	S Rev	REPORTING DEPARTMENT										U															
	E July 2018 On Pvt Property FATAL						Camperty UNDER \$500 Hit-and-Run School Bus Directly Involved Ca							se Number:													
	ASH	DATE (M	M/DD/YYY												y Code: 0 CAD Num:												
Sur		<u> </u>		<u> </u>				r Name, Add						INTERSE						1							
										MILEPOS	ST - PERM	IANENT LAN	IDMARK -	COUNTY	LINE – I	NTERS	SECTIC	N			LAT: LONG:						
CR	ASH		On Road	iway 🗖 w	Vork Zone-C Vork Zone-N		1 1 1 1	BAL LAND?	FIRS		Collision w/M Collision w/Pe	lotor Vehicle Verson		Collisio	n w/Anima n w/Fixed			1	ANAL	YSIS DDE:							
			Off Road		Vork Zone-U			′es 🛛 No	EVEN	т				Non-Co	ollision n w/Other	· Non-Fi	xed Obj	ject I	LOCA	TION							
VEHICLE NO. MV Unit Type N NE NW S					w s se	E SW E V	(FHE W On:	:)				Other (Specify in _eft Scer			Pc	OF I	FHE: Speed									
VERICLE NO. 1 No official space HEADED 1 Image: space Driver's Full Name (Last, First, Middle)															No												
	Driv	/er's Licen	nse Numbe	r	State T	ype CD	1 1	Restrictions	Endorseme	ents Ex	kpires	Interlock	City/State				Z	IP Code	Ð		Phon	Phone					
	Dat	e of Birth	- MM/DD/	γγγ	<u> </u>		<u> </u>	Occupation	<u>I</u>	In	ncident Res			Seat Pos	Age	Age Sex (M/F) Race Injun			OP Code	OP Used Property	Airbag Deploy	Ejected	Med Trans				
	Sea	at Pos.	Occ	upant's Nan	ne (Last. F	irst. Mi	ddle)	-	Occu	upant's A	ddress (C	City, State, Z	IP)	Į													
pants	-							1							<u> </u>	-			1		-						
Occupants																											
ď	-																										
Number	Veh	nicle Yr. N	Vehicle Mał	e Model	Color Body S		y Style Car	rgo Body Type	Vehicle Use ((1) Vehic	hicle Use (2) Vehicle Use		3) Towe	d?	Damage									L			
Z			Charles										Yes	No	Severity Hea Mod	ivy		nt Disable	ed			3 4					
-	License Yr. State License Plate Number VIN												l due to ng	Sligi Non	ht	<u> Ц</u> М	unctio	nal									
Ň	US	DOT#	State #	Carrier Type		Towe By	d	Towed To damage?						je?	Sligi Non Unk All A Prop	Areas		None				Undercarriage					
Vehicle	or less to 26,000 lbs. □					ation Weigh	Weight Rating HazMat Placard Hazmat Placard 4 digit # Greater than (cargo only)						OR Hazmat Name AND						1 digit		Hazr	mat Rele Cargo on	ased?				
