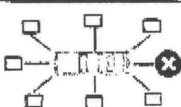


Event Number: 050430-0167		<b>STATE OF NEVADA TRAFFIC ACCIDENT REPORT</b>				Accident Number: LVMPD-050430-0167	
Code Revision:		SCENE INFORMATION SHEET Revised: 5/21/2003				<input type="checkbox"/> Property <input checked="" type="checkbox"/> Injury <input type="checkbox"/> Fatal	
<input type="checkbox"/> Emergency <input type="checkbox"/> Office Report <input checked="" type="checkbox"/> Preliminary Report <input type="checkbox"/> Resubmission <input type="checkbox"/> Hit and Run <input type="checkbox"/> Initial Report <input type="checkbox"/> Supplement Report <input type="checkbox"/> Private Property		Agency Name: LAS VEGAS METROPOLITAN POLICE DEPARTMENT					
Collision Date:	Time:	Day:	Beat/Sector	<input checked="" type="checkbox"/> County	<input type="checkbox"/> City	Surface	Intersection
4/30/2005	0103	SATURDAY	S5	CLARK		<input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Dirt <input type="checkbox"/> Other	<input type="checkbox"/> Four Way <input type="checkbox"/> > Four Way <input checked="" type="checkbox"/> T <input type="checkbox"/> Y <input type="checkbox"/> Roundabout
Mile Marker	#Vehicles	#Non Motorists	#Occupants	#Fatalities	#Injured	#Restrained	Paddle Marker
	2	0	2	0	1	1	<input type="checkbox"/> None <input type="checkbox"/> Left Side <input checked="" type="checkbox"/> Right Side <input type="checkbox"/> Both Sides <input type="checkbox"/> Unknown
Occurred On: (Highway # or Street Name) DURANGO							
<input checked="" type="checkbox"/> At Intersection With: <input type="checkbox"/> Or: <input type="checkbox"/> Feet <input type="checkbox"/> Miles Of (Cross Street) PATRICK <input type="checkbox"/> Approximate							
Parking Lot		<input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural		Access Control		<input checked="" type="checkbox"/> None <input type="checkbox"/> Full <input type="checkbox"/> Partial	
Roadway Character		Roadway Conditions <input type="checkbox"/> Unknown		Total Thru Lanes		Average Roadway Widths	
<input type="checkbox"/> Curve & Grade <input type="checkbox"/> Curve & Hillcrest <input type="checkbox"/> Curve & Level <input type="checkbox"/> Straight & Grade <input type="checkbox"/> Straight & Hillcrest <input checked="" type="checkbox"/> Straight & Level		<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Moving Water <input type="checkbox"/> Snow <input type="checkbox"/> Sand/Mud/Oil/Dirt/Gravel		Main Road <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input checked="" type="checkbox"/> Four <input type="checkbox"/> Five <input type="checkbox"/> > 5 Cross Road <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/> Five <input type="checkbox"/> > 5		Travel Lane 12 Ft. <input type="checkbox"/> Not Determined Storage/Turn Lane 12 Ft. <input checked="" type="checkbox"/> Relatively Level Roadway Median 0 Ft. <input type="checkbox"/> (+) Up Slope <input type="checkbox"/> (-) Down Slope Paved Shoulder Inside 0 Ft. Outside 0 Ft.	
