

Event Number:		<b>STATE OF NEVADA TRAFFIC ACCIDENT REPORT SCENE INFORMATION SHEET</b> <small>Revised 1/14/04</small>				Accident Number: 0705200501									
Code Revision:						<input type="checkbox"/> 1) Property <input checked="" type="checkbox"/> 2) Injury <input type="checkbox"/> 3) Fatal									
<input type="checkbox"/> 1) Urban	<input type="checkbox"/> 1) Emergency Use	<input type="checkbox"/> 1) Preliminary Report	<input type="checkbox"/> 3) Resubmission	<input type="checkbox"/> 1) Hit and Run		Agency Name:									
<input checked="" type="checkbox"/> 2) Rural	<input checked="" type="checkbox"/> 2) Office Report	<input checked="" type="checkbox"/> 2) Initial Report	<input type="checkbox"/> 4) Supplement Report	<input type="checkbox"/> 2) Private Property		Reno Police Department									
Collision Date 07 / 05 / 2005	Time 1 4 1 0	Day 3	Beat / Sector Reno	<input type="checkbox"/> 1) County <input checked="" type="checkbox"/> 2) City		Surface <input checked="" type="checkbox"/> 1) Asphalt	Intersection <input type="checkbox"/> 1) Four Way								
Mile Marker	# Vehicles	# Non Motorists	# Occupants	# Fatalities	# Injured	# Restrained	Paddle Markers <input checked="" type="checkbox"/> 1) None								
	2		5	0	2		<input type="checkbox"/> 2) Left Side								
Occurred On: (Highway # or Street Name) <input type="checkbox"/> 1) Parking Lot    HWY 395							<input type="checkbox"/> 3) Right Side								
Occurred At: (Highway # or Street Name) <input type="checkbox"/> 1) At Intersection With:							<input type="checkbox"/> 4) Both Sides								
<input checked="" type="checkbox"/> 2) Or <input type="checkbox"/> 3) Feet <input checked="" type="checkbox"/> 4) Miles <input type="checkbox"/> 5) Approximate    1.6    Of (Cross Street)    Moya Blvd							<input type="checkbox"/> 4) Unknown								
							<input type="checkbox"/> 5) Unknown								
							<input type="checkbox"/> 6) Other								
							Access Control <input checked="" type="checkbox"/> 1) None								
							<input type="checkbox"/> 2) Full								
							<input type="checkbox"/> 3) Partial								
Roadway Character		Roadway Conditions		Total Thru Lanes		Average Roadway Widths		Roadway Grade							
<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 / Oil / Dirt / Gravel <input type="checkbox"/> 6) Other		Main Road <input type="checkbox"/> 1) One <input checked="" type="checkbox"/> 2) Two <input type="checkbox"/> 3) Three <input type="checkbox"/> 4) Four <input type="checkbox"/> 5) Five <input type="checkbox"/> 6) > 5		Travel Lane    12 Ft Storage / Turn Lane    Ft Median    20 Ft Paved Shoulder Inside    Outside		<input type="checkbox"/> 1) Not Determined <input type="checkbox"/> 2) Relatively Level Roadway <input type="checkbox"/> 3) Up Slope (+) <input type="checkbox"/> 4) Down Slope (-)		Relative To  Grade %					
Total All Lanes: 4				5		5									
Pavement Markings and Type				Highway Description				Weather Conditions							
<input type="checkbox"/> 1) Centerline, Broken Yellow <input type="checkbox"/> 6) No Passing, Either Direction <input type="checkbox"/> 12) None <input type="checkbox"/> 2) Centerline, Solid Yellow <input type="checkbox"/> 7) Turn Arrow Symbols <input type="checkbox"/> 13) Unknown <input type="checkbox"/> 3) Centerline, Double Yellow <input type="checkbox"/> 8) Center Turn Lane Line <input type="checkbox"/> 4) Lane Line, Broken White <input type="checkbox"/> 9) Edge Line, Left, Yellow <input type="checkbox"/> 5) Lane Line, Solid White <input type="checkbox"/> 10) Edge Line, Right, White <input type="checkbox"/> 11) Other				<input type="checkbox"/> 1) Two-Way, Not Divided <input type="checkbox"/> 2) Two-Way, Divided, Unpro, Median <input checked="" 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, Snow <input type="checkbox"/> 6) Other							
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"/> 5) Rear to Rear <input checked="" type="checkbox"/> 2) Rear End <input type="checkbox"/> 6) Sideswipe - Meeting <input type="checkbox"/> 3) Backing <input type="checkbox"/> 7) Sideswipe - Overtaking <input type="checkbox"/> 4) Angle <input type="checkbox"/> 8) Non - Collision <input type="checkbox"/> 9) Unknown				<input checked="" type="checkbox"/> 1) Travel Lane <input type="checkbox"/> 6) Outside Shoulder <input type="checkbox"/> 11) Ramp <input type="checkbox"/> 2) Turn Lane <input type="checkbox"/> 7) Intersection <input type="checkbox"/> 12) Unknown <input type="checkbox"/> 3) Gore <input type="checkbox"/> 8) Private Property <input type="checkbox"/> 4) Median <input type="checkbox"/> 9) Roadside <input type="checkbox"/> 5) Inside Shoulder <input type="checkbox"/> 10) Other							
Highway / Environment Factors				Property Damage To Other Than Vehicle											
<input type="checkbox"/> 1) None <input type="checkbox"/> 7) Shoulders <input type="checkbox"/> 11) Ruts, Holes, Bumps <input type="checkbox"/> 2) Weather <input type="checkbox"/> 8) Road Obstruction <input type="checkbox"/> 12) Active Work Zone <input type="checkbox"/> 3) Debris <input type="checkbox"/> 9) Worn Traffic Surfaces <input type="checkbox"/> 13) Inactive Work Zone <input type="checkbox"/> 4) Glare <input type="checkbox"/> 10) Wet, Icy, Snow, Slush <input checked="" type="checkbox"/> 14) Animal In Roadway <input type="checkbox"/> 5) Other Highway <input type="checkbox"/> 6) Other Environmental				Describe Property Damage  Owner's Name:  <input type="checkbox"/> 1) Owner Notified  Owner's Address: (Street Address, City, State, Zip)											
First Harmful Event															
Code #: 308		Description: Veh 2 collided with median													
Description of Accident / Narrative															
Veh1 was traveling East bound on the highway when a deer began to cross the roadway. Veh1 began slowing so avoid hitting the deer. Veh2 was following too closely to Veh1 and was approximately 15MPH over the speed limit. Veh2 couldnt stop in time and rear ended Veh1 pushing Veh1 into the middle of the road and itself into the center median.															
<input type="checkbox"/> 1) Continued On Back of Scene Information Sheet															
Investigation Complete <input checked="" type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No		Photos Taken <input type="checkbox"/> 1) Yes <input checked="" type="checkbox"/> 2) No		Scene Diagram <input checked="" type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No		Statements <input type="checkbox"/> 1) Yes <input checked="" type="checkbox"/> 2) No #		Date Notified 07 / 05 / 2005		Time Notified 1 4 1 5		Arrival Date 07 / 05 / 2005		Arrival Time 1 4 3 0	
Investigator(s) Penny Cotter			ID Number c99		Date 07 / 06 / 2005		Reviewed By Larry Hill		Date Reviewed 07 / 07 / 2005		Page 1 of 6				

