



LexisNexis™



New Mexico Department of Public Safety
Order Date/Time 2/18/2013 02:12 PM MST
Order Number 33167223
Operator KathrynG
Source Phone

Authorization Paid in Full
Agency Amount: \$8.00
Other Agency Amount: \$0.00
Shipping Amount: \$0.00
LN Service Fee: \$0.00
Total Amount: \$8.00

Payment Information

Agency Amount	Product	Product Detail
\$8.00	Accident Reports	30046339 fatal

**New Mexico Department of Public Safety
VitalChek Receipt**

Date/Time: 2/18/2013 02:12 PM MST
Confirmation Number: 33167223
Operator: KathrynG
Payment applied towards: Accident Reports
Payment Method: VI(5632)

Bill To

Phillip Ellenbecker
704 Mark Dr
Verona, WI 53593
United States of America

Agency Amount: \$8.00
Other Agency Amount: \$0.00
LN Service Fee: \$0.00
Total Amount: \$8.00

NEW MEXICO STATE POLICE

STATE OF NEW MEXICO
UNIFORM CRASH REPORT

REPORTING DEPARTMENT

ON PRIVATE PROPERTY FATAL PROPERTY DAMAGE ONLY UNDER \$500 HIT AND RUN **Case Number: 12-225122**
 INJURY Over \$500 **NMDOT: 30046339**

DATE OF CRASH: **10/24/2012** MILITARY TIME: **19:22** CITY OCCURRED IN: **NONE** COUNTY: **MORA**

SUN M Tu W Th F S OCCURRED ON: (Route No. or Name) **INTERSTATE 25 MILEPOST 372** AT INTERSECTION WITH: **NONE** TRIBAL LAND? Yes No

OTHER LOCATION: **.2** FEET MILES PERMANENT LANDMARK - COUNTY LINE - INTERSECTION - MILEPOST **MILE POST 372** LAT: LONG: **N/A**

CRASH OCCURRED: On Roadway Off Roadway CLASSIFICATION: Overturned Rollover Other N-Col Pedestrian Other Vehicle Vehicle on Other Rdwy Parked Vehicle Other Object ANALYSIS CODE: **02**

VEHICLE NO. HEADED: **1** N S E W On: **INTERSTATE 25 MILEPOST 372** Posted Speed: **75** Safe Speed: **75**

Driver's Full Name: **DUSTIN J. MCCAULLEY** Address: **4227 SUNDANCE STREET**

Driver's License Number: **6591** State: **NM** Type: **D** Restrictions: **0** Expires: **02/2016** City/State: **SANTA FE, NM** Zip Code: **87507** Phone: **(505) 399-9553**

Date of Birth - MD/YR: **1982** Social Security Number: **N/A** Occupation: **SALES PERSON** Age: **29** Sex (M/F): **M** Race: **C** Injury Code: **O** OP Code: **6** PP Used Proxly: **Y** Airbag Deploy: **N** Ejected: **N** EMS#: **2171**

Seat: **RF** Occupant's Name: **ANDREW LEVINE** Occupant's Address (City, State, Zip): **139 PARKER RD. FRAMINGHAM, MA 01702** Age: **29** Sex (M/F): **M** Race: **C** Injury Code: **C** OP Code: **6** PP Used Proxly: **Y** Airbag Deploy: **N** Ejected: **N** EMS#: **2171**

Seat: **LR** Occupant's Name: **CHRISTINA A. TACKETT** Occupant's Address (City, State, Zip): **30427 CONIFER RD. EVERGREEN, CO. 80439** Age: **19** Sex (M/F): **F** Race: **C** Injury Code: **O** OP Code: **2** PP Used Proxly: **N** Airbag Deploy: **N** Ejected: **N** EMS#: **2171**

Seat: **CR** Occupant's Name: **KHIA DE LACRUZ** Occupant's Address (City, State, Zip): **1101 NW 18 COURT, BATTLE GROUND, WA. 98604** Age: **18** Sex (M/F): **F** Race: **C** Injury Code: **O** OP Code: **2** PP Used Proxly: **N** Airbag Deploy: **N** Ejected: **N** EMS#: **2171**