Pavement Markings and Type <input type="checkbox"/> None		Highway Description		Weather Conditions <input type="checkbox"/> Unknown			
4 Centerline, Broken Yellow 4 Centerline, Solid Yellow Centerline, Double Yellow Lane Line, Broken White Lane Line, Solid White Other		Edge Line, Left, Yellow Edge Line, Right, White Center Turn Lane Lines Turn Arrow Symbols No Passing, Either Dir. Unknown		<input checked="" type="checkbox"/> Two-Way, Not Divided <input type="checkbox"/> Two-Way, Divided, Unpro. Median <input type="checkbox"/> Two-Way, Divided, Median Barrier <input type="checkbox"/> One-Way, Not Divided <input type="checkbox"/> Unknown <input type="checkbox"/> Other		<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Fog, Smog, Smoke, Ash <input type="checkbox"/> Cloudy <input type="checkbox"/> Severe Crosswinds <input type="checkbox"/> Snow <input type="checkbox"/> Sleet/Hail <input type="checkbox"/> Rain <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Off Road <input type="checkbox"/> Blowing Sand, Dirt, Soil, Snow	
Light Conditions <input type="checkbox"/> Unknown		Vehicle Collision Type <input type="checkbox"/> Unknown		Location of First Event			
<input type="checkbox"/> Dusk <input type="checkbox"/> Dark-No Roadway Lighting <input type="checkbox"/> Dawn <input checked="" type="checkbox"/> Dark-Spot Roadway Lighting <input type="checkbox"/> Daylight <input type="checkbox"/> Dark-Continuous Roadway Lighting <input type="checkbox"/> Other <input type="checkbox"/> Dark-Unknown Roadway Lighting		<input type="checkbox"/> Head On <input type="checkbox"/> Rear to Rear <input checked="" type="checkbox"/> Rear End <input type="checkbox"/> Sideswipe, Meeting <input type="checkbox"/> Backing <input type="checkbox"/> Sideswipe, Overtaking <input type="checkbox"/> Angle <input type="checkbox"/> Non-Collision		<input checked="" type="checkbox"/> Travel Lane 1 <input type="checkbox"/> Inside Shoulder <input type="checkbox"/> Roadside <input type="checkbox"/> Turn Lane <input type="checkbox"/> Outside Shoulder <input type="checkbox"/> Intersection <input type="checkbox"/> Gore <input type="checkbox"/> Ramp# <input type="checkbox"/> Unknown <input type="checkbox"/> Median <input type="checkbox"/> Private Property <input type="checkbox"/> Other			
Highway/Environment Factors		Property Damage To Other Than Vehicle					
<input checked="" type="checkbox"/> None <input type="checkbox"/> Road Obstruction <input type="checkbox"/> Inactive Work Zone <input type="checkbox"/> Weather <input type="checkbox"/> Worn Traffic Surface <input type="checkbox"/> Animal in Roadway <input type="checkbox"/> Debris <input type="checkbox"/> Wet, Icy, Snow, Slush <input type="checkbox"/> Unknown <input type="checkbox"/> Glare <input type="checkbox"/> Ruts, Holes, Bumps <input type="checkbox"/> Other Environmental <input type="checkbox"/> Shoulders <input type="checkbox"/> Active Work Zone <input type="checkbox"/> Other Highway		Describe:		Owner Name and Address: <input type="checkbox"/> Owner Notified			
First Harmful Event							
Code # 214 Description: 214 MOTOR VEHICLE IN TRANSPORT							
Describe Other Entries							
Description of Accident/Narrative							
V2 WAS N/B DURANGO AT PATRICK. V1 WAS ALSO N/B BEHIND V2. V1 DRIVER STATED HE WAS DOING SOMETHING WITH THE RADIO AND RAN INTO THE BACK OF V2  the use and dissemination of this report is regulated by law. Secondary dissemination of any kind is prohibited and could subject the officer to Criminal and Civil Liability. This information is for use only in the investigation of the accident. By: <i>[Signature]</i> Release <i>[Signature]</i> Date: 6/30/08							
Investigation Complete	Photos Taken	Scene Diagram	Statements	Date Notified	Time Notified	Arrival Time	Elapsed Time
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes #0 <input checked="" type="checkbox"/> No	4/30/2005	0116	0135	0019
Investigator	ID Number	Date	Reviewed By	Date Reviewed			