**Scene Information**

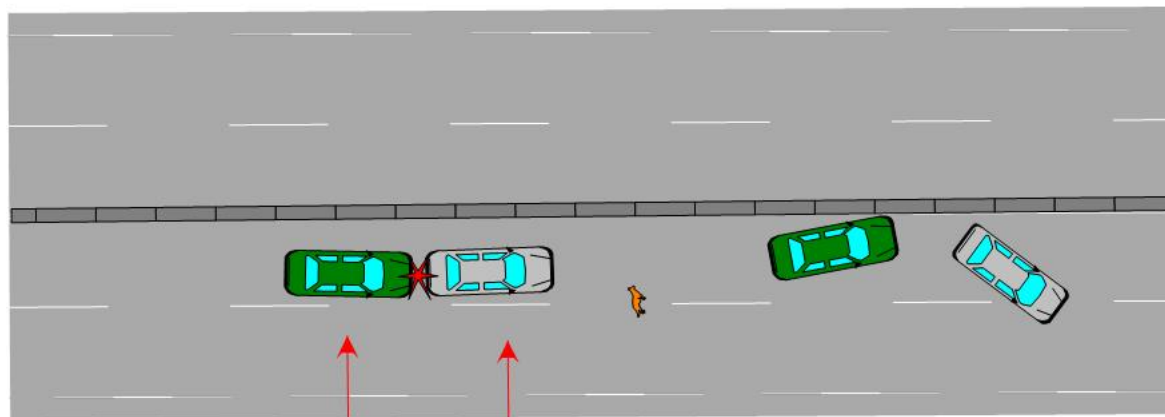
Event Number:

