

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

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

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

3 Page 19

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

Page 19 4 of

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

Page 19

of

5

| 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 | - | | | | |
| | | | | | | | | | | | | | | | |