JEX	5597	4/30/2005	2440 DAVID MOODY	5/5/2005 8:37:18 AM			

Event Number: 050430-G167		<b>STATE OF NEVADA</b> <b>TRAFFIC ACCIDENT REPORT</b> VEHICLE INFORMATION SHEET Revised 5/21/2003		Accident Number: LVMPD-050430-0167	
At Fault <input checked="" type="checkbox"/> Vehicle # 1		# Occupants 1		Agency Name: LAS VEGAS METROPOLITAN POLICE DEPARTMENT	
Vehicle Factors: <input type="checkbox"/> Unknown		Driver Factors: <input type="checkbox"/> Unknown		Traffic Control: <input type="checkbox"/> Unknown (F=Functioning NF=Not Functioning O=Obstructed)	
<input type="checkbox"/> Fail to Yield Right of Way <input type="checkbox"/> Disregard Control Device <input type="checkbox"/> Too Fast for Conditions <input type="checkbox"/> Exceeding Speed Limit <input type="checkbox"/> Wrong Way/Direction <input type="checkbox"/> Mechanical Defect <input type="checkbox"/> Drove Left of Center <input type="checkbox"/> Fail to Maintain Lane <input type="checkbox"/> Aggressive/Reckless/Carless		<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Hit and Run <input type="checkbox"/> Road Defect <input type="checkbox"/> Object Avoidance <input type="checkbox"/> Driverless Vehicle <input checked="" type="checkbox"/> Following Too Close <input type="checkbox"/> Unsafe Lane Change <input type="checkbox"/> Made Improper Turn <input type="checkbox"/> Over Correct Steering		<input type="checkbox"/> Apparently Normal <input checked="" type="checkbox"/> Had Been Drinking <input type="checkbox"/> Drug Involvement <input type="checkbox"/> Apparently Fatigued/Sleep <input type="checkbox"/> Obstructed View <input type="checkbox"/> Driver Ill/Injured <input type="checkbox"/> Other Improper Driving <input checked="" type="checkbox"/> Driver Inattention/Distracted 3 <input type="checkbox"/> RADIO/CD PLAYER <input type="checkbox"/> Physical Impairment	
Direction of Travel: <input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> CDL <input checked="" type="checkbox"/> License Valid Endorsements: _____ Restrictions: _____ <input checked="" type="checkbox"/> Driver Last Name: FLOREZ First Name: MICHAEL Middle: _____ Suffix: _____ DOB: /1976		Highway/Street Name: DURANGO Compliance <input type="checkbox"/> Restrict <input type="checkbox"/> Endorse OLN: _____ From: 0 To: 0 Limit: 35 State: <input checked="" type="checkbox"/> NV License Status: 0		Travel Lane# T1 <input type="checkbox"/> FNF <input type="checkbox"/> O <input type="checkbox"/> Speed Zone <input type="checkbox"/> Signal Light <input type="checkbox"/> Flashing Light <input type="checkbox"/> School Zone <input type="checkbox"/> Red. Signal <input type="checkbox"/> No Passing <input type="checkbox"/> No Controls <input type="checkbox"/> Warning Sign	
Street Address: _____ City: LAS VEGAS State: <input checked="" type="checkbox"/> NV Zip: 89113 Last Name: _____ First Name: _____ Middle: _____ Suffix: _____ DOB: _____ Street Address: _____ City: _____ State: <input type="checkbox"/> NV Zip: _____ Vch. Yr.: 2004 Make: GMC Model: YUKON Type: 4T-HARDTOP, 4 DOOR Plate/Permit Number: _____ State: NV Exp.: 12/08/2005 Color: BURGUNDY/MAROON VIN: _____		Transported To: JAIL By: <input type="checkbox"/> EMS <input type="checkbox"/> Not Trans. <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Police <input type="checkbox"/> Other Person Type: _____ Occupant Restraints: 01 Seating Position: _____ Injury Severity: 0 Injury Location: _____ Airbags: 1 Airbag Switch: _____ Ejected: 0 Trapped: _____		Registered Owner Name: (Same as DRIVER) _____ Insured/Company: _____ Policy Number: _____ Effective: _____ R.O. Address: NV Company Address: _____ To: _____ <input type="checkbox"/> Trailing Unit 1 VIN: _____ <input type="checkbox"/> Trailing Unit 2 VIN: _____ <input type="checkbox"/> Trailing Unit 3 VIN: _____ Plate # _____ State _____ Type _____ Plate # _____ State _____ Type _____ Plate # _____ State _____ Type _____	
