

CRASH INVESTIGATION SH 10074 REVISED April 4, 2005 NMDOTUCR

Santa Fe Sherrifs Office

1514218

REPORTING DEPARTMENT

ON PRIVATE PROPERTY, FATAL, PROPERTY DAMAGE ONLY, UNDER \$500, \$500 OR MORE, HIT AND RUN, Case Number: 08092005-001, NMDOT:

DATE OF CRASH M/D/YR: 08 09 2005, MILITARY TIME: 1330, CITY OCCURRED IN: Santa Fe, COUNTY: Santa Fe

SUN M Tu W Th F S, OCCURRED ON: Hwy 285, AT INTERSECTION WITH: TRIBAL LAND? Yes No

OTHER LOCATION: 5, FEET, MILES, OF: Tano Rd, PERMANENT LANDMARK - COUNTY LINE - INTERSECTION - MILEPOST, LAT: 35.6784, LONG: -105.9537

CRASH OCCURRED: On Roadway, Off Roadway, CLASSIFICATION: Overturned, Rollover, Other N-Col, Pedestrian, Other Vehicle, Vehicle on Other Rdwy, Parked Vehicle, Fixed Object, Other Object, ANALYSIS CODE: 8

VEHICLE NO. 1 HEADED, N S E W, On: 285, Posted Speed: 55, Safe Speed: 55

Driver's Full Name: Chad Ryan St. Peter, Address: 635 Alamo Dr

Driver's License Number: 908432908, State: NM, Type: D, Restrictions: 10, Expires: 5/15/2006, City/State: Santa Fe, Zip Code: NM 87501, Phone: 5054618131

Date of Birth - M/D/YR: 12/21/1982, Social Security Number: 5161613121548489, Occupation: Computer Programmer, Age, Sex, Race, Injury Code, OP Code, OP Used Property, Airbag Deploy, Ejected, EMS#

Seat Pos, Occupant's Name, Occupant's Address (City, State, Zip), RF, Brenda, M, Marsh, 635 Alamo Dr, Santa Fe, NM, 87501, 20, F, C, C, 6, Y, F, N

Vehicle Yr, Vehicle Make, Color, Body Style, Cargo Body Type, Vehicle Use (1), Vehicle Use (2), Towed?, Overall Vehicle Damage, Extent, RF, RR

License Yr, State, License Plate Number, VIN, Towed due to disabling damage?, Towed, Slight, Moderate, Heavy, Appearance, Property, Fire, None, LF, LR, Top, Under carriage

US DOT, ICC Docket #, Interstate Carrier?, Yes, No, OR, Hazmat Name, AND, 1 digit #, Hazmat Released?, Yes, No

Number of Axles, Gross Vehicle Weight Rating/Gross Combination Weight Rating, Hazmat Placard 4 digit #, Carrier's Name, Carrier's Address, Carrier's Zip

Owner's Name, Owner's Address, Owner's Zip, Owner's Telephone, Chad, R, St. Peter, 635 Alamo Dr, Santa Fe, NM, 87501, 5054618131

Insured By: (Name of Company), Policy Number, Liability Insurance?, Trailer or Towed Vehicles, Type, Year, Make, License Yr, Lic. State, Lic. Number

State Farm, 8934872K, Yes, No, Trailer or Towed Vehicles, Type, Year, Make, License Yr, Lic. State, Lic. Number

VEHICLE NO. 2 OR HEADED, N S E W, On: 285, Posted Speed: 55, Safe Speed: 55

Driver's Full Name: Sue Mary Montgomery, Address: 206 Valley Dr

Driver's License Number: 93923843, State: NM, Type: D, Restrictions: 00, Expires: 01/13/2006, City/State: Santa Fe, Zip Code: NM 87503, Phone: 5053198496

Date of Birth - M/D/YR: 05/16/1964, Social Security Number, Occupation, Age, Sex, Race, Injury Code, OP Code, OP Used Property, Airbag Deploy, Ejected, EMS#

Seat Pos, Occupant's Name, Occupant's Address (City, State, Zip), RR, Tommy, K, Montgomery, 206 Valley Dr, Santa Fe, NM, 87503, 10, M, B, B, 3, Y, N, N

LR, Pam, T, Montgomery, 206 Valley Dr, Santa Fe, NM, 87503, 12, F, B, C, 3, Y, N, N

Vehicle Yr, Vehicle Make, Color, Body Style, Cargo Body Type, Vehicle Use (1), Vehicle Use (2), Towed?, Overall Vehicle Damage, Extent, RF, RR

