



SURVIVAL FACTORS ATTACHMENT

State of Nevada Traffic Crash Report

North Las Vegas, Nevada

HWY22FH004

(20 pages)

Event Number:		STATE OF NEVADA TRAFFIC CRASH REPORT SCENE INFORMATION SHEET Revised 11/2020				Crash Number: NLPD2201290001725		Scene Information					
Code Revision: 11/2017								<input type="checkbox"/> 1) Property <input type="checkbox"/> 2) Injury <input checked="" type="checkbox"/> 3) Fatal					
<input checked="" type="checkbox"/> 1) Urban	<input type="checkbox"/> 1) Emergency Use	<input type="checkbox"/> 1) Preliminary Report	<input checked="" type="checkbox"/> 3) Supplement Report	<input type="checkbox"/> 1) Hit and Run		Agency Name: North Las Vegas PD							
<input type="checkbox"/> 2) Rural	<input type="checkbox"/> 2) Office Report	<input type="checkbox"/> 2) Initial Report		<input type="checkbox"/> 2) Private Property									
Crash Date 01/29/2022	Time 1512	Day Sat	Beat / Sector B2	<input type="checkbox"/> 1) County <input checked="" type="checkbox"/> 2) City NORTH LAS VEGAS									
Is this a Secondary Collision: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Roadway Clearance Time: 0000			Incident Clearance Time: 0000								
		# Vehicles 6	# Non Motorists 0	# Occupants 15	# Fatalities 9	# Injured 2	# Restrained 11						
Occurred On: (Highway # or Street Name) N COMMERCE ST					Latitude		Longitude						
<input type="checkbox"/> 1) Parking Lot		<input type="checkbox"/> 2) Active School Zone											
<input checked="" type="checkbox"/> 1) At Intersection With: W CHEYENNE AVE					Mile Marker _____								
<input type="checkbox"/> 2) Or		<input checked="" type="checkbox"/> 3) Feet <input type="checkbox"/> 4) Miles <input type="checkbox"/> 5) Approximate			Of: _____ or _____ Cross Street:								
Roadway Character		Roadway Conditions			Surface		Intersection		Total Thru Lanes	Access Control			
<input type="checkbox"/> 1) Curve & Grade <input type="checkbox"/> 2) Curve & Hillcrest <input type="checkbox"/> 3) Curve & Level <input type="checkbox"/> 4) Straight & Grade <input type="checkbox"/> 5) Straight & Hillcrest <input checked="" type="checkbox"/> 6) Straight & Level <input type="checkbox"/> 7) Unknown <input type="checkbox"/> 8) Other		<input checked="" type="checkbox"/> 1) Dry <input type="checkbox"/> 7) Slush <input type="checkbox"/> 2) Icy <input type="checkbox"/> 8) Standing Water <input type="checkbox"/> 3) Wet <input type="checkbox"/> 9) Moving Water <input type="checkbox"/> 4) Snow <input type="checkbox"/> 10) Unknown <input type="checkbox"/> 5) Sand / Mud/ Dirt / Gravel <input type="checkbox"/> 6) Other <input type="checkbox"/> 11) Oil			<input checked="" type="checkbox"/> 1) Asphalt <input type="checkbox"/> 2) Concrete <input type="checkbox"/> 3) Gravel <input type="checkbox"/> 4) Dirt <input type="checkbox"/> 5) Other		<input checked="" type="checkbox"/> 1) Four Way <input type="checkbox"/> 4) Y <input type="checkbox"/> 2) > Four Way <input type="checkbox"/> 5) Roundabout <input type="checkbox"/> 3) T <input type="checkbox"/> 7) L <input type="checkbox"/> 6) Other		<input type="checkbox"/> 1) One <input type="checkbox"/> 2) Two <input type="checkbox"/> 3) Three <input type="checkbox"/> 4) Four <input type="checkbox"/> 5) > 5 Total All Lanes: _____	<input checked="" type="checkbox"/> 1) None <input type="checkbox"/> 2) Full <input type="checkbox"/> 3) Partial			
Pavement Markings				Roadway Description			Weather Conditions						
<input type="checkbox"/> 1) Centerline, Broken Yellow <input type="checkbox"/> 2) Centerline, Solid Yellow <input type="checkbox"/> 3) Centerline, Double Yellow <input type="checkbox"/> 4) Lane Line, Broken White <input type="checkbox"/> 5) Lane Line, Solid White <input type="checkbox"/> 6) No Passing, Either Direction <input type="checkbox"/> 7) Turn Arrow Symbols				<input type="checkbox"/> 8) Center Turn Lane Line <input type="checkbox"/> 9) Edge Line, Left Yellow <input type="checkbox"/> 10) Edge Line, Right White <input type="checkbox"/> 11) Other <input checked="" type="checkbox"/> 12) None <input type="checkbox"/> 13) Unknown			<input checked="" type="checkbox"/> 1) Two-Way, Not Divided <input type="checkbox"/> 2) Two-Way, Divided, Unpro, Median <input type="checkbox"/> 3) Two-Way, Divided, Median Barrier <input type="checkbox"/> 4) One-Way, Not Divided <input type="checkbox"/> 5) Unknown <input type="checkbox"/> 6) Off Road			<input checked="" type="checkbox"/> 1) Clear <input type="checkbox"/> 7) Fog, Smog, Smoke, Ash <input type="checkbox"/> 2) Cloudy <input type="checkbox"/> 8) Severe Crosswinds <input type="checkbox"/> 3) Snow <input type="checkbox"/> 9) Sleet / Hail <input type="checkbox"/> 4) Rain <input type="checkbox"/> 10) Unknown <input type="checkbox"/> 5) Blowing Sand, Dirt, Soil <input type="checkbox"/> 6) Other <input type="checkbox"/> 11) Blowing Snow			
Light Conditions			Vehicle Collision Type			Location of First Event							
<input type="checkbox"/> 1) Dusk <input type="checkbox"/> 6) Dark—No Roadway Lighting <input type="checkbox"/> 2) Dawn <input type="checkbox"/> 7) Dark—Spot Roadway Lighting <input checked="" type="checkbox"/> 3) Daylight <input type="checkbox"/> 8) Dark—Continuous Roadway Lighting <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 9) Dark—Unknown Roadway Lighting <input type="checkbox"/> 5) Other _____			<input type="checkbox"/> 1) Head On <input type="checkbox"/> 6) Sideswipe - Meeting <input type="checkbox"/> 2) Rear End <input type="checkbox"/> 7) Sideswipe - Overtaking <input type="checkbox"/> 3) Backing <input type="checkbox"/> 8) Non Collision <input checked="" type="checkbox"/> 4) Angle <input type="checkbox"/> 9) Unknown <input type="checkbox"/> 5) Rear to Rear <input type="checkbox"/> 10) Rear to Side			<input type="checkbox"/> 1) Travel Lane _____ <input type="checkbox"/> 6) Outside Shoulder <input type="checkbox"/> 11) Ramp <input type="checkbox"/> 2) Turn Lane _____ <input checked="" type="checkbox"/> 7) Intersection <input type="checkbox"/> 12) Unknown <input type="checkbox"/> 3) Gore <input type="checkbox"/> 8) Private Property <input type="checkbox"/> 13) Separator <input type="checkbox"/> 4) Median <input type="checkbox"/> 9) Roadside <input type="checkbox"/> 14) Parking Lane/Zone <input type="checkbox"/> 5) Inside Shoulder <input type="checkbox"/> 10) Other _____							
Roadway / Environment Factors						Type of Work Zone		Work Area Zone					
<input checked="" type="checkbox"/> 1) None <input type="checkbox"/> 10) Wet, Icy, Snow, Slush <input type="checkbox"/> 19) Backup Regular Congestion <input type="checkbox"/> 2) Weather <input type="checkbox"/> 11) Ruts, Holes, Bumps <input type="checkbox"/> 20) Work Zone <input type="checkbox"/> 3) Debris <input type="checkbox"/> 14) Animal in Roadway <input type="checkbox"/> 21) Non Highway Work <input type="checkbox"/> 4) Glare <input type="checkbox"/> 15) Unknown <input type="checkbox"/> 22) Railway Grade Crossing # _____ <input type="checkbox"/> 5) Other Roadway _____ <input type="checkbox"/> 23) Shared User Path/Trail <input type="checkbox"/> 6) Other Environmental _____ <input type="checkbox"/> 7) Shoulders <input type="checkbox"/> 16) Visual Obstruction <input type="checkbox"/> 8) Road Obstruction <input type="checkbox"/> 17) Backup Prior Crash <input type="checkbox"/> 9) Worn Traffic Surface <input type="checkbox"/> 18) Backup Non Recurring Incident						<input type="checkbox"/> 1) Lane Closure <input type="checkbox"/> 2) Lane Shift/Crossover <input type="checkbox"/> 3) Work on Shoulder or Median <input type="checkbox"/> 4) Intermittent/Moving Work <input type="checkbox"/> 5) Other		<input type="checkbox"/> 1) Advanced Warning Area <input type="checkbox"/> 2) Transition Area <input type="checkbox"/> 3) Activity Area <input type="checkbox"/> 4) Termination Area					
						Workers Present		Law Enforcement Present					
						<input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No		<input type="checkbox"/> 1) No <input type="checkbox"/> 2) Officer Present <input type="checkbox"/> 3) LE Vehicle Only Present					
Property Damage To Other Than Vehicle													
Describe Property Damage:					Owner's Name: _____								
					<input type="checkbox"/> 1) Owner Notified								
					Owner's Address: (Street Address City, State Zip)								
First Harmful Event	Code # 214	Description: MOTOR VEHICLE IN TRANSPORT											
Investigation Complete	Photos Taken	Scene Diagram	Statements	Date Notified	Time Notified	Arrival Date	Arrival Time						
<input checked="" type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No	<input checked="" type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No	<input type="checkbox"/> 1) Yes <input checked="" type="checkbox"/> 2) No	<input type="checkbox"/> 1) Yes <input checked="" type="checkbox"/> 2) No # 0	01/29/2022	1513	01/29/2022	1516						
Investigator(s) Trevor DeSousa		ID Number 2096	Date 01/29/2022	Reviewed By Kanowell Lee		Date Reviewed 2/18/2022	Page 1 of 19						

Event Number:

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

Crash Number:

NLPD2201290001725

Scene Information

Code Revision: 11/2017

Agency Name:

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

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

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NLPD2201290001725

Scene Information

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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

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North Las Vegas PD

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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

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TRAFFIC CRASH REPORT
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Crash Number:
NLPD2201290001725