1st Contact: _____ Damaged Areas: <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right Side <input type="checkbox"/> Left Side <input type="checkbox"/> Rear Extent of Damage: <input type="checkbox"/> None <input type="checkbox"/> Unk. <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Major <input type="checkbox"/> Total Code # _____ Sequence of Events Description: MOTOR VEHICLE IN TRANSPORT Collision with Fixed Object: <input type="checkbox"/> Most Harmful Event: <input checked="" type="checkbox"/>		Vehicle Towed: <input checked="" type="checkbox"/> By: QUALITY TOW Removed To: TOW YARD Vehicle Configuration: <input type="checkbox"/> Bus, 9-15 Occupants <input type="checkbox"/> Bus, >15 Occupants <input type="checkbox"/> Single 2 Axle & 6 Tire <input type="checkbox"/> Single >= 3 Axle <input type="checkbox"/> Any 4 Tire Vehicle <input type="checkbox"/> Tractor Only <input type="checkbox"/> Tractor/Trailer <input type="checkbox"/> Tractor/Doubles <input type="checkbox"/> Tractor/Triples <input type="checkbox"/> Tractor/Semi-Trailer <input type="checkbox"/> Pass. Veh. (Haz-Mat) <input type="checkbox"/> Light Truck (Haz-Mat) <input type="checkbox"/> Other Heavy Vehicle <input type="checkbox"/> Truck with Trailer		Source: <input type="checkbox"/> Driver <input type="checkbox"/> State Reg. <input type="checkbox"/> Log Book <input type="checkbox"/> Side of Vehicle <input type="checkbox"/> Shipping Papers/Trip Mnfst Carrier Name: _____ Power Unit GVWR: <input type="checkbox"/> <= 10,000 Lbs. <input type="checkbox"/> 10,001-26,000 Lbs. <input type="checkbox"/> >26,000 Lbs. <input type="checkbox"/> Haz-Mat <input type="checkbox"/> Released Carrier Street Address: _____ City: _____ State: NV Zip: _____	
Cargo Body Type: <input type="checkbox"/> Pole <input type="checkbox"/> Tank <input type="checkbox"/> Flatbed <input type="checkbox"/> Dump <input type="checkbox"/> Other <input type="checkbox"/> Van/Box <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Auto Carrier <input type="checkbox"/> Garbage/Refuse <input type="checkbox"/> Not Applicable <input type="checkbox"/> Grain, Gravel Chips <input type="checkbox"/> Bus, 9-15 Occupants <input type="checkbox"/> Bus, >15 Occupants <input type="checkbox"/> Stopped <input type="checkbox"/> Racing <input type="checkbox"/> Other Turning <input type="checkbox"/> Enter Parked(1)		Placard #: _____ ICC MC <input type="checkbox"/> Single State <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> Canada <input type="checkbox"/> Mexico Diamond #: _____ NRS <input type="checkbox"/> CFR <input checked="" type="checkbox"/> CC/MC Violation: _____ NOC 00000 Citation Number: _____ <input type="checkbox"/> Pending 1) <input type="checkbox"/> NRS <input type="checkbox"/> CFR <input checked="" type="checkbox"/> CC/MC Violation: _____ NOC 01045 Citation Number: _____ <input type="checkbox"/> Pending 2)		Method of Determination: <input type="checkbox"/> Suspected Impairment Alcohol <input type="checkbox"/> Unknown <input type="checkbox"/> Drugs <input type="checkbox"/> Field Sobriety Test <input type="checkbox"/> Evidentiary Breath <input type="checkbox"/> Urine Test <input type="checkbox"/> Preliminary Breath <input type="checkbox"/> Blood Test Test Results: _____	
Investigator: JEX		ID Number: 5597		Date: 4/30/2005	
Reviewed By: 2440 DAVID MOODY		Date Reviewed: 5/5/2005 8:37:18 AM			

Event Number: 050430-0167		<b>STATE OF NEVADA</b>		Accident Number: LVMPD-050430-0167	
At Fault <input type="checkbox"/> Vehicle # 2		<b>TRAFFIC ACCIDENT REPORT</b>		Agency Name: LAS VEGAS METROPOLITAN POLICE DEPARTMENT	
# Occupants 1		VEHICLE INFORMATION SHEET		Revised 5/21/2003	
Vehicle Factors: <input type="checkbox"/> Unknown		Driver Factors: <input type="checkbox"/> Unknown		Traffic Control <input type="checkbox"/> Unknown (F-Functioning NF-Not Functioning O-Obstructed)	