License Yr, State, License Plate Number, VIN, Towed due to disabling damage?, Towed, Slight, Moderate, Heavy, Appearance, Property, Fire, None, LF, LR, Top, Under carriage

US DOT, ICC Docket #, Interstate Carrier?, Yes, No, OR, Hazmat Name, AND, 1 digit #, Hazmat Released?, Yes, No

Number of Axles, Gross Vehicle Weight Rating/Gross Combination Weight Rating, Hazmat Placard 4 digit #, Carrier's Name, Carrier's Address, Carrier's Zip

Owner's Name, Owner's Address, Owner's Zip, Owner's Telephone, Sue, M, Montgomery, 206 Valley Dr, Santa Fe, NM, 87503, 5053198496

Insured By: (Name of Company), Policy Number, Liability Insurance?, Trailer or Towed Vehicles, Type, Year, Make, License Yr, Lic. State, Lic. Number

AllState, 928342, Yes, No, Trailer or Towed Vehicles, Type, Year, Make, License Yr, Lic. State, Lic. Number

CRASH REPORT NUMBER: 1514218, STATE OF NEW MEXICO UNIFORM CRASH REPORT, SHEET 1 OF 3 SHEETS

CASE NUMBER: 08092005-001, NMDOT, CRASH RECORDS SECTION, PO BOX 1149 SANTA FE, NM 87504

ROAD - WEATHER	LIGHTING (Mark 1 with X)	WEATHER (Mark 1 with X)	ROAD COND (Mark 1 each with X)	ROAD SURFACE (Mark 1 each with X)	TRAFFIC CONTROL (Mark 1 each with X)	ROAD CHARACTER (Mark 1 with X)	CRASH REPORT 1514218			
	<input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Lighted <input type="checkbox"/> Dark - Not Lighted <input type="checkbox"/> Other	<input type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Fog <input type="checkbox"/> Dust <input checked="" type="checkbox"/> Wind <input type="checkbox"/> Other <input type="checkbox"/> Sleet or Hail	V1 V2 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Dry <input type="checkbox"/> <input type="checkbox"/> Wet <input type="checkbox"/> <input type="checkbox"/> Snow <input type="checkbox"/> <input type="checkbox"/> Ice <input type="checkbox"/> <input type="checkbox"/> Loose Material <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> Standing or Moving Water <input type="checkbox"/> <input type="checkbox"/> Slush	V1 V2 <input type="checkbox"/> <input type="checkbox"/> Paved Unstripped <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Paved Center Stripe <input type="checkbox"/> <input type="checkbox"/> Paved Center & Edge line <input type="checkbox"/> <input type="checkbox"/> Unpaved	V1 V2 <input type="checkbox"/> <input type="checkbox"/> No Passing Zone <input type="checkbox"/> <input type="checkbox"/> Stop Sign <input type="checkbox"/> <input type="checkbox"/> Traffic Signals <input type="checkbox"/> <input type="checkbox"/> Yield Sign <input type="checkbox"/> <input type="checkbox"/> R.R. Gate <input type="checkbox"/> <input type="checkbox"/> 4 Way Stop <input type="checkbox"/> <input type="checkbox"/> Flashers <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> No Controls <input type="checkbox"/> <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve	GRADE (Mark 1 with X)	ROAD DESIGN (Mark 1 or more for each with X)		
	<input type="checkbox"/> Level <input type="checkbox"/> Hillcrest <input type="checkbox"/> On Grade <input checked="" type="checkbox"/> Dip	V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1 Lane <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 2 Lanes <input type="checkbox"/> <input type="checkbox"/> 3 Lanes <input type="checkbox"/> <input type="checkbox"/> 4 + Lanes	V1 V2 <input type="checkbox"/> <input type="checkbox"/> One Way <input type="checkbox"/> <input type="checkbox"/> Ramp <input type="checkbox"/> <input type="checkbox"/> Full Access Control <input type="checkbox"/> <input type="checkbox"/> Undeveloped <input type="checkbox"/> <input type="checkbox"/> Alley <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> Constr. Zone							