STATE OF NEVADA  
TRAFFIC ACCIDENT REPORT  
SCENE INFORMATION SHEET  
Revised 1/14/04

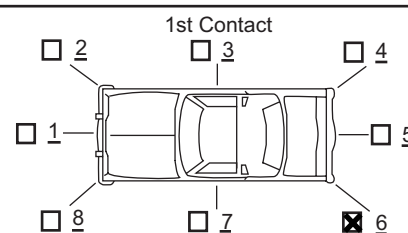
Accident Number:  
0705200501

Agency Name:  
Reno Police Department

Description of Accident / Narrative Continuation



A.I.C.: \_\_\_\_\_

Event Number:		<b>STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET</b> <small>Revised 1/14/04</small>				Accident Number: 0705200501				
Vehicle # 1	# Occupants 2	<input type="checkbox"/> 1) At Fault <input checked="" type="checkbox"/> 2) Non Contact Vehicle		Agency Name: Reno Police Department						
Direction of Travel: <input type="checkbox"/> 1) North <input checked="" type="checkbox"/> 3) East <input type="checkbox"/> 5) Unknown <input type="checkbox"/> 2) South <input type="checkbox"/> 4) West		Highway / Street Name: HWY 395				Travel Lane #: 2				
Vehicle Action: <input checked="" type="checkbox"/> 1) Straight <input type="checkbox"/> 3) Left Turn <input type="checkbox"/> 5) U-Turn <input type="checkbox"/> 7) Wrong Way <input type="checkbox"/> 9) Passing <input type="checkbox"/> 11) Leaving Parked <input type="checkbox"/> 13) Leaving Lane <input type="checkbox"/> 15) Enter Parked (#) <input type="checkbox"/> 17) Lane Change <input type="checkbox"/> 19) Unknown <input type="checkbox"/> 2) Backing <input type="checkbox"/> 4) Right Turn <input type="checkbox"/> 6) Parked <input type="checkbox"/> 8) Stopped (^) <input type="checkbox"/> 10) Racing <input type="checkbox"/> 12) Entering Lane <input type="checkbox"/> 14) Other Turning <input type="checkbox"/> 16) Driverless Vehicle <input type="checkbox"/> 18) Other										
Driver: (Last Name, First Name, Middle Name Suffix) Grant Dennis Edward				Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other						
Street Address: 8478 York Ave				Transported To:						
City: Reno		State / Country: <input checked="" type="checkbox"/> 1) NV NV		Zip Code: 12358		Person Type: 1	Seating Position: 01	Occupant Restraints: 07		
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female		DOB: 1 2 / 2 1 / 1 9 8 2		Phone Number: 7 7 5 2 1 8 6 8 5 4		Injury Severity: 0	Injury Location: 0			
OLN: 83765493		State: <input checked="" type="checkbox"/> 1) NV NV	Class: 5	<input type="checkbox"/> 1) CDL <input checked="" type="checkbox"/> 2) DL	License Status: 1	Airbags: 5	Airbag Switch: 1	Ejected: 0	Trapped: 0	
Compliance: <input type="checkbox"/> 1) Restrict <input checked="" type="checkbox"/> 2) Endorse		Endorsements P F		Restrictions 01 12		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		Method of Determination (check up to 2) <input type="checkbox"/> 1) Field Sobriety Test <input type="checkbox"/> 4) Urine Test <input type="checkbox"/> 2) Evidentiary Breath <input type="checkbox"/> 5) Blood Test <input type="checkbox"/> 3) Driver Admission <input type="checkbox"/> 6) Preliminary Breath Test		Test Results:		<input type="checkbox"/> 1) Apparently Normal <input type="checkbox"/> 6) Driver ill / Injured <input type="checkbox"/> 2) Had Been Drinking <input type="checkbox"/> 7) Other Improper Driving <input type="checkbox"/> 3) Drug Involvement <input type="checkbox"/> 8) Driver Inattention / Distracted <input checked="" type="checkbox"/> 4) Apparently Fatigued / Asleep <input type="checkbox"/> 9) Physical Impairment <input type="checkbox"/> 5) Obstructed View <input type="checkbox"/> 10) Unknown				
Vehicle Year: 2 0 0 2	Vehicle Make: F o r d	Vehicle Model: Mustang	Vehicle Type: 2 D	Vehicle Factors						