<input type="checkbox"/> Fail to Yield Right of Way <input type="checkbox"/> Disregard Control Device <input type="checkbox"/> Too Fast for Conditions <input type="checkbox"/> Exceeding Speed Limit <input type="checkbox"/> Wrong Way/Direction <input type="checkbox"/> Mechanical Defect <input type="checkbox"/> Drove Left of Center <input type="checkbox"/> Fail to Maintain Lane <input type="checkbox"/> Aggressive/Reckless/Careless		<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Hit and Run <input type="checkbox"/> Road Defect <input type="checkbox"/> Object Avoidance <input type="checkbox"/> Driverless Vehicle <input type="checkbox"/> Following Too Close <input type="checkbox"/> Unsafe Lane Change <input type="checkbox"/> Made Improper Turn <input type="checkbox"/> Over Correct Steering		<input checked="" type="checkbox"/> Apparently Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Drug Involvement <input type="checkbox"/> Apparently Fatigued/Sleep <input type="checkbox"/> Obstructed View <input type="checkbox"/> Driver Ill/Injured <input type="checkbox"/> Other Improper Driving <input type="checkbox"/> Driver Inattention/Distracted <input type="checkbox"/> Physical Impairment	
<input type="checkbox"/> FNF O <input type="checkbox"/> Speed Zone <input type="checkbox"/> Signal Light <input type="checkbox"/> Flashing Light <input type="checkbox"/> School Zone <input type="checkbox"/> Red. Signal <input type="checkbox"/> No Passing <input type="checkbox"/> No Controls <input type="checkbox"/> Warning Sign		<input type="checkbox"/> FNF O <input type="checkbox"/> Stop Sign <input type="checkbox"/> Yield Sign <input type="checkbox"/> R.R. Sign <input type="checkbox"/> R.R. Gates <input type="checkbox"/> R.R. Signal(1) <input checked="" type="checkbox"/> Marked Lanes <input type="checkbox"/> Tire Chains/Snow Req <input type="checkbox"/> Other: (2)		Direction of Travel: <input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	
Highway/Street Name: DURANGO		Travel Lane# T 1			
<input type="checkbox"/> CDL <input checked="" type="checkbox"/> License Valid		Compliance <input type="checkbox"/> Restrict <input type="checkbox"/> Endorse		OLN: 103227778	
Endorsements		Restrictions		Speed Estimate: From: 0	
<input checked="" type="checkbox"/> Driver Last Name: First Name: Middle: Suffix: DOB:		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unk:		License Status: 0	
Street Address:		Transported To: 1 Person Type		Seating Position	
City: LAS VEGAS State: <input checked="" type="checkbox"/> NV Zip: 89147		By: <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Not Trans. <input type="checkbox"/> Unknown <input type="checkbox"/> Police <input type="checkbox"/> Other		Injury Severity 3, 6 Injury Location	
Last Name: First Name: Middle: Suffix: DOB:		Person Type		Airbags 1 Airbag Switch	
Street Address:		Transported To:		Ejected 0 Trapped	
City: State: <input type="checkbox"/> NV Zip:		By: <input type="checkbox"/> EMS <input type="checkbox"/> Police <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Not Trans.		Person Type	
Veh. Yr.: 1998 Make: DODGE Model: DAKOTA Type: PK-PICKUP		Plate/Permit Number: State: TN Exp.: 8/31/2004 Color: WHITE VIN:		Occupant Restraints Seating Position	
Registered Owner Name: (Same as DRIVER)		<input type="checkbox"/> Insured/Company:		Injury Severity Injury Location	
R.O. Address: NV		Company Address:		Airbags Airbag Switch	
<input type="checkbox"/> Trailing Unit 1 VIN:		<input type="checkbox"/> Trailing Unit 2 VIN:		Ejected Trapped	
Plate # State Type		Plate # State Type		Plate # State Type	
1st Contact		Damaged Areas		Extent of Damage <input type="checkbox"/> None <input type="checkbox"/> Unk. <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Major <input type="checkbox"/> Total	
		<input type="checkbox"/> Front <input type="checkbox"/> Right Front <input type="checkbox"/> Left Front <input type="checkbox"/> Right Side <input type="checkbox"/> Right Rear <input type="checkbox"/> Left Rear <input type="checkbox"/> Left Side <input type="checkbox"/> Top <input type="checkbox"/> Other <input checked="" type="checkbox"/> Rear <input type="checkbox"/> Under Carriage <input type="checkbox"/> Unknown		Code # Sequence of Events Description Collision with Fixed Object Most Harmful Event	