Seat: **RR** Occupant's Name: **ELIZABETH L. YORK** Occupant's Address (City, State, Zip): **11190 SPOTSWOOD TERRANCE, SULTAN, CO. 80831** Age: **29** Sex (M/F): **F** Race: **C** Injury Code: **K** OP Code: **2** PP Used Proxly: **N** Airbag Deploy: **N** Ejected: **N/A** EMS#: **N/A**

Vehicle Yr: **99** Vehicle Make: **FORD** Color: **BRO** Body Style: **VN** Cargo Body Type: Vehicle Use (1): Vehicle Use (2): Towed? Yes No Overall Vehicle Damage: Heavy Moderate Light None

License Yr: **12/2012** State: **CO** License Plate Number: **390188H** VIN: **[REDACTED]** Towed due to disabling damage? Yes No Extent: Disabling Functional Appearance Property Fire None

US DOT: **N/A** ICC Docket #: **N/A** Interstate Carrier? Yes No Yes No Top Undercarriage

Number of Axles: **N/A** Vehicle Weight Rating/Gross Combination Weight Rating: < OR = 10,000 lbs 10,001 to 26,000 > 26,000 Hazmat Placard 4 digit #: **N/A** OR Hazmat Name: **N/A** AND 1 digit #: **N/A** Hazmat Released? Yes No

Carrier's Name: **N/A** Carrier's Address: **N/A** Carrier's Zip: **N/A**

Owner's Name: **CHRISTINA TACKETT** Owner's Address: **30427 CONIFER RD. EVERGREEN CO.** Owner's Zip: **80439** Owner's Telephone: **(360) 513-5163**

Insured By: (Name of Company) **GEICO** Policy Number: **4284797448** Liability Insurance? Yes No Trailer or Towed vehicles: Yes No Year: **N/A** Make: **N/A** License Yr: **N/A** License State: **N/A** License Number: **N/A**

Vehicle No. HEADED: **N** **S** **E** **W** On: **NONE** Posted Speed: Safe Speed:

Driver's Full Name: Address:

Driver's License Number: State: Type: Restrictions: Expires: City/State: Zip Code: Phone:

Date of Birth - MD/YR: Social Security Number: Occupation: Age: Sex (M/F): Race: Injury Code: OP Code: PP Used Proxly: Airbag Deploy: Ejected: EMS#:

Seat: Occupant's Name: Occupant's Address (City, State, Zip):

Vehicle Yr: Vehicle Make: Color: Body Style: Cargo Body Type: Vehicle Use (1): Vehicle Use (2): Towed? Yes No Overall Vehicle Damage: Heavy Moderate Light None

License Yr: State: License Plate Number: VIN: Towed due to disabling damage? Yes No Extent: Disabling Functional Appearance Property Fire None

US DOT: ICC Docket #: Interstate Carrier? Yes No Yes No Top Undercarriage

Number of Axles: Vehicle Weight Rating/Gross Combination Weight Rating: < OR = 10,000 lbs 10,001 to 26,000 > 26,000 Hazmat Placard 4 digit #: OR Hazmat Name: AND 1 digit #: Hazmat Released? Yes No

Carrier's Name: Carrier's Address: Carrier's Zip:

Owner's Name: Owner's Address: Owner's Zip: Owner's Telephone:

Insured By: (Name of Company) Policy Number: Liability Insurance? Yes No Trailer or Towed vehicles: Yes No Year: Make: License Yr: License State: License Number:

Crash Report Number: **30046339** Case Number: **12-225122** STATE OF NEW MEXICO UNIFORM CRASH REPORT ISSUING AGENCY COPY SHEET OF 6 SHEETS