< e	Ca	Axles rrier's Na		orless	to 26,00	jõibs.	Great 26,00	00 lbs. DYes	, City, Sta	te)						_	Carr	arrier's ZIP									
							0	N				(0)		0(-1-)					- 1 - 70								
		vner's Na	ame				Owner's C	Company Name Owner's Address (Street/PO Box, City, Sta												er's ZIP Owner's Telephone							
	Ins	Insured By: (Name of Company) Policy Number										Trailer or Towed Type Year Vehicles (1)				Make License			r. Lio	ense Sta	ate Lic	E License Number					
		ailer or wed vehio	cles (2)	ype Year	Make	Lio	xense Yr. L	License State	License N	lumber		or Towed T ehicles (3)	Туре	Year	Mak	ke	Lice	ense Yr	r. Lio	ense Sta	ate Lic	cense N	lumber				
		HICLE N	^{IO.} 2	MV Unit Ty	/pe N		IW S SE	S SE SW E W On:							Left Scene of Crash					Posted Speed			Safe Speed				
		ADED		, First, Middle)					Addres	35					Yes		No	<u> </u>			<u> </u>						
its:	Drin												City/State			ZIP C					IPhone						
Occupants			ise indiribe		State		1 1	rteaulouona	Endorsenie		.pires		City/State	s					3		Phone						
of Oc		e of Birth	- MM/DD/1	YYY				Occupation		In	ncident Res	sponder		Seat Pos	Age	Sex (M/F)	Race	Injury Code	OP Code	OP Used Properly	Airbag Deploy	Ejected	EMS#	Med Trans			
Number		at Pos.	Oco	upant's Nan	ne (Last, F	irst, Mir	ddle)		Occu	upant's A	ddress (C	City, State, Z	IP)	1													
Nur																											
IST	L	_																\vdash	_			_		<u> </u>			
DTOR	-	-+						+								-		\vdash	-					-			
NON-MOTORIST	Veh	hicle Yr.	Vehicle Mal	e Model	Color	Body	y Style Car	rgo Body Type	Vehicle Use ((1) Vehicl	de Use (2)	Vehicle Use (3	3) Towe	d?	Damage Severity		E da	-									
RNC	Lic	ense Yr.	State	Licen	ise Plate N	umber	VIN							Yes No Heavy Disable					ed onal								
E	L					17		Towed disablin						abling None Mino													
AN-	US	SDOT#	State #	Carrier Type Code		Towe By				ved To				nage? All Areas Property Yes □ No □ Fire						Б Пто	Indercarri	iage					
STRI	Nur of A	mber Axles	Vehi	cle Weight Ra 0,000 lbs.	ting/Gross (Combina	ation Weigh	t Rating HazM ter than (ca	At Placard irgo only)	Hazmat	Placard 4	4 digit #	OR	Hazmat N			,	AND		1 digit	t#	Hazr ((mat Relea Cargo on	ased? nly) No			
	License Yr. State License Plate Number USDOT# State # Carrier Type B Code By Number of Axles Vehicle Weight Rating/Gross Combination 1 0 (Axles 0 10,000 lbs. 0 10,000 lbs. 0 0 Carrier's Name						26,00	Greater than cargo only the last to be the second s						State)							P						
2 or	Owner's Name						Owner's C	er's Company Name Owner's Address (Street/PO Bo						, City, State)					er's ZII	P	Own	Owner's Telephone					
le No.		ured By:	(Name o	Company)	Policy	Number	r		1			r or Towed 1 /ehicles (1)	Year Make			License Yr. Licer			ense Sta	nse State License Number							
Vehicle	Tra Tov	ailer or wed vehic		ype Year	Make	Lio	ense Yr, L	License State	License N	lumber		or Towed Tehicles (3)	Туре	Year	Mak	ke	Lice	ense Yr	r. Lio	ense Sta	ate Lic	cense N	lumber				
Cra	sh Re	port Numb	per XX	XXXX	XXX	XX	x	STAT	TATE OF NEW MEXICO UNIFORM CRASH REPOR)RT		SHEET								
Case Number								NM Statute 66-7-209											OF SHEETS								

		LIGHTING (Check 1)		WEATHER RC (Check up to 2) (Che					ROAD SURFACE (Check 1 for each)		TRAFFIC CONTROL (Check 1 for each)				RACTER or each)						W	/ork Zo	ne Info	rmation		
		Daylight	1	Clear		V2 Dry		V1 V2		V 1	V2	V1	V2		traight		1-Juncti			ation:	k 7or					
