date 9/2022	Review Kanowell				Date Rev 8/202			Page 8 of 1	9

Event Number:			STATE OF I AFFIC CRA ICLE INFORM Revised 1	SH REPO	ORT	Crash Number NLPD2201 Agency Name North La	2900(e:		Vehicle	e Information
Name: (Last Name, First Name, Middle Na MEJIA BARRERA, GAB	1- 1			-		Not Transported	-	3) Police 4		
Street Address:				Transported CORONE	To:					
City:	State / Country	🛾 1) NV	Zip Code:	Person Type: 20	ode P	eating osition: 4 ^{ode}	Helm	et 21ode	Occup	pant aints: ⁷ Code
NORTH LAS VEGAS	NV DOB:	Phone	89030 Number:	Type. –		Injuny	Use:		Restra	
2) Female or Non-Binary		Filone	Number.	Injury Severity:	Code	Location: 9 ^{CC}	ode	Code		Code
				Airbags: 4		irbag witch: 4Code	Ejected	: Ocode	Trappe	d: 1 _{Code}
Name: (Last Name, First Name, Middle Na	ame Suffix)			Transported		Not Transported 🔀		3) Police 4	-	
Street Address:				Transported UMC TR						
	State / Country	🕱 1) NV	Zip Code: 89030	Person Type: 2		eating osition: ³ ode	Helm Use:	et Code	Occup	pant aints: ⁷ Code
NORTH LAS VEGAS	DOB:	Phone	Number:	tation.		Injury				units.
2) Female or Non-Binary		- none		Injury Severity: K	Code	Location: 900	ode	Code		Code
				Airbags: 8		irbag witch: 2Code	Ejected	: 1 _{Code}	Trappe	d: Ocode
Name: (Last Name, First Name, Middle Na	ame Suffix)				•	Not Transported	-	3) Police 4 icate Transportin	-	
Street Address:				Transported CORONE		ICE				
City:	State / Country	🕱 1) NV		Person Type: 2	ode P	eating osition: 15de	Helm	et Code	Occup	pant aints: 14de
NORTH LAS VEGAS	NV DOB:	Phone	89030 Number:	· /pc.		Injury	Use:		Resur	
2) Female or Non-Binary		Thome	Number.	Injury Severity: K	Code	Location: 90	ode	Code		Code
				Airbags: 8		irbag witch: 2 _{Code}	Ejected	: OCode	Trappe	d: 1 _{Code}
□ 1) Trailing Unit 1 VIN :				Plate:	-	State:] 1) NV	Туре:		
□ 1) Trailing Unit 1 VIN :				Plate:		C] 1) NV	Туре:		
□ 1) Trailing Unit 1 VIN :				Plate:		C] 1) NV	Туре:		
	cial Vehicle Configur			□ 1)) Commerc		zmat			
vehicle displays HM Placard) 6-Tir 2) Light Truck (Only if 6) vehicle displays HM Placard) more 3) Bus (Seats for 9-15 7) people, including driver) 8) 4) Bus (Seats >15 people,		•			at Released elease ≥ 25 g ocation o	splayed al. or 3 cubic yds.? f Hazmat Rele			Amou	<u>unt</u>
Carrier Name:				2) Cargo	Only	Power Unit		_		
				□ 1) ≤ 10,00	0 Lbs.		,001 - 26,0		□ 3) ≥	26,001 Lbs.
Carrier Street Address:				City:			State	□ 1) NV	Zip Cod	le:
Cargo B 1) Bus (Seats for 9-15 6) Dump	Sody Type	plicable	Haz-Mat ID #:		Type	e of Carrier state	NAS Sa	fety Report #:		
people, including driver) 7) Concre 2) Bus (Seats for >15 8) Auto T 2) Bus (Seats for >15	rete Mixer	odal g			2) Inter	state n Commerce—	Carrier	/UDSOT #:		
9) Garbaj 3) Van/Enclosed Box 10) Grain 4) Cargo Tank 5) Flatbed 11) Pole	n, chips, another vehi		Hazard Classifica	tion #:	□ 4) Not i Govern	n Commerce— ment r Operation/Not			9	Page 9 of <u>1</u> 9

Event Number:					TR			F NEVA ASH RE		100000	sh Numb PD2201		00172		Vehicle	Information
Vehicle # # 0 3 1	Occupan	100	t Fault on Contact	Vehicle		ICLE I	INFO		N SHEET		ncy Nam rth La		egas	PD		
Differion) North) South	X 3) East	🗆 5) Unk	_	Roadwa W CHI										Travel 1	Lane #:
Vehicle X 1) Stra Action: 2) Bac		□ 3) Left Turn □ 4) Right Turn	□ 5) U-Ti □ 6) Pari		7) Wrong 8) Stoppe				ring Parked 🗌 1 ring Lane 🗌 1							own tiating a Curve
Driver: (Last Name, MAY, TIFF)		e, Middle Nome Su	(ffix)						Transported		1) Not Tran	sported		MS [] 3) Po		
Street Address:									Transported UMC T		1A					
City: LAS VEGAS			State	/ Count NV	try 🛛	1) NV	Zip Cod 8912		Person Type: 1	Se Pe	eating osition:1	ode U	lelmet Ise:	Code	Occupar Restrain	nt ts: 7ode
□ 1) Male □	3) Unk or Non	nown DOI -Binary	B:			Phone	Numbe	r:	Injury Severity: B	de	Injury Location	n: 300	de	7 Code		Code
OLN:		State NV	X 1)	NV C	X	1) CDL 2) DL	0	nse Status Code	Airbags: 3		Airbag Switch: 2	ode	Ejected	0 ^{°ode}	Trapp	ed: 2 ^{ode}
1) Not Involved	1) Restrict 2) Endorse Code Alcohol / Drug Involvement 1) Not Involved Method of 1) Not Involved 1) Field Sc 2) Suspected Impairment 3) Alcohol 4) Drugs 2) Evident 5) Unknown 6) Marijuana 3) Driver						est	1	X 1) App; 2) Had 3) Drug 4) App; 5) Obst	Been Di Involve irently	rinking ement Fatigued / /		□ 7) 0 □ 8) D □ 9) P	river III / Inj ther Improj river Inatter Code hysical Impi Unknown	er Drivin ntion / D	