Plate / Permit No.: 8367HM	State: <input checked="" type="checkbox"/> 1) NV NV	Expiration Date: 0 8 / 0 9 / 2 0 0 5	Vehicle Color: Grey	<input type="checkbox"/> 1) Failed To Yield Right Of Way <input type="checkbox"/> 9) Failed To Maintain Lane <input type="checkbox"/> 16) Driverless Vehicle <input type="checkbox"/> 2) Disregard Control Device <input type="checkbox"/> 10) Following Too Close <input type="checkbox"/> 17) Unsafe Backing <input type="checkbox"/> 3) Too Fast For Conditions <input type="checkbox"/> 11) Unsafe Lane Change <input type="checkbox"/> 18) Ran Off Road <input type="checkbox"/> 4) Exceeding Speed Limit <input type="checkbox"/> 12) Made Improper Turn <input type="checkbox"/> 19) Hit and Run <input type="checkbox"/> 5) Wrong Way / Direction <input type="checkbox"/> 13) Over Correct/Steering <input type="checkbox"/> 20) Road Defect (^) <input type="checkbox"/> 6) Mechanical Defects <input type="checkbox"/> 14) Other Improper Driving <input checked="" type="checkbox"/> 21) Object Avoidance <input type="checkbox"/> 7) Drove Left Of Center <input type="checkbox"/> 15) Aggressive / Reckless / Careless <input type="checkbox"/> 8) Other <input type="checkbox"/> 22) Unknown (#)						
Vehicle Identification Number: 094238902035983459				Registered Owner Name: <input checked="" type="checkbox"/> 1) Same As Driver Grant Dennis Edward		Registered Owner Address: 8478 York Ave Reno NV 12358		Insurance Company Name: <input checked="" type="checkbox"/> 1) Insured State Farm		
Policy Number: K94824		Effective: 0 8 / 0 9 / 2 0 0 4	To: 0 8 / 0 9 / 2 0 0 5	Insurance Company Address or Phone Number: 838 Prater Way 7752348613		1st Contact Diagram		Damaged Areas		
<input type="checkbox"/> 1) Vehicle Towed	Towed By:	Removed To:		1st Contact Diagram 		Damaged Areas <input type="checkbox"/> 1) Front <input type="checkbox"/> 2) Right Side <input 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		<input type="checkbox"/> 1) Over Ride <input type="checkbox"/> 2) Under Ride		
1) Speed Zone 2) Signal Light 3) Flashing Light 4) School Zone 5) Ped. Signal 6) No Passing 7) No Controls 8) Warning Sign 9) Turn Signal 10) Other		11) Stop Sign 12) Yield Sign 13) R. R. Sign 14) R. R. Gates 15) R. R. Signal (#) 16) Marked Lanes 17) Tire Chains/Snow Req. 18) Permissive Green 19) Unknown		Distance Traveled After Impact 75 feet	Speed Estimate From 50 To 0 Limit 55		Extent Of Damage <input checked="" type="checkbox"/> 1) Minor <input type="checkbox"/> 4) Total <input type="checkbox"/> 2) Moderate <input type="checkbox"/> 5) None <input type="checkbox"/> 3) Major <input type="checkbox"/> 6) Unknown			
Sequence Of Events										
Code #	Description	Collision With Fixed Object	Most Harmful Event							
1st 207	Deer	<input type="checkbox"/>	<input type="checkbox"/>							
2nd 217	Slow / Stopped Vehicle	<input type="checkbox"/>	<input type="checkbox"/>							
3rd 214	Motor Vehicle in Transport (Moving Vehicle)	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
4th 316	Embankment	<input checked="" 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 (1)		Violation		NOC		Citation Number				
<input type="checkbox"/> 1) NRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) CC / MC (2)		Violation		NOC		Citation Number				
Investigator(s) Penny Cotter		ID Number c99	Date 0 7 / 0 6 / 2 0 0 5	Reviewed By Larry Hill		Date Reviewed 0 7 / 0 7 / 2 0 0 5		Page 3 of 6		

**VEHICLE INFORMATION**

Event Number:	<b>STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET</b> <small>Revised 1/14/04</small>	Accident Number: 0705200501 Agency Name: Reno Police Department
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Name: (Last Name, First Name, Middle Name Suffix) Whalen Tonya Allison			Transported By: <input checked="" type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____		
Street Address: 4347 Whitewood Dr			Transported To:		
City: Reno	State / Country: <input checked="" type="checkbox"/> 1) NV	Zip Code: 12385	Person Type: 2	Seating Position: 03	Occupant Restraints: 07
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input checked="" type="checkbox"/> 2) Female	DOB: 04 / 09 / 1984	Phone Number: 775 213 8465	Injury Severity: 0	Injury Location: 0	
			Airbags: 5	Airbag Switch: 2	Ejected: 0 Trapped: 0