Scene Information

Code Revision: 11/2017

Agency Name:
North Las Vegas PD

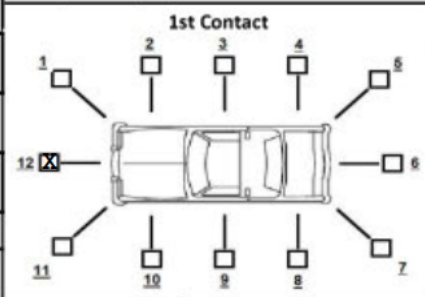
Description of Crash / Narrative

*****THIS SUPPLEMENT REPORT WAS CREATED TO CORRECT THE SEATING
POSITIONS FOR THE 7 VICTIMS IN V2.



Indicate North

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

Event Number:		STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 11/2020				Crash Number: NLPD2201290001725		Vehicle Information			
Vehicle # 1	# Occupants 2	<input checked="" type="checkbox"/> 1) At Fault <input type="checkbox"/> 2) Non Contact Vehicle		Roadway / Street Name: N COMMERCE ST				Agency Name: North Las Vegas PD			
Direction of Travel: <input checked="" type="checkbox"/> 1) North <input type="checkbox"/> 2) South	<input type="checkbox"/> 3) East <input type="checkbox"/> 4) West <input type="checkbox"/> 5) Unknown		Travel Lane #: 1								
Vehicle Action: <input checked="" type="checkbox"/> 1) Straight <input type="checkbox"/> 2) Backing <input type="checkbox"/> 3) Left Turn <input type="checkbox"/> 4) Right Turn <input type="checkbox"/> 5) U-Turn <input type="checkbox"/> 6) Parked <input type="checkbox"/> 7) Wrong Way <input type="checkbox"/> 8) Stopped <input type="checkbox"/> 9) Passing <input type="checkbox"/> 10) Racing <input type="checkbox"/> 11) Leaving Parked <input type="checkbox"/> 12) Entering Lane <input type="checkbox"/> 13) Leaving Lane <input type="checkbox"/> 14) Enter Parked <input type="checkbox"/> 15) Driverless Vehicle <input type="checkbox"/> 16) Lane Change <input type="checkbox"/> 17) Negotiating a Curve <input type="checkbox"/> 18) Unknown											
Driver: (Last Name, First Name, Middle Name Suffix) ROBINSON, GARY DEAN					Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input checked="" type="checkbox"/> 5) Other <u>DAVIS FUNERAL</u> <small>Indicate Transporting Agency</small>						
Street Address: [REDACTED]					Transported To: CORONERS OFFICE						
City: NORTH LAS VEGAS		State / Country: <input checked="" type="checkbox"/> 1) NV		Zip Code: 89084		Person Type: 1	Seating Position: 1 Code	Helmet Use: Code	Occupant Restraints: 7 Code		
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 2) Female or Non-Binary		DOB: [REDACTED]		Phone Number: [REDACTED]		Injury Severity: K Code	Injury Location: 4 Code	5 Code	Code		
OLN: [REDACTED]		State: NV	<input checked="" type="checkbox"/> 1) NV	Class: C	<input type="checkbox"/> 1) CDL <input type="checkbox"/> 2) DL	License Status: 0 Code		Airbags: 3 Code	Airbag Switch: 2 Code		
Compliance: <input type="checkbox"/> 1) Restrict <input type="checkbox"/> 2) Endorse		Endorsements: Code Code Code		Restrictions: Code Code Code		Driver Factors: <input type="checkbox"/> 1) Apparently Normal <input type="checkbox"/> 2) Had Been Drinking <input type="checkbox"/> 3) Drug Involvement <input type="checkbox"/> 4) Apparently Fatigued / Asleep <input type="checkbox"/> 5) Obstructed View <input type="checkbox"/> 6) Driver Ill / Injured <input type="checkbox"/> 7) Other Improper Driving <input type="checkbox"/> 8) Driver Inattention / Distracted <input type="checkbox"/> 9) Physical Impairment <input checked="" type="checkbox"/> 10) Unknown					
Alcohol / Drug Involvement: <input type="checkbox"/> 1) Not Involved <input type="checkbox"/> 2) Suspected Impairment <input type="checkbox"/> 3) Alcohol <input type="checkbox"/> 4) Drugs <input checked="" type="checkbox"/> 5) Unknown <input type="checkbox"/> 6) Marijuana		Method of Determination (check up to 2): <input type="checkbox"/> 1) Field Sobriety Test <input type="checkbox"/> 2) Evidentiary Breath <input type="checkbox"/> 3) Driver Admission <input type="checkbox"/> 4) Urine Test <input checked="" type="checkbox"/> 5) Blood Test <input type="checkbox"/> 6) Preliminary Breath Test				Test Results:					
Vehicle Year: 2018	Vehicle Make: DODGE	Vehicle Model: CHALLENGER	Vehicle Type: SEDAN 2-		Vehicle Factors: <input type="checkbox"/> 1) Failed To Yield Right of Way <input checked="" type="checkbox"/> 2) Disregard Control Device <input type="checkbox"/> 3) Too Fast For Conditions <input type="checkbox"/> 4) Exceeding Speed Limit <input type="checkbox"/> 5) Wrong Way / Direction <input type="checkbox"/> 6) Mechanical Defects <input type="checkbox"/> 7) Drove Left of Center <input type="checkbox"/> 8) Other <input type="checkbox"/> 9) Failed to Maintain Lane <input type="checkbox"/> 10) Following Too Close <input type="checkbox"/> 11) Unsafe Lane Change <input type="checkbox"/> 12) Made Improper Turn <input type="checkbox"/> 13) Over Correct / Steering <input type="checkbox"/> 14) Other Improper Driving <input type="checkbox"/> 15) Driverless Vehicle <input type="checkbox"/> 16) Unsafe Backing <input type="checkbox"/> 17) Ran Off Road <input type="checkbox"/> 18) Hit and Run <input type="checkbox"/> 19) Road Defect <input type="checkbox"/> 20) Object Avoidance <input type="checkbox"/> 21) Unknown <input checked="" type="checkbox"/> 22) Aggressive <input checked="" type="checkbox"/> 23) Reckless / Careless						
Plate / Permit No.: [REDACTED]	State: NV	<input checked="" type="checkbox"/> 1) NV	Expiration Date: 09/13/2022	Vehicle Color: BURGUNDY/MA		Damaged Areas: <input checked="" type="checkbox"/> 1) Front <input checked="" type="checkbox"/> 2) Right Side <input checked="" type="checkbox"/> 3) Left Side <input checked="" type="checkbox"/> 4) Rear <input type="checkbox"/> 5) Right Front <input type="checkbox"/> 6) Right Rear <input type="checkbox"/> 7) Top <input type="checkbox"/> 8) Under Carriage <input type="checkbox"/> 9) Left Front <input type="checkbox"/> 10) Left Rear <input type="checkbox"/> 11) Unknown <input type="checkbox"/> 12) Other					
Vehicle Identification Number: 2C3CDZAG6JH [REDACTED]					Registered Owner Name: ROBINSON, GARY DEAN <input type="checkbox"/> 1) Same As Driver						
Registered Owner Address: [REDACTED] NORTH LAS NV 89086											
Insurance Company Name: GOAUTO INSURANCE COMPANY <input checked="" type="checkbox"/> 1) Insured											
Policy number: [REDACTED]		Effective: 07/22/2021		To: 10/13/2022		Insurance Company Address or Phone Number:					
<input checked="" type="checkbox"/> 1) Vehicle Towed <input checked="" type="checkbox"/> 2) Towed Due to Disabling Damage		Towed By: EWING BROS TOWING			Removed To: IMPOUND						
Traffic Control: <input checked="" type="checkbox"/> 2) Traffic Control Signal <input type="checkbox"/> 11) Stop Sign <input type="checkbox"/> 3) Flashing Traffic Control Signal <input type="checkbox"/> 12) Yield Sign <input type="checkbox"/> 4) School Zone Sign / Device <input type="checkbox"/> 13) Railway Crossing Sign / Device <input type="checkbox"/> 5) Pedestrian Signal / Sign <input type="checkbox"/> 17) Chain / Snow Tire Req. Device <input type="checkbox"/> 6) No Passing <input type="checkbox"/> 20) Officer / Flagger <input type="checkbox"/> 7) No Controls <input type="checkbox"/> 19) Unknown <input type="checkbox"/> 8) Warning Sign <input type="checkbox"/> 10) Other					Distance Traveled After Impact: Feet Inches		Speed Estimate: From To Limit		Automated Vehicle: Presence Level Engaged		Extent of Damage: <input type="checkbox"/> 1) Minor <input checked="" type="checkbox"/> 2) Moderate <input type="checkbox"/> 3) Major <input type="checkbox"/> 4) Total <input type="checkbox"/> 5) None <input type="checkbox"/> 6) Unknown
<input type="checkbox"/> 1) NRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) CC/MC <input type="checkbox"/> 4) Pending		Violation		NOC		Citation Number					
<input type="checkbox"/> 1) NRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) CC/MC		Violation		NOC		Citation Number					
Investigator(s) Trevor DeSousa		ID Number 2096	Date 01/29/2022	Reviewed By Kanowell Lee		Date Reviewed 2/18/2022		Page 6 of 19			

Event Number:	STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 11/2020	Crash Number: NLPD2201290001725 Agency Name: North Las Vegas PD
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Vehicle Information

Name: (Last Name, First Name, Middle Name Suffix) MILLER, TANAGA R		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input checked="" type="checkbox"/> 5) Other <u>DAVIS FUNERAL</u> <small>Indicate Transporting Agency</small>	
Street Address: [REDACTED]		Transported To: CORNOERS OFFICE	
City: NORTH LAS VEGAS	State / Country: <input checked="" type="checkbox"/> 1) NV	Zip Code: 89030	Person Type: 2 <small>Code</small> Seating Position: 3 <small>Code</small> Helmet Use: <small>Code</small> Occupant Restraints: 2 <small>Code</small>
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female or Non-Binary	DOB: [REDACTED]	Phone Number:	Injury Severity: K <small>Code</small> Injury Location: 5 <small>Code</small> 4 <small>Code</small> <small>Code</small>
		Airbags: 3 <small>Code</small>	Airbag Switch: 2 <small>Code</small> Ejected: 0 <small>Code</small> Trapped: 1 <small>Code</small>

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

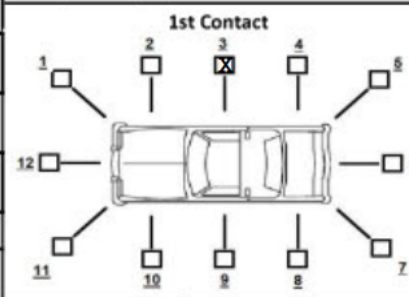
Name: (Last Name, First Name, Middle Name Suffix)		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ <small>Indicate Transporting Agency</small>	
Street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

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

Commercial Vehicle Configuration		<input type="checkbox"/> 1) Commercial Vehicle	
<input type="checkbox"/> 1) Passenger Car (Only if vehicle displays HM Placard) <input type="checkbox"/> 2) Light Truck (Only if vehicle displays HM Placard) <input type="checkbox"/> 3) Bus (Seats for 9-15 people, including driver) <input type="checkbox"/> 4) Bus (Seats >15 people, including driver)		<input type="checkbox"/> 5) Single-Unit Truck (2-Axle, 6-Tire) <input type="checkbox"/> 6) Single-Unit Truck (3 or more axles) <input type="checkbox"/> 7) Truck/Trailer <input type="checkbox"/> 8) Truck Tractor (Bobtail) <input type="checkbox"/> 9) Tractor/Semitrailer	
<input type="checkbox"/> 10) Tractor/Double <input type="checkbox"/> 11) Tractor/Triple <input type="checkbox"/> 99) Unknown Heavy Truck >10,000 lbs. Cannot Classify		Hazmat	
Carrier Name:		<input type="checkbox"/> 1) Hazmat Placard Displayed <input type="checkbox"/> 2) Hazmat Released <input type="checkbox"/> 3) Was release ≥ 25 gal. or 3 cubic yds.?	
Carrier Street Address:		Location of Hazmat Release, Regardless of Amount	
		<input type="checkbox"/> 1) Tractor Only <input type="checkbox"/> 3) Combination Tractor & Cargo <input type="checkbox"/> 2) Cargo Only	
		Power Unit GCWR/GVWR	
		<input type="checkbox"/> 1) ≤ 10,000 Lbs. <input type="checkbox"/> 2) 10,001 - 26,000 Lbs. <input type="checkbox"/> 3) ≥ 26,001 Lbs.	