Vehicle Year: 2016			10.00	hicle Mo JSION	del: ENERG	Vehi	icle Type		□ 1) Failed To □ 2) Disregar			Y		ors Over Correct Other Impro		
Vehicle Identificat	2016 FORD FUS: Plate / Permit No.: State 1) NV Expira GA 05/ Vehicle Identification Number: 3FA6P0PU2GR						icle Colo ITE	or:	3) Too Fast 4) Exceedir 5) Wrong V 6) Mechani 7) Drove Le 8) Other	For Con g Speed Vay / Di cal Defi ft of Ce	nditions d Limit irection ects	ode	 16) D 17) U 18) R 19) H 20) R 	Driverless Ve Insafe Backi an Off Road lit and Run coad Defect Dbject Avoid	hicle ng	
Registered Owner 1) Same As Dri Registered Owner	ver								9) Failed to 10) Followi 11) Unsafe 12) Made I	Mainta ng Too Lane Ci	Close		X 22) U 28) A	Inknown ggressive teckless / Ca	reless	
Insurance Compar X 1) Insured	ny Name	USAA		VING.	TON	GA	3	0016	122	2	st Contact	¢		5 X 1)		d Areas
Policy number:		2		ective: /20/2	2021	To: 03	/20/	2022	ſ	1	ן ז ^מ רקע	। গা	ſ		Left Side Rear Right Fro Right Rei	ont
Insurance Compar 800-531-8 X 1) Vehicle Tow	722	Towed By: E		Dog	TONTNO					-	12.1	<u>II</u>		□ 7) □ 8) □ 9)	Top Under Ca Left Fron Left Rea	arriage
X 2) Towed Due Disabling Dam	to	Removed To:				,			ш ш	10	P P			11) Unknov) Other	vn
<u>Freder</u> 2) Traffic Control	Signal		Stop Sign Yield Sign			oce Travel	ed After In Inche		Speed Estimate	Limit O	Presence 0	Level	Engaj 0		foderate	4) Total
Code 4) School Zone Si Code 5) Pedestrian Sig		_	Railway Cross Device	1705-30		Code	#			Descript	e of Events tion			Collin Fixe	ion With Object	Most Harmful Event
Device Code 6) No Passing			Chain / Snow Officer / Flagg		1st 2nd	411	ode ode	MOTOR	VEHICLE :	IN T	RANSPO	ORT		_		
Code 7) No Controls		19)	Unknown		3rd 4th	ିର	ode									
Code 8) Warning Sign						_	ode							_		
1) NRS 2) CFR	Ī	5th		Violation			ł	NOC	Т		Citation N					
(1)							Violation				NOC	_		Citation N	mbor	
1) NRS 2) CFR	[]3) C	C/MC					violation			,				Utation N	umder	
Trevor D		igator(s) sa			ID Numbe 2096	ir		Date 9/2022	Review Kanowell				ate Rev /202		1	Page) of <u>1</u> 9

Event Number:			то	STATE OF			Crash Numbe		01725	Vehicle Information
				AFFIC CRA			Agency Name	. .		
				Revised 1			North La		gas PD	
Name: (Last Name, First Name, Middle	Name Suffix)				Transported	iBy: □1)i	Not Transported		3) Police	
Street Address:					Transported	To:				
City:		State / Country	🗆 1) NV	Zip Code:	Person Type: Co		eating osition: ^{Code}	Helm Use:	Code	Occupant Restraints: Code
1) Male 3) Unknown 2) Female or Non-Binary	DOB:		Phone	Number:	Injury Severity:	Code	Injury Location:	ode	Code	Code
					Airbags:		rbag vitch: Code	Ejected	Code	Trapped: Code
Name: (Last Name, First Name, Middle	Name Suffix)				Transported	İΒγ: □1)ı	Not Transported 🗌		3) Police	-
Street Address:					Transported	То:				
City:		State / Country	🗆 1) NV	Zip Code:	Person Type: Co	and an	eating osition: ^{Code}	Helm Use:	Code	Occupant Restraints: Code
🗆 1) Male 🔲 3) Unknown	DOB:		Phone	Number:	Injury	Code	Injury	ode	Code	Code
2) Female or Non-Binary					Severity:		Location:		couc	0000
					Airbags:		rbag vitch: Code	Ejected	: Code	Trapped: Code
Name: (Last Name, First Name, Middle	Name Suffix)				Transported	iBγ: □1)ı	Not Transported	-	3) Police	
Street Address:					Transported	l To:				
City:		State / Country	□ 1) NV	Zip Code:	Person Type: ^{Ca}		eating osition: ^{Code}	Helm Use:	Code	Occupant Restraints: Code
 1) Male 3) Unknown 2) Female or Non-Binary 	DOB:		Phone	Number:	Injury Severity:	Code	Injury Location: Co	ode	Code	Code
					Airbags:		rbag vitch: Code	Ejected	Code	Trapped: Code
□ 1) Trailing Unit 1 VIN :					Plate:		State:] 1) NV	Туре:	
□ 1) Trailing Unit 1 VIN :					Plate:		[] 1) NV	Туре:	
□ 1) Trailing Unit 1 VIN :					Plate:		C] 1) NV	Туре:	
Comme	rcial Veh	icle Configura	tion		□ 1) Commerci				
vehicle displays HM Placard) 6- 2) Light Truck (Only if vehicle displays HM Placard) mr 3) Bus (Seats for 9-15 people, including driver) 4) Bus (Seats >15 people,	Tire) 6) Single-Un ore axles) 7) Truck/Tra	it Truck (3 or iler ctor (Bobtail)	•		2) Hazma3) Was re	elease ≥ 25 g Ocation O or Only	splayed al. or 3 cubic yds.? <u>f Hazmat Rele</u>	azmat ease, R 3) Combi Tractor 8	nation	<u>f Amount</u>
Carrier Name:							Power Unit	t GCWR/	/GVWR	
					□ 1) ≤ 10,00	00 Lbs.	□ 2) 10,	,001 - 26,	000 Lbs.	□ 3) ≥ 26,001 Lbs.
