

05-45981

Supplement No
ORIG

RENO POLICE DEPARTMENT



P.O. BOX 1900

455 E 2ND ST

Reno NV 89502

Phone
775-334-2175

Fax

Reported Date

11/06/2005

Rpt/Incident Typ

TRF-HITRUN

Emp #

MCCAULEY, JOHN

Administrative Information

Agency RENO POLICE DEPARTMENT	OCA # 05-45981	Supplement No ORIG	Reported Date 11/06/2005	Reported Time 17:30	CAD Call No 053100829
Status REPORT TO FOLLOW	Rpt/Incident Typ HIT&RUN				
Location GLENDA WY/LAKESIDE DR					City RENO
Rep Dist K1D1	Area RS	Beat 86	From Date 11/06/2005	From Time 17:30	Emp # R0786/MCCAULEY, JOHN
Assignment Patrol - Days - Team 14 - TRAFFIC DET				Author R0786	
Assignment Patrol - Days - Team 14 - TRAFFIC DET				RMS Transfer Successful	Approving Officer R1435
Approval Date 12/13/2005		Approval Time 10:22:09			

Person Summary

Invl LEP	Invl No 1	Type P	Name ;MCCAULEY, JOHN	MNI
Race	Sex	DOB		
Invl PED	Invl No 1	Type I	Name LYMAN, DOROTHY	MNI 713467
Race W	Sex F	DOB 10/09/1930		
Invl SUS	Invl No 1	Type I	Name GARCIA, JESSE	MNI 1080900
Race	Sex	DOB		
Invl WIT	Invl No 1	Type I	Name DOSEN, TONY	MNI 102518
Race W	Sex M	DOB 04/24/1964		
Invl WIT	Invl No 2	Type I	Name CALLENDER, JAMES	MNI 430196
Race B	Sex M	DOB 08/24/1959		
Invl WIT	Invl No 3	Type I	Name HEROLD, DAVID	MNI 969007
Race W	Sex M	DOB 06/04/1972		
Invl WIT	Invl No 4	Type I	Name DOYLE, JENNIFER	MNI 1080904
Race W	Sex F	DOB 03/31/1981		
Invl WIT	Invl No 5	Type I	Name TAYLOR, HEIDI	MNI 1080911
Race	Sex	DOB		

Vehicle Summary

Invl ACC	Veh Type 1	License No 900SFD	State NV	Lic Year 2006	Year 1998	Make FORD	Model	Style SW	Color BLK
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Report Emp #

R0786/MCCAULEY, JOHN

Printed At

04/06/2022 13:25

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RENO POLICE DEPARTMENT**LAW ENFORCEMENT PERSONNEL 1: ;MCCAULEY,JOHN**

Involvement LAW ENFORCEMENT PERSONNEL	Invl No 1	Type POLICE OFFICER (RPD/UNR ONLY)
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Name
;MCCAULEY, JOHN**PEDESTRIAN 1: LYMAN,DOROTHY**

Involvement PEDESTRIAN	Invl No 1	Type INDIVIDUAL
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Name
LYMAN, DOROTHY MNI
713467 Race
WHITE Sex
FEMALE

DOB 10/09/1930	Age 75	Juvenile? No	Height 5'04"	Weight 135#	Hair Color GRAY/PARTIALLY GRAY	Eye Color BROWN
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Type
HOME Address
3201 PLUMAS STCity
RENO State
Nevada ZIP Code
89509 Date
02/21/2009Phone Type
HOME Phone No
(775)829-1050 Date
02/21/2009**SUSPECT 1: GARCIA,JESSE**

Involvement SUSPECT	Invl No 1	Type INDIVIDUAL	Name GARCIA, JESSE
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MNI
1080900Type
HOME Address
4959 TALBOT LN #54City
RENO State
Nevada ZIP Code
89509 Date
02/21/2009Phone Type
ALL CELLULAR AND/OR MOBILE PHONES Phone No
(775)691-5547 Date
02/21/2009**WITNESS 1: DOSEN,TONY**

Involvement WITNESS	Invl No 1	Type INDIVIDUAL	Name DOSEN, TONY
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MNI
102518 Race
WHITE Sex
MALE DOB
04/24/1964 Age
41 Juvenile?
No Height
6'00" Weight
280# Hair Color
BROWN Eye Color
HAZELType
HOME Address
3601 GRAND TETON CTCity
RENO State
Nevada ZIP Code
89509 Date
02/21/2009Phone Type
ALL CELLULAR AND/OR MOBILE PHONES Phone No
(775)691-5545 Date
02/21/2009 Phone Type
HOMEPhone No
(775)826-5920 Date
02/21/2009**WITNESS 2: CALLENDER,JAMES**

Involvement WITNESS	Invl No 2	Type INDIVIDUAL	Name CALLENDER, JAMES
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MNI
430196 Race
BLACK OR AFRICAN AMERICAN Sex
MALE DOB
08/24/1959 Age
46 Juvenile?
No Height
5'11" Weight
180#Hair Color
BLACK Eye Color
BROWNType
HOME Address
5665 MT ROSE HY #ACity
RENO State
Nevada ZIP Code
89521 Date
02/21/2009Phone Type
BUSINESS Phone No
(775)329-0711 Date
02/21/2009 Phone Type
HOME Phone No
(775)849-7871Date
02/21/2009**WITNESS 3: HEROLD,DAVID**

Involvement WITNESS	Invl No 3	Type INDIVIDUAL	Name HEROLD, DAVID
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MNI
969007 Race
WHITE Sex
MALE DOB
06/04/1972 Age
33 Juvenile?
No Height
5'11" Weight
150# Hair Color
BROWN Eye Color
BROWN

RENO POLICE DEPARTMENT

Type	Address		
HOME	475 LA RUE AV		
City	State	ZIP Code	Date
RENO	Nevada	89507	02/21/2009

Phone Type	Phone No	Date
HOME	(775)232-3789	02/21/2009

WITNESS 4: DOYLE,JENNIFER

Involvement	Invl No	Type	Name
WITNESS	4	INDIVIDUAL	DOYLE,JENNIFER

MNI	Race	Sex	DOB	Age	Juvenile?
1080904	WHITE	FEMALE	03/31/1981	24	No

Type	Address		
HOME	695 W 3RD ST #357		
City	State	ZIP Code	Date
RENO	Nevada	89503	02/21/2009

Type	[REDACTED]		
SOCIAL SECURITY NUMBER			

Phone Type	Phone No	Date	Phone Type
BUSINESS	(775)823-9339	02/21/2009	ALL CELLULAR AND/OR MOBILE PHONES

Phone No	Date
(530)318-5778	02/21/2009

WITNESS 5: TAYLOR,HEIDI

Involvement	Invl No	Type	Name
WITNESS	5	INDIVIDUAL	TAYLOR,HEIDI

MNI
1080911

Type	Address		
HOME	1171 CHARLES DR		
City	State	ZIP Code	Date
RENO	Nevada	89509	02/21/2009

Vehicle: 900SFD

Veh Invl	Veh Type	License No	State	Lic Year	Lic Type	Year
TRAFFIC ACCIDENT	AUTO	900SFD	Nevada	2006	PASSENGER CAR	1998

Make	Style	Color
Ford/Courier/Ford Goldline Camper	STATION WAGON	BLACK

VIN
EXPEDITION

Link	Involvement	Invl No	Name	Race	Sex
DRV	SUS	1	GARCIA,JESSE		
DOB					

Link	Involvement	Invl No	Name	Race	Sex
RO	WIT	1	DOSEN, TONY	W	M
DOB					

04/24/1964					
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Modus Operandi

Crime Code(s)
All others

Narrative

EVIDENCE: One black woman's "Reaction" brand size 12 coat with dried blood on collar/right shoulder. right front pocket contains yellow envelope with one \$5.00 bill. Coat given to night clerk at Classic Residence by unknown person.