Carrier Street Address:		City:	State: <input type="checkbox"/> 1) NV	Zip Code:
Cargo Body Type <input type="checkbox"/> 1) Bus (Seats for 9-15 people, including driver) <input type="checkbox"/> 2) Bus (Seats for >15 people, including driver) <input type="checkbox"/> 3) Van/Enclosed Box <input type="checkbox"/> 4) Cargo Tank <input type="checkbox"/> 5) Flatbed <input type="checkbox"/> 6) Dump <input type="checkbox"/> 7) Concrete Mixer <input type="checkbox"/> 8) Auto Transporter <input type="checkbox"/> 9) Garbage/Refuse <input type="checkbox"/> 10) Grain, chips, gravel <input type="checkbox"/> 11) Pole <input type="checkbox"/> 12) Not Applicable <input type="checkbox"/> 13) Intermodal <input type="checkbox"/> 14) Logging <input type="checkbox"/> 15) Vehicle towing another vehicle <input type="checkbox"/> 98) Other		Haz-Mat ID #:	Type of Carrier	
		Hazard Classification #:	<input type="checkbox"/> 1) Intrastate <input type="checkbox"/> 2) Interstate <input type="checkbox"/> 3) Not in Commerce—Other Trucks <input type="checkbox"/> 4) Not in Commerce—Government <input type="checkbox"/> 5) Other Operation/Not Specified	
		NAS Safety Report #:		Page
		Carrier/UDSOT #:		of
				7 of 19

Event Number:		STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 11/2020			Crash Number: NLPD2201290001725		Vehicle Information				
Vehicle # 2	# Occupants 7	<input type="checkbox"/> 1) At Fault <input type="checkbox"/> 2) Non Contact Vehicle		Agency Name: North Las Vegas PD							
Direction of Travel:	<input type="checkbox"/> 1) North <input type="checkbox"/> 2) South <input checked="" type="checkbox"/> 3) East <input type="checkbox"/> 4) West <input type="checkbox"/> 5) Unknown	Roadway / Street Name: W CHEYENNE AVE			Travel Lane #: 2						
Vehicle Action: <input checked="" type="checkbox"/> 1) Straight <input type="checkbox"/> 2) Backing <input type="checkbox"/> 3) Left Turn <input type="checkbox"/> 4) Right Turn <input type="checkbox"/> 5) U-Turn <input type="checkbox"/> 6) Parked <input type="checkbox"/> 7) Wrong Way <input type="checkbox"/> 8) Stopped <input type="checkbox"/> 9) Passing <input type="checkbox"/> 10) Racing <input type="checkbox"/> 11) Leaving Parked <input type="checkbox"/> 12) Entering Lane <input type="checkbox"/> 13) Leaving Lane <input type="checkbox"/> 14) Enter Parked <input type="checkbox"/> 15) Driverless Vehicle <input type="checkbox"/> 16) Lane Change <input type="checkbox"/> 17) Negotiating a Curve <input type="checkbox"/> 18) Unknown <input type="checkbox"/> 19) Unknown <input type="checkbox"/> 20) Unknown <input type="checkbox"/> 21) Unknown <input type="checkbox"/> 22) Unknown											
Driver: (Last Name, First Name, Middle Name Suffix) ZACARIS, JOSE				Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input checked="" type="checkbox"/> 5) Other <u>DAVIS FUNERL</u> <small>Indicate Transporting Agency</small>							
Street Address: [REDACTED]				Transported To: CORONERES OFFICE							
City: NORTH LAS VEGAS		State / Country: <input checked="" type="checkbox"/> 1) NV		Zip Code: 89030		Person Type: 1	Seating Position: 1	Helmet Use: Code	Occupant Restraints: 7		
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 2) Female or Non-Binary		DOB: [REDACTED]		Phone Number: [REDACTED]		Injury Severity: K	Injury Location: 4	5	Code		
OLN: [REDACTED]		State: <input type="checkbox"/> 1) NV	Class: <input type="checkbox"/> 1) CDL <input type="checkbox"/> 2) DL	License Status: 88		Airbags: 8	Airbag Switch: 2	Ejected: 0	Trapped: 1		
Compliance: <input type="checkbox"/> 1) Restrict <input type="checkbox"/> 2) Endorse		Endorsements: Code Code Code		Restrictions: Code Code Code		Driver Factors					
Alcohol / Drug Involvement <input checked="" type="checkbox"/> 1) Not Involved <input type="checkbox"/> 2) Suspected Impairment <input type="checkbox"/> 3) Alcohol <input type="checkbox"/> 4) Drugs <input type="checkbox"/> 5) Unknown <input type="checkbox"/> 6) Marijuana		Method of Determination (check up to 2) <input type="checkbox"/> 1) Field Sobriety Test <input type="checkbox"/> 2) Evidentiary Breath <input type="checkbox"/> 3) Driver Admission <input type="checkbox"/> 4) Urine Test <input type="checkbox"/> 5) Blood Test <input type="checkbox"/> 6) Preliminary Breath Test		Test Results:		<input checked="" type="checkbox"/> 1) Apparently Normal <input type="checkbox"/> 2) Had Been Drinking <input type="checkbox"/> 3) Drug Involvement <input type="checkbox"/> 4) Apparently Fatigued / Asleep <input type="checkbox"/> 5) Obstructed View <input type="checkbox"/> 6) Driver Ill / Injured <input type="checkbox"/> 7) Other Improper Driving <input type="checkbox"/> 8) Driver Inattention / Distracted <input type="checkbox"/> 9) Physical Impairment <input type="checkbox"/> 10) Unknown					
Vehicle Year: 2013	Vehicle Make: TOYOTA	Vehicle Model: SIENNA	Vehicle Type: VAN		Vehicle Factors						
Plate / Permit No.: [REDACTED]	State: <input checked="" type="checkbox"/> 1) NV	Expiration Date: 07/22/2022	Vehicle Color: WHITE		<input type="checkbox"/> 1) Failed To Yield Right of Way <input type="checkbox"/> 2) Disregard Control Device <input type="checkbox"/> 3) Too Fast For Conditions <input type="checkbox"/> 4) Exceeding Speed Limit <input type="checkbox"/> 5) Wrong Way / Direction <input type="checkbox"/> 6) Mechanical Defects <input type="checkbox"/> 7) Drove Left of Center <input type="checkbox"/> 8) Other <input type="checkbox"/> 9) Failed to Maintain Lane <input type="checkbox"/> 10) Following Too Close <input type="checkbox"/> 11) Unsafe Lane Change <input type="checkbox"/> 12) Made Improper Turn <input type="checkbox"/> 13) Over Correct / Steering <input type="checkbox"/> 14) Other Improper Driving <input type="checkbox"/> 15) Driverless Vehicle <input type="checkbox"/> 16) Unsafe Backing <input type="checkbox"/> 17) Ran Off Road <input type="checkbox"/> 18) Hit and Run <input type="checkbox"/> 19) Road Defect <input type="checkbox"/> 20) Object Avoidance <input checked="" type="checkbox"/> 21) Unknown <input type="checkbox"/> 22) Aggressive <input type="checkbox"/> 23) Reckless / Careless						
Vehicle Identification Number: 5TDXK3DC4D5[REDACTED]				Registered Owner Name: ZACARIAS, ERLINDA <input type="checkbox"/> 1) Same As Driver							
Registered Owner Address: [REDACTED] NORTH LAS NV 89030				Insurance Company Name: PROGRESSIVE <input checked="" type="checkbox"/> 1) Insured							
Policy number: [REDACTED]		Effective: 05/26/2019		To: 07/22/2022		Insurance Company Address or Phone Number: 800-274-4499					
<input checked="" type="checkbox"/> 1) Vehicle Towed <input checked="" type="checkbox"/> 2) Towed Due to Disabling Damage		Towed By: EWING BROS TOWING Removed To: IMPOUND									
Traffic Control				Distance Traveled After Impact		Speed Estimate		Automated Vehicle		Extent of Damage	
<input checked="" type="checkbox"/> 2) Traffic Control Signal <input type="checkbox"/> 3) Flashing Traffic Control Signal <input type="checkbox"/> 4) School Zone Sign / Device <input type="checkbox"/> 5) Pedestrian Signal / Sign Device <input type="checkbox"/> 6) No Passing <input type="checkbox"/> 7) No Controls <input type="checkbox"/> 8) Warning Sign <input type="checkbox"/> 9) Other				Code: 11) Stop Sign Code: 12) Yield Sign Code: 13) Railway Crossing Sign / Device Code: 17) Chain / Snow Tire Req. Device Code: 20) Officer / Flagger <input type="checkbox"/> 19) Unknown		Feet: _____ Inches: _____ From: _____ To: _____ Limit: 50 Presence: 0 Level: 0 Engaged: 0		<input type="checkbox"/> 1) Minor <input checked="" type="checkbox"/> 2) Moderate <input type="checkbox"/> 3) Major <input type="checkbox"/> 4) Total <input type="checkbox"/> 5) None <input type="checkbox"/> 6) Unknown			
				Sequence of Events							
				Code #		Description		Collision With Fixed Object		Most Harmful Event	
				1st 214		MOTOR VEHICLE IN TRANSPORT		<input type="checkbox"/>		<input checked="" type="checkbox"/>	
				2nd				<input type="checkbox"/>		<input type="checkbox"/>	
				3rd				<input type="checkbox"/>		<input type="checkbox"/>	
				4th				<input type="checkbox"/>		<input type="checkbox"/>	
				5th				<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/> 1) NRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) CC/MC <input type="checkbox"/> 4) Pending		Violation		NOC		Citation Number					
(1)											
<input type="checkbox"/> 1) NRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) CC/MC		Violation		NOC		Citation Number					
(2)											
Investigator(s) Trevor DeSousa			ID Number 2096	Date 01/29/2022	Reviewed By Kanowell Lee		Date Reviewed 2/18/2022		Page 8 of 19		



- Damaged Areas**
- 1) Front
 - 2) Right Side
 - 3) Left Side
 - 4) Rear
 - 5) Right Front
 - 6) Right Rear
 - 7) Top
 - 8) Under Carriage
 - 9) Left Front
 - 10) Left Rear
 - 11) Unknown
 - 12) Other

Event Number:	STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 11/2020	Crash Number: NLPD2201290001725	Vehicle Information
		Agency Name: North Las Vegas PD	

Name: (Last Name, First Name, Middle Name Suffix) MEJIA BARRERA, GABRIEL				Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input checked="" type="checkbox"/> 5) Other <u>DAVIS FUNERAL</u> <small>Indicate Transporting Agency</small>			
Street Address: [REDACTED]				Transported To: CORONERS OFFICE			
City: NORTH LAS VEGAS	State / Country <input checked="" type="checkbox"/> 1) NV	Zip Code: 89030	Person Type: 2 ^{Code}	Seating Position: 4 ^{Code}	Helmet Use: 21 ^{Code}	Occupant Restraints: 7 ^{Code}	
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female or Non-Binary	DOB: [REDACTED]	Phone Number:	Injury Severity: K ^{Code}	Injury Location: 9 ^{Code}	Code	Code	Code
			Airbags: 4 ^{Code}	Airbag Switch: 4 ^{Code}	Ejected: 0 ^{Code}	Trapped: 1 ^{Code}	

Name: (Last Name, First Name, Middle Name Suffix) [REDACTED]				Transported By: <input type="checkbox"/> 1) Not Transported <input checked="" type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other <u>NLVFD</u> <small>Indicate Transporting Agency</small>			
Street Address: [REDACTED]				Transported To: UMC TRAUMA			
City: NORTH LAS VEGAS	State / Country <input checked="" type="checkbox"/> 1) NV	Zip Code: 89030	Person Type: 2 ^{Code}	Seating Position: 3 ^{Code}	Helmet Use: Code	Occupant Restraints: 7 ^{Code}	
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female or Non-Binary	DOB: [REDACTED]	Phone Number:	Injury Severity: K ^{Code}	Injury Location: 9 ^{Code}	Code	Code	Code
			Airbags: 8 ^{Code}	Airbag Switch: 2 ^{Code}	Ejected: 1 ^{Code}	Trapped: 0 ^{Code}	