Carrier Street Address:					City:			State	🗆 1) NV	Zip Code:
1) Bus (Seats for 9-15 0 Dun	Body Typ	De	olicable	Haz-Mat ID #:		Type	e of Carrier state	NAS Sa	fety Report #:	
□ 2) Bus (Seats for >15 □ 8) Auto	o Transporte			11	1	2) Inters 3) Not in Other T	n Commerce—	Carrier	/UDSOT #:	
□ 3) Van /Enclosed Box	bage/Refuse ain, chips, le	□ 15) Vehicle another vehicl □ 98) Other		Hazard Classifica	uon #:	Govern	r Operation/Not			Page 11 of 19

Event Numb	er:				тв			F NEVA		1.00	ash Numi LPD220		00017	25	Vehic	e Information
Vehicle # 4	# Occup 2		1) At Fault 2) Non Cor	ntact Vehicle	VEH	ICLE	INFO		N SHEET	_	ency Nar orth I		Vegas	B PD		
Direction of Travel:	1) Nort 2) Sout) Unknown	PO1179261520400		eet Name NE AV			25					Trave 1	el Lane #:
Vehicle 🛛		🗆 3) Left Tu 🗆 4) Right 1) U-Turn) Parked	7) Wrong 8) Stoppe				ring Parked							known gotiating a Curve
		ame, Middle Nam IAN DAIN							Transported							4) Unknown
Street Addre	ess:								Transported	To:						
City: LAS VEG	BAS		5	State / Cour NV	ntry 🛛	1) NV	Zip Cod 8911		Person Type: 1		Seating Position:1	Code	Helmet Use:	Code	Occup Restra	ant ints: ⁷ ode
🕱 1) Male		nknown on-Binary	DOB:			Phone	e Numbe	r:	Injury Severity: O	ode	Injury Locati	on:	Code	Code		Code
OLN:		State NV	• 12		C X	1) CDL 2) DL	0	nse Status Code	Airbags: 3	de	Airbag Switch:	ode	Ejecte	d: O ^{code}	Traj	oped: 0 ^{ode}
🗆 1) Restrict	/ Drug Involved ed Impairu	2) Endorse volvement		hod of Detri) Field Sobrie) Evidentiary	1	Urine 1 Blood	up to 2) Fest Test inary	1.00	X 1) App 2) Had 3) Dru 4) App 5) Obs	Been g Invol arenth	Drinking vement y Fatigued /		0 7) 0 8) 0 9	Driver III / Other Imp	roper Dri tention /	Distracted
Vehicle Year: 2005	2 C C C C C C C C C C C C C C C C C C C	ehicle Make:		Vehicle M		Vel	hicle Type		□ 1) Failed T □ 2) Disrega					Over Corre Other Imp		
Plate / Permi	ification N	State NV lumber:	X 1) NV	Expiration 11/20		Vel TZ	hicle Colo AN	or:	3) Too Fas 4) Exceedi 5) Wrong 6) Mechan 7) Drove L	t For Cong Spe Way / I lical De	onditions ed Limit Direction efects	Code	16) 17) 18) 19)	Driverless Unsafe Ba Ran Off Ro Hit and Ru Road Defe	Vehicle cking bad in	
Registered Ov 1) Same A Registered Ov	wner Nam s Driver		MEGH	AN					 8) Other 9) Failed to 10) Follow 11) Unsafe 12) Made 	Main Main Ing Too Lane	o Close Change		X 22) 28)	Object Ave Unknown Aggressive Reckless /		ŝ
Insurance Cor			ESSIV	LAS VI	EGAS	NV	8	9108	1	2	1st Contac	t _4		5 0	Dama	ged Areas
X 1) Insured		3		Effective: 11/10	/2021	To: 0	1/01/	2022		Ĭ	T	T			2) Right 1 3) Left Si 4) Rear 5) Right 1	de
Insurance Cor 800-274		dress or Phon	e Numbe			20			12 🛛 🗌		12.	y	∭—		6) Right 7) Top 8) Under 9) Left Fr	Carriage
X 1) Vehicle X 2) Towed Disabling	Due to	Towed By Removed			TOWING	3			""				7		10) Left 11) Unkr 12) Othe	own
Pade 2) Traffic C	ontrol Signal		11) Stop Sig 12) Yield Sig			nce Travi Feet	eled After In Inche			Limit 0	Presence 0	Lev 0	d Vehicle rel Eng O	X	Extent 1) Minor 2) Modera 3) Major	of Damage 4) Total te 5) None 6) Unknown
Code 4) School Z	one Sign / De	vice Code	13) Railway Device	Crossing Sign /		Code	e #		Se	queno Descri	ce of Even	ts		9	ollision With ixed Object	Most Harmful Event
Device	ing	Code	20) Officer /	Snow Tire Req. / Flagger	1st 2nd	214	Code Code	MOTOR	VEHICLE	IN '	TRANSI	ORT				
Code 7) No Cont	rols		19) Unknow	en .	3rd	-	Code									
Code 8) Warning	: Sign				4th 5th	-	Code							-		
 1) NRS2) CFR 3	3) CC/MC 🔲 4)	Pending			_	Violation				NOC	Τ		Citatio	n Number	
(1)) CFR 🔲 3	8) CC/MC					Violation				NOC	+		Citatio	n Number	
(2)																
Trevo		estigator(s) ousa			ID Numb 2096	er		Date 9/2022	Revie Kanowel			2/:	Date Re 18/20			Page 12 of 19

Event Number:			STATE OF			Crash Numbe		1705	Vehicle Information
			AFFIC CRA)1/25	
		VEH	ICLE INFORN Revised 1		HEEI	Agency Name North La			
Nomo: // and Marrie Class Marrie Middle	Marrie Coffina			Transported	By: 17 1)	Not Transported		-	1) Unknown
Name: (Last Name, First Name, Middle) KEYES, MEGHAN DAN				5) Other	тоу. <u>к</u> лт/п		-	icate Transporti	
Street Address:				Transported	To:				
City:	State / Country	🗆 1) NV	Zip Code:	Person	ode Pr	eating osition: ^{30de}	Helm	et Code	Occupant Restraints: ^{7Code}
	CA DOB:			Type: 2	P		Use:		Restraints: 7