				Blowing San Soil, Dirt		Wet			ane Markers		No-Passing Zor			C	urve Left	Acceleration/ Deceleration Lane			Type of Work Zo Workers Presen							
		Dawn		Blowing Sno	wЦЦ	Snow			aved nstriped	Ľ	Traffic Signals		_	RADE		Cro	rossover rossover elated			/ Enforce						
		Dusk		Cloudy		Slush			aved enter Stripe	Ы	Yield Sign	v1	(Check	Check 1 for each)			ated /eway		V1	V2	ESIG	GN (Check 1 for each per section)				
		Dark -Lighted		Fog,Smog, Smoke	Б				aved Center		R.R. Xing Device			Le	evel		/eway ess Re	lated	Ď		Lane	.		Alley		
	įΓ	Dark -Not Lighted Dark -Unknown Lightin		Raining		Materia	u	* U 🗆 U	Edgeline		(sign,signal,gate,etc	" ⊏			illcrest	Ent	rance/E			_	Lane			Full A	ccess ol	3
				hting Crosswind D Sta					npaved		All Way Stop				phill ownhill		rance/E				Lane	P		One-V	Vay	
	50	Other		Sleet or Hail		Standir Moving				Ы	No Controls			D			np Rela rsectio	n í	븝		+ La ndivio	_	_	Ramp Two-v		Divided
la		Unknown or		Snowing		Other					School Zone				n Type k 1)		rsection ated	n			hysic ivider		_		-	Not Divided
		Not Reported	ם י	Freezing Rai or Freezing Drizzl	in						Sign/Device		-		Intersection		lway Gr ssing	ade				. U			vay, N	Not Divided
				Wind							(Specify in narrative)		Five-P	oint o	or More	Sha	ared-Us				ivider	r(>4ft)		Undev		
				Other (Speci in narrative)	ify						Inoperative/ Missing	IE	Four-W Round	Vay Iabou	ut □ T Int	Thr		"			hysic arrier			Other		
											Missing		Traffic	Circl	le 🔲 L Int	ð	adway				o Sho					
					AF	PPARENT CO (Check		TING FAC								DRIVERS' ACTIO (Check 1 or more for								NCE OF		NTS
	V1	V2 DRIVER				Ĭ	Imprope	lane chan	ge C		Defective Tires			V1				V1	V2				V1		v	2
	IE		contact - o contact - v			88	Improper Made im	overtaking			Inadequate brakes			B		ig Straight				Stopped traffic	for					FIRST EVENT
	E	Cell photo Disregan	ded traffic s	gnal		88	No drive Other im	r error proper drivi	ng	3 E	Lights (head, signal Mirrors	, tail)			Right	Tum	-			Stopped sign/sign	for al	_				
Ŀ	; E	Driver di	stracted by	texting	phone	88	Passed : Pedestria	an error		1 🗆	Other mech. Defect Suspension				U Len					Start in traffic lan	e					SECOND EVENT
EVENT		Driver di	stracted by stracted by	talking on hand passenger other activity	d free de		Under in	o fast for o fluence of a	alcohol	1 🗆	Wheels Windows/Windshiel	ł			Slowi					Start fron park	י ר					
	۱Ŀ	Driver di Driver In	attention	other activity			ENVIRO	NMENT	gs or medication		Wipers ROADWAY			Ľ	Nego	tiating a				Operatec in Reckle	MV					THIRD EVENT
	E	Drove le Excessiv				HH	Animal(s Low visit) in roadwa pility due to pility due to	dway		Backup - prior crash Backup - prior incide			밈	Char					or Aggre	ssive					FOURTH
	IE	Failed to	re left of center					sual obstruc	smoke tion(s)						Enter	ring Traf				Over-corre	ecting					EVENT
	IE	Following	wing too closely				MOTOR	conditions VEHICLE	F	ΗE	Road surface condi	tions			Parke Stop	ped in T	ed in Traffic 🛛 🛛			/Over-steering Ran Red Light						MHE
	E	High spe Improper	ed pursuit backing			88	Coupling	device (hit Steering	ch, chains)		Traffic Congestion Traffic control not fu	Inction	ing		Othe			/e) 🗖		Wrong Wa	ay					
		DRIVER/F			IETY	DRIVER/PED/PEDALCYCLIST PHYSICAL COND. (Mark 1 or more for each)							PEDESTRIAN/PEDALCY(LIST ACTION Not at Intersection				1	
	ľ	1 D2	D2 D1 D2 D1 D2 P1 P2											PRIOR TO CRASH P1 P2 LOCATION AT TIME OF CF												
	16		Consumed a Controlled Substance								CLIST	Crossing Roadway									rosswalk					