ROAD - WEATHER	LIGHTING (Mark 1 with X) <input type="checkbox"/> Daylight <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Lighted <input checked="" type="checkbox"/> Dark-Not Lighted <input type="checkbox"/> Other	WEATHER (Mark 1 with X) <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Fog <input type="checkbox"/> Dust <input type="checkbox"/> Wind <input type="checkbox"/> Other <input type="checkbox"/> Sleet or Hail	ROAD COND (Mark 1 each with X) V1 V2 <input checked="" type="checkbox"/> <input 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	ROAD SURFACE (Mark 1 each with X) V1 V2 <input type="checkbox"/> <input type="checkbox"/> Paved <input type="checkbox"/> <input type="checkbox"/> Unstriped <input type="checkbox"/> <input type="checkbox"/> Paved Center Stripe <input checked="" type="checkbox"/> <input type="checkbox"/> Paved Center & Edge line <input type="checkbox"/> <input type="checkbox"/> Unpaved	TRAFFIC CONTROL (Mark 1 each with X) 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 checked="" type="checkbox"/> <input type="checkbox"/> No Controls <input type="checkbox"/> <input type="checkbox"/> Other	ROAD CHARACTER (Mark 1 with X) <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve GRADE (Mark 1 with X) <input checked="" type="checkbox"/> Level <input type="checkbox"/> Hillcrest <input type="checkbox"/> On Grade <input type="checkbox"/> Dip	CRASH REPORT NUMBER: 000000000 30046339 CASE NUMBER: 12-225122							
	APPARENT CONTRIBUTING FACTORS (Mark 1 or more for each with X)						WHAT DRIVERS WERE DOING (Mark 1 or more for each with X)							
	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 type="checkbox"/> <input type="checkbox"/> Improper overtaking <input checked="" 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 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 checked="" 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"/> Slowing <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 type="checkbox"/> <input type="checkbox"/> Other	
	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					

EVENT	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 type="checkbox"/> <input type="checkbox"/> Improper overtaking <input checked="" 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 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 checked="" 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"/> Slowing <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 type="checkbox"/> <input type="checkbox"/> Other		SEQUENCE OF EVENTS (See event codes) V1 V2 FIRST EVENT 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 type="checkbox"/> <input type="checkbox"/> Had Not Consumed Alcohol <input checked="" type="checkbox"/> <input type="checkbox"/> Sobriety Unknown <input type="checkbox"/> <input type="checkbox"/> Consumed Medication <input type="checkbox"/> <input type="checkbox"/> Breath Test Administered <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 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"/> Ill		D1 D2 <input type="checkbox"/> <input type="checkbox"/> Medication <input type="checkbox"/> <input type="checkbox"/> Amputee <input checked="" type="checkbox"/> <input type="checkbox"/> No App. Defects <input type="checkbox"/> <input type="checkbox"/> *Other Physical Impairment		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		P1 P2 <input type="checkbox"/> <input type="checkbox"/> Walking Against Traffic <input type="checkbox"/> <input type="checkbox"/> Standing <input type="checkbox"/> <input type="checkbox"/> Pushing or Working on Vehicle <input type="checkbox"/> <input type="checkbox"/> Playing in Road	
	Describe what happened - refer to vehicles by number. REFER TO SUPPLEMENTAL FOR NARRATIVE.											

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 ACTION							
	D1 D2 <input type="checkbox"/> <input type="checkbox"/> Consumed Alcohol <input type="checkbox"/> <input type="checkbox"/> Consumed a Controlled Substance <input type="checkbox"/> <input type="checkbox"/> Had Not Consumed Alcohol <input checked="" type="checkbox"/> <input type="checkbox"/> Sobriety Unknown <input type="checkbox"/> <input type="checkbox"/> Consumed Medication <input type="checkbox"/> <input type="checkbox"/> Breath Test Administered <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 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"/> Ill		D1 D2 <input type="checkbox"/> <input type="checkbox"/> Medication <input type="checkbox"/> <input type="checkbox"/> Amputee <input checked="" type="checkbox"/> <input type="checkbox"/> No App. Defects <input type="checkbox"/> <input type="checkbox"/> *Other Physical Impairment		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		P1 P2 <input type="checkbox"/> <input type="checkbox"/> Walking Against Traffic <input type="checkbox"/> <input type="checkbox"/> Standing <input type="checkbox"/> <input type="checkbox"/> Pushing or Working on Vehicle <input type="checkbox"/> <input type="checkbox"/> Playing in Road	
	Describe what happened - refer to vehicles by number. REFER TO SUPPLEMENTAL FOR NARRATIVE.											