 □ 1) Male □ 3) Unknown □ 2) Female or Non-Binary 		Phone	Number:	Injury Severity:	Code	Injury Location:	ode	Code	Code
						irbag		0	
				Airbags: 3		witch: 2 _{Code}	Ejected	00010	Trapped: Ocode
Name: (Last Name, First Name, Middle)	Name Suffix)			5) Other	ву: 🗆 1) г	Not Transported		icate Transporti	
Street Address:				Transported	To:				
City:	State / Country	🗆 1) NV	Zip Code:	Person Type: ^{Co}		eating osition: ^{Code}	Helm Use:	et Code	Occupant Restraints: Code
🗆 1) Male 🔲 3) Unknown	DOB:	Phone	Number:	Injury	Code	Injury	ode	Code	Code
2) Female or Non-Binary				Severity:		Location:	/ule	coue	coue
				Airbags:		irbag witch: Code	Ejected	Code	Trapped: Code
Name: (Last Name, First Name, Middle	Name Suffix)			Transported	By: □1)	Not Transported	-	3) Police	
Street Address:				Transported	To:				
City:	State / Country	🗆 1) NV	Zip Code:	Person Type: Ca		eating osition: ^{Code}	Helm Use:	et Code	Occupant Restraints: Code
🗆 1) Male 🗆 3) Unknown	DOB:	Phone	Number:			Injury			
2) Female or Non-Binary				Injury Severity:	Code	Location:	ode	Code	Code
				Airbags:		irbag witch: Code	Ejected	Code	Trapped: Code
□ 1) Trailing Unit 1 VIN :				Plate:		State:] 1) NV	Туре:	
\Box 1) Trailing Unit 1 VIN :				Plate:		[] 1) NV	Туре:	
□ 1) Trailing Unit 1 VIN :				Plate:		C] 1) NV	Туре:	
Comme	rcial Vehicle Configu	ration		□ 1) Commerci	ial Vehicle			
	5) Single-Unit Truck (2-Axle,	🗆 10) Tract	or/Double				izmat		
	Fire) 6) Single-Unit Truck (3 or	□ 11) Tract	or/Triple own Heavy Truck	🗌 1) Hazma		splayed			
	pre axles)	•	Cannot Classify			al. or 3 cubic yds.?			
people, including driver)	7) Truck/Trailer 8) Truck Tractor (Bobtail)					f Hazmat Rele			f Amount
□ 4) Bus (Seats >15 people, including driver)	9) Tractor/Semitrailer			 1) Tracto 2) Cargo 			3) Combin Tractor &	nation Cargo	
Carrier Name:					-	Power Uni	t GCWR/	GVWR	
				□ 1) ≤ 10,00	0 Lbs.	🗆 2) 10	,001 - 26,0	000 Lbs.	□ 3) ≥ 26,001 Lbs.
Carrier Street Address:				City:			State	🗆 1) NV	Zip Code:
□ 1) Bus (Seats for 9-15 □ 6) Dum	• •		Haz-Mat ID #:		🗆 1) Intra:		NAS Sa	fety Report #:	
□ 2) Bus (Seats for >15 □ 8) Auto	crete Mixer 🛛 13) Intern o Transporter 🔅 14) Loggi	ng			2) Inters 3) Not in Other T	n Commerce—	Carrier	/UDSOT #:	
□ 3) Van/Enclosed Box □ 10) Gra	bage/Refuse 🛛 15) Vehic ain, chips, another veh		Hazard Classifica	tion #:		n Commerce-			Page
4) Cargo Tank gravel 5) Flatbed 11) Pol	🗆 98) Othe	·			□ 5) Othe Specifie	r Operation/Not ed			13 of 19

Event Numb	er:							F NEVA		1.00	ash Numi GPD220		00017	725	Vehic	le Information
Vehicle # 5	# Occupa 1		At Fault Non Conta	ct Vehicle		ICLE	INFO		N SHEET		ency Nar orth I		Vega	s PD		
Direction of Travel:	1) North		□ 5) U	Jnknown	Roadwa W CHE										Trav 2	el Lane #:
Vehicle X 1 Action: 2		□ 3) Left Turn □ 4) Right Turn	□ 5) U n □ 6) P		7) Wrong 8) Stopper				ring Parked							known gotiating a Curve
Driver: (Last N CARBALL		me, Middle Name S IIEL	uffix)						Transported		1) Not Tra	ansport	ted 🗆 2)			4) Unknown
Street Addre	255:	_							Transported	To:						
City: LAS VEG	AS		Sta	ite / Coun NV	try 🛛	1) NV	Zip Cod 8910		Person Type: 1		Seating Position:1	Code	Helme Use:	t21ode	Occup Restra	ant ints: ⁷ ode
🕱 1) Male	I 3) Un or No	n-Binary	B:			Phone	Numbe	r:	Injury Severity: B	ode	Injury Locatio	on: 2	Code	Code		Code
OLN:		State NV		0	z 🕅	1) CDL 2) DL	0	nse Status	Airbags: 4	de	Airbag Switch: 4	Code	Ejecte	ed: O ^{tode}	Tra	pped: 0 ^{ode}
1) Restrict	/ Drug Inv blved ed Impairm	2) Endorse olvement	Code Metho 1) F 2) E	od of Deter ield Sobriet videntiary E	Code rmination (y Test 4) Breath 5) ssion 6)	Urine To Blood T	p to 2) est 'est nary	Code Test Results:	🗆 3) Dru	Been Invol arenth	Drinking vement y Fatigued /) Driver III / Other Imp	roper Dri tention /	Distracted
Vehicle Year: 2016		ehicle Make:		/ehicle Mo TUCSON	odel:	Veh	TCHB		1) Failed T 2) Disregal					tors) Over Corr) Other Imp		
Plate / Permit Vehicle Identi	fication N	NV	11144	xpiration 01/27/			icle Colo ITE	or:	3) Too Fas 4) Exceedi 5) Wrong 6) Mechan 7) Drove L	For Cong Spe Nay / I ical De	onditions ed Limit Direction efects	Code	□ 16 □ 17 □ 18 □ 19) Driverless) Unsafe Ba) Ran Off Ro) Hit and Ro	Vehicle cking bad in	
🗆 1) Same As	vner Name s Driver	CARBALL	о , ч и	NIEL					8) Other 9) Failed to 10) Follow 11) Unsafe	Main ing Too Lane	tain Lane o Close Change		21 X 22 28) Road Defe) Object Av) Unknown) Aggressiv) Reckless /	oidance	5