	19			sumed Alcoh	lor			Aslee	···		Medication/Drugs/Alcoho		IH.	Moving Aga						Þ	11	Intersec	rsection - Other dian/Crossing Island			
			riety Unkr sumed M												Moving Against Traffic Moving Vitih Traffic Waiting to Cross Roadway Walking/Cycling on Sidewalk In Roadway - Other Adjacent to Roadway (shoulder, medi Working in Trafficway (Incident Respo						E	11	Midbloc	k - Marke	d Cros	sswalk
				trument for:			ום ו	Heari	na — —	1 *Ot	her	PEDESTRIAN/PEDALCY	IH.		Adjacent to Working in	Roadwar	/ (should	er, me	edian)			Travel Lane - Other Location Bicycle Lane Shoulder/Roadside				ation
	2 -			Drugs 🗖 E	Both		0	_	Illness, In Fainted En		Physical Impairment Emotional (depressed, angry,		ACTIONS A			AT TIME	/	F		Sidewal						
	5 5		gms/210	dministered		gms/210L		_					IH.		Dart/Dash		of-wav				F	11	Shared-	use Path ficway Ar		ál –
	19			Iministered		-	Ľ .			disturbed, etc.)			No Improper Action Darf/Dash Failure to yield right-of-way Failure to Obey Traffic Sign From behind obstruction In roadway improperly (star Pushing or working on vehi Entering/Exiting Parked/Sta Not Visible (dark dothing, n Improper Turn/Werge Improper Tassing Wrong-way Riding or Walki					Signal	ls		05	Other (speci				ive)
		`	idard Fiel used Test	d Sobriety T	est Ad	Iministered	*Specit	fy in narra	v in narrative		Unkown				In roadway Pushing or	improper	ly (standi	ing, lyir Ə	ing, working, playing)				(-	, ,		,
			not Give									□	IE		Entering/Ex Not Visible	iting Parl	ed/Stand	ling Ve	/ehicle ng, etc.)							
			pected Dr	ug Use									IE.	R	Improper To Improper Pa	um/Merge assing										
-																Riding o	r					OPUs	od Airba	1		
-	μ Ω Γ	V1 V2	Оссь	ipant's Nam	ie (Las	it, First, Mic	ldle)		Oc	cupa	ant's Address (City	, Sta	te, ZIF	P)		Pos.	Age	(M/F)) Rac	Code	Code	Proper	rly Deplo	y Ejecte		S # Med Trans
									-							-	-	-	-	-	2	+	-	-	-	
E	5															-		⊢	+	_		-	-	-	+	+
	OCCUPANTS															-	-	⊢	+			+	+	-	+	+
-					-	6 December	and Day																			
		HER	Property Type Description of Property and Damage																			_				
			wner's Na	ime					Owner's A	ddre	SS							0	wner'	s ZIP C	ode	Owne	er's Tel	ephone		
-	(0)	-		NAME				AGE					AD	DR	ESS								TE	ELEPHO	DNE	
	WITNESSES																									
	TNE																									
	T	VEH	VEH. NO.							-		VI	OLATI	ION	(COMMC	n nan	E)			-	7			(Check		-
	CEME																			-	_		_		-	Warning
	ENFORCEMENT	AC								-				_						-	_	oked Cited Pe			-	_
-			lime A d	od 17:)og±	v Oleman I -	ime karda	last Ol	M-48 4 F			0,	-	e 1 -	2005-				CL.		Boo	oked C	Cited	Pen 🗆	ding	Warning
	ime	Notified Time Arrived Time Roadway Cleared T						ne Incident Cleared Notified By Supervisor at Scene Checked By																		
0	fficer's	s Signature						Printe	d Officer's Na	me						F	Rank	1	ID N	o.	Di	istrict		Date	of R	leport
0	rash Re	eport Number	X	XXXX	XX	XXXX		STA		IE\) U	NIF	0	RM C	RAS	SH R	RÉF	0	RT	1	SH	EET			
			\sim	~~~~	~~~			STATE OF NEW MEXICO UNIFORM CRASH REPORT NM Statute 66-7-209																		
	Case	Number																				OF		5	SHE	ETS
																						L				

DIAGRAM/NARRATIVE

	Use Additional Sheets As Necessary			
			XXXXXXXXXXXXX	CRASH REPORT NUMBER:
			#	CASE NUMBER:
				DIAGRAM DRAWING BY:
				MEASUREMENTS TAKEN BY:
Crash Report Number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	STATE OF NEW MEXICO UNIFORM CRASH REPORT NM Statute 66-7-209	SHEET OF	SHEETS	3