EVENT	APPARENT CONTRIBUTING FACTORS (Mark 1 or more for each with X)			WHAT DRIVERS WERE DOING (Mark 1 or more for each with X)		SEQUENCE OF EVENTS (See event codes)		
	V1 V2 <input type="checkbox"/> <input type="checkbox"/> Excessive Speed <input type="checkbox"/> <input type="checkbox"/> Speed too fast for conditions <input type="checkbox"/> <input type="checkbox"/> Failed to yield right of way <input type="checkbox"/> <input type="checkbox"/> Passed stop sign <input type="checkbox"/> <input type="checkbox"/> Disregarded traffic signal <input type="checkbox"/> <input type="checkbox"/> Drove left of center <input checked="" type="checkbox"/> <input type="checkbox"/> Improper overtaking <input type="checkbox"/> <input type="checkbox"/> Avoid no contact vehicle <input type="checkbox"/> <input type="checkbox"/> Avoid no contact - other <input type="checkbox"/> <input type="checkbox"/> Cell Phone <input type="checkbox"/> <input type="checkbox"/> Low Visibility due to smoke	V1 V2 <input type="checkbox"/> <input checked="" type="checkbox"/> Following too closely <input type="checkbox"/> <input type="checkbox"/> Made improper turn <input type="checkbox"/> <input type="checkbox"/> Driver inattention <input type="checkbox"/> <input type="checkbox"/> Under influence of alcohol <input type="checkbox"/> <input type="checkbox"/> Other improper driving <input type="checkbox"/> <input type="checkbox"/> Pedestrian error <input type="checkbox"/> <input type="checkbox"/> Inadequate brakes <input type="checkbox"/> <input type="checkbox"/> Driverless moving vehicle <input type="checkbox"/> <input type="checkbox"/> Failed to yield - Police Vehicle(s) <input type="checkbox"/> <input type="checkbox"/> Failed to yield - Emergency Veh(s) <input type="checkbox"/> <input type="checkbox"/> High speed pursuit	V1 V2 <input type="checkbox"/> <input type="checkbox"/> Defective steering <input type="checkbox"/> <input type="checkbox"/> Defective tires <input type="checkbox"/> <input type="checkbox"/> Other mechanical defect <input type="checkbox"/> <input type="checkbox"/> Road defect <input type="checkbox"/> <input type="checkbox"/> Other No driver error <input type="checkbox"/> <input type="checkbox"/> Traffic control not functioning <input type="checkbox"/> <input type="checkbox"/> Improper lane change <input type="checkbox"/> <input type="checkbox"/> Improper backing <input checked="" type="checkbox"/> <input type="checkbox"/> None	V1 V2 <input type="checkbox"/> <input type="checkbox"/> Going Straight <input type="checkbox"/> <input type="checkbox"/> Overtaking - Passing <input type="checkbox"/> <input type="checkbox"/> Right Turn <input type="checkbox"/> <input type="checkbox"/> Left Turn <input type="checkbox"/> <input type="checkbox"/> U Turn <input type="checkbox"/> <input type="checkbox"/> Backing	V1 V2 <input type="checkbox"/> <input type="checkbox"/> Stopped for traffic <input type="checkbox"/> <input type="checkbox"/> Stopped for sign/signal. <input type="checkbox"/> <input type="checkbox"/> Start in traffic lane <input type="checkbox"/> <input type="checkbox"/> Start from park <input type="checkbox"/> <input type="checkbox"/> Parked <input checked="" type="checkbox"/> <input type="checkbox"/> Slowing <input type="checkbox"/> <input type="checkbox"/> Other	V1 V2 ANIM MVT FIRST EVENT MVT FO SECOND EVENT THIRD EVENT FOURTH EVENT		
	DRIVER OR PEDESTRIAN SOBRIETY (Mark 1 or more for each with X)		DRIVER OR PEDESTRIAN PHYSICAL CONDITION (Mark 1 or more for each with X)		PEDESTRIAN ACTION			
	D1 D2 <input type="checkbox"/> <input type="checkbox"/> Consumed Alcohol <input type="checkbox"/> <input type="checkbox"/> Consumed a Controlled Substance <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Had Not Consumed Alcohol <input type="checkbox"/> <input type="checkbox"/> Sobriety Unknown <input type="checkbox"/> <input type="checkbox"/> Consumed Medication <input type="checkbox"/> <input type="checkbox"/> Breath Test Administered ___ gms/210L ___ gms/210L <input type="checkbox"/> <input type="checkbox"/> Blood Test Administered <input type="checkbox"/> <input type="checkbox"/> Field Sobriety Test <input type="checkbox"/> <input type="checkbox"/> Refused Test		D1 D2 <input type="checkbox"/> <input checked="" type="checkbox"/> Fatigue-Asleep <input type="checkbox"/> <input type="checkbox"/> Eyesight Imp. <input type="checkbox"/> <input type="checkbox"/> Hearing Imp. <input type="checkbox"/> <input type="checkbox"/> III *Specify		At Intersection P1 P2 <input type="checkbox"/> <input type="checkbox"/> With Signal <input type="checkbox"/> <input type="checkbox"/> Against Signal <input type="checkbox"/> <input type="checkbox"/> No Signal <input type="checkbox"/> <input type="checkbox"/> Diagonal Not at Intersection P1 P2 <input type="checkbox"/> <input type="checkbox"/> From Behind Obstruction <input type="checkbox"/> <input type="checkbox"/> No Crosswalk <input type="checkbox"/> <input type="checkbox"/> Crosswalk <input type="checkbox"/> <input type="checkbox"/> Walking W/Traffic <input type="checkbox"/> <input type="checkbox"/> *Other *Specify			