WEATHER: Per the National Weather Service at 1759 hours
Temperature 55.4 degrees, Barometric Pressure 29.91, Wind N/NE 8 knots,
Visibility 10 miles

ROADWAY: Plumas Street runs north and south, there are 2 lanes each direction with a center turn lane. Roadway appears to be relatively new pavement. Roadway markings are raised reflective thermoplastic. A crosswalk, made of raised reflective thermoplastic runs east west across Plumas south of the intersection of Glenda Way.

TRAFFIC CONTROLS: Speed limit is marked 35 mph.

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RENO POLICE DEPARTMENT**Narrative**

LIGHTING: A street light is on the southeast corner of Glenda/Plums which illuminates the east side of the crosswalk area. A privately owned street light is on the west side of the street at the entrance to Classic Residence which illuminates the west side of the crosswalk.

DETAILS: On November 6, 2005 at 1800 hours I was contacted by Sgt. VANDIEST in regards to a hit and run accident involving a pedestrian, later identified as LYMAN. The accident occurred at about 1731 hours at the intersection of Plumas and Glenda. The suspect vehicle had been followed by a witness and a Nevada plate had been obtained from the vehicle.

I responded to Plumas and Glenda where I met with officer THOMPSON. He had started the form 5, however very little information was available to him at the time. An AOI was located in the crosswalk in the left through lane. The AOI was placed there due to scuff marks left on the pavement from the pedestrian and a small drop of blood on the white raised thermoplastic of the crosswalk. The POR of the pedestrian was established by the blood left on scene by the pedestrian. A field sketch was completed by me.

Witness DOYLE stated she was on Plumas when she observed the accident. The suspect vehicle apparently swerved in an attempt to miss LYMAN but struck her anyway. The vehicle immediately took off leaving the scene. DOYLE stayed with LYMAN until paramedics arrived.

Witness HEROLD stated he was on Glenda at the stop sign waiting for traffic to clear. He observed the suspect vehicle strike LYMAN. LYMAN rolled up onto the hood and windshield of the vehicle before falling to the ground. HEROLD stated LYMAN was in the crosswalk at the time she was struck.

Witness TAYLOR observed LYMAN approach the crosswalk from Classic Residence. She advised LYMAN was wearing dark clothes and started crossing. TAYLOR felt LYMAN should have waited because there was too much traffic.

The involved vehicle was a black SUV with Nevada plate 900SFD. A witness, CALLENDER, followed the vehicle and obtained the plate. The vehicle left the scene NB on Plumas turning right to EB Plumb and the SB Lakeside where CALLENDER stopped following and stopped to call 911 from the 76 gas station at Plumb and Lakeside. The vehicle was last seen in the area of Virginia Lake.

None of the witnesses could give a description of the driver of the suspect vehicle.

LYMAN was WB in a marked crosswalk when she was struck. She was on the west side of the NB left through lane when she was struck. LYMAN was returning to the classic residence.

The vehicle R/O, DOSEN, was located by Officer KATRE. DOSEN advised he was in the process of selling the vehicle to a past employee named Jesse Garcia. He advised he received a telephone call just prior to officers arrival from GARCIA, who advised he had been in an accident. GARCIA told him, he was on his way home and was in an accident with a lady walking across the street. DOSEN asked GARCIA if he had left the scene. GARCIA advised he had and DOSEN told him to go home and stay there. DOSEN took officers to GARCIA's home address of 4959 Talbot #54, neither GARCIA or the vehicle were on scene. DOSEN stated the vehicle was in his name pending the final payment, GARCIA had 11 payments to go. DOSEN advised he would contact RPD immediately if the vehicle or GARCIA are located. DOSEN does not have DOB or other information on GARCIA.

I went to Washoe medical Center where I located LYMAN, the pedestrian in ICU. I was advised while her injuries are serious, they are not considered life threatening at this time. She has a spine injury which will need surgery. My business card was left on scene requesting a phone call if this changes.

I was again contacted by DOSEN in regards to GARCIA. GARCIA's apartment was actually rented by him due to GARCIA's lack of credit in this country. DOSEN went to the apartment and had the lock changed. He went back later to check for possible information on GARCIA and discovered persons had entered through a window. All personal property had been removed from the residence. DOSEN stated he had heard through friends of GARCIA, he was headed for Mexico through Arizona still in the vehicle. He stated he would contact if any further information was obtained.

On November 15, 2005 at 1100 hours I contacted Washoe Medical Center in regards to LYMAN. I was advised

RENO POLICE DEPARTMENT**Narrative**

she is doing better but is still serious due to blood pressure problems. She is still in ICU.

On November 16, 2005 at 1200 hours the suspect vehicle was located in front of 2240 Lindley Way. The vehicle had been reported as abandoned by a citizen. The vehicle had been at this location for approximately a week. This location is a few blocks from where witness CALLENDER stopped following it. The vehicle was towed to RPD evidence storage on Eureka street.

On November 23, 2005 I was contacted by family of Lyman. They reported she is being transferred from ICU to a private hospital. Two vertebrae were damaged in the accident and had to be removed and replaced with a steel cage. Her doctor feels she will probably never walk again but hopes she will be able to sit up in a wheel chair after some time goes by.

There was nothing of evidentiary value located in the vehicle. It was released to the R/O. There is no further information available on the suspect and his whereabouts are unknown.

There is no further at this time.

Event Number: MAIT Code Revision:	STATE OF NEVADA TRAFFIC ACCIDENT REPORT SCENE INFORMATION SHEET Revised 1/14/04	Accident Number: RPD-RPD-05-45981 <input type="checkbox"/> Property <input checked="" type="checkbox"/> Injury <input type="checkbox"/> Fatal
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<input checked="" type="checkbox"/> 1) Urban	<input type="checkbox"/> 1) Emergency Use	<input checked="" type="checkbox"/> 1) Preliminary Report	<input type="checkbox"/> 3) Resubmission	<input checked="" type="checkbox"/> 1) Hit and Run	Agency Name: 0 - RENO POLICE DEPARTMENT
<input type="checkbox"/> 2) Rural	<input type="checkbox"/> 2) Office Report	<input type="checkbox"/> 2) Initial Report	<input type="checkbox"/> 4) Supplement Report	<input type="checkbox"/> 2) Private Property	

Collision Date 11/6/2005	Time 17:31	Day SUNDAY	Beat / Sector SOUTH	<input type="checkbox"/> County	<input checked="" type="checkbox"/> City RENO	Surface <input checked="" type="checkbox"/> 1) Asphalt	Intersection <input checked="" type="checkbox"/> 1) Four Way	Paddle Markers <input checked="" type="checkbox"/> 1) None	
Mile Marker	# Vehicles 1	# Non Motorists	# Occupants 1	# Fatalities 0	# Injured 1	# Restrained 0	<input type="checkbox"/> 2) Concrete	<input type="checkbox"/> 2) > Four Way	<input type="checkbox"/> 2) Left Side
							<input type="checkbox"/> 3) Gravel	<input type="checkbox"/> 3) T	<input type="checkbox"/> 3) Right Side
							<input type="checkbox"/> 4) Dirt	<input type="checkbox"/> 4) Y	<input type="checkbox"/> 4) Both Side
							<input type="checkbox"/> 5) Other	<input type="checkbox"/> 5) Roundabout	<input type="checkbox"/> 5) Unknown
Occurred On: (Highway # or Street Name) <input type="checkbox"/> 1) Parking Lot PLUMAS ST								Access Control <input checked="" type="checkbox"/> 1) None	