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

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

<input type="checkbox"/> 1) Trailing Unit 1 VIN:	Plate:	State: <input type="checkbox"/> 1) NV	Type:
<input type="checkbox"/> 1) Trailing Unit 2 VIN:	Plate:	State: <input type="checkbox"/> 1) NV	Type:
<input type="checkbox"/> 1) Trailing Unit 3 VIN:	Plate:	State: <input type="checkbox"/> 1) NV	Type:

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

Carrier Name:	<b>Power Unit GVWR</b>		<input type="checkbox"/> 1) Haz-Mat
	<input type="checkbox"/> 1) ≤ 10,000 Lbs	<input type="checkbox"/> 2) 10,000 - 26,000 Lbs	<input type="checkbox"/> 2) Released
Carrier Street Address:	City	State: <input type="checkbox"/> 1) NV	Zip:

<b>Cargo Body Type</b>		Haz-Mat ID #:	Type of Carrier	NAS Safety Report #:
<input type="checkbox"/> 1) Pole	<input type="checkbox"/> 6) Van / Box		<input type="checkbox"/> 1) Single State	
<input type="checkbox"/> 2) Tank	<input type="checkbox"/> 7) Concrete Mixer		<input type="checkbox"/> 2) USDOT	Carrier Number:
<input type="checkbox"/> 3) Flatbed	<input type="checkbox"/> 8) Auto Carrier		<input type="checkbox"/> 3) Canada	
<input type="checkbox"/> 4) Dump	<input type="checkbox"/> 9) Garbage/Refuse	Hazard Classification #:	<input type="checkbox"/> 4) Mexico	
<input type="checkbox"/> 5) Unknown	<input type="checkbox"/> 10) Not Applicable		<input type="checkbox"/> 5) None	
				Page 4 of 6