DRIVER	DRIVER OR PEDESTRIAN SOBRIETY (Mark 1 or more for each with X)		DRIVER OR PEDESTRIAN PHYSICAL CONDITION (Mark 1 or more for each with X)		PEDESTRIAN	PEDESTRIAN ACTION			
	D1 D2 <input type="checkbox"/> <input type="checkbox"/> Consumed Alcohol <input type="checkbox"/> <input type="checkbox"/> Consumed a Controlled Substance <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Had Not Consumed Alcohol <input type="checkbox"/> <input type="checkbox"/> Sobriety Unknown <input type="checkbox"/> <input type="checkbox"/> Consumed Medication <input type="checkbox"/> <input type="checkbox"/> Breath Test Administered ___ gms/210L ___ gms/210L <input type="checkbox"/> <input type="checkbox"/> Blood Test Administered <input type="checkbox"/> <input type="checkbox"/> Field Sobriety Test <input type="checkbox"/> <input type="checkbox"/> Refused Test		D1 D2 <input type="checkbox"/> <input checked="" type="checkbox"/> Fatigue-Asleep <input type="checkbox"/> <input type="checkbox"/> Eyesight Imp. <input type="checkbox"/> <input type="checkbox"/> Hearing Imp. <input type="checkbox"/> <input type="checkbox"/> III *Specify			At Intersection P1 P2 <input type="checkbox"/> <input type="checkbox"/> With Signal <input type="checkbox"/> <input type="checkbox"/> Against Signal <input type="checkbox"/> <input type="checkbox"/> No Signal <input type="checkbox"/> <input type="checkbox"/> Diagonal Not at Intersection P1 P2 <input type="checkbox"/> <input type="checkbox"/> From Behind Obstruction <input type="checkbox"/> <input type="checkbox"/> No Crosswalk <input type="checkbox"/> <input type="checkbox"/> Crosswalk <input type="checkbox"/> <input type="checkbox"/> Walking W/Traffic <input type="checkbox"/> <input type="checkbox"/> *Other *Specify			

Describe what happened - refer to vehicles by number

Veh1 was headed Northbound on 285 when a deer entered the roadway. In order to avoid the deer, Veh1 began to slow. Veh2 was following too closely behind Veh1 and was unable to brake in time. Veh2 rear ended Veh1 pushing it onto the right shoulder and itself into the center median.

Use Diagram/Narrative Sheet for additional information

OTHER PROPERTY INVOLVED	DESCRIPTION OF PROPERTY AND DAMAGE			
	Owner's Name	Owner's Address	Owner's Zip Code	Owner's Telephone