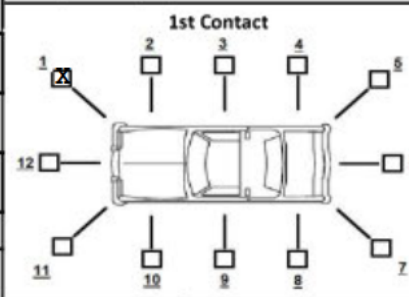
Name: (Last Name, First Name, Middle Name Suffix) [REDACTED]				Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input checked="" type="checkbox"/> 5) Other <u>DAVIS FUNERAL</u> <small>Indicate Transporting Agency</small>			
Street Address: [REDACTED]				Transported To: CORONERS OFFICE			
City: NORTH LAS VEGAS	State / Country <input checked="" type="checkbox"/> 1) NV	Zip Code: 89030	Person Type: 2 ^{Code}	Seating Position: 15 ^{Code}	Helmet Use: Code	Occupant Restraints: 14 ^{Code}	
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female or Non-Binary	DOB: [REDACTED]	Phone Number:	Injury Severity: K ^{Code}	Injury Location: 9 ^{Code}	Code	Code	Code
			Airbags: 8 ^{Code}	Airbag Switch: 2 ^{Code}	Ejected: 0 ^{Code}	Trapped: 1 ^{Code}	

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

Commercial Vehicle Configuration		<input type="checkbox"/> 1) Commercial Vehicle	
<input type="checkbox"/> 1) Passenger Car (Only if vehicle displays HM Placard) <input type="checkbox"/> 2) Light Truck (Only if vehicle displays HM Placard) <input type="checkbox"/> 3) Bus (Seats for 9-15 people, including driver) <input type="checkbox"/> 4) Bus (Seats >15 people, including driver)		<input type="checkbox"/> 5) Single-Unit Truck (2-Axle, 6-Tire) <input type="checkbox"/> 6) Single-Unit Truck (3 or more axles) <input type="checkbox"/> 7) Truck/Trailer <input type="checkbox"/> 8) Truck Tractor (Bobtail) <input type="checkbox"/> 9) Tractor/Semitrailer	
<input type="checkbox"/> 10) Tractor/Double <input type="checkbox"/> 11) Tractor/Triple <input type="checkbox"/> 99) Unknown Heavy Truck >10,000 lbs. Cannot Classify		Hazmat	
Carrier Name:		<input type="checkbox"/> 1) Hazmat Placard Displayed <input type="checkbox"/> 2) Hazmat Released <input type="checkbox"/> 3) Was release ≥ 25 gal. or 3 cubic yds.?	
Carrier Street Address:		Location of Hazmat Release, Regardless of Amount	
		<input type="checkbox"/> 1) Tractor Only <input type="checkbox"/> 2) Cargo Only <input type="checkbox"/> 3) Combination Tractor & Cargo	
		Power Unit GCWR/GVWR	
		<input type="checkbox"/> 1) ≤ 10,000 Lbs. <input type="checkbox"/> 2) 10,001 - 26,000 Lbs. <input type="checkbox"/> 3) ≥ 26,001 Lbs.	

Carrier Street Address:		City:	State <input type="checkbox"/> 1) NV	Zip Code:
Cargo Body Type <input type="checkbox"/> 1) Bus (Seats for 9-15 people, including driver) <input type="checkbox"/> 2) Bus (Seats for >15 people, including driver) <input type="checkbox"/> 3) Van/Enclosed Box <input type="checkbox"/> 4) Cargo Tank <input type="checkbox"/> 5) Flatbed <input type="checkbox"/> 6) Dump <input type="checkbox"/> 7) Concrete Mixer <input type="checkbox"/> 8) Auto Transporter <input type="checkbox"/> 9) Garbage/Refuse <input type="checkbox"/> 10) Grain, chips, gravel <input type="checkbox"/> 11) Pole <input type="checkbox"/> 12) Not Applicable <input type="checkbox"/> 13) Intermodal <input type="checkbox"/> 14) Logging <input type="checkbox"/> 15) Vehicle towing another vehicle <input type="checkbox"/> 98) Other		Haz-Mat ID #:	Type of Carrier	
		Hazard Classification #:	<input type="checkbox"/> 1) Intrastate <input type="checkbox"/> 2) Interstate <input type="checkbox"/> 3) Not in Commerce—Other Trucks <input type="checkbox"/> 4) Not in Commerce—Government <input type="checkbox"/> 5) Other Operation/Not Specified	
		NAS Safety Report #:		
		Carrier/UDSOT #:		
				Page 9 of 19

Event Number:		STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 11/2020			Crash Number: NLPD2201290001725		Vehicle Information						
Vehicle # 3	# Occupants 1	<input type="checkbox"/> 1) At Fault <input type="checkbox"/> 2) Non Contact Vehicle		Agency Name: North Las Vegas PD									
Direction of Travel: <input type="checkbox"/> 1) North <input type="checkbox"/> 2) South	<input checked="" type="checkbox"/> 3) East <input type="checkbox"/> 4) West	<input type="checkbox"/> 5) Unknown		Roadway / Street Name: W CHEYENNE AVE		Travel Lane #: 1							
Vehicle Action: <input checked="" type="checkbox"/> 1) Straight <input type="checkbox"/> 2) Backing		<input type="checkbox"/> 3) Left Turn <input type="checkbox"/> 4) Right Turn	<input type="checkbox"/> 5) U-Turn <input type="checkbox"/> 6) Parked	<input type="checkbox"/> 7) Wrong Way <input type="checkbox"/> 8) Stopped	<input type="checkbox"/> 9) Passing <input type="checkbox"/> 10) Racing	<input type="checkbox"/> 11) Leaving Parked <input type="checkbox"/> 12) Entering Lane	<input type="checkbox"/> 13) Leaving Lane <input type="checkbox"/> 15) Enter Parked	<input type="checkbox"/> 16) Driverless Vehicle <input type="checkbox"/> 17) Lane Change	<input type="checkbox"/> 19) Unknown <input type="checkbox"/> 22) Negotiating a Curve				
Driver: (Last Name, First Name, Middle Name Suffix) MAY, TIFFANI				Transported By: <input type="checkbox"/> 1) Not Transported <input checked="" type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ MEDIC WEST Agency									
Street Address: [REDACTED]				Transported To: UMC TRAUMA									
City: LAS VEGAS		State / Country NV		Zip Code: 89121		Person Type: 1	Seating Position: 1 Code	Helmet Use: Code	Occupant Restraints: 7 Code				
<input type="checkbox"/> 1) Male <input checked="" type="checkbox"/> 2) Female or Non-Binary		DOB: [REDACTED]		Phone Number: [REDACTED]		Injury Severity: B Code	Injury Location: 3 Code	7 Code	Code				
OLN: [REDACTED]		State NV	Class: <input checked="" type="checkbox"/> 1) NV <input checked="" type="checkbox"/> 2) DL	License Status 0 Code	Airbags: 3 Code	Airbag Switch: 2 Code	Ejected: 0 Code	Trapped: 2 Code					
Compliance: <input type="checkbox"/> 1) Restrict <input type="checkbox"/> 2) Endorse		Endorsements Code Code Code		Restrictions Code Code Code		Driver Factors							
Alcohol / Drug Involvement <input type="checkbox"/> 1) Not Involved <input type="checkbox"/> 2) Suspected Impairment <input type="checkbox"/> 3) Alcohol <input type="checkbox"/> 5) Unknown		Method of Determination (check up to 2) <input type="checkbox"/> 1) Field Sobriety Test <input type="checkbox"/> 2) Evidentiary Breath <input type="checkbox"/> 3) Driver Admission		<input type="checkbox"/> 4) Urine Test <input type="checkbox"/> 5) Blood Test <input type="checkbox"/> 6) Preliminary Breath Test		<input checked="" type="checkbox"/> 1) Apparently Normal <input type="checkbox"/> 2) Had Been Drinking <input type="checkbox"/> 3) Drug Involvement <input type="checkbox"/> 4) Apparently Fatigued / Asleep <input type="checkbox"/> 5) Obstructed View <input type="checkbox"/> 6) Driver Ill / Injured <input type="checkbox"/> 7) Other Improper Driving <input type="checkbox"/> 8) Driver Inattention / Distracted <input type="checkbox"/> 9) Physical Impairment <input type="checkbox"/> 10) Unknown							
Vehicle Year: 2016	Vehicle Make: FORD	Vehicle Model: FUSION ENERGI	Vehicle Type: SEDAN 4-		Vehicle Factors								
Plate / Permit No.: [REDACTED]	State GA	Expiration Date: 05/09/2022	Vehicle Color: WHITE		<input type="checkbox"/> 1) Failed To Yield Right of Way <input type="checkbox"/> 2) Disregard Control Device <input type="checkbox"/> 3) Too Fast For Conditions <input type="checkbox"/> 4) Exceeding Speed Limit <input type="checkbox"/> 5) Wrong Way / Direction <input type="checkbox"/> 6) Mechanical Defects <input type="checkbox"/> 7) Drove Left of Center <input type="checkbox"/> 8) Other <input type="checkbox"/> 9) Failed to Maintain Lane <input type="checkbox"/> 10) Following Too Close <input type="checkbox"/> 11) Unsafe Lane Change <input type="checkbox"/> 12) Made Improper Turn <input type="checkbox"/> 13) Over Correct / Steering <input type="checkbox"/> 14) Other Improper Driving <input type="checkbox"/> 16) Driverless Vehicle <input type="checkbox"/> 17) Unsafe Backing <input type="checkbox"/> 18) Ran Off Road <input type="checkbox"/> 19) Hit and Run <input type="checkbox"/> 20) Road Defect <input type="checkbox"/> 21) Object Avoidance <input checked="" type="checkbox"/> 22) Unknown <input type="checkbox"/> 28) Aggressive <input type="checkbox"/> 29) Reckless / Careless								
Vehicle Identification Number: 3FA6P0PU2G[REDACTED]				Registered Owner Name: NOEL, CHRISTOPHER BRANDON <input type="checkbox"/> 1) Same As Driver									
Registered Owner Address: [REDACTED] COVINGTON GA 30016				Insurance Company Name: USAA <input checked="" type="checkbox"/> 1) Insured									
Policy number: [REDACTED]		Effective: 03/20/2021		To: 03/20/2022		Insurance Company Address or Phone Number: 800-531-8722							
<input checked="" type="checkbox"/> 1) Vehicle Towed <input checked="" type="checkbox"/> 2) Towed Due to Disabling Damage		Towed By: EWING BROS TOWING Removed To: IMPOUND											
Traffic Control				Distance Traveled After Impact		Speed Estimate		Automated Vehicle		Extent of Damage			
<input checked="" type="checkbox"/> 2) Traffic Control Signal <input type="checkbox"/> 3) Flashing Traffic Control Signal <input type="checkbox"/> 4) School Zone Sign / Device <input type="checkbox"/> 5) Pedestrian Signal / Sign Device <input type="checkbox"/> 6) No Passing <input type="checkbox"/> 7) No Controls <input type="checkbox"/> 8) Warning Sign <input type="checkbox"/> 10) Other				Feet Inches		From To Limit		Presence Level Engaged		<input type="checkbox"/> 1) Minor <input checked="" type="checkbox"/> 2) Moderate <input type="checkbox"/> 3) Major <input type="checkbox"/> 4) Total <input type="checkbox"/> 5) None <input type="checkbox"/> 6) Unknown			
<input type="checkbox"/> 11) Stop Sign <input type="checkbox"/> 12) Yield Sign <input type="checkbox"/> 13) Railway Crossing Sign / Device <input type="checkbox"/> 17) Chain / Snow Tire Req. Device <input type="checkbox"/> 20) Officer / Flagger <input type="checkbox"/> 19) Unknown						50		0 0					
				Sequence of Events									
				Code #		Description				Collision With Fixed Object		Most Harmful Event	
				1st 214		MOTOR VEHICLE IN TRANSPORT				<input type="checkbox"/>		<input checked="" type="checkbox"/>	
				2nd						<input type="checkbox"/>		<input type="checkbox"/>	
				3rd						<input type="checkbox"/>		<input type="checkbox"/>	
				4th						<input type="checkbox"/>		<input type="checkbox"/>	
				5th						<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/> 1) NRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) CC/MC <input type="checkbox"/> 4) Pending		Violation		NOC		Citation Number							
(1)													
<input type="checkbox"/> 1) NRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) CC/MC		Violation		NOC		Citation Number							
(2)													
Investigator(s) Trevor DeSousa		ID Number 2096		Date 01/29/2022		Reviewed By Kanowell Lee		Date Reviewed 2/18/2022		Page 10 of 19			