Registered Ov Insurance Con			1	LAS VE	GAS	NV	8	9128	12) Made		ber Turn 1st Contac 3	t 4			Dama	ged Areas
X 1) Insured		GEICO	1	ffective:		To:			10	Γ	Τ	T	~		1) Front 2) Right 3) Left Si 4) Rear	Side
Insurance Con	npany Add	ress or Phone I		12/21/	2017	01	L/27/	2022	12	_		Î	Ĩ.		5) Right 6) Right 7) Top	Front Rear • Carriage
800-861 X 1) Vehicle X 2) Towed I	Towed Due to	Towed By: H			TOWING	ļ				-			۳ ۲		9) Left Fi 10) Left I 11) Unkr 12) Othe	ront Rear
Disabling Disabling Disabling Disabling Disabling Disable Disa		Fraffic Control	Stop Sign			nce Trave eet	led After In Inche		Speed Estimate To	<u>10</u> Limit	Presence	Lev			Extent 1) Minor 2) Modera	of Damage 4) Total te 5) None
	Traffic Contro	Signal Code 12	Yield Sign Railway Cr	ossing Sign /		_				0 quenc	0 ce of Event	0 ts	0		3) Major	G 6) Unknown
Code 5) Pedestria Device	an Signal / Sig	n Code 17	Device Chain / Sn	ow Tire Req.	1st	Code	9493	MOTOR	VEHICLE	Descri		חסת		្រ	ollision Wit txed Object	Most Harmful Event
Code 6) No Passin	ng		Officer / Fl	agger	2nd		ode	MOTOR	VENICEE		INANDI	UKI				
Code 7) No Contr		19	Unknown		3rd	<u> </u>	ode									
Code 8) Warning	aign		4th 5th	-	ode							-				
1) NRS 2)	T			Violation				NOC			Citatio	n Number				
(1)	CFR 13	CC/MC					Violation				NOC	+		Citatio	n Number	
(2)		1776 AN AN														
Trevor		stigator(s) usa			ID Numbe 2096	9r		Date 29/2022	Revie Kanowel			2/1	Date Re L8/20	eviewed 22		Page 14 of 19

Event Number:			то	STATE OF			Crash Numbe		01725	Vehicle Information			
				AFFIC CRA			Agency Name	. .					
				Revised 1			North La		gas PD				
Name: (Last Name, First Name, Middle	Name Suffix)				Transported By: 1) Not Transported 2) EMS 3) Police 4) Unknown 5) Other Indicate Transporting Agency								
Street Address:					Transported To:								
City:		State / Country	🗆 1) NV	Zip Code:	Person Type:		eating osition: ^{Code}	Helm Use:	Code	Occupant Restraints: Code			
1) Male 3) Unknown 2) Female or Non-Binary	DOB:		Phone	Number:	Injury Severity:	Code	Injury Location:	ode	Code	Code			
					Airbags:		rbag vitch: Code	Ejected	Code	Trapped: Code			
Name: (Last Name, First Name, Middle Name Suffix)					Transported By: 1) Not Transported 2) EMS 3) Police 4) Unknown 5) Other Indicate Transporting Agency								
Street Address:					Transported To:								
City:		State / Country	🗆 1) NV	Zip Code:	Person Type: ^{Ci}	and an	eating osition: ^{Code}	Helm Use:	Code	Occupant Restraints: ^{Code}			
🗆 1) Male 🛛 3) Unknown	DOB:		Phone	Number:	Injury	Code	Injury	ode	Code	Code			
2) Female or Non-Binary					Severity:		Location:	rai c	couc	0000			
					Airbags:		rbag vitch: Code	Ejected	: Code	Trapped: Code			
Name: (Last Name, First Name, Middle	Name Suffix)				Transported By: 1) Not Transported 2) EMS 3) Police 4) Unknown 5) Other Indicate Transporting Agency								
Street Address:					Transported To:								
City:		State / Country	□ 1) NV	Zip Code:	Person Type: ^{Ca}		eating osition: ^{Code}	Helm Use:	Code	Occupant Restraints: Code			
 1) Male 3) Unknown 2) Female or Non-Binary 	DOB:		Phone	Number:	Injury Code Injury Code Code Code				Code				
					Airbags:		rbag vitch: Code	Ejected	Code	Trapped: Code			
□ 1) Trailing Unit 1 VIN :					Plate:		State:] 1) NV	Туре:				
□ 1) Trailing Unit 1 VIN :					Plate:		[Туре:					
□ 1) Trailing Unit 1 VIN :					Plate:		[] 1) NV	/ Туре:				
Comme	ercial Veh	icle Configura	ntion		1) Commerci							
□ 1) Passenger Car (Only if □ 5) Single-Unit Truck (2-Axle, □ 10) Tractor/Double vehicle displays HM Placard) 6-Tire) □ 11) Tractor/Triple □ 2) Light Truck (Only if □ 6) Single-Unit Truck (3 or more axles) □ 99) Unknown Heavy Truck >10,000 lbs. Cannot Classify □ 3) Bus (Seats for 9-15 people, including driver) □ 7) Truck/Trailer □ 8) Truck Tractor (Bobtail) □ 4) Bus (Seats >15 people, including driver) □ 9) Tractor/Semitrailer					Hazmat → 1) Hazmat Placard Displayed → 2) Hazmat Released → 3) Was release ≥ 25 gal. or 3 cubic yds.? Location of Hazmat Release, Regardless of Amount → 1) Tractor Only → 2) Cargo Only → 3) Combination Tractor & Cargo								
Carrier Name:					Power Unit GCWR/GVWR								
					□ 1) ≤ 10,00	00 Lbs.	□ 2) 10,	,001 - 26,	000 Lbs.	□ 3) ≥ 26,001 Lbs.			