<input checked="" type="checkbox"/> 1) At Intersection With:	Of (Cross Street) GLENDA WY	<input checked="" type="checkbox"/> 1) None
<input type="checkbox"/> 2) Or	<input type="checkbox"/> 3) Feet <input type="checkbox"/> 4) Miles <input type="checkbox"/> 5) Approximate N/A	<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 checked="" type="checkbox"/> 1) Dry	<input type="checkbox"/> 1) One	Travel Lane 12 Ft	<input checked="" type="checkbox"/> 1) Not Determined
<input type="checkbox"/> 2) Curve & Hillcrest	<input type="checkbox"/> 2) Icy	<input type="checkbox"/> 2) Two	Storage / Turn Lane 11 Ft	
<input type="checkbox"/> 3) Curve & Level	<input type="checkbox"/> 3) Wet	<input type="checkbox"/> 3) Three	Median 0 Ft	<input type="checkbox"/> 3) Up Slope (+)
<input checked="" type="checkbox"/> 4) Straight & Grade	<input type="checkbox"/> 4) Snow	<input checked="" type="checkbox"/> 4) Four	Paved Shoulder	
<input type="checkbox"/> 5) Straight & Hillcrest	<input type="checkbox"/> 5) Sand / Mud / Oil / Dirt / Gravel	<input type="checkbox"/> 5) Five	Inside 0	<input type="checkbox"/> 4) Down Slope (-)
<input type="checkbox"/> 6) Straight & Level	<input type="checkbox"/> 6) Other	<input type="checkbox"/> 6) > 5	Outside 0	Grade %
<input type="checkbox"/> 7) Unknown		Total All Lanes: 5		
<input type="checkbox"/> 8) Other				

Pavement Markings and Type	Highway Description	Weather Conditions
<input type="checkbox"/> 1) Centerline, Broken Yellow	<input checked="" type="checkbox"/> 1) Two-Way, Not Divided	<input checked="" type="checkbox"/> 1) Clear
<input type="checkbox"/> 2) Centerline, Solid Yellow	<input type="checkbox"/> 2) Two-Way, Div., Unpro. Median	<input type="checkbox"/> 2) Cloudy
<input type="checkbox"/> 3) Centerline, Double Yellow	<input type="checkbox"/> 3) Two-Way, Div., Median Barrier	<input type="checkbox"/> 3) Snow
<input type="checkbox"/> 3) 4) Lane Line, Broken White	<input type="checkbox"/> 4) One-Way, Not Div.	<input type="checkbox"/> 4) Rain
<input type="checkbox"/> 5) Lane Line, Solid White	<input type="checkbox"/> 5) Unknown	<input type="checkbox"/> 5) Blowing Sand, Dirt, Soil, Snow
<input type="checkbox"/> 6) No Passing, Either Direction	<input type="checkbox"/> 6) Off Road	<input type="checkbox"/> 6) Other
<input type="checkbox"/> 7) Turn Arrow Symbols		<input type="checkbox"/> 7) Fog, Smog, Smoke, Ash
<input type="checkbox"/> 8) Center Turn Lane Line		<input type="checkbox"/> 8) Severe Crosswinds
<input type="checkbox"/> 9) Edge Line, Left, Yellow		<input type="checkbox"/> 9) Sleet / Hail
<input type="checkbox"/> 10) Edge Line, Right, White		<input type="checkbox"/> 10) Unknown
<input type="checkbox"/> 11) Other		<input type="checkbox"/> 11) Ramp
<input type="checkbox"/> 12) None		<input type="checkbox"/> 12) Unknown
<input type="checkbox"/> 13) Unknown		

Light Conditions	Vehicle Collision Type	Location of First Event
<input type="checkbox"/> 1) Dusk	<input type="checkbox"/> 1) Head On	<input type="checkbox"/> 1) Travel Lane
<input type="checkbox"/> 2) Dawn	<input type="checkbox"/> 2) Rear End	<input type="checkbox"/> 2) Turn Lane
<input type="checkbox"/> 3) Daylight	<input type="checkbox"/> 3) Backing	<input type="checkbox"/> 3) Gore
<input checked="" type="checkbox"/> 4) Unknown	<input type="checkbox"/> 4) Angle	<input type="checkbox"/> 4) Median
<input type="checkbox"/> 5) Other	<input checked="" type="checkbox"/> 5) Rear to Rear	<input type="checkbox"/> 5) Inside Shoulder
<input type="checkbox"/> 6) Dark - No Roadway Lighting	<input type="checkbox"/> 6) Sideswipe - Meeting	<input type="checkbox"/> 6) Outside Shoulder
<input type="checkbox"/> 7) Dark - Spot Roadway Lighting	<input type="checkbox"/> 7) Sideswipe - Overtaking	<input checked="" type="checkbox"/> 7) Intersection
<input checked="" type="checkbox"/> 8) Dark - Continuous Roadway Lighting	<input checked="" type="checkbox"/> 8) Non - Collision	<input type="checkbox"/> 8) Private Property
<input type="checkbox"/> 9) Dark - Unknown Roadway Lighting	<input type="checkbox"/> 9) Unknown	<input type="checkbox"/> 9) Roadside
<input type="checkbox"/> 10) Other		<input type="checkbox"/> 10) Other

Highway / Environment Factors	Property Damage To Other Than Vehicle
<input checked="" type="checkbox"/> 1) None	Describe Property Damage N/A
<input type="checkbox"/> 2) Weather	Owner's Name (Last First Middle):
<input type="checkbox"/> 3) Debris	<input type="checkbox"/> 1) Owner Notified
<input type="checkbox"/> 4) Glare	Owner's Address: (Street Address City, State Zip)
<input type="checkbox"/> 5) Other Highway	
<input type="checkbox"/> 6) Other Environmental	
<input type="checkbox"/> 7) Shoulders	
<input type="checkbox"/> 8) Road Obstruction	
<input type="checkbox"/> 9) Worn Traffic Surface	
<input type="checkbox"/> 10) Wet, Icy, Snow, Slush	
<input type="checkbox"/> 11) Ruts, Holes, Bumps	
<input type="checkbox"/> 12) Active Work Zone	
<input type="checkbox"/> 13) Inactive Work Zone	
<input type="checkbox"/> 14) Animal In Roadway	
<input type="checkbox"/> 15) Unknown	

First Harmful Event
Code #: 201 Description: 201 PEDESTRIAN

Description of Accident / Narrative

V1 WAS TRAVELING N/B ON PLUMAS ST AT GLENDA WY IN THE LEFT HAND THRU TRAVEL LANE (1T). PED #1 WAS WALKING E/B ACROSS PLUMAS ST IN A MARKED CROSSWALK LOCATED ALONG THE SOUTH SIDE OF GLENDA WY. V1 FAILED TO YIELD THE RIGHT OF WAY TO THE PED AND STRUCK HER, CAUSING THE PED TO TRAVEL UP ONTO THE HOOD OF V1 BEFORE FALLING TO THE STREET. V1 THEN LEFT THE SCENE WITHOUT STOPPING TO RENDER AID TO THE INJURED PED OR TO NOTIFY THE POLICE OF THIS ACCIDENT. PLEASE REFER TO SUPPLEMENTAL REPORTS FOR ADDITIONAL DETAILS.