**Vehicle Information**

Event Number:		<b>STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET</b> <small>Revised 1/14/04</small>				Accident Number: 0705200501					
Vehicle # 2	# Occupants 3	<input checked="" type="checkbox"/> 1) <u>At Fault</u> <input type="checkbox"/> 2) <u>Non Contact Vehicle</u>		Agency Name: Reno Police Department							
Direction of Travel: <input type="checkbox"/> 1) <u>North</u> <input checked="" type="checkbox"/> 3) <u>East</u> <input type="checkbox"/> 5) <u>Unknown</u> <input type="checkbox"/> 2) <u>South</u> <input type="checkbox"/> 4) <u>West</u>		Highway / Street Name: HWY 395				Travel Lane #: 2					
Vehicle Action: <input checked="" type="checkbox"/> 1) <u>Straight</u> <input type="checkbox"/> 3) <u>Left Turn</u> <input type="checkbox"/> 5) <u>U-Turn</u> <input type="checkbox"/> 7) <u>Wrong Way</u> <input type="checkbox"/> 9) <u>Passing</u> <input type="checkbox"/> 11) <u>Leaving Parked</u> <input type="checkbox"/> 13) <u>Leaving Lane</u> <input type="checkbox"/> 15) <u>Enter Parked (#)</u> <input type="checkbox"/> 17) <u>Lane Change</u> <input type="checkbox"/> 19) <u>Unknown</u> <input type="checkbox"/> 2) <u>Backing</u> <input type="checkbox"/> 4) <u>Right Turn</u> <input type="checkbox"/> 6) <u>Parked</u> <input type="checkbox"/> 8) <u>Stopped (^)</u> <input type="checkbox"/> 10) <u>Racing</u> <input type="checkbox"/> 12) <u>Entering Lane</u> <input type="checkbox"/> 14) <u>Other Turning</u> <input type="checkbox"/> 16) <u>Driverless Vehicle</u> <input type="checkbox"/> 18) <u>Other</u>											
Driver: (Last Name, First Name, Middle Name Suffix) Moore Michelle Lee				Transported By: <input type="checkbox"/> 1) <u>Not Transported</u> <input type="checkbox"/> 2) <u>EMS</u> <input type="checkbox"/> 3) <u>Police</u> <input type="checkbox"/> 4) <u>Unknown</u> <input type="checkbox"/> 5) <u>Other</u>							
Street Address: 5-3836 Greg Street				Transported To:							
City: Reno		State / Country <input checked="" type="checkbox"/> 1) <u>NV</u>		Zip Code: 12358		Person Type: 1 Seating Position: 01 Occupant Restraints: 07					
<input type="checkbox"/> 1) <u>Male</u> <input type="checkbox"/> 3) <u>Unknown</u> <input checked="" type="checkbox"/> 2) <u>Female</u>		DOB: 09 / 01 / 1964		Phone Number: 7751318131		Injury Severity: 0 Injury Location: 0					
OLN: 98737491		State: <input checked="" type="checkbox"/> 1) <u>NV</u>		Class: <input type="checkbox"/> 1) <u>CDL</u> <input checked="" type="checkbox"/> 2) <u>DL</u>		License Status: 0					
Airbags: 3		Airbag Switch: 1		Ejected: 0		Trapped: 0					
Compliance: <input type="checkbox"/> 1) <u>Restrict</u> <input type="checkbox"/> 2) <u>Endorse</u>		Endorsements		Restrictions		Driver Factors					
Alcohol/Drug Involvement <input checked="" type="checkbox"/> 1) <u>Not Involved</u> <input type="checkbox"/> 2) <u>Suspected Impairment</u> <input type="checkbox"/> 3) <u>Alcohol</u> <input type="checkbox"/> 4) <u>Drugs</u> <input type="checkbox"/> 5) <u>Unknown</u>		Method of Determination (check up to 2) <input type="checkbox"/> 1) <u>Field Sobriety Test</u> <input type="checkbox"/> 4) <u>Urine Test</u> <input type="checkbox"/> 2) <u>Evidentiary Breath</u> <input type="checkbox"/> 5) <u>Blood Test</u> <input type="checkbox"/> 3) <u>Driver Admission</u> <input type="checkbox"/> 6) <u>Preliminary Breath Test</u>		Test Results:		<input type="checkbox"/> 1) <u>Apparently Normal</u> <input type="checkbox"/> 6) <u>Driver ill / Injured</u> <input type="checkbox"/> 2) <u>Had Been Drinking</u> <input checked="" type="checkbox"/> 7) <u>Other Improper Driving</u> <input type="checkbox"/> 3) <u>Drug Involvement</u> <input type="checkbox"/> 8) <u>Driver Inattention / Distracted</u> <input type="checkbox"/> 4) <u>Apparently Fatigued / Asleep</u> <input type="checkbox"/> 9) <u>Physical Impairment</u> <input type="checkbox"/> 5) <u>Obstructed View</u> <input type="checkbox"/> 10) <u>Unknown</u>					
Vehicle Year: 1998		Vehicle Make: Honda		Vehicle Model: Civic		Vehicle Type: 4D					
Plate / Permit No.: 3483TG		State: <input checked="" type="checkbox"/> 1) <u>NV</u>		Expiration Date: 02 / 14 / 2006		Vehicle Color: Green					
Vehicle Identification Number: 39857934579348		Vehicle Factors									