NARRATIVE	Describe what happened - refer to vehicles by number. REFER TO SUPPLEMENTAL FOR NARRATIVE.											
	Use Diagram/Narrative Sheet for additional information											
	OTHER PROPERTY INVOLVED											
	DESCRIPTION OF PROPERTY AND DAMAGE NONE											

OTHER PROPERTY INVOLVED	Owner's Name			Owner's Address			Owner's Zip Code			Owner's Telephone		
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WITNESS	NAME			AGE			ADDRESS			TELEPHONE		

ENFORCEMENT ACTION	VEH. NO.	NAME			VIOLATION (COMMON NAME)			ACTION		
								<input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending		
								<input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending		
								<input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending		

Time Notified 19:22	Time Arrived 19:38	Notified By DISPATCH	Supervisor at Scene Sergeant Jacob Romero			Checked By Sergeant Jacob Romero 2789			
Officer's Signature <i>Joseph Chavez</i>			Print Officer's Name JOSEPH CHAVEZ			Rank PTLM	ID No. 4755	District 02	Date of Report 10/25/2012
CRASH REPORT NUMBER: 000000000 30046339			STATE OF NEW MEXICO UNIFORM CRASH REPORT ISSUING AGENCY COPY					SHEET 2 OF 6 SHEETS	

THIS REPORT MAY CONTAIN OPINIONS AND OBSERVATIONS OF THE INVESTIGATING OFFICER

DIAGRAM/NARRATIVE

Use Additional Sheets As Necessary

Assignment: On October 24, 2012, at approximately 1922 hours, I was advised by dispatch that a passenger car was involved in an accident on Interstate 25 at approximately milepost 372. Dispatch advised the reporting party advised an individual was trapped underneath the crash vehicle. I arrived at approximately 1938 hours, and located the scene of the accident approximately 2 tenths of a mile north of milepost 372 in the center dirt median on Interstate 25.

Scene: I observed a brown 1999 Ford mini-van identified as Vehicle #1, bearing Colorado registration plate 390188H, in the center dirt median. I observed several individuals standing near the rear driver side of Vehicle #1. The front of the Vehicle #1 was pointed in a southeast direction. The vehicle had heavy damage throughout. I observed a male subject later identified as Driver of Vehicle #1 Dustin Mccauley running towards my patrol unit, and three other individuals also approaching my patrol unit later identified as Andrew Levine, Chrystina Tackett, and Khia De LaCruz. I also observed a male subject lying on the ground near the left rear side of Vehicle #1 attempting to free what appeared to an individual underneath Vehicle #1. The roadway was dry, and the weather conditions were clear. I advised dispatch of the situation and requested they contact a supervisor. Dispatch advised Sergeant Jacob Romero, Senior Patrol Officer Wayne Alcon and Officer Leighton Colebank were en-route to assist. Dispatch also advised Moberg's Towing was en-route to scene as well.

Mr. Mccauley was very emotional and advised me his friend was trapped underneath the vehicle. I exited my patrol unit and proceeded towards the crashed vehicle. I observed a female subject later identified as Elizabeth York lying in a fetal position, face down, underneath the rear axle of the crashed vehicle. Ms. York was lying with her head facing in a southwest direction. I attempted to locate a pulse on Ms. York's wrist, under her arm pit, and also on her neck, and none were located. I immediately returned to my patrol unit, advised dispatch of the situation and got the unit's jack to attempt to get the vehicle off Ms. York. I proceeded to jack up Vehicle #1 During this time Superior EMS #2171 arrived on scene and medics also attempted to find a pulse, but none was found. EMS medics then went to the passenger side of the vehicle and slowly pulled Ms. York out from under the vehicle once the vehicle was lifted off her. EMS attempted a second time to find a pulse, heartbeat, and also placed an EKG on Ms. York, and no pulse was found. EMS medic Mr. Parker advised the female subject was deceased. I advised dispatch of the situation and requested they contact an OMI Investigator to come to the scene. Dispatch advised Investigator Ellis was contacted and was en-route. During this time Sergeant Romero, Senior Officer Alcon, and Officer Colebank arrived on scene and assisted.