Carrier Street Address:					City:			State	□ 1) NV	Zip Code:			
1) Bus (Seats for 9-15 0 Dun	Body Typ	pe □ 12) Not App	plicable	Haz-Mat ID #:		Type	e of Carrier state	NAS Sa	fety Report #:				
□ 2) Bus (Seats for >15 □ 8) Auto	o Transporte		:	11	1	2) Inters 3) Not in Other T	n Commerce—	Carrier	/UDSOT #:				
□ 3) Van /Enclosed Box	bage/Refuse ain, chips, le	another vehicle another vehic 98) Other		Hazard Classifica	uon #:	Govern	r Operation/Not			Page 15 of 19			

of Travel: 2) South 3) Left Turn 5) Unknown 1 Vehicle 1) Straight 3) Left Turn 5) U-Turn 7 Action: 2) Backing 4) Right Turn 6) Parked 8 Driver: (Last Name, First Name, Middle Name Suffix) 6) Parked 8 MORA, OSVALDO ALEXI 5 Street Address: 5 5 5 City: LAS VEGAS NV IAS VEGAS NV 5 QLN: State X 1) NV Class	VEHICLE Roadway / Sto W CHEYEN Wrong Way Wrong Way Stopped	Revised	11/2020 :: g 11] Leav g 12] Ente	N SHEET	Enter Parked	□ 16) 0 □ 17) 1	Driverles:	s Vehicle	lice 4	wn iating a Curve) Unknown	
of Travel: 2) South 3) Left Turn 5) Unknown 1 Vehicle 1) Straight 3) Left Turn 5) U-Turn 7 Action: 2) Backing 4) Right Turn 6) Parked 8 Driver: (Last Name, First Name, Middle Name Suffix) 6) Parked 8 MORA, OSVALDO ALEXI 5 Street Address: 5 5 5 City: LAS VEGAS NV IAS VEGAS NV 5 QLN: State X 1) NV Class	W CHEYEN	VNE AVE	E g 11) Leav g 12) Ente e:	Transported B 5) Other Transported Tr Person	Enter Parked	□ 17) L	ane Cha	nge 🗆 : EMS 🗆 3) Po	3 19) Unkno 22) Negot lice 4	wn iating a Curve) Unknown	
Action: 2) Backing 4) Right Turn 6) Parked 8 Driver: (Last Name, First Name, Middle Name Suffix) MORA, OSVALDO ALEXI Street Address:	3) Stopped	I 10) Racing	g 🗆 12) Ente	Transported B 5) Other Transported Tr Person	Enter Parked	□ 17) L	ane Cha	nge 🗆 : EMS 🗆 3) Po	lice 4	iating a Curve) Unknown	
MORA, OSVALDO ALEXI Street Address: City: LAS VEGAS TX 1) Male 3) Unknown 2) Female or Non-Binary OLN: State X 1) NV Class	Phon	89101		S) Other Transported To Person 1		ansport	ed 🗌 2)			Statement and the statement of the state	
City: State / Country LAS VEGAS NV X 1) Male 3) Unknown 2) Female or Non-Binary OLN: State X 1) NV Class	Phon	89101		Person 1):						
LAS VEGAS NV IX 1) Male 3) Unknown 2) Female or Non-Binary OLN: State IX 1) NV	Phon	89101		1						~	
□ 2) Female or Non-Binary OLN: State X 1) NV Class		ne Number:		Type:	Seating Position:	Code	Helme Use:	t21ode	Occupan Restrain	t s: 7ode	
	ss: [] 1) CD		:	Injury Severity: N	e Injury Locati		lode	Code		Code	
NV C	🕱 2) DL	0	ise Status	Airbags: 2 ^{Code}	Airbag Switch:	4 ^{ode}	Ejecte	ed: O ^{Code}	Trappo	ed: O ^{ode}	
Compliance: Endorsement 1) Restrict 2) Endorse Code Alcohol / Drug Involvement Code Code X 1) Not Involved Method of Determi 2) Suspected Impairment 1) Field Sobriety Te 3) Alcohol 4) Drugs 2) Evidentiary Brea 5) Unknown 6) Marijuana 3) Driver Admission	Code Cod ination (check est 4) Urine ath 5) Blood n 6) Prelim	up to 2) Test Test		3) Drug Involvement 3) Drug Involvement 4) Apparently Fatigued / Asleep Code					Improper Driving Inattention / Distracted		
Vehicle Year: Vehicle Make: Vehicle Model 2021 MERCEDES - BENZ GLE 350	odel: Vehicle Type:			Vehicle Factors 1) Failed To Yield Right of Way 13) Over Correct / Steering 2) Disregard Control Device 14) Other Improper Driving 3) Too Fast For Conditions 16) Driverless Vehicle 4) Exceeding Speed Limit 17) Unsafe Backing 5) Wrong Way / Direction 18) Ran Off Road 61) Mechanical Defectr 190 Priver							
Plate / Permit No.: State X 1) NV Expiration Dat NV 09/15/20	Vernele color.										
Vehicle Identification Number: 4JGFB4KB1MA				6) Mechanic 7) Drove Left 8) Other	of Center	coue	20) Hit and Run) Road Defect) Object Avoid	ance		
Registered Owner Name: MORA, OSVALDO ALEXI 1) Same As Driver Registered Owner Address:				9) Failed to 1 10) Followin 11) Unsafe L 12) Made Im	Too Close ane Change		28) Unknown) Aggressive) Reckless / Ca	reless		
LAS VEGA Insurance Company Name: FARMERS (X 1) Insured	AS N	7 89	9101	1 ₁	1st Conta	ct 		5 🗆 1)	Damaged Front Right Sid		
Policy number: Effective: 08/16/20	021 0	9/15/2	2022			20		X 3) - 4) - 5)	Left Side Rear Right Fro	nt	
Insurance Company Address or Phone Number: 800-435-7764	20								6) Right Rear 7) Top 8) Under Carriage 9) Left Front		
IX 1) Vehicle Towed Towed By: EWING BROS TO IX 2) Towed Due to Removed To: IMPOUND	OWING								10) Left Rear 11) Unknown 12) Other		
Traffic Control <u>Footn</u> 2) Traffic Control Signal 2) T	Distance Trav Feet	veled After Imp Inches		Speed Estimate To Li 5 0	nit Presence	Leve 0	_	Ealeo X 2)	Moderate [3 4) Total	
Code 3) Flashing Traffic Control Signal Code 12) Yield Sign Code 4) School Zone Sign / Device Code 13) Railway Crossing Sign / Code 5) Pedestrian Signal / Sign	Cod	e#	_		ence of Even	ts		Celli	sion With d Object	Most Harmful Event	