Registered Owner Name: <input checked="" type="checkbox"/> 1) <u>Same As Driver</u> Moore Michelle Lee		<input type="checkbox"/> 1) <u>Failed To Yield Right Of Way</u> <input type="checkbox"/> 9) <u>Failed To Maintain Lane</u> <input type="checkbox"/> 16) <u>Driverless Vehicle</u> <input type="checkbox"/> 2) <u>Disregard Control Device</u> <input checked="" type="checkbox"/> 10) <u>Following Too Close</u> <input type="checkbox"/> 17) <u>Unsafe Backing</u> <input type="checkbox"/> 3) <u>Too Fast For Conditions</u> <input type="checkbox"/> 11) <u>Unsafe Lane Change</u> <input type="checkbox"/> 18) <u>Ran Off Road</u> <input type="checkbox"/> 4) <u>Exceeding Speed Limit</u> <input type="checkbox"/> 12) <u>Made Improper Turn</u> <input type="checkbox"/> 19) <u>Hit and Run</u> <input type="checkbox"/> 5) <u>Wrong Way / Direction</u> <input type="checkbox"/> 13) <u>Over Correct/Steering</u> <input type="checkbox"/> 20) <u>Road Defect (^)</u> <input type="checkbox"/> 6) <u>Mechanical Defects</u> <input type="checkbox"/> 14) <u>Other Improper Driving</u> <input type="checkbox"/> 21) <u>Object Avoidance</u> <input type="checkbox"/> 7) <u>Drove Left Of Center</u> <input type="checkbox"/> 15) <u>Aggressive / Reckless / Careless</u> <input type="checkbox"/> 8) <u>Other</u> <input type="checkbox"/> 22) <u>Unknown (#)</u>									
Registered Owner Address: 5-3836 Greg Street Reno NV 12358		Insurance Company Name: <input checked="" type="checkbox"/> 1) <u>Insured</u> All State				<b>Damaged Areas</b> <input checked="" type="checkbox"/> 1) <u>Front</u> <input type="checkbox"/> 2) <u>Right Side</u> <input type="checkbox"/> 3) <u>Left Side</u> <input type="checkbox"/> 4) <u>Rear</u> <input type="checkbox"/> 5) <u>Right Front</u> <input type="checkbox"/> 6) <u>Right Rear</u> <input type="checkbox"/> 7) <u>Top</u> <input type="checkbox"/> 8) <u>Under Carriage</u> <input type="checkbox"/> 9) <u>Left Front</u> <input type="checkbox"/> 10) <u>Left Rear</u> <input type="checkbox"/> 11) <u>Unknown</u> <input type="checkbox"/> 12) <u>Other</u>					
Policy Number: 8373-Y		Effective: 02 / 14 / 2005						To: 02 / 14 / 2006			
Insurance Company Address or Phone Number: 716 Carville Dr 7751385724		Removed To: Buzz's Auto Body									
<input checked="" type="checkbox"/> 1) <u>Vehicle Towed</u> Towed By: Mikes Auto Towing		Distance Traveled After Impact: 50 Feet		Speed Estimate: From: 65 To: 0 Limit: 55		Extent Of Damage: <input type="checkbox"/> 1) <u>Minor</u> <input type="checkbox"/> 4) <u>Total</u> <input checked="" type="checkbox"/> 2) <u>Moderate</u> <input type="checkbox"/> 5) <u>None</u> <input type="checkbox"/> 3) <u>Major</u> <input type="checkbox"/> 6) <u>Unknown</u>					
_____ 1) <u>Speed Zone</u> _____ 11) <u>Stop Sign</u> _____ 2) <u>Signal Light</u> _____ 12) <u>Yield Sign</u> _____ 3) <u>Flashing Light</u> _____ 13) <u>R. R. Sign</u> _____ 4) <u>School Zone</u> _____ 14) <u>R. R. Gates</u> _____ 5) <u>Ped. Signal</u> _____ 15) <u>R. R. Signal (#)</u> _____ 6) <u>No Passing</u> _____ 16) <u>Marked Lanes</u> _____ 7) <u>No Controls</u> _____ 17) <u>Tire Chains/Snow Req.</u> _____ 8) <u>Warning Sign</u> _____ 18) <u>Permissive Green</u> _____ 9) <u>Turn Signal</u> <input type="checkbox"/> 19) <u>Unknown</u> _____ 10) <u>Other</u>		Sequence Of Events									
		Code #		Description		Collision With Fixed Object		Most Harmful Event			
		1st 217		Slow / Stopped Vehicle		<input type="checkbox"/>		<input type="checkbox"/>			
		2nd 214		Motor Vehicle in Transport (Moving Vehicle)		<input type="checkbox"/>		<input type="checkbox"/>			
		3rd 308		Median Barrier		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
		4th				<input type="checkbox"/>		<input type="checkbox"/>			
		5th				<input type="checkbox"/>		<input type="checkbox"/>			
<input checked="" type="checkbox"/> 1) <u>NRS</u> <input type="checkbox"/> 2) <u>CFR</u> <input type="checkbox"/> 3) <u>CC / MC</u> <input type="checkbox"/> 4) <u>Pending</u>		Violation		NOC		Citation Number					
(1) NRS 463.78		Following too close				857294					
<input type="checkbox"/> 1) <u>NRS</u> <input type="checkbox"/> 2) <u>CFR</u> <input type="checkbox"/> 3) <u>CC / MC</u>		Violation		NOC		Citation Number					
(2)											
Investigator(s) Penny Cotter		ID Number c99		Date 07 / 06 / 2005		Reviewed By Larry Hill		Date Reviewed 07 / 07 / 2005		Page 5 of 6	