- Damaged Areas**
- 1) Front
 - 2) Right Side
 - 3) Left Side
 - 4) Rear
 - 5) Right Front
 - 6) Right Rear
 - 7) Top
 - 8) Under Carriage
 - 9) Left Front
 - 10) Left Rear
 - 11) Unknown
 - 12) Other

Event Number:	STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 11/2020	Crash Number: NLPD2201290001725 Agency Name: North Las Vegas PD	Vehicle Information
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Name: (Last Name, First Name, Middle Name Suffix)		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ <small>Indicate Transporting Agency</small>	
Street Address:		Transported To:	
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type: Code Seating Position: Code Helmet Use: Code Occupant Restraints: Code
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown	DOB:	Phone Number:	Injury Severity: Code Injury Location: Code Code Code
<input type="checkbox"/> 2) Female or Non-Binary			Airbags: Code Airbag Switch: Code Ejected: Code Trapped: Code

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

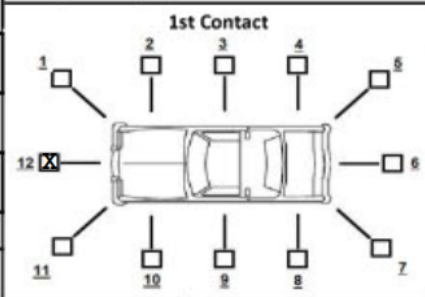
Name: (Last Name, First Name, Middle Name Suffix)		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ <small>Indicate Transporting Agency</small>	
Street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

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

Commercial Vehicle Configuration		<input type="checkbox"/> 1) Commercial Vehicle	
<input type="checkbox"/> 1) Passenger Car (Only if vehicle displays HM Placard) <input type="checkbox"/> 2) Light Truck (Only if vehicle displays HM Placard) <input type="checkbox"/> 3) Bus (Seats for 9-15 people, including driver) <input type="checkbox"/> 4) Bus (Seats >15 people, including driver)	<input type="checkbox"/> 5) Single-Unit Truck (2-Axle, 6-Tire) <input type="checkbox"/> 6) Single-Unit Truck (3 or more axles) <input type="checkbox"/> 7) Truck/Trailer <input type="checkbox"/> 8) Truck Tractor (Bobtail) <input type="checkbox"/> 9) Tractor/Semitrailer	<input type="checkbox"/> 10) Tractor/Double <input type="checkbox"/> 11) Tractor/Triple <input type="checkbox"/> 99) Unknown Heavy Truck >10,000 lbs. Cannot Classify	Hazmat <input type="checkbox"/> 1) Hazmat Placard Displayed <input type="checkbox"/> 2) Hazmat Released <input type="checkbox"/> 3) Was release ≥ 25 gal. or 3 cubic yds.? Location of Hazmat Release, Regardless of Amount <input type="checkbox"/> 1) Tractor Only <input type="checkbox"/> 3) Combination Tractor & Cargo <input type="checkbox"/> 2) Cargo Only
Carrier Name:		Power Unit GCWR/GVWR	
		<input type="checkbox"/> 1) ≤ 10,000 Lbs. <input type="checkbox"/> 2) 10,001 - 26,000 Lbs. <input type="checkbox"/> 3) ≥ 26,001 Lbs.	
Carrier Street Address:		City:	State <input type="checkbox"/> 1) NV Zip Code:

Cargo Body Type <input type="checkbox"/> 1) Bus (Seats for 9-15 people, including driver) <input type="checkbox"/> 2) Bus (Seats for >15 people, including driver) <input type="checkbox"/> 3) Van/Enclosed Box <input type="checkbox"/> 4) Cargo Tank <input type="checkbox"/> 5) Flatbed <input type="checkbox"/> 6) Dump <input type="checkbox"/> 7) Concrete Mixer <input type="checkbox"/> 8) Auto Transporter <input type="checkbox"/> 9) Garbage/Refuse <input type="checkbox"/> 10) Grain, chips, gravel <input type="checkbox"/> 11) Pole <input type="checkbox"/> 12) Not Applicable <input type="checkbox"/> 13) Intermodal <input type="checkbox"/> 14) Logging <input type="checkbox"/> 15) Vehicle towing another vehicle <input type="checkbox"/> 98) Other	Haz-Mat ID #:	Type of Carrier	NAS Safety Report #:
	Hazard Classification #:	<input type="checkbox"/> 1) Intrastate <input type="checkbox"/> 2) Interstate <input type="checkbox"/> 3) Not in Commerce—Other Trucks <input type="checkbox"/> 4) Not in Commerce—Government <input type="checkbox"/> 5) Other Operation/Not Specified	Carrier/UDSOT #:
			Page 11 of 19

Event Number:		STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 11/2020			Crash Number: NLPD2201290001725		Vehicle Information				
Vehicle # 4	# Occupants 2	<input type="checkbox"/> 1) At Fault <input type="checkbox"/> 2) Non Contact Vehicle		Agency Name: North Las Vegas PD							
Direction of Travel: <input type="checkbox"/> 1) North <input type="checkbox"/> 2) South	<input type="checkbox"/> 3) East <input checked="" type="checkbox"/> 4) West <input type="checkbox"/> 5) Unknown	Roadway / Street Name: W CHEYENNE AVE				Travel Lane #: 1					
Vehicle Action: <input checked="" type="checkbox"/> 1) Straight <input type="checkbox"/> 2) Backing		<input type="checkbox"/> 3) Left Turn <input type="checkbox"/> 4) Right Turn	<input type="checkbox"/> 5) U-Turn <input type="checkbox"/> 6) Parked	<input type="checkbox"/> 7) Wrong Way <input type="checkbox"/> 8) Stopped	<input type="checkbox"/> 9) Passing <input type="checkbox"/> 10) Racing	<input type="checkbox"/> 11) Leaving Parked <input type="checkbox"/> 12) Entering Lane	<input type="checkbox"/> 13) Leaving Lane <input type="checkbox"/> 15) Enter Parked	<input type="checkbox"/> 16) Driverless Vehicle <input type="checkbox"/> 17) Lane Change	<input type="checkbox"/> 19) Unknown <input type="checkbox"/> 22) Negotiating a Curve		
Driver: (Last Name, First Name, Middle Name Suffix) HOOKER, DAEMIAN DAIMONTE				Transported By: <input checked="" type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ Indicate Transporting Agency							
Street Address: [REDACTED]				Transported To:							
City: LAS VEGAS		State / Country: <input checked="" type="checkbox"/> 1) NV NV		Zip Code: 89115		Person Type: 1	Seating Position: 1 Code	Helmet Use: Code	Occupant Restraints: 7 Code		
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 2) Female or Non-Binary		DOB: [REDACTED]		Phone Number: [REDACTED]		Injury Severity: 0 Code	Injury Location: Code	Code	Code		
OLN: [REDACTED]		State: NV	<input checked="" type="checkbox"/> 1) NV <input checked="" type="checkbox"/> 2) DL	Class: C	<input type="checkbox"/> 1) CDL <input type="checkbox"/> 2) DL	License Status: 0 Code	Airbags: 3 Code	Airbag Switch: 2 Code	Ejected: 0 Code	Trapped: 0 Code	
Compliance: <input type="checkbox"/> 1) Restrict <input type="checkbox"/> 2) Endorse		Endorsements: Code Code Code		Restrictions: Code Code Code		Driver Factors: <input checked="" type="checkbox"/> 1) Apparently Normal <input type="checkbox"/> 2) Had Been Drinking <input type="checkbox"/> 3) Drug Involvement <input type="checkbox"/> 4) Apparently Fatigued / Asleep <input type="checkbox"/> 5) Obstructed View <input type="checkbox"/> 6) Driver Ill / Injured <input type="checkbox"/> 7) Other Improper Driving <input type="checkbox"/> 8) Driver Inattention / Distracted <input type="checkbox"/> 9) Physical Impairment <input type="checkbox"/> 10) Unknown					
Alcohol / Drug Involvement: <input checked="" type="checkbox"/> 1) Not Involved <input type="checkbox"/> 2) Suspected Impairment <input type="checkbox"/> 3) Alcohol <input type="checkbox"/> 5) Unknown		Method of Determination (check up to 2): <input type="checkbox"/> 1) Field Sobriety Test <input type="checkbox"/> 2) Evidentiary Breath <input type="checkbox"/> 3) Driver Admission		Test Results: <input type="checkbox"/> 4) Urine Test <input type="checkbox"/> 5) Blood Test <input type="checkbox"/> 6) Preliminary Breath Test		Vehicle Factors: <input type="checkbox"/> 1) Failed To Yield Right of Way <input type="checkbox"/> 2) Disregard Control Device <input type="checkbox"/> 3) Too Fast For Conditions <input type="checkbox"/> 4) Exceeding Speed Limit <input type="checkbox"/> 5) Wrong Way / Direction <input type="checkbox"/> 6) Mechanical Defects <input type="checkbox"/> 7) Drove Left of Center <input type="checkbox"/> 8) Other _____ <input type="checkbox"/> 9) Failed to Maintain Lane <input type="checkbox"/> 10) Following Too Close <input type="checkbox"/> 11) Unsafe Lane Change <input type="checkbox"/> 12) Made Improper Turn <input type="checkbox"/> 13) Over Correct / Steering <input type="checkbox"/> 14) Other Improper Driving <input type="checkbox"/> 16) Driverless Vehicle <input type="checkbox"/> 17) Unsafe Backing <input type="checkbox"/> 18) Ran Off Road <input type="checkbox"/> 19) Hit and Run <input type="checkbox"/> 20) Road Defect <input type="checkbox"/> 21) Object Avoidance <input checked="" type="checkbox"/> 22) Unknown <input type="checkbox"/> 28) Aggressive <input type="checkbox"/> 29) Reckless / Careless					
Vehicle Year: 2005	Vehicle Make: CHEVROLET	Vehicle Model: MALIBU	Vehicle Type: SEDAN 4 -								
Plate / Permit No.: [REDACTED]	State: NV	<input checked="" type="checkbox"/> 1) NV	Expiration Date: 11/20/2022	Vehicle Color: TAN							
Vehicle Identification Number: 1G1ZT54845F [REDACTED]											
Registered Owner Name: KEYES, MEGHAN <input type="checkbox"/> 1) Same As Driver											
Registered Owner Address: [REDACTED] LAS VEGAS NV 89108											
Insurance Company Name: PROGRESSIVE <input checked="" type="checkbox"/> 1) Insured											
Policy number: [REDACTED]		Effective: 11/10/2021		To: 01/01/2022							
Insurance Company Address or Phone Number: 800-274-4499											
<input checked="" type="checkbox"/> 1) Vehicle Towed <input checked="" type="checkbox"/> 2) Towed Due to Disabling Damage		Towed By: EWING BROS TOWING		Removed To: IMPOUND							
Traffic Control: <input checked="" type="checkbox"/> 2) Traffic Control Signal <input type="checkbox"/> 3) Flashing Traffic Control Signal <input type="checkbox"/> 4) School Zone Sign / Device <input type="checkbox"/> 5) Pedestrian Signal / Sign Device <input type="checkbox"/> 6) No Passing <input type="checkbox"/> 7) No Controls <input type="checkbox"/> 8) Warning Sign <input type="checkbox"/> 10) Other _____				Distance Traveled After Impact: Feet _____ Inches _____		Speed Estimate: From _____ To _____ Limit 50		Automated Vehicle: Presence 0 Level 0 Engaged 0		Extent of Damage: <input type="checkbox"/> 1) Minor <input checked="" type="checkbox"/> 2) Moderate <input type="checkbox"/> 3) Major <input type="checkbox"/> 4) Total <input type="checkbox"/> 5) None <input type="checkbox"/> 6) Unknown	
				Code #		Description		Collision With Fixed Object	Most Harmful Event		
				1st 214		MOTOR VEHICLE IN TRANSPORT		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
				2nd				<input type="checkbox"/>	<input type="checkbox"/>		
				3rd				<input type="checkbox"/>	<input type="checkbox"/>		
				4th				<input type="checkbox"/>	<input type="checkbox"/>		
				5th				<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> 1) NRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) CC/MC <input type="checkbox"/> 4) Pending		Violation		NOC		Citation Number					
(1)											
<input type="checkbox"/> 1) NRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) CC/MC		Violation		NOC		Citation Number					
(2)											
Investigator(s) Trevor DeSousa		ID Number 2096	Date 01/29/2022	Reviewed By Kanowell Lee		Date Reviewed 2/18/2022		Page 12 of 19			