Investigation Complete	Photos Taken	Scene Diagram	Statements	Date Notified	Time Notified	Arrival Date	Arrival Time
<input type="checkbox"/> 1) Yes <input checked="" 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 checked="" type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No # 5	11/6/2005	17:31	11/6/2005	17:35

Investigator(s)	ID Number	Date	Reviewed By	Date Reviewed	Page
5989 DANIEL THOMPSON	5989	11/6/2005			1 of 7

Event Number:

MAIT

STATE OF NEVADA
TRAFFIC ACCIDENT REPORT
SCENE INFORMATION SHEET
Revised 5/21/03

Accident Number:
RPD-RPD-05-45981

Agency Name:
0 - RENO POLICE DEPARTMENT

Description of Accident / Narrative Continuation

Indicate North

A.I.C.:

Event Number: MAIT		STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET <small>Revised 1/14/04</small>			Accident Number: RPD-RPD-05-45981																										
Vehicle # 1	# Occupants 1	<input checked="" type="checkbox"/> 1) At Fault <input type="checkbox"/> 2) Non Contact		Agency Name: 0 - RENO POLICE DEPARTMENT																											
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		Highway / Street Name: PLUMAS ST			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 (Δ) <input type="checkbox"/> 9) Passing <input type="checkbox"/> 10) Backing <input type="checkbox"/> 11) Leaving Parked <input type="checkbox"/> 12) Entering <input type="checkbox"/> 13) Leaving Lane <input type="checkbox"/> 14) Other Turning <input type="checkbox"/> 15) Enter Parked <input type="checkbox"/> 16) Driverless Vehicle <input type="checkbox"/> 17) Lane Change <input type="checkbox"/> 18) Change <input type="checkbox"/> 19) Unknown																															
Driver: (Last Name, First Name, Middle Name Suffix) GARCIA, JESSIE			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: 4959 TALBOT LN #54			Transported To:																												
City: RENO		State / Country: <input checked="" type="checkbox"/> 1) NV NV	Zip Code: 89509	Person Type: 1	Seating Position: 01	Occupant Restraints: 13																									
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 2) Female <input type="checkbox"/> 3) Unknown		DOB:	Phone Number: 7756915547	Injury Severity: U	Injury Location:																										
OLN:		State: <input type="checkbox"/> 1) NV	License Status: <input type="checkbox"/> 1) CDL <input type="checkbox"/> 2) DL	Airbags: 6	Airbag Switch: 1	Ejected: 0																									
Trapped: 0	Compliance: <input type="checkbox"/> 1) Restrict <input type="checkbox"/> 2) Endorse		Endorsements:	Restrictions:	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	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 Results:	Vehicle Factors: <input checked="" 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) Aggressive / Reckless / Careless <input type="checkbox"/> 16) Driverless Vehicle <input type="checkbox"/> 17) Unsafe Backing <input type="checkbox"/> 18) Ran Off Road <input checked="" type="checkbox"/> 19) Hit and Run <input type="checkbox"/> 20) Road Defect (Δ) <input type="checkbox"/> 21) Object Avoidance <input type="checkbox"/> 22) Unknown (#)																											
Vehicle Year: 1998	Vehicle Make: FORD	Vehicle Model: EXPEDITION	Vehicle Type: LL	<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) Aggressive / Reckless / Careless <input type="checkbox"/> 16) Driverless Vehicle <input type="checkbox"/> 17) Unsafe Backing <input type="checkbox"/> 18) Ran Off Road <input checked="" type="checkbox"/> 19) Hit and Run <input type="checkbox"/> 20) Road Defect (Δ) <input type="checkbox"/> 21) Object Avoidance <input type="checkbox"/> 22) Unknown (#)																											
Plate / Permit No.: 900SFD	State: <input checked="" type="checkbox"/> 1) NV NV	Expiration Date: 03/17/2006	Vehicle Color: BLACK	<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) Aggressive / Reckless / Careless <input type="checkbox"/> 16) Driverless Vehicle <input type="checkbox"/> 17) Unsafe Backing <input type="checkbox"/> 18) Ran Off Road <input checked="" type="checkbox"/> 19) Hit and Run <input type="checkbox"/> 20) Road Defect (Δ) <input type="checkbox"/> 21) Object Avoidance <input type="checkbox"/> 22) Unknown (#)																											
Vehicle Identification Number: 1FMRU18W4WLA67827				<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) Aggressive / Reckless / Careless <input type="checkbox"/> 16) Driverless Vehicle <input type="checkbox"/> 17) Unsafe Backing <input type="checkbox"/> 18) Ran Off Road <input checked="" type="checkbox"/> 19) Hit and Run <input type="checkbox"/> 20) Road Defect (Δ) <input type="checkbox"/> 21) Object Avoidance <input type="checkbox"/> 22) Unknown (#)																											
Registered Owner Name: DOSEN, DANIELLE OR ANTHONY <input type="checkbox"/> 1) Same As Driver				<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) Aggressive / Reckless / Careless <input type="checkbox"/> 16) Driverless Vehicle <input type="checkbox"/> 17) Unsafe Backing <input type="checkbox"/> 18) Ran Off Road <input checked="" type="checkbox"/> 19) Hit and Run <input type="checkbox"/> 20) Road Defect (Δ) <input type="checkbox"/> 21) Object Avoidance <input type="checkbox"/> 22) Unknown (#)																											
Registered Owner Address: 3601 GRAND TETON OR 3879 CASHILL DR RENO, NV, 89509				<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) Aggressive / Reckless / Careless <input type="checkbox"/> 16) Driverless Vehicle <input type="checkbox"/> 17) Unsafe Backing <input type="checkbox"/> 18) Ran Off Road <input checked="" type="checkbox"/> 19) Hit and Run <input type="checkbox"/> 20) Road Defect (Δ) <input type="checkbox"/> 21) Object Avoidance <input type="checkbox"/> 22) Unknown (#)																											
Insurance Company Name: GEICO <input checked="" type="checkbox"/> 1) Insured				<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) Aggressive / Reckless / Careless <input type="checkbox"/> 16) Driverless Vehicle <input type="checkbox"/> 17) Unsafe Backing <input type="checkbox"/> 18) Ran Off Road <input checked="" type="checkbox"/> 19) Hit and Run <input type="checkbox"/> 20) Road Defect (Δ) <input type="checkbox"/> 21) Object Avoidance <input type="checkbox"/> 22) Unknown (#)																											
Policy Number: 0566408803 (VERIFIED AS VALID)	Effective: 6/17/2005	To: 12/17/2005	<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) Aggressive / Reckless / Careless <input type="checkbox"/> 16) Driverless Vehicle <input type="checkbox"/> 17) Unsafe Backing <input type="checkbox"/> 18) Ran Off Road <input checked="" type="checkbox"/> 19) Hit and Run <input type="checkbox"/> 20) Road Defect (Δ) <input type="checkbox"/> 21) Object Avoidance <input type="checkbox"/> 22) Unknown (#)																												
Insurance Company Address or Phone Number: CLAIMS 1-800-841-3000				<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) Aggressive / Reckless / Careless <input type="checkbox"/> 16) Driverless Vehicle <input type="checkbox"/> 17) Unsafe Backing <input type="checkbox"/> 18) Ran Off Road <input checked="" type="checkbox"/> 19) Hit and Run <input type="checkbox"/> 20) Road Defect (Δ) <input type="checkbox"/> 21) Object Avoidance <input type="checkbox"/> 22) Unknown (#)																											
<input type="checkbox"/> 1) Vehicle Towed	Towed By: RETAINED BY DRIVER			<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) Aggressive / Reckless / Careless <input type="checkbox"/> 16) Driverless Vehicle <input type="checkbox"/> 17) Unsafe Backing <input type="checkbox"/> 18) Ran Off Road <input checked="" type="checkbox"/> 19) Hit and Run <input type="checkbox"/> 20) Road Defect (Δ) <input type="checkbox"/> 21) Object Avoidance <input type="checkbox"/> 22) Unknown (#)																											
Removed To: DRIVEN FROM SCENE				<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) Aggressive / Reckless / Careless <input type="checkbox"/> 16) Driverless Vehicle <input type="checkbox"/> 17) Unsafe Backing <input type="checkbox"/> 18) Ran Off Road <input checked="" type="checkbox"/> 19) Hit and Run <input type="checkbox"/> 20) Road Defect (Δ) <input type="checkbox"/> 21) Object Avoidance <input type="checkbox"/> 22) Unknown (#)																											
Traffic Control F 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 F 10) Other CROSSWALK 11) Stop Sign 12) Yield Sign 13) E. R. Sign 14) R. R. Gates 15) R. R. Signal (#) F 16) Marked Lanes 17) Tire Chains/Snow Req. 18) Permissive Green 19) Unknown				Distance Traveled After Impact: (88 - UNKNOWN)	Speed Estimate: From: To: Limit: 35		Extent Of Damage: <input type="checkbox"/> 1) Minor <input type="checkbox"/> 2) Moderate <input type="checkbox"/> 3) Major <input type="checkbox"/> 4) Total <input type="checkbox"/> 5) None <input checked="" type="checkbox"/> 6) Unknown																								
Sequence Of Events <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Code #</th> <th>Description</th> <th>Collision With Fixed Object</th> <th>Most Harmful Event</th> </tr> </thead> <tbody> <tr> <td>1st 201</td> <td>201 PEDESTRIAN</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>2nd</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3rd</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>4th</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>5th</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>				Code #	Description	Collision With Fixed Object	Most Harmful Event	1st 201	201 PEDESTRIAN	<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"/>				
Code #	Description	Collision With Fixed Object	Most Harmful Event																												
1st 201	201 PEDESTRIAN	<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 (1)	Violation	NOC	Citation Number																												
<input type="checkbox"/> 1) NRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) CC / MC <input type="checkbox"/> 4) Pending (2)	Violation	NOC	Citation Number																												
Investigator(s): 5989 DANIEL THOMPSON		ID Number: 5989	Date: 11/6/2005	Reviewed By:	Date Reviewed:	Page: 3 of 7																									