**VEHICLE INFORMATION**

Event Number:	<b>STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET</b> <small>Revised 1/14/04</small>	Accident Number: 0705200501
		Agency Name: Reno Police Department

Name: (Last Name, First Name, Middle Name Suffix) Moore Carey Jane			Transported By: <input checked="" type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____		
Street Address: 5-3836 Greg Street			Transported To:		
City: Reno	State / Country <input checked="" type="checkbox"/> 1) NV	Zip Code: 12358	Person Type: 2	Seating Position: 04	Occupant Restraints: 05
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input checked="" type="checkbox"/> 2) Female	DOB: 07 / 30 / 1995	Phone Number: 7751318131	Injury Severity: B	Injury Location: 3	4
			Airbags: 1	Airbag Switch:	Ejected: 0
			Trapped: 0		

Name: (Last Name, First Name, Middle Name Suffix) Moore Jason Chris			Transported By: <input checked="" type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____		
Street Address: 5-3836 Greg Street			Transported To:		
City: Reno	State / Country <input checked="" type="checkbox"/> 1) NV	Zip Code: 12358	Person Type: 2	Seating Position: 06	Occupant Restraints: 05
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB: 04 / 23 / 1994	Phone Number: 7751318131	Injury Severity: B	Injury Location: 3	4
			Airbags: 1	Airbag Switch:	Ejected: 0
			Trapped: 0		

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

<input type="checkbox"/> 1) Trailing Unit 1 VIN:	Plate:	State: <input type="checkbox"/> 1) NV	Type:
<input type="checkbox"/> 1) Trailing Unit 2 VIN:	Plate:	State: <input type="checkbox"/> 1) NV	Type:
<input type="checkbox"/> 1) Trailing Unit 3 VIN:	Plate:	State: <input type="checkbox"/> 1) NV	Type:

**Commercial Vehicle Configuration**  1) Commercial Vehicle  2) School Bus

<input type="checkbox"/> 1) Bus, 9 - 15 Occupants <input type="checkbox"/> 6) Tractor Only <input type="checkbox"/> 11) Tractor / Semi Trailer <input type="checkbox"/> 2) Bus, > 15 Occupants <input type="checkbox"/> 7) Tractor / Trailer <input type="checkbox"/> 12) Passenger Vehicle, (Haz-Mat) <input type="checkbox"/> 3) Single 2 Axle and 6 Tire <input type="checkbox"/> 8) Tractor / Doubles <input type="checkbox"/> 13) Light Truck, (Haz-Mat) <input type="checkbox"/> 4) Single > 3 Axle <input type="checkbox"/> 9) Tractor / Triples <input type="checkbox"/> 14) Other Heavy Vehicle <input type="checkbox"/> 5) Any 4 Tire Vehicle <input type="checkbox"/> 10) Truck with Trailer	<b>Source</b> <input type="checkbox"/> 1) Driver <input type="checkbox"/> 4) State Reg. <input type="checkbox"/> 2) Log Book <input type="checkbox"/> 5) Side Of Vehicle <input type="checkbox"/> 3) Shipping Papers / Trip Manifest <input type="checkbox"/> 6) Other
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Carrier Name:	<b>Power Unit GVWR</b> <input type="checkbox"/> 1) ≤ 10,000 Lbs <input type="checkbox"/> 2) 10,000 - 26,000 Lbs <input type="checkbox"/> 3) ≥ 26,000 Lbs	<input type="checkbox"/> 1) Haz-Mat <input type="checkbox"/> 2) Released
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Carrier Street Address:	City	State: <input type="checkbox"/> 1) NV	Zip:
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<b>Cargo Body Type</b> <input type="checkbox"/> 1) Pole <input type="checkbox"/> 6) Van / Box <input type="checkbox"/> 11) Grain, Gravel Chips <input type="checkbox"/> 2) Tank <input type="checkbox"/> 7) Concrete Mixer <input type="checkbox"/> 12) Bus, 9 - 15 Occupants <input type="checkbox"/> 3) Flatbed <input type="checkbox"/> 8) Auto Carrier <input type="checkbox"/> 13) Bus, > 15 Occupants <input type="checkbox"/> 4) Dump <input type="checkbox"/> 9) Garbage/Refuse <input type="checkbox"/> 14) Other <input type="checkbox"/> 5) Unknown <input type="checkbox"/> 10) Not Applicable	Haz-Mat ID #:  Hazard Classification #:	<b>Type of Carrier</b> <input type="checkbox"/> 1) Single State <input type="checkbox"/> 2) USDOT <input type="checkbox"/> 3) Canada <input type="checkbox"/> 4) Mexico <input type="checkbox"/> 5) None	<b>NAS Safety Report #:</b>  <b>Carrier Number:</b>  <div style="text-align: right;">Page 6 of 6</div>
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**Vehicle Information**