- Damaged Areas
- 1) Front
 - 2) Right Side
 - 3) Left Side
 - 4) Rear
 - 5) Right Front
 - 6) Right Rear
 - 7) Top
 - 8) Under Carriage
 - 9) Left Front
 - 10) Left Rear
 - 11) Unknown
 - 12) Other

Event Number:	STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 11/2020	Crash Number: NLPD2201290001725 Agency Name: North Las Vegas PD	Vehicle Information
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Name: (Last Name, First Name, Middle Name Suffix) KEYES, MEGHAN DANIELLE				Transported By: <input checked="" type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ <small>Indicate Transporting Agency</small>			
Street Address: [REDACTED]				Transported To:			
City: PICO RIVERA	State / Country <input type="checkbox"/> 1) NV CA	Zip Code:	Person Type: 2 <small>Code</small>	Seating Position: 3 <small>Code</small>	Helmet Use: <small>Code</small>	Occupant Restraints: 7 <small>Code</small>	
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input checked="" type="checkbox"/> 2) Female or Non-Binary	DOB: [REDACTED]	Phone Number:	Injury Severity: 0 <small>Code</small>	Injury Location: <small>Code</small>	<small>Code</small>	<small>Code</small>	
			Airbags: 3 <small>Code</small>	Airbag Switch: 2 <small>Code</small>	Ejected: 0 <small>Code</small>	Trapped: 0 <small>Code</small>	

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

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

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

Commercial Vehicle Configuration		<input type="checkbox"/> 1) Commercial Vehicle	
<input type="checkbox"/> 1) Passenger Car (Only if vehicle displays HM Placard) <input type="checkbox"/> 2) Light Truck (Only if vehicle displays HM Placard) <input type="checkbox"/> 3) Bus (Seats for 9-15 people, including driver) <input type="checkbox"/> 4) Bus (Seats >15 people, including driver)		<input type="checkbox"/> 5) Single-Unit Truck (2-Axle, 6-Tire) <input type="checkbox"/> 6) Single-Unit Truck (3 or more axles) <input type="checkbox"/> 7) Truck/Trailer <input type="checkbox"/> 8) Truck Tractor (Bobtail) <input type="checkbox"/> 9) Tractor/Semitrailer	
<input type="checkbox"/> 10) Tractor/Double <input type="checkbox"/> 11) Tractor/Triple <input type="checkbox"/> 99) Unknown Heavy Truck >10,000 lbs. Cannot Classify		Hazmat	
Carrier Name:		<input type="checkbox"/> 1) Hazmat Placard Displayed <input type="checkbox"/> 2) Hazmat Released <input type="checkbox"/> 3) Was release ≥ 25 gal. or 3 cubic yds.?	
Carrier Street Address:		Location of Hazmat Release, Regardless of Amount	
		<input type="checkbox"/> 1) Tractor Only <input type="checkbox"/> 2) Cargo Only <input type="checkbox"/> 3) Combination Tractor & Cargo	
		Power Unit GCWR/GVWR	
		<input type="checkbox"/> 1) ≤ 10,000 Lbs. <input type="checkbox"/> 2) 10,001 - 26,000 Lbs. <input type="checkbox"/> 3) ≥ 26,001 Lbs.	
		City:	State <input type="checkbox"/> 1) NV Zip Code:

<input type="checkbox"/> 1) Bus (Seats for 9-15 people, including driver) <input type="checkbox"/> 2) Bus (Seats for >15 people, including driver) <input type="checkbox"/> 3) Van/Enclosed Box <input type="checkbox"/> 4) Cargo Tank <input type="checkbox"/> 5) Flatbed		Cargo Body Type <input type="checkbox"/> 6) Dump <input type="checkbox"/> 7) Concrete Mixer <input type="checkbox"/> 8) Auto Transporter <input type="checkbox"/> 9) Garbage/Refuse <input type="checkbox"/> 10) Grain, chips, gravel <input type="checkbox"/> 11) Pole		<input type="checkbox"/> 12) Not Applicable <input type="checkbox"/> 13) Intermodal <input type="checkbox"/> 14) Logging <input type="checkbox"/> 15) Vehicle towing another vehicle <input type="checkbox"/> 98) Other		Haz-Mat ID #: Hazard Classification #:		Type of Carrier <input type="checkbox"/> 1) Intrastate <input type="checkbox"/> 2) Interstate <input type="checkbox"/> 3) Not in Commerce—Other Trucks <input type="checkbox"/> 4) Not in Commerce—Government <input type="checkbox"/> 5) Other Operation/Not Specified		NAS Safety Report #: Carrier/UDSOT #:	
Page 13 of 19											

Event Number:		STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 11/2020			Crash Number: NLPD2201290001725		Vehicle Information									
Vehicle # 5	# Occupants 1	<input type="checkbox"/> 1) At Fault <input type="checkbox"/> 2) Non Contact Vehicle		Agency Name: North Las Vegas PD												
Direction of Travel:	<input type="checkbox"/> 1) North <input type="checkbox"/> 2) South	<input type="checkbox"/> 3) East <input checked="" type="checkbox"/> 4) West	<input type="checkbox"/> 5) Unknown	Roadway / Street Name: W CHEYENNE AVE			Travel Lane #: 2									
Vehicle Action: <input checked="" type="checkbox"/> 1) Straight <input type="checkbox"/> 2) Backing <input type="checkbox"/> 3) Left Turn <input type="checkbox"/> 4) Right Turn <input type="checkbox"/> 5) U-Turn <input type="checkbox"/> 6) Parked <input type="checkbox"/> 7) Wrong Way <input type="checkbox"/> 8) Stopped <input type="checkbox"/> 9) Passing <input type="checkbox"/> 10) Racing <input type="checkbox"/> 11) Leaving Parked <input type="checkbox"/> 12) Entering Lane <input type="checkbox"/> 13) Leaving Lane <input type="checkbox"/> 14) Enter Parked <input type="checkbox"/> 15) Driverless Vehicle <input type="checkbox"/> 16) Lane Change <input type="checkbox"/> 17) Negotiating a Curve <input type="checkbox"/> 18) Unknown <input type="checkbox"/> 19) Unknown <input type="checkbox"/> 20) Unknown <input type="checkbox"/> 21) Unknown <input type="checkbox"/> 22) Unknown																
Driver: (Last Name, First Name, Middle Name Suffix) CARBALLO, YUNIEL				Transported By: <input checked="" type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ Indicate Transporting Agency												
Street Address: [REDACTED]				Transported To:												
City: LAS VEGAS		State / Country NV		Zip Code: 89107		Person Type: 1	Seating Position: 1 Code	Helmet Use: 2 Code	Occupant Restraints: 7 Code							
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 2) Female or Non-Binary		DOB: [REDACTED]		Phone Number: [REDACTED]		Injury Severity: B Code	Injury Location: 2 Code	Code	Code							
OLN: [REDACTED]		State NV	<input checked="" type="checkbox"/> 1) NV	Class: C	<input type="checkbox"/> 1) CDL <input checked="" type="checkbox"/> 2) DL	License Status 0 Code		Airbags: 4 Code	Airbag Switch: 4 Code	Ejected: 0 Code	Trapped: 0 Code					
Compliance: <input type="checkbox"/> 1) Restrict <input type="checkbox"/> 2) Endorse		Endorsements Code Code Code		Restrictions Code Code Code		Driver Factors										
Alcohol / Drug Involvement <input checked="" type="checkbox"/> 1) Not Involved <input type="checkbox"/> 2) Suspected Impairment <input type="checkbox"/> 3) Alcohol <input type="checkbox"/> 4) Drugs <input type="checkbox"/> 5) Unknown <input type="checkbox"/> 6) Marijuana		Method of Determination (check up to 2) <input type="checkbox"/> 1) Field Sobriety Test <input type="checkbox"/> 2) Evidentiary Breath <input type="checkbox"/> 3) Driver Admission <input type="checkbox"/> 4) Urine Test <input type="checkbox"/> 5) Blood Test <input type="checkbox"/> 6) Preliminary Breath Test		Test Results:		<input checked="" type="checkbox"/> 1) Apparently Normal <input type="checkbox"/> 2) Had Been Drinking <input type="checkbox"/> 3) Drug Involvement <input type="checkbox"/> 4) Apparently Fatigued / Asleep <input type="checkbox"/> 5) Obstructed View	<input type="checkbox"/> 6) Driver Ill / Injured <input type="checkbox"/> 7) Other Improper Driving <input type="checkbox"/> 8) Driver Inattention / Distracted <input type="checkbox"/> 9) Physical Impairment <input type="checkbox"/> 10) Unknown									
Vehicle Year: 2016	Vehicle Make: HYUNDAI	Vehicle Model: TUCSON	Vehicle Type: HATCHBACK		Vehicle Identification Number: KM8J33A44GU [REDACTED]	Registered Owner Name: CARBALLO, YUNIEL <input type="checkbox"/> 1) Same As Driver	Registered Owner Address: [REDACTED] LAS VEGAS NV 89128	Insurance Company Name: GEICO <input checked="" type="checkbox"/> 1) Insured	Policy number: [REDACTED]	Effective: 12/21/2017	To: 01/27/2022	Insurance Company Address or Phone Number: 800-861-8380				
Vehicle Year:	Vehicle Make:	Vehicle Model:	Vehicle Type:	Plate / Permit No.:	State NV	Expiration Date: 01/27/2022	Vehicle Color: WHITE	Vehicle Identification Number:	Registered Owner Name:	Registered Owner Address:	Insurance Company Name:	Policy number:	Effective:	To:	Insurance Company Address or Phone Number:	
<input checked="" type="checkbox"/> 1) Vehicle Towed	<input checked="" type="checkbox"/> 2) Towed Due to Disabling Damage	Towed By: EWING BROS TOWING	Removed To: IMPOUND	1st Contact	Damaged Areas	Extent of Damage	Sequence of Events	Violation	NOC	Citation Number	Investigator(s)	ID Number	Date	Reviewed By	Date Reviewed	Page
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Trevor DeSousa	2096	01/29/2022	Kanowell Lee	2/18/2022	14 of 19

Event Number:	STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 11/2020	Crash Number: NLPD2201290001725 Agency Name: North Las Vegas PD	Vehicle Information
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Name: (Last Name, First Name, Middle Name Suffix)		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ <small>Indicate Transporting Agency</small>	
Street Address:		Transported To:	
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type: Code Seating Position: Code Helmet Use: Code Occupant Restraints: Code
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown	DOB:	Phone Number:	Injury Severity: Code Injury Location: Code Code Code
<input type="checkbox"/> 2) Female or Non-Binary			Airbags: Code Airbag Switch: Code Ejected: Code Trapped: Code