Event Number: MAIT	STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET <small>Revised 5/21/03</small>	Accident Number: RPD-RPD-05-45981 Agency Name: 0 - RENO POLICE DEPARTMENT
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Name: <i>(Last Name, First Name, Middle Name Suffix)</i>			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 DOB:	Phone Number:		Injury Severity:	Injury Location:	
<input type="checkbox"/> 2) Female			Airbags:	Airbag Switch:	Ejected:
			Trapped:		

Name: <i>(Last Name, First Name, Middle Name Suffix)</i>			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 DOB:	Phone Number:		Injury Severity:	Injury Location:	
<input type="checkbox"/> 2) Female			Airbags:	Airbag Switch:	Ejected:
			Trapped:		

Name: <i>(Last Name, First Name, Middle Name Suffix)</i>			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 DOB:	Phone Number:		Injury Severity:	Injury Location:	
<input type="checkbox"/> 2) Female			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			<input type="checkbox"/> 1) Commercial Vehicle	<input type="checkbox"/> 2) School Bus
<input type="checkbox"/> 1) Bus, 9 - 15 Occupants	<input type="checkbox"/> 6) Tractor Only	<input type="checkbox"/> 11) Tractor / Semi Trailer	Source	
<input type="checkbox"/> 2) Bus, > 15 Occupants	<input type="checkbox"/> 7) Tractor / Trailer	<input type="checkbox"/> 12) Passenger Vehicle, (Haz-Mat)	<input type="checkbox"/> 1) Driver	<input type="checkbox"/> 4) State Reg.
<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"/> 2) Log Book	<input type="checkbox"/> 5) Side Of Vehicle
<input type="checkbox"/> 4) Single > 3 Axle	<input type="checkbox"/> 9) Tractor / Triples	<input type="checkbox"/> 14) Other Heavy Vehicle	<input type="checkbox"/> 3) Shipping Papers / Trip Manifest	<input type="checkbox"/> 6) Other
<input type="checkbox"/> 5) Any 4 Tire Vehicle	<input type="checkbox"/> 10) Truck with Trailer			

Carrier Name:	Power Unit GVWR			<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"/> 3) ≥ 26,000 Lbs <input type="checkbox"/> 2) Released				

Carrier Street Address:	City:	State: <input type="checkbox"/> 1) NV	Zip:
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Cargo Body Type		Haz-Mat ID #:	Type of Carrier	NAS Safety Report #:
<input type="checkbox"/> 1) Pole	<input type="checkbox"/> 6) Van / Box	<input type="checkbox"/> 11) Grain, Gravel Chips	<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	
<input type="checkbox"/> 2) Tank	<input type="checkbox"/> 7) Concrete Mixer	<input type="checkbox"/> 12) Bus, 9 - 15 Occupants		Carrier Number:
<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	Hazard Classification #:		