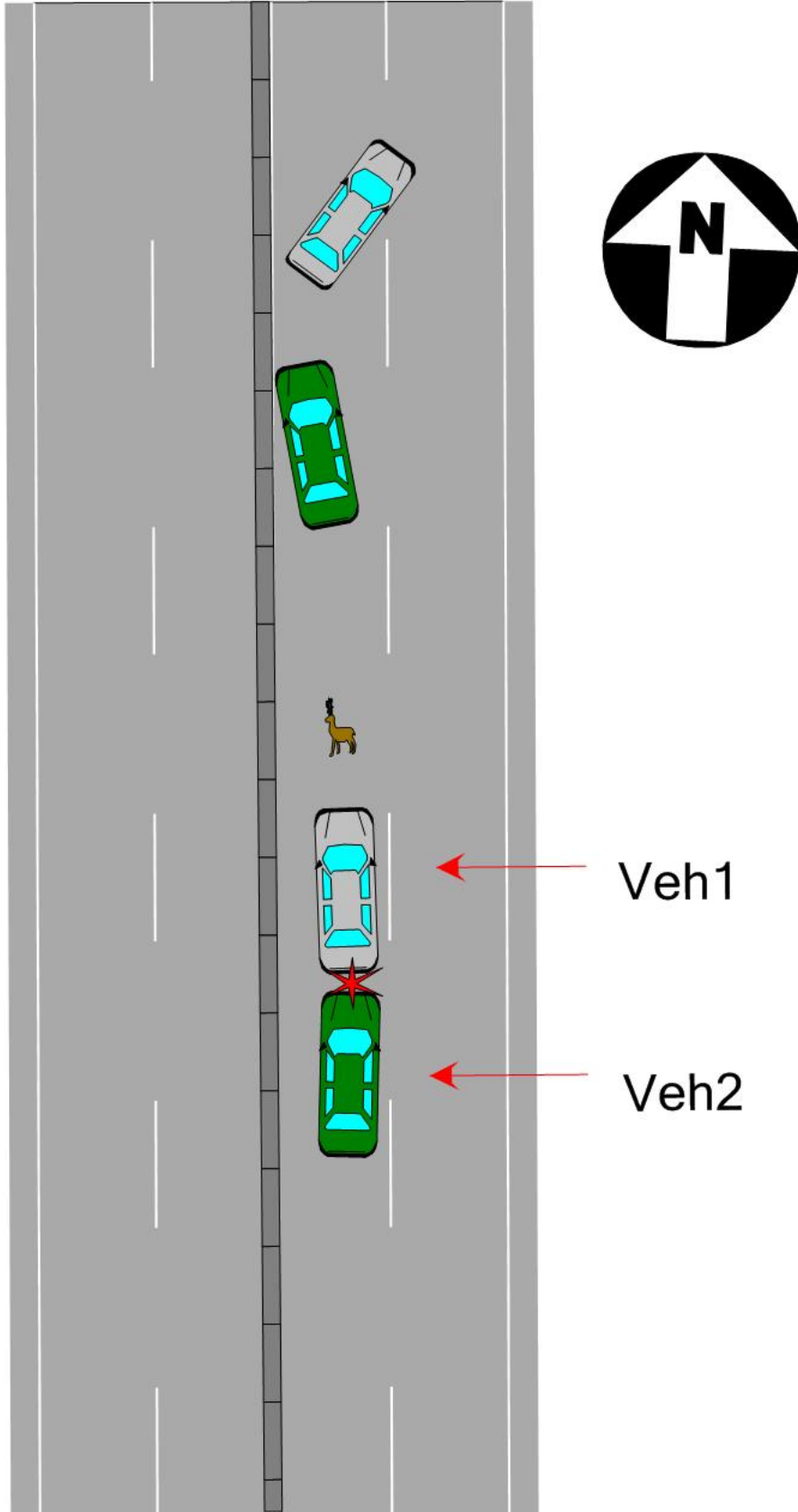
WITNESS	NAME	AGE	ADDRESS	TELEPHONE
	Bob J Cotter	38	982 Chucker Rd Santa Fe NM 87501	5 0 5 3 1 9 8 4 6 1

ENFORCEMENT ACTION	VEH. NO.	NAME	VIOLATION (COMMON NAME)	ACTION
	2	2.8.41.12	Following too Closely	<input type="checkbox"/> Booked <input checked="" type="checkbox"/> Cited <input type="checkbox"/> Pending
				<input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending

Time Notified 1 3 4 0	Time Arrived 1 3 5 5	Notified By Chad St Peter	Supervisor at Scene Henry Mitchel	Checked By Henry Mitchel
Officer's Signature		Print Officer's Name Joe Hardaker	Rank Cnst	ID No. c99

CRASH REPORT NUMBER: 1514218	STATE OF NEW MEXICO UNIFORM CRASH REPORT NMDOT COPY	SHEET OF 2 SHEETS 3
CASE NUMBER: 08092005-001		

DIAGRAM/NARRATIVE
Use Additional Sheets As Necessary



CRASH REPORT NUMBER 1514218

CASE NUMBER 08092005-001

DIAGRAM DRAWN BY : Joe Hardaker

MEASUREMENTS TAKEN BY : Joe Hardaker

CRASH REPORT NUMBER: 1514218
CASE NUMBER: 08092005-001

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SHEET
OF 3 SHEETS 3

THIS REPORT MAY CONTAIN OPINIONS AND OBSERVATIONS OF THE INVESTIGATING OFFICER