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

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

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

Commercial Vehicle Configuration		<input type="checkbox"/> 1) Commercial Vehicle	
<input type="checkbox"/> 1) Passenger Car (Only if vehicle displays HM Placard) <input type="checkbox"/> 2) Light Truck (Only if vehicle displays HM Placard) <input type="checkbox"/> 3) Bus (Seats for 9-15 people, including driver) <input type="checkbox"/> 4) Bus (Seats >15 people, including driver)	<input type="checkbox"/> 5) Single-Unit Truck (2-Axle, 6-Tire) <input type="checkbox"/> 6) Single-Unit Truck (3 or more axles) <input type="checkbox"/> 7) Truck/Trailer <input type="checkbox"/> 8) Truck Tractor (Bobtail) <input type="checkbox"/> 9) Tractor/Semitrailer	<input type="checkbox"/> 10) Tractor/Double <input type="checkbox"/> 11) Tractor/Triple <input type="checkbox"/> 99) Unknown Heavy Truck >10,000 lbs. Cannot Classify	Hazmat <input type="checkbox"/> 1) Hazmat Placard Displayed <input type="checkbox"/> 2) Hazmat Released <input type="checkbox"/> 3) Was release ≥ 25 gal. or 3 cubic yds.? Location of Hazmat Release, Regardless of Amount <input type="checkbox"/> 1) Tractor Only <input type="checkbox"/> 3) Combination Tractor & Cargo <input type="checkbox"/> 2) Cargo Only
Carrier Name:		Power Unit GCWR/GVWR	
		<input type="checkbox"/> 1) ≤ 10,000 Lbs. <input type="checkbox"/> 2) 10,001 - 26,000 Lbs. <input type="checkbox"/> 3) ≥ 26,001 Lbs.	
Carrier Street Address:		City:	State <input type="checkbox"/> 1) NV Zip Code:

Cargo Body Type <input type="checkbox"/> 1) Bus (Seats for 9-15 people, including driver) <input type="checkbox"/> 2) Bus (Seats for >15 people, including driver) <input type="checkbox"/> 3) Van/Enclosed Box <input type="checkbox"/> 4) Cargo Tank <input type="checkbox"/> 5) Flatbed <input type="checkbox"/> 6) Dump <input type="checkbox"/> 7) Concrete Mixer <input type="checkbox"/> 8) Auto Transporter <input type="checkbox"/> 9) Garbage/Refuse <input type="checkbox"/> 10) Grain, chips, gravel <input type="checkbox"/> 11) Pole <input type="checkbox"/> 12) Not Applicable <input type="checkbox"/> 13) Intermodal <input type="checkbox"/> 14) Logging <input type="checkbox"/> 15) Vehicle towing another vehicle <input type="checkbox"/> 98) Other	Haz-Mat ID #:	Type of Carrier	NAS Safety Report #:
	Hazard Classification #:	<input type="checkbox"/> 1) Intrastate <input type="checkbox"/> 2) Interstate <input type="checkbox"/> 3) Not in Commerce—Other Trucks <input type="checkbox"/> 4) Not in Commerce—Government <input type="checkbox"/> 5) Other Operation/Not Specified	Carrier/UDSOT #:
			Page 15 of 19

Event Number:		STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 11/2020			Crash Number: NLPD2201290001725		Vehicle Information				
Vehicle # 6	# Occupants 2	<input type="checkbox"/> 1) At Fault <input type="checkbox"/> 2) Non Contact Vehicle		Agency Name: North Las Vegas PD							
Direction of Travel: <input type="checkbox"/> 1) North <input type="checkbox"/> 2) South	<input type="checkbox"/> 3) East <input checked="" type="checkbox"/> 4) West <input type="checkbox"/> 5) Unknown	Roadway / Street Name: W CHEYENNE AVE			Travel Lane #: 3						
Vehicle Action: <input checked="" type="checkbox"/> 1) Straight <input type="checkbox"/> 2) Backing <input type="checkbox"/> 3) Left Turn <input type="checkbox"/> 4) Right Turn <input type="checkbox"/> 5) U-Turn <input type="checkbox"/> 6) Parked <input type="checkbox"/> 7) Wrong Way <input type="checkbox"/> 8) Stopped <input type="checkbox"/> 9) Passing <input type="checkbox"/> 10) Racing <input type="checkbox"/> 11) Leaving Parked <input type="checkbox"/> 12) Entering Lane <input type="checkbox"/> 13) Leaving Lane <input type="checkbox"/> 14) Enter Parked <input type="checkbox"/> 15) Driverless Vehicle <input type="checkbox"/> 16) Lane Change <input type="checkbox"/> 17) Unknown <input type="checkbox"/> 18) Negotiating a Curve <input type="checkbox"/> 19) Unknown <input type="checkbox"/> 20) Negotiating a Curve											
Driver: (Last Name, First Name, Middle Name Suffix) MORA, OSVALDO ALEXI				Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ Indicate Transporting Agency							
Street Address: [REDACTED]				Transported To:							
City: LAS VEGAS		State / Country: NV		Zip Code: 89101		Person Type: 1	Seating Position: 1	Helmet Use: 2	Occupant Restraints: 7		
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 2) Female or Non-Binary		DOB: [REDACTED]		Phone Number: [REDACTED]		Injury Severity: N	Injury Location: Code	Code	Code		
OLN: [REDACTED]		State: NV		Class: C	<input type="checkbox"/> 1) CDL <input checked="" type="checkbox"/> 2) DL	License Status: 0		Airbags: 2	Airbag Switch: 4	Ejected: 0	Trapped: 0
Compliance: <input type="checkbox"/> 1) Restrict <input type="checkbox"/> 2) Endorse		Endorsements: Code Code Code		Restrictions: Code Code Code		Driver Factors					
Alcohol / Drug Involvement <input checked="" type="checkbox"/> 1) Not Involved <input type="checkbox"/> 2) Suspected Impairment <input type="checkbox"/> 3) Alcohol <input type="checkbox"/> 4) Drugs <input type="checkbox"/> 5) Unknown <input type="checkbox"/> 6) Marijuana		Method of Determination (check up to 2) <input type="checkbox"/> 1) Field Sobriety Test <input type="checkbox"/> 2) Evidentiary Breath <input type="checkbox"/> 3) Driver Admission <input type="checkbox"/> 4) Urine Test <input type="checkbox"/> 5) Blood Test <input type="checkbox"/> 6) Preliminary Breath Test		Test Results:		<input checked="" type="checkbox"/> 1) Apparently Normal <input type="checkbox"/> 2) Had Been Drinking <input type="checkbox"/> 3) Drug Involvement <input type="checkbox"/> 4) Apparently Fatigued / Asleep <input type="checkbox"/> 5) Obstructed View <input type="checkbox"/> 6) Driver Ill / Injured <input type="checkbox"/> 7) Other Improper Driving <input type="checkbox"/> 8) Driver Inattention / Distracted <input type="checkbox"/> 9) Physical Impairment <input type="checkbox"/> 10) Unknown					
Vehicle Year: 2021		Vehicle Make: MERCEDES-BENZ		Vehicle Model: GLE 350		Vehicle Type: HATCHBACK		Vehicle Factors			
Plate / Permit No.: [REDACTED]		State: NV		Expiration Date: 09/15/2022		Vehicle Color: WHITE		<input type="checkbox"/> 1) Failed To Yield Right of Way <input type="checkbox"/> 2) Disregard Control Device <input type="checkbox"/> 3) Too Fast For Conditions <input type="checkbox"/> 4) Exceeding Speed Limit <input type="checkbox"/> 5) Wrong Way / Direction <input type="checkbox"/> 6) Mechanical Defects <input type="checkbox"/> 7) Drove Left of Center <input type="checkbox"/> 8) Other _____ <input type="checkbox"/> 9) Failed to Maintain Lane <input type="checkbox"/> 10) Following Too Close <input type="checkbox"/> 11) Unsafe Lane Change <input type="checkbox"/> 12) Made Improper Turn <input type="checkbox"/> 13) Over Correct / Steering <input type="checkbox"/> 14) Other Improper Driving <input type="checkbox"/> 15) Driverless Vehicle <input type="checkbox"/> 16) Unsafe Backing <input type="checkbox"/> 17) Ran Off Road <input type="checkbox"/> 18) Hit and Run <input type="checkbox"/> 19) Road Defect <input type="checkbox"/> 20) Object Avoidance <input checked="" type="checkbox"/> 21) Unknown <input type="checkbox"/> 22) Aggressive <input type="checkbox"/> 23) Reckless / Careless			
Vehicle Identification Number: 4JGFB4KB1MA [REDACTED]				Registered Owner Name: MORA, OSVALDO ALEXI <input type="checkbox"/> 1) Same As Driver				Registered Owner Address: [REDACTED] LAS VEGAS NV 89101			
Insurance Company Name: FARMERS <input checked="" type="checkbox"/> 1) Insured				Policy number: [REDACTED]		Effective: 08/16/2021		To: 09/15/2022		Insurance Company Address or Phone Number: 800-435-7764	
<input checked="" type="checkbox"/> 1) Vehicle Towed <input checked="" type="checkbox"/> 2) Towed Due to Disabling Damage		Towed By: EWING BROS TOWING		Removed To: IMPOUND		<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">1st Contact</p> </div> <div style="width: 45%;"> <p style="text-align: center;">Damaged Areas</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1) Front <input type="checkbox"/> 2) Right Side <input checked="" type="checkbox"/> 3) Left Side <input type="checkbox"/> 4) Rear <input type="checkbox"/> 5) Right Front <input type="checkbox"/> 6) Right Rear <input type="checkbox"/> 7) Top <input type="checkbox"/> 8) Under Carriage <input type="checkbox"/> 9) Left Front <input checked="" type="checkbox"/> 10) Left Rear <input type="checkbox"/> 11) Unknown <input type="checkbox"/> 12) Other _____ </div> </div>					
Traffic Control		Distance Traveled After Impact		Speed Estimate						Automated Vehicle	
<input checked="" type="checkbox"/> 2) Traffic Control Signal <input type="checkbox"/> 3) Flashing Traffic Control Signal <input type="checkbox"/> 4) School Zone Sign / Device <input type="checkbox"/> 5) Pedestrian Signal / Sign Device <input type="checkbox"/> 6) No Passing <input type="checkbox"/> 7) No Controls <input type="checkbox"/> 8) Warning Sign <input type="checkbox"/> 10) Other _____		Code: 11) Stop Sign Code: 12) Yield Sign Code: 13) Railway Crossing Sign / Device Code: 17) Chain / Snow Tire Req. Device Code: 20) Officer / Flagger <input type="checkbox"/> 19) Unknown		Feet _____ Inches _____ From _____ To _____ Limit 50		Presence 0 Level 0 Engaged 0		<input type="checkbox"/> 1) Minor <input checked="" type="checkbox"/> 2) Moderate <input type="checkbox"/> 3) Major <input type="checkbox"/> 4) Total <input type="checkbox"/> 5) None <input type="checkbox"/> 6) Unknown			
Sequence of Events											
Code #		Description						Collision With Fixed Object	Most Harmful Event		
1st 214		MOTOR VEHICLE IN TRANSPORT						<input type="checkbox"/>	<input checked="" type="checkbox"/>		
2nd								<input type="checkbox"/>	<input type="checkbox"/>		
3rd								<input type="checkbox"/>	<input type="checkbox"/>		
4th								<input type="checkbox"/>	<input type="checkbox"/>		
5th								<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> 1) NRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) CC/MC <input type="checkbox"/> 4) Pending		Violation			NOC		Citation Number				
(1)											
<input type="checkbox"/> 1) NRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) CC/MC		Violation			NOC		Citation Number				
(2)											
Investigator(s) Trevor DeSousa		ID Number 2096	Date 01/29/2022	Reviewed By Kanowell Lee		Date Reviewed 2/18/2022		Page 16 of 19			

Event Number:	STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 11/2020	Crash Number: NLPD2201290001725 Agency Name: North Las Vegas PD
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Vehicle Information

Name: (Last Name, First Name, Middle Name Suffix) MARTINO, FRANK BRIAN				Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ <small>Indicate Transporting Agency</small>			
Street Address: [REDACTED]				Transported To:			
City: LAS VEGAS	State / Country <input checked="" type="checkbox"/> 1) NV	Zip Code: 89101	Person Type: 2 ^{Code}	Seating Position: 3 ^{Code}	Helmet Use: 21 ^{Code}	Occupant Restraints: 7 ^{Code}	
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female or Non-Binary	DOB: [REDACTED]	Phone Number:	Injury Severity: N ^{Code}	Injury Location: _____ ^{Code}	_____ ^{Code}	_____ ^{Code}	_____ ^{Code}
			Airbags: 2 ^{Code}	Airbag Switch: 4 ^{Code}	Ejected: 88 ^{Code}	Trapped: 0 ^{Code}	