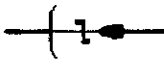
Event Number: MAIT		STATE OF NEVADA TRAFFIC ACCIDENT REPORT NON-MOTORIST INFORMATION SHEET <small>Revised 1/14/04</small>			Accident Number: RPD-RPD-05-45981	
Non-Motorist # 1	<input type="checkbox"/> 1) At Fault <input type="checkbox"/> 2) Non-Contact (person)	Agency Name: 0 - RENO POLICE DEPARTMENT				
Non-Motorist Type <input checked="" type="checkbox"/> 1) Pedestrian <input type="checkbox"/> 6) Wheel Chair <input type="checkbox"/> 2) Pedalcyclist <input type="checkbox"/> 7) Unknown <input type="checkbox"/> 3) Skater <input type="checkbox"/> 4) Other			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			
Highway / Street Name: PLUMAS ST			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 REMSA			
Non-Motorist: (Last Name, First Name, Middle Name Suffix) LYMAN, DOROTHY BARRETT			Street Address: 3201 PLUMAS ST #358			
City: RENO		State / Country: <input checked="" type="checkbox"/> 1) NV NV	Zip Code: 89509	Person Type: 4	Seating Position:	Occupant Restraints:
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input checked="" type="checkbox"/> 2) Female	DOB: 10/9/1930	Phone Number: 7758276765	Injury Severity: A	Injury Location: 6	9	
OLN / ID Card: [REDACTED]	State: <input checked="" type="checkbox"/> 1) NV NV	Airbags:	Airbag Switch:	Ejected:	Trapped:	
Non-Motorist Condition <input checked="" type="checkbox"/> 1) Apparently Normal <input type="checkbox"/> 3) Under Influence: Medication / Drugs / Alcohol <input type="checkbox"/> 5) Emotional <input type="checkbox"/> 7) Unknown <input type="checkbox"/> 2) Physical Impairment <input type="checkbox"/> 4) Fatigued / Asleep / Fainted <input type="checkbox"/> 6) Illness <input type="checkbox"/> 8) Other						
Drug / Alcohol Involvement <input checked="" type="checkbox"/> 1) Not Involved <input type="checkbox"/> 3) Alcohol <input type="checkbox"/> 5) Unknown <input type="checkbox"/> 2) Suspected Impairment <input type="checkbox"/> 4) Drugs			Method of Determination (Check up to 2) <input type="checkbox"/> 1) Field Sobriety Test <input type="checkbox"/> 3) Blood Test <input type="checkbox"/> 5) Urine Test Test Results <input type="checkbox"/> 2) Preliminary Breath Test <input type="checkbox"/> 4) Evidenciary Breath Test			
Non-Motorist Action <input checked="" type="checkbox"/> 1) Entering or Crossing at Location <input type="checkbox"/> 6) Pushing Vehicle <input type="checkbox"/> 2) Walking, Running, Playing, Cycling <input type="checkbox"/> 7) Working in Roadway <input type="checkbox"/> 3) Approaching or Leaving Vehicle <input type="checkbox"/> 8) Standing <input type="checkbox"/> 4) Playing or Working on Vehicle <input type="checkbox"/> 9) Unknown <input type="checkbox"/> 5) Other			Non-Motorist Factors <input type="checkbox"/> 1) Improper Crossing <input type="checkbox"/> 6) Wrong Side of Road <input type="checkbox"/> 2) Lying / Illegally in Roadway <input type="checkbox"/> 7) Not Visible <input type="checkbox"/> 3) Fail to Yield Right of Way <input type="checkbox"/> 8) Darting Into Roadway <input type="checkbox"/> 4) Fail to Obey Traffic Signs, Signals, or Officer <input type="checkbox"/> 9) Inattentive <input checked="" type="checkbox"/> 5) Other DARK CLOTHING <input type="checkbox"/> 10) Unknown			
Location Prior to Impact <input checked="" type="checkbox"/> 1) Marked Crosswalk at Intersection <input type="checkbox"/> 8) Shared Use Path or Trail <input type="checkbox"/> 2) At Intersection, No Crosswalk <input type="checkbox"/> 9) On Highway, More than 10' from Travel Lanes <input type="checkbox"/> 3) Non-Intersection Crosswalk <input type="checkbox"/> 10) In Roadway <input type="checkbox"/> 4) Driveway Access Crosswalk <input type="checkbox"/> 11) Traffic Island <input type="checkbox"/> 5) Sidewalk <input type="checkbox"/> 12) Shoulder <input type="checkbox"/> 6) Median <input type="checkbox"/> 13) Unknown <input type="checkbox"/> 7) Outside Highway <input type="checkbox"/> 14) Other					Safety Equipment <input checked="" type="checkbox"/> 1) None <input type="checkbox"/> 2) Helmet <input type="checkbox"/> 3) Protective Pads <input type="checkbox"/> 4) Reflective Clothing <input type="checkbox"/> 5) Lighting <input type="checkbox"/> 6) Unknown <input type="checkbox"/> 7) Other	
Bike Lane / Path <input type="checkbox"/> 1) No Bike Lane Path <input type="checkbox"/> 5) Striped Bicycle Lane - Both Sides <input type="checkbox"/> 2) Bicycle Route (Signed) <input type="checkbox"/> 6) Separate Bicycle Path / Trail <input type="checkbox"/> 3) Striped Bicycle Lane - Right Side Only <input type="checkbox"/> 7) Unknown <input type="checkbox"/> 4) Striped Bicycle Lane - Left Side Only <input type="checkbox"/> 8) Other			Vehicle Number(s) Striking Non-Motorist #: 1 #: #: Non-Motorist Speed Estimate From: To: Limit: 35			
<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 <input type="checkbox"/> 4) Pending (2)		Violation	NOC	Citation Number		
Investigator(s) 5989 DANIEL THOMPSON	ID Number 5989	Date 11/6/2005	Reviewed By	Date Reviewed	Page 5 of 7	

Event Number: MAIT	STATE OF NEVADA TRAFFIC ACCIDENT REPORT NON-MOTORIST INFORMATION SHEET <small>Revised 5/21/03</small>	Accident Number: RPD-RPD-05-45981 Agency Name: 0 - RENO POLICE DEPARTMENT
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Non-Motorist: (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 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:	
OLN / ID Card:	State: <input type="checkbox"/> 1) NV	Airbags:	Airbag Switch:	Ejected:	Trapped:

Non-Motorist: (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 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:	
OLN / ID Card:	State: <input type="checkbox"/> 1) NV	Airbags:	Airbag Switch:	Ejected:	Trapped:

Non-Motor Vehicle Description					
Make / Manufacturer:	Model:	Type:	Color:		
Identification / Serial Number:			Non-Motor Vehicle Removed By:		
Owner Name: <input type="checkbox"/> 1) Same as Non-Motorist			Non-Motor Vehicle Removed To:		
Street Address:		City:	State: <input type="checkbox"/> 1) NV	Zip Code:	

1st Contact Area		Damage to Non-Motor Vehicle		Non-Motor Vehicle Damaged Area			
Pedalcyclist / Non-Motor Vehicle <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 1 ———  ——— <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 7 <input type="checkbox"/> 6		Pedestrian <input checked="" type="checkbox"/> 1) Right Side <input type="checkbox"/> 2) Left Side <input type="checkbox"/> 3) Head / Feet <input type="checkbox"/> 4) Front <input type="checkbox"/> 5) Back		<input type="checkbox"/> 1) Minor <input 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) Front <input type="checkbox"/> 7) Left Front <input type="checkbox"/> 2) Rear <input type="checkbox"/> 8) Left Rear <input type="checkbox"/> 3) Right Side <input type="checkbox"/> 9) Top <input type="checkbox"/> 4) Left Side <input type="checkbox"/> 10) Bottom <input type="checkbox"/> 5) Right Front <input type="checkbox"/> 11) Unknown <input type="checkbox"/> 6) Right Rear <input type="checkbox"/> 12) Other	

Sequence Of Events				Non-Motor Vehicle Action	
Code #	Description	Collision With Fixed Object	Most Harmful Event		
1st	214	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 checked="" type="checkbox"/> 1) Straight	<input type="checkbox"/> 7) Passing
<input type="checkbox"/> 2) Stopped	<input type="checkbox"/> 8) Entering Lane
<input type="checkbox"/> 3) Left Turn	<input type="checkbox"/> 9) Leaving Lane
<input type="checkbox"/> 4) Right Turn	<input type="checkbox"/> 10) Lane Change
<input type="checkbox"/> 5) U-Turn	<input type="checkbox"/> 11) Unknown
<input type="checkbox"/> 6) Other	