Device Code 17) Chain / Snow Tire Req.	1st 214		MOTOR	VEHICLE I	N TRANSI	PORT				X	
Code 6) No Passing Code 7) No Controls 19) Unknown	2nd 3rd	Code									
Code 8) Warning Sign		Code									
Code 10) Other	5th	Code									
1) NRS 2) CFR 3) CC/MC 4) Pending		Violation			NOC			Citation M	umber		
1) NRS 2) CFR 3) CC/MC		Violation		NOC Citatio			Citation N	umber			
	Number 96	2222	ate 9/2022	Review Kanowell			Date Reviewed			Page of 19	

Event Number:		STATE OF			Crash Numbe		01725	Vehicle Information				
		AFFIC CRA					J1725					
		VEH	ICLE INFORM Revised 1		HEEI	Agency Name: North Las Vegas PD						
Name: (Last Name, First Name, Middle Na MARTINO, FRANK BRI				Transported By: 1) Not Transported 2) EMS 3) Police 4) Unknown 5) Other Indicate Transporting Agency								
Street Address:				Transported To:								
City:	State / Country	X 1) NV	Zip Code:	Person	s	eating	Occupant					
LAS VEGAS	NV		89101	Type: 2	ode P	osition: ^{3ode}	Use:	21 ^{ode}	Restraints: ^{7Code}			
I 1) Male □ 3) Unknown □ I 2) Female or Non-Binary	DOB:	Phone	Number:	Injury N Severity:	Code	Injury Location:	ode Code		Code			
		Airbags: 2code Switch: 4code Ejected: 88de Trapp					Trapped: 0code					
Name: (Last Name, First Name, Middle Na		Transported By: 1) Not Transported 2) EMS 3) Police 4) Unknown 5) Other Indicate Transporting Agency										
Street Address:				Transported	d To:							
City:	State / Country	🗆 1) NV	Zip Code:	Person Type: ^C	and an	eating Position: Code	Helm Use:	et Code	Occupant Restraints: ^{Code}			
	DOB:	Phone	Number:	Injury	Code	Injury Co	ode	Code	Code			
2) Female or Non-Binary				Severity:		Location:						
				-	Code S	irbag witch: Code	Ejected		Trapped: Code			
Name: (Last Name, First Name, Middle Na	ame Suffix)			Transported By: 1) Not Transported 2) EMS 3) Police 4) Unknown 5) Other Indicate Transporting Agency								
Street Address:					Transported To:							
City:	State / Country	🗆 1) NV	Zip Code:	Person Type: ^C	a dia	eating Position: ^{Code}	Helm Use:	et Code	Occupant Restraints: Code			
1) Male 3) Unknown D 2) Female or Non-Binary	DOB:	Phone	Number:	Injury Code Injury Code Code Code				Code	Code			
				Airbags:		irbag witch: Code	Ejected	Code	Trapped: Code			
□ 1) Trailing Unit 1 VIN :				Plate:		State:] 1) NV	Туре:				
□ 1) Trailing Unit 1 VIN :				Plate:		C	Туре:					
□ 1) Trailing Unit 1 VIN :				Plate: 🗌 1) NV Type:								
Commerc	cial Vehicle Configura	ation		□ 1	l) Commerc	cial Vehicle						
□ 1) Passenger Car (Only if □ 5) Single-Unit Truck (2-Axle, □ 10) Tractor/Double vehicle displays HM Placard) 6-Tire) □ 11) Tractor/Triple □ 2) Light Truck (Only if □ 6) Single-Unit Truck (3 or more axles) □ 99) Unknown Heavy Truck >10,000 lbs. Cannot Classify □ 3) Bus (Seats for 9-15 □ 7) Truck/Trailer >10,000 lbs. Cannot Classify □ 4) Bus (Seats >15 people, including driver) □ 8) Truck Tractor (Bobtail) □ 9) Tractor/Semitrailer					 □ 3) Was release ≥ 25 gal. or 3 cubic yds.? Location of Hazmat Release, Regardless of Amount □ 1) Tractor Only □ 3) Combination □ 3) Combination 							
Carrier Name:				2) Cargo Only Power Unit GCWR/GVWR								
				□ 1) ≤ 10,00	00 Lbs.	□ 2) 10 _,	,001 - 26,	000 Lbs.	□ 3) ≥ 26,001 Lbs.			
Carrier Street Address:				City:			State	🗆 1) NV	Zip Code:			
Cargo B 1) Bus (Seats for 9-15 6) Dump	Cargo Body Type Haz-Mat ID #:					e of Carrier astate	NAS Safety Report #:					
people, including driver) 7) Concre 2) Bus (Seats for >15 8) Auto T people, including driver) 9) Garbaj	ete Mixer 🛛 13) Intermo Transporter 🗔 14) Logging	odal S	Hazard Classifica	Hon #	2) Inter 3) Not i Other 1	rstate in Commerce— Trucks	Carrier	/UDSOT #:				
3) Van/Enclosed Box 9) Garba 4) Cargo Tank 10) Grain 5) Flatbed 11) Pole	n, chips, another vehic 98) Other		nazaro Classifica	uon #:	 4) Not i Govern 5) Othe Specifie 	Page 17 of 19						

Event Number:				STATE OF				Crash Numb		Occupant / Witness Supplement			
				RAFFIC CRA	SH REPORT ess Supplement			NLPD2201290001725					
			Ottu	Revised 1	233 30p 1/2020	piemen	North Las Vegas						
V# 2	Name: (Last Name, First Name, Midd MAJIA, DAVID	le Name Suffix)				rted By: 🗆 er DAVI:				3) Police			
Street	Address:				Transpor CORON	rted To: ERS OF	FIC	B					
City: NORT	'H LAS VEGAS	State / Country NV	🛛 1) NV	Zip Code: 89030	Person	2ode	Seating Position: 6 ^{ode}		Helmet Use:			pant raints: 7 ^{code}	
🖾 1) N	or Non-Binary		Phone	Number:	Injury Severity:	Kode		njury ocation: 9	ode	Code		Code	
					Airbags:	8 _{Code}	Airba Swit	ag ch: 2 _{Code}	Ejected	: O _{Code}	Trapp	ed: Lode	
V# 2	Name: (Last Name, First Name, Midd	le Name Suffix)				rted By: 🗆 er DAVI:			-	3) Police			