<input type="checkbox"/> Override <input type="checkbox"/> Under Ride		Vehicle Towed: <input type="checkbox"/> By: <input type="checkbox"/> Removed To: RETAINED BY DRIVER		1st MOTOR VEHICLE IN TRANSPORT <input type="checkbox"/> <input checked="" type="checkbox"/>	
Vehicle Action <input type="checkbox"/> Unknown		Vehicle Configuration		<input type="checkbox"/> Comm. Veh. <input type="checkbox"/> School Bus	
<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Parked <input type="checkbox"/> Entering Lane <input type="checkbox"/> Bus, 2-15 Occupants <input type="checkbox"/> Tractor Only <input type="checkbox"/> Tractor/Semi-Trailer		<input type="checkbox"/> Backing <input type="checkbox"/> U-Turn <input type="checkbox"/> Leaving Lane <input type="checkbox"/> Bus, >15 Occupants <input type="checkbox"/> Tractor/Trailer		Source: <input type="checkbox"/> Driver <input type="checkbox"/> State Reg. <input type="checkbox"/> Log Book <input type="checkbox"/> Side of Vehicle <input type="checkbox"/> Shipping Papers/Trip Mnfst	
<input type="checkbox"/> Left Turn <input type="checkbox"/> Lane Change <input type="checkbox"/> Stopped <input type="checkbox"/> Single 2 Axle & 6 Tire <input type="checkbox"/> Tractor/Doubles <input type="checkbox"/> Light Truck (Haz-Mat)		<input type="checkbox"/> Right Turn <input type="checkbox"/> Passing <input type="checkbox"/> Racing <input type="checkbox"/> Single >= 3 Axle <input type="checkbox"/> Tractor/Triples <input type="checkbox"/> Other Heavy Vehicle		<input type="checkbox"/> Truck with Trailer	
<input type="checkbox"/> Wrong Way <input type="checkbox"/> Driverless Veh <input type="checkbox"/> Other Turning <input type="checkbox"/> Any 4 Tire Vehicle		<input type="checkbox"/> Other <input type="checkbox"/> Leaving Parked <input type="checkbox"/> Enter Parked(1)			
Carrier Name:		Power Unit GVWR: <input type="checkbox"/> <= 10,000 Lbs. <input type="checkbox"/> 10,001-26,000 Lbs. <input type="checkbox"/> >26,000 Lbs.		<input type="checkbox"/> Haz-Mat <input type="checkbox"/> Released	
Carrier Street Address:		City: NV State: NV Zip:			
Cargo Body Type <input type="checkbox"/> Unknown		Placard #: <input type="checkbox"/> ICC MC <input type="checkbox"/> Single State		NAS Safety Report #	
<input type="checkbox"/> Pole <input type="checkbox"/> Van/Box <input type="checkbox"/> Grain, Gravel Chips <input type="checkbox"/> Bus, 9-15 Occupants <input type="checkbox"/> USDOT		Diamond #: <input type="checkbox"/> None <input type="checkbox"/> Canada <input type="checkbox"/> Mexico		Number:	
<input type="checkbox"/> Tank <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Auto Carrier <input type="checkbox"/> Bus, >15 Occupants		<input type="checkbox"/> Flatbed <input type="checkbox"/> Garbage/Refuse <input type="checkbox"/> Other <input type="checkbox"/> Not Applicable			
<input checked="" type="checkbox"/> NRS <input type="checkbox"/> CFR <input type="checkbox"/> CC/MC Violation		NOC 00000 Citation Number		<input type="checkbox"/> Suspected Impairment <input type="checkbox"/> Unknown <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs	
<input type="checkbox"/> Pending		NOC 00905 Citation Number		Method of Determination <input type="checkbox"/> Driver Admission	
1) <input checked="" type="checkbox"/> NRS <input type="checkbox"/> CFR <input type="checkbox"/> CC/MC Violation		<input type="checkbox"/> Field Sobriety Test <input type="checkbox"/> Preliminary Breath		<input type="checkbox"/> Blood Test	
<input type="checkbox"/> Pending		<input type="checkbox"/> Urine Test		<input type="checkbox"/> Test Results:	
Investigator: JEX		ID Number: 5597		Date: 4/30/2005	
Reviewed By: 2440 DAVID MOODY		Date Reviewed: 5/5/2005 8:37:18 AM			