Event Number: MAIT		STATE OF NEVADA TRAFFIC ACCIDENT REPORT Occupant / Witness Supplement <small>Revised 1/14/04</small>				Accident Number: RPD-RPD-05-45981	
						Agency Name: 0 - RENO POLICE DEPARTMENT	
V # Wit	Name: (Last Name, First Name, Middle Name Suffix) CALLENDER, JAMES			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: 5665 MT ROSE HWY #A			Transported To:				
City: RENO	State / Country <input checked="" type="checkbox"/> 1) NV	Zip Code: 89521	Person Type: 3	Seating Position:	Occupant Restraints:		
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB: 08/24/1959	Phone Number: 7758497871	Injury Severity:	Injury Location:			
			Airbags:	Airbag Switch:	Ejected:	Trapped:	
V # Wit	Name: (Last Name, First Name, Middle Name Suffix) DOYLE, JENNIFER			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: 695 W 3RD ST #357			Transported To:				
City: RENO	State / Country <input checked="" type="checkbox"/> 1) NV	Zip Code: 89503	Person Type: 3	Seating Position:	Occupant Restraints:		
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input checked="" type="checkbox"/> 2) Female	DOB: 03/31/1981	Phone Number: 5303185778	Injury Severity:	Injury Location:			
			Airbags:	Airbag Switch:	Ejected:	Trapped:	
V # Wit	Name: (Last Name, First Name, Middle Name Suffix) HEROLD, 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 type="checkbox"/> 5) Other			
Street Address: 475 LA RUE AVE			Transported To:				
City: RENO	State / Country <input checked="" type="checkbox"/> 1) NV	Zip Code: 89509	Person Type: 3	Seating Position:	Occupant Restraints:		
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB: 06/04/1972	Phone Number: 7752323789	Injury Severity:	Injury Location:			
			Airbags:	Airbag Switch:	Ejected:	Trapped:	
V # Wit	Name: (Last Name, First Name, Middle Name Suffix) TAYLOR, HEIDI			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: 1171 CHARLES DR			Transported To:				
City: RENO	State / Country <input checked="" type="checkbox"/> 1) NV	Zip Code: 89509	Person Type: 3	Seating Position:	Occupant Restraints:		
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input checked="" type="checkbox"/> 2) Female	DOB: 10/20/1966	Phone Number: 7753291246	Injury Severity:	Injury Location:			
			Airbags:	Airbag Switch:	Ejected:	Trapped:	
V # Wit	Name: (Last Name, First Name, Middle Name Suffix) TAYLOR, MCCANN			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: 1171 CHARLES DR			Transported To:				
City: RENO	State / Country <input checked="" type="checkbox"/> 1) NV	Zip Code: 89509	Person Type: 3	Seating Position:	Occupant Restraints:		
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB: 10/20/1949	Phone Number: 7753291246	Injury Severity:	Injury Location:			
			Airbags:	Airbag Switch:	Ejected:	Trapped:	
Investigator(s) 5989 DANIEL THOMPSON		ID Number 5989	Date 11/6/2005	Reviewed By	Date Reviewed	Page 7 of 7	



RENO POLICE DEPARTMENT



STATEMENT

FOR POLICE USE ONLY:

CASE NO. 05-45981

TAKEN BY: Thompson 5187

PERSON MAKING THE STATEMENT

NAME OF PERSON MAKING STATEMENT: <u>DAVID HEROLD</u>		OTHER NAMES USED:	
RESIDENCE (Street) ADDRESS: <u>475 LA RUE AVE</u>		HOME PHONE: <u>775 2323789</u>	
(City, State, Zip) <u>Reno NV 89507</u>		WORK PHONE:	
RACE: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH: <u>06/04/72</u>	SOCIAL SEC NO: [REDACTED]
<input type="checkbox"/> Indian <input type="checkbox"/> Asian		HEIGHT: <u>5 11</u>	WEIGHT: <u>160</u>
		HAIR: <u>BAN</u>	EYES: <u>BAN</u>
OCCUPATION AND WHERE EMPLOYED: <u>RADIO KTHX</u>		FAX CELL/PAGER:	
WORK/SCHOOL ADDRESS: <u>300 E 2ND ST #400</u>		OTHER NO. TO CALL:	
INVOLVEMENT: <input type="checkbox"/> Driver <input type="checkbox"/> Passenger		MY LOCATION WHEN THE EVENT OCCURRED: <u>GLENDA & PLUMAS</u>	
<input type="checkbox"/> Complainant <input type="checkbox"/> Victim <input checked="" type="checkbox"/> Witness		WORK HOURS:	
		DAYS OFF:	

WRITTEN STATEMENT

1 @ 5:25P I WAS STOPPED @ THE STOP SIGN AT
 2 GLENDA. ~~WAITING~~ LOOKING LEFT DOWN PLUMAS
 3 TO SEE IF TRAFFIC WAS COMING I SAW VICTIM
 4 CROSSING IN CROSSWALK. THEN I SAW A
 5 BLACK SUV HIT THE VICTIM. THE VICTIM
 6 ROLLED UP ON TO THE HOOD AND WIND SHIELD.
 7 AT THIS POINT MY GIRLFRIEND AND I STEPPED OUT
 8 OF VEHICLE I CALLED 911 AND MY GIRLFRIEND
 9 ATTENDED TO VICTIM

DATE & TIME OF STATEMENT: Date 11/6/05 Time 5:44P

NUMBER OF PAGES IN STATEMENT: 1

SIGNATURE OF PERSON MAKING THIS STATEMENT: X

FOR POLICE USE ONLY: RELS. TO: _____ DATE: _____ BY: _____

DISSEMINATION RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY. SECONDARY DISSEMINATION IS PROHIBITED.

05-45981

RENO POLICE DEPARTMENT

STATEMENT

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Jessica Hay
7-13-78

9075FD LG BK/3LW 4D SUV



RENO POLICE DEPARTMENT



STATEMENT

FOR POLICE USE ONLY:

CASE NO. 05-45981

TAKEN BY Hompson 5959

PERSON MAKING THE STATEMENT

NAME OF PERSON MAKING STATEMENT: <u>Heidi & McCann Taylor</u>		OTHER NAMES USED:	
RESIDENCE (Street) ADDRESS: <u>1171 Charles Dr.</u>		HOME PHONE: <u>329-1246</u>	
(City, State, Zip) <u>Reno, NV 89509</u>		WORK PHONE: <u>823-6640</u>	
RACE: <input checked="" type="checkbox"/> White <input checked="" type="checkbox"/> Black <input type="checkbox"/> Other	SEX: <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female	DATE OF BIRTH: <u>10/20/66</u>	SOCIAL SEC NO: <u>[REDACTED]</u>
<input type="checkbox"/> Indian <input type="checkbox"/> Asian	HEIGHT: <u>5'11"</u>	WEIGHT: <u>220</u>	FAX CELL/PAGER: <u>(310) 741-0104</u>
OCCUPATION AND WHERE EMPLOYED: <u>Escrow - Stewart Title</u>		OTHER NO. TO CALL: <u>972-4017</u>	
WORK/SCHOOL ADDRESS:		WORK HOURS: <u>8-5</u>	
INVOLVEMENT: <input type="checkbox"/> Driver <input type="checkbox"/> Passenger		DAYS OFF: <u>sat/Sun</u>	
<input type="checkbox"/> Complainant <input type="checkbox"/> Victim <input checked="" type="checkbox"/> Witness		MY LOCATION WHEN THE EVENT OCCURRED: <u>1st car across St Dorothy was hit</u>	

WRITTEN STATEMENT

1 We saw Dorothy approaching crosswalk &
 2 thought it's too dark - she's dressed in dark
 3 she needs to wait too much traffic - she
 4 walked right out - I thought (Heidi) that
 5 I saw a med. size trail blazer turn into the
 6 classic - but my husband saw a black big
 7 suburban or SUV speed off headed towards
 8 Plumb lanes.

DATE & TIME OF STATEMENT: Date 11/6 Time 6pm

NUMBER OF PAGES IN STATEMENT: (1)

SIGNATURE OF PERSON MAKING THIS STATEMENT: X

FOR POLICE USE ONLY: RELS. TO: _____ DATE: _____ BY: _____

DISSEMINATION RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY. SECONDARY DISSEMINATION IS PROHIBITED.