Street	Address:				Transpor CORON	ted To: ERS OF	FIC	R					
City: NORT	'H LAS VEGAS	State / Country NV	🕅 1) NV	Zip Code: 89030	Person Type:	2ode	Seating Position: 15de		Helm Use:	et Code		pant raints: 14d	
⊠ 1)N □ 2)F	or Non-Binary		Phone	Number:	Injury Severity:	K Code		njury ocation: 9 ⁰	ode	Code		Code	
					Airbags:	8 _{Code}	Airba Swit	ag ch: 2 _{Code}	Ejected	: 1 _{Code}	Trapp	ed: Qode	
∨# 2	Name: (Last Name, First Name, Midd	le Name Suffix)			Transported By: 1) Not Transported 2) EMS 3) Police 4) Unknown X 5) Other DAVIS FUNERAL Indicate Transporting Agency								
Street	Address:				Transpor CORON	ted To: ERS OF	FIC	E					
City: NORT	'H LAS VEGAS	State / Country NV	🕅 1) NV	Zip Code: 89030	Person Type:	2ode	Seat Posi	ting tion: 15de	Helm Use:	et Code		pant raints: 14de	
⊠ 1)N □ 2)F	or Non-Binary		Phone	Number:	Injury Severity:	KCode		njury ocation: 9	ode	Code		Code	
					Airbags:	8Code	Airba Swit	ag ch: 2 _{Code}	Ejected	: 1 Code	Trapp	ed: Oode	
V#	Name: (Last Name, First Name, Midd	le Name Suffix)			Transpor	•] 1) Not	Transported		3) Police			
Street	Address:				Transpor	rted To:							
City:		State / Country NV	🖾 1) NV	Zip Code:	Person Type:	3ode	Seat Posi	ting tion: Code	Helm Use:	Code	Occu Rest	pant raints: ^{Code}	
🖾 1)N	or Non-Binary		Phone	Number:	Injury Severity:	Code		njury ocation:	ode	Code		Code	
					Airbags:	Code	Airba Swit	-	Ejected	Code	Trapp	ed: Code	
V#	Name: (Last Name, First Name, Midd	le Name Suffix)			Transpor	-] 1) Not	Transported		3) Police			
Street	Address:				Transpor	rted To:							
City:		State / Country NV	🛛 1) NV	Zip Code:	Person Type:	3ode	Seat Posi	tion: ^{Code}	Helm Use:	Codo		pant raints: ^{Code}	
🗆 1) N 🖾 2) F	or Non Binony		Phone	Number:	Injury Severity:	Code		njury ocation:	ode	Code		Code	
					Airbags:	Code	Airba Swit	ag ch: Code	Ejected	Code	Trapp	ed: Code	
Trev	Investigator(s) or DeSousa	ID Nur 2096		Date 1/29/2022	Kan	Revi owell	iewed Lee	Ву		Date Review		Page L8 of <u>1</u> 9	

Event Number:				STATE OF	NEVADA SH REPORT			Crash Numb NLPD2201	Occupant / Witness Supplement						
				upant / Witn Revised 1	ess Sup			Agency Nam North La		egas					
V#	Name: (Last Name, First Name, Middle	e Name Suffix)			Transported By: 1) Not Transported 2) EMS 3) Police 4) Unknown 5) Other Indicate Transporting Agency										
Street A	ddress:				Transpo										
City: LAS	VEGAS	State / Country NV	🖾 1) N\	/ Zip Code: 89130	Person Type:	3 ode		ting ition: ^{Code}	Helr Use	Codo	Occupant Restraints: Code				
□ 1) M 🛛 2) Fe	or Non-Binary		Phon	e Number:	Injury Severity:	Code		njury Location:	ode	Code	Code				
					Airbags:	Code	Airb Swit	bag tch: Code	Ejecte	d: Code	Trapped: Code				
V#	Name: (Last Name, First Name, Middle		Transported By: 1) Not Transported 2) EMS 3) Police 4) Unknown 5) Other Indicate Transporting Agency												
Street A	ddress:				Transpo										
City: NORT	H LAS VEGAS	State / Country NV	🛛 1) NV	/ Zip Code: 89032	Person Type:	3 ode		ting ition: ^{Code}	Heir Use	Code	Occupant Restraints: ^{Code}				
⊠ 1) M □ 2) Fe	or Non-Binary		Phon	e Number:	Injury Severity:	Code		njury Location:	lode	Code	Code				
					Airbags:	Code	Airb Swit	bag tch: Code	Ejecte	d: Code	Trapped: Code				
V#	V# Name: (Last Name, First Name, Middle Name Suffix)						Transported By: 1) Not Transported 2) EMS 3) Police 4) Unknown 5) Other Indicate Transporting Agency								
Street A	ddress:				Transpo										
City:		State / Country	□ 1) N\	/ Zip Code:	Person Type:	Code		ting ition: ^{Code}	Helr Use	Code	Occupant Restraints: Code				
□ 1) M □ 2) Fe	or Non-Binary		Phon	e Number:	Injury Severity:	Code		njury Location:	ode	Code	Code				
					Airbags:	Code	Airb Swit	oag tch: Code	Ejecte	d: Code	Trapped: Code				
V#	Name: (Last Name, First Name, Middle	e Name Suffix)			Transpo		1) No	ot Transported		3) Police					
Street A	ddress:				Transpo	rted To:									
City:		State / Country	□ 1) N\	/ Zip Code:	Person Type:	Code	Sea Pos	ting ition: ^{Code}	Heir Use	Code	Occupant Restraints: Code				
□ 1) M □ 2) Fe	or Non-Binary		Phon	e Number:	Injury Severity:	Code	Ŀ	location:	lode	Code	Code				
					Airbags:	Code	Airb Swit	oag tch: Code	Ejecte	d: Code	Trapped: Code				
V#	Name: (Last Name, First Name, Middle	e Name Suffix)			Transpo		1) No	ot Transported		3) Police	-				
Street A	ddress:				Transpo										
City:		State / Country	🗆 1) NV	/ Zip Code:	Person Type:	Code		ting ition: ^{Code}	Heir Use	Codo	Occupant Restraints: Code				
🗆 1) M 🗆 2) Fe	or Non-Binany	•	Phon	e Number:	Injury Severity:	Code		njury Location:	Code	Code	Code				
					Airbags:	Code	Airb Swit	ag tch: Code	Ejecte	d: Code	Trapped: Code				
Trevo	Investigator(s) or DeSousa	ID Nun 2096		Date 01/29/2022	Kan	Revi owell 1	iewed Lee	•		Date Review 2/18/202	-				