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

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

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

Commercial Vehicle Configuration		<input type="checkbox"/> 1) Commercial Vehicle	
<input type="checkbox"/> 1) Passenger Car (Only if vehicle displays HM Placard) <input type="checkbox"/> 2) Light Truck (Only if vehicle displays HM Placard) <input type="checkbox"/> 3) Bus (Seats for 9-15 people, including driver) <input type="checkbox"/> 4) Bus (Seats >15 people, including driver)		<input type="checkbox"/> 5) Single-Unit Truck (2-Axle, 6-Tire) <input type="checkbox"/> 6) Single-Unit Truck (3 or more axles) <input type="checkbox"/> 7) Truck/Trailer <input type="checkbox"/> 8) Truck Tractor (Bobtail) <input type="checkbox"/> 9) Tractor/Semitrailer	
<input type="checkbox"/> 10) Tractor/Double <input type="checkbox"/> 11) Tractor/Triple <input type="checkbox"/> 99) Unknown Heavy Truck >10,000 lbs. Cannot Classify		Hazmat	
Carrier Name:		<input type="checkbox"/> 1) Hazmat Placard Displayed <input type="checkbox"/> 2) Hazmat Released <input type="checkbox"/> 3) Was release ≥ 25 gal. or 3 cubic yds.?	
Carrier Street Address:		Location of Hazmat Release, Regardless of Amount	
		<input type="checkbox"/> 1) Tractor Only <input type="checkbox"/> 2) Cargo Only <input type="checkbox"/> 3) Combination Tractor & Cargo	
		Power Unit GCWR/GVWR	
		<input type="checkbox"/> 1) ≤ 10,000 Lbs. <input type="checkbox"/> 2) 10,001 - 26,000 Lbs. <input type="checkbox"/> 3) ≥ 26,001 Lbs.	

Cargo Body Type		Haz-Mat ID #:	Type of Carrier	NAS Safety Report #:
<input type="checkbox"/> 1) Bus (Seats for 9-15 people, including driver) <input type="checkbox"/> 2) Bus (Seats for >15 people, including driver) <input type="checkbox"/> 3) Van/Enclosed Box <input type="checkbox"/> 4) Cargo Tank <input type="checkbox"/> 5) Flatbed <input type="checkbox"/> 6) Dump <input type="checkbox"/> 7) Concrete Mixer <input type="checkbox"/> 8) Auto Transporter <input type="checkbox"/> 9) Garbage/Refuse <input type="checkbox"/> 10) Grain, chips, gravel <input type="checkbox"/> 11) Pole <input type="checkbox"/> 12) Not Applicable <input type="checkbox"/> 13) Intermodal <input type="checkbox"/> 14) Logging <input type="checkbox"/> 15) Vehicle towing another vehicle <input type="checkbox"/> 98) Other		Hazard Classification #:	<input type="checkbox"/> 1) Intrastate <input type="checkbox"/> 2) Interstate <input type="checkbox"/> 3) Not in Commerce—Other Trucks <input type="checkbox"/> 4) Not in Commerce—Government <input type="checkbox"/> 5) Other Operation/Not Specified	Carrier/UDSOT #:
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Event Number:		STATE OF NEVADA TRAFFIC CRASH REPORT Occupant / Witness Supplement Revised 11/2020			Crash Number: NLPD2201290001725		Occupant / Witness Supplement	
					Agency Name: North Las Vegas			
V# 2	Name: (Last Name, First Name, Middle Name Suffix) MAJIA, DAVID			Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input checked="" type="checkbox"/> 5) Other <u>DAVIS FUNERAL</u> <small>Indicate Transporting Agency</small>				
Street Address: [REDACTED]				Transported To: CORONERS OFFICE				
City: NORTH LAS VEGAS		State / Country <input checked="" type="checkbox"/> 1) NV	Zip Code: 89030		Person Type: 2 ^{code}	Seating Position: 6 ^{code}	Helmet Use: Code	Occupant Restraints: 7 ^{code}
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown or Non-Binary	<input type="checkbox"/> 2) Female	DOB: [REDACTED]	Phone Number: [REDACTED]		Injury Severity: K ^{code}	Injury Location: 9 ^{code}	Code	Code
				Airbags: 8 ^{code}	Airbag Switch: 2 ^{code}	Ejected: 0 ^{code}	Trapped: 1 ^{code}	
V# 2	Name: (Last Name, First Name, Middle Name Suffix) [REDACTED]			Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input checked="" type="checkbox"/> 5) Other <u>DAVIS FUNERAL</u> <small>Indicate Transporting Agency</small>				
Street Address: [REDACTED]				Transported To: CORONERS OFFICE				
City: NORTH LAS VEGAS		State / Country <input checked="" type="checkbox"/> 1) NV	Zip Code: 89030		Person Type: 2 ^{code}	Seating Position: 15 ^{de}	Helmet Use: Code	Occupant Restraints: 14 ^{de}
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown or Non-Binary	<input type="checkbox"/> 2) Female	DOB: [REDACTED]	Phone Number: [REDACTED]		Injury Severity: K ^{code}	Injury Location: 9 ^{code}	Code	Code
				Airbags: 8 ^{code}	Airbag Switch: 2 ^{code}	Ejected: 1 ^{code}	Trapped: 0 ^{code}	
V# 2	Name: (Last Name, First Name, Middle Name Suffix) [REDACTED]			Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input checked="" type="checkbox"/> 5) Other <u>DAVIS FUNERAL</u> <small>Indicate Transporting Agency</small>				
Street Address: [REDACTED]				Transported To: CORONERS OFFICE				
City: NORTH LAS VEGAS		State / Country <input checked="" type="checkbox"/> 1) NV	Zip Code: 89030		Person Type: 2 ^{code}	Seating Position: 15 ^{de}	Helmet Use: Code	Occupant Restraints: 14 ^{de}
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown or Non-Binary	<input type="checkbox"/> 2) Female	DOB: [REDACTED]	Phone Number: [REDACTED]		Injury Severity: K ^{code}	Injury Location: 9 ^{code}	Code	Code
				Airbags: 8 ^{code}	Airbag Switch: 2 ^{code}	Ejected: 1 ^{code}	Trapped: 0 ^{code}	
V# 2	Name: (Last Name, First Name, Middle Name Suffix) [REDACTED]			Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ <small>Indicate Transporting Agency</small>				
Street Address: [REDACTED]				Transported To:				
City:		State / Country <input checked="" type="checkbox"/> 1) NV	Zip Code:		Person Type: 3 ^{code}	Seating Position: Code	Helmet Use: Code	Occupant Restraints: Code
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown or Non-Binary	<input type="checkbox"/> 2) Female	DOB:	Phone Number:		Injury Severity: Code	Injury Location: Code	Code	Code
				Airbags: Code	Airbag Switch: Code	Ejected: Code	Trapped: Code	
V# 2	Name: (Last Name, First Name, Middle Name Suffix) [REDACTED]			Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ <small>Indicate Transporting Agency</small>				
Street Address: [REDACTED]				Transported To:				
City:		State / Country <input checked="" type="checkbox"/> 1) NV	Zip Code:		Person Type: 3 ^{code}	Seating Position: Code	Helmet Use: Code	Occupant Restraints: Code
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown or Non-Binary	<input checked="" type="checkbox"/> 2) Female	DOB:	Phone Number:		Injury Severity: Code	Injury Location: Code	Code	Code
				Airbags: Code	Airbag Switch: Code	Ejected: Code	Trapped: Code	
Investigator(s) Trevor DeSousa		ID Number 2096	Date 01/29/2022	Reviewed By Kanowell Lee		Date Reviewed 2/18/2022	Page 18 of 19	

Event Number:	STATE OF NEVADA TRAFFIC CRASH REPORT Occupant / Witness Supplement Revised 11/2020	Crash Number: NLPD2201290001725	Occupant / Witness Supplement
		Agency Name: North Las Vegas	

V#	Name: (Last Name, First Name, Middle Name Suffix) [REDACTED]	Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ <small>Indicate Transporting Agency</small>				
Street Address: [REDACTED]		Transported To:				
City: LAS VEGAS	State / Country <input checked="" type="checkbox"/> 1) NV	Zip Code: 89130	Person Type: 3 <small>Code</small>	Seating Position: <small>Code</small>	Helmet Use: <small>Code</small>	Occupant Restraints: <small>Code</small>
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown or Non-Binary	DOB: [REDACTED]	Phone Number: [REDACTED]	Injury Severity: <small>Code</small>	Injury Location: <small>Code</small>	<small>Code</small>	<small>Code</small>
		<input checked="" type="checkbox"/> 2) Female	Airbags: <small>Code</small>	Airbag Switch: <small>Code</small>	Ejected: <small>Code</small>	Trapped: <small>Code</small>

V#	Name: (Last Name, First Name, Middle Name Suffix) [REDACTED]	Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ <small>Indicate Transporting Agency</small>				
Street Address: [REDACTED]		Transported To:				
City: NORTH LAS VEGAS	State / Country <input checked="" type="checkbox"/> 1) NV	Zip Code: 89032	Person Type: 3 <small>Code</small>	Seating Position: <small>Code</small>	Helmet Use: <small>Code</small>	Occupant Restraints: <small>Code</small>
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown or Non-Binary	DOB: [REDACTED]	Phone Number: [REDACTED]	Injury Severity: <small>Code</small>	Injury Location: <small>Code</small>	<small>Code</small>	<small>Code</small>
		<input type="checkbox"/> 2) Female	Airbags: <small>Code</small>	Airbag Switch: <small>Code</small>	Ejected: <small>Code</small>	Trapped: <small>Code</small>

V#	Name: (Last Name, First Name, Middle Name Suffix) [REDACTED]	Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ <small>Indicate Transporting Agency</small>				
Street Address: [REDACTED]		Transported To:				
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type: <small>Code</small>	Seating Position: <small>Code</small>	Helmet Use: <small>Code</small>	Occupant Restraints: <small>Code</small>
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown or Non-Binary	DOB:	Phone Number:	Injury Severity: <small>Code</small>	Injury Location: <small>Code</small>	<small>Code</small>	<small>Code</small>
		<input type="checkbox"/> 2) Female	Airbags: <small>Code</small>	Airbag Switch: <small>Code</small>	Ejected: <small>Code</small>	Trapped: <small>Code</small>

V#	Name: (Last Name, First Name, Middle Name Suffix) [REDACTED]	Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ <small>Indicate Transporting Agency</small>				
Street Address: [REDACTED]		Transported To:				
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type: <small>Code</small>	Seating Position: <small>Code</small>	Helmet Use: <small>Code</small>	Occupant Restraints: <small>Code</small>
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown or Non-Binary	DOB:	Phone Number:	Injury Severity: <small>Code</small>	Injury Location: <small>Code</small>	<small>Code</small>	<small>Code</small>
		<input type="checkbox"/> 2) Female	Airbags: <small>Code</small>	Airbag Switch: <small>Code</small>	Ejected: <small>Code</small>	Trapped: <small>Code</small>

V#	Name: (Last Name, First Name, Middle Name Suffix) [REDACTED]	Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ <small>Indicate Transporting Agency</small>				
Street Address: [REDACTED]		Transported To:				
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type: <small>Code</small>	Seating Position: <small>Code</small>	Helmet Use: <small>Code</small>	Occupant Restraints: <small>Code</small>
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown or Non-Binary	DOB:	Phone Number:	Injury Severity: <small>Code</small>	Injury Location: <small>Code</small>	<small>Code</small>	<small>Code</small>
		<input type="checkbox"/> 2) Female	Airbags: <small>Code</small>	Airbag Switch: <small>Code</small>	Ejected: <small>Code</small>	Trapped: <small>Code</small>

Investigator(s) Trevor DeSousa	ID Number 2096	Date 01/29/2022	Reviewed By Kanowell Lee	Date Reviewed 2/18/2022	Page 19 of 19
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