RENO POLICE DEPARTMENT

STATEMENT



FOR POLICE USE ONLY:

CASE NO. 09-45981

TAKEN BY: McCauley

PERSON MAKING THE STATEMENT

NAME OF PERSON MAKING STATEMENT: <u>Tony Dosen</u>		OTHER NAMES USED:	
RESIDENCE (Street) ADDRESS: <u>3601 GRAND TETON CT</u>		HOME PHONE: <u>826-5920</u>	
(City, State, Zip) <u>Reno NV 89509</u>		WORK PHONE: <u>691-5545</u>	
RACE: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH: <u>04-24-64</u>	SOCIAL SEC NO: [REDACTED]
<input type="checkbox"/> Indian <input type="checkbox"/> Asian		HEIGHT: <u>6'0</u>	WEIGHT: <u>295</u>
		HAIR: <u>BRO</u>	EYES: <u>HAZ</u>
OCCUPATION AND WHERE EMPLOYED: <u>SLESO</u>		FAX CELLPAGER:	
WORK/SCHOOL ADDRESS:		OTHER NO. TO CALL:	
INVOLEMENT: <input type="checkbox"/> Driver <input type="checkbox"/> Passenger		MY LOCATION WHEN THE EVENT OCCURRED:	
<input type="checkbox"/> Complainant <input type="checkbox"/> Victim <input checked="" type="checkbox"/> Witness			

WRITTEN STATEMENT

1 ON NOVEMBER 6, 2005, I RECEIVED A PHONE CALL
 2 FROM A PREVIOUS EMPLOYEE OF MINS, A JESSY GARCIA.
 3 HE ADVISED THAT HE WAS HEADING HOME FROM WORK,
 4 AND WAS INVOLVED IN AN ACCIDENT INVOLVING A LADY
 5 WALKING ACROSS THE STREET. I ASKED HIM IF HE LEFT
 6 THE SCENE AND HE STATED YES HE HAD. I TOLD HIM
 7 TO GO AND STAY AT HIS RESIDENCE WHICH IS APT 50,
 8 REDFIELD RIDGE APTS. HE JESSY GARCIA AND HIS SISTER
 9 SONJA HAVE BEEN MAKING PAYMENTS ON THE VEHICLE
 10 FOR THE PAST YEAR AND HALF. THE VEHICLE IS
 11 REGISTERED AND INSURED IN MY NAME. IT'S A BLACK
 12 FORD EXPEDITION WITH NEVADA REGISTRATION.

14 691-5547 CELL PHONE
 DATE & TIME OF STATEMENT: Date 11/6/05 Time 2000

NUMBER OF PAGES IN STATEMENT: _____ SIGNATURE OF PERSON MAKING THIS STATEMENT: X [Signature]

FOR POLICE USE ONLY: RELS. TO: _____ DATE: _____ BY: _____



RENO POLICE DEPARTMENT



STATEMENT

FOR POLICE USE ONLY:

CASE NO. 05-45981

TAKEN BY: Thompson 5269

PERSON MAKING THE STATEMENT

NAME OF PERSON MAKING STATEMENT: <u>Jennifer Doyle</u>		OTHER NAMES USED: <u>Jen</u>	
RESIDENCE (Street) ADDRESS: <u>695 West Third St. # 357</u>		HOME PHONE: <u>(530) 318-5778</u>	
(City, State, Zip) <u>Reno, NV 89503</u>		WORK PHONE: <u>(775) 823-9339</u>	
RACE: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	DATE OF BIRTH: <u>3/31/81</u>	SOCIAL SEC. NO. [REDACTED]
<input type="checkbox"/> Indian <input type="checkbox"/> Asian	HEIGHT: <u>5'10 1/2</u>	WEIGHT: <u>150</u>	FAX CELL/PAGER:
OCCUPATION AND WHERE EMPLOYED: <u>Merchandise Coordinator / T.J. Maxx</u>		OTHER NO. TO CALL:	
WORK/SCHOOL ADDRESS: <u>Kietzke Ln.</u>		WORK HOURS: <u>vary</u>	
INVOLVEMENT: <input type="checkbox"/> Driver <input type="checkbox"/> Passenger		DAYS OFF: <u>vary</u>	
<input type="checkbox"/> Complainant <input type="checkbox"/> Victim <input checked="" type="checkbox"/> Witness		MY LOCATION WHEN THE EVENT OCCURRED: <u>Plumas & Glenda</u>	

WRITTEN STATEMENT

1 Driving home on Plumas and witnessed a black S.U.V. hit
 2 a pedestrian crossing the street. He or she tried to swerve
 3 out of the way to miss the person but hit them anyways
 4 then just took off immediately. I got out to check on the
 5 person & stayed w/ her till medics arrived. I didn't get
 6 a plate #?

DATE & TIME OF STATEMENT: Date 11-06-05 Time 1744
 NUMBER OF PAGES IN STATEMENT: 1

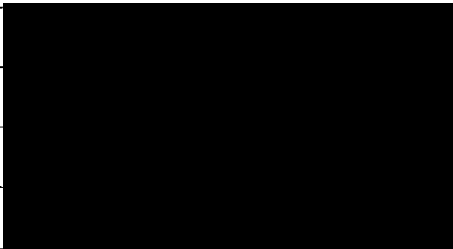
SIGNATURE OF PERSON MAKING THIS STATEMENT: Jen Doyle

FOR POLICE USE ONLY: RELS. TO: _____ DATE: _____ BY: _____

STATEMENT

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RENO POLICE DEPARTMENT



STATEMENT

FOR POLICE USE ONLY:

CASE NO. 05-45981

TAKEN BY: Thompson 5989

PERSON MAKING THE STATEMENT

NAME OF PERSON MAKING STATEMENT: <u>James Callender</u>		OTHER NAMES USED:	
RESIDENCE (Street) ADDRESS: <u>5665 Mt Rose Hwy #A</u>		HOME PHONE: <u>(775) 849-7871</u>	
(City, State, Zip) <u>Reno NV 89121</u>		WORK PHONE: <u>329 0711-PIT</u>	
RACE: <input type="checkbox"/> White <input checked="" type="checkbox"/> Black <input type="checkbox"/> Other	SEX: <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH: <u>3-24-59</u>	SOCIAL SEC NO: [REDACTED]
OCCUPATION AND WHERE EMPLOYED: <u>Circus Circus / Casino Dealer</u>		FAX CELL/PAGER:	
WORK/SCHOOL ADDRESS: <u>glenda + Plumb</u>		OTHER NO. TO CALL:	
INVOLVEMENT: <input type="checkbox"/> Driver <input type="checkbox"/> Passenger	MY LOCATION WHEN THE EVENT OCCURRED: [REDACTED]		
<input type="checkbox"/> Complainant <input type="checkbox"/> Victim <input type="checkbox"/> Witness		WORK HOURS: DAYS OFF:	

WRITTEN STATEMENT

1
2 I JAMES CALLENDER
3
4 SAW THE BLACK SUV
5
6 HIT LADY WALKING ACROSS STREET
7
8 AFTER SHE WAS HIT BY
9
10 TRUCK AT 5:40 PM SUN
11
12 11-6-05 I FOLLOWED TRUCK
13
14 DOWN TO PLUMB RT ON PLUMAS

DATE & TIME OF STATEMENT: Date 11-06-05 Time 1800

NUMBER OF PAGES IN STATEMENT: 1

SIGNATURE OF PERSON MAKING THIS STATEMENT: X

FOR POLICE USE ONLY: RELS. TO: _____ DATE: _____ BY: _____

DISSEMINATION RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY. SECONDARY DISSEMINATION IS PROHIBITED.

RENO POLICE DEPARTMENT

STATEMENT

PAGE 2

1 TO Lakeside to Virginia Park

2
3 I STOPPED and called from

4
5 76 gas station The Best

6
7 I could see plates off

8
9 truck 90D-SFD Nevada

10
11 plates

12
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