Statements: I contacted Mr. Mccauley and he advised the following. Mr. Mccauley advised he was the driver of the crashed vehicle and was traveling southbound on Interstate 25 in the right lane, when he noticed a flat bed truck stopped or barely moving on the roadway. Mr. Mccauley stated he attempted to maneuver the vehicle over by steering to the left and that's when the vehicle went out of control. Mr. Mccauley stated he just remembers hearing the tires screeching against the pavement and the next thing is all a blur, he really does not remember the crash. Mr. Mccauley advised when the crash was over he started yelling at everyone asking if they were ok. Mr. Mccauley stated that's when they noticed "Liz" (Elizabeth York) was not in the vehicle. Mr. Mccauley stated he exited the vehicle and began searching for Ms. York. Mr. Mccauley stated he search for about a few minutes around the vehicle and he heard one of his friends start yelling "she's under the car". Mr. Mccauley stated he ran back towards the vehicle and began attempting to free "Liz" from underneath the vehicle. Mr. Mccauley stated he and his friends tried to lift the vehicle but could not. Mr. Mccauley stated he tried talking to "Liz" but she was unresponsive since the first time he tried talking to her. Mr. Mccauley stated at this time he ran to the middle of the Interstate and began attempting to stop vehicles for help. I asked Mr. Mccauley if he had consumed any alcohol or did any narcotics, and in return he stated he had not. Mr. Mccauley stated he did not want to lie to me but he did drink beer the day before and stopped around midnight on October 23, 2012. Mr. Mccauley advised several times we can test him he did not drink or anything at all prior to the crash. I asked Mr. Mccauley how fast he was traveling prior to the accident and in return he stated he was traveling approximately 75mph. I asked Mr. Mccauley for his driver license, which he was able to provide. I conducted a driver license query through dispatch and in return dispatch advised Mr. Mccauley's driver license was invalid-suspended.

At this time EMS #2171 transported Dustin, Andrew, Chrystina, and Khia to Alta Vista Regional Hospital in Las Vegas, New Mexico, San Miguel County for further medical treatment. Dispatch was advised of the situation.

OMI Investigator Lloyd Ellis arrived on scene at approximately at 2010 hours and was informed of the situation. Investigator Ellis pronounced Ms. Elizabeth York deceased at 2030 hours. Investigator Ellis advised Rogers Mortuary would be en-route to remove the deceased from the scene. I updated dispatch with the information provided by Investigator Ellis.

Sergeant Romero, Senior Officer Alcon, and Officer Colebank remained at the scene till all was clear. I advised dispatch I was en-route to Alta Vista Regional Hospital to speak with the other parties (Andrew, Chrystina, and Khia) involved in the crash and get their statements.

I arrived at Alta Vista Regional Hospital at approximately 2124 hours and met with Chrystina Tackett and she advised the following: Ms. Tackett stated she and her friends were on their way to Santa Fe, New Mexico from Wheat Ridge, Colorado. Ms. Tackett stated she was seated in the left middle seat of the mini-van when the crash occurred. Ms. Tackett stated she remembers a vehicle in the middle of the road, and Dustin swerved to miss it. Ms. Tackett stated the vehicle went out of control and flipped over. Ms. Tackett stated when the vehicle finished flipping over and stopped, everyone was yelling. Ms. Tackett stated at this point they all noticed "Liz" was not in the car. Ms. Tackett stated everyone got out of the vehicle and tried looking for "Liz". Ms. Tackett stated they looked for a few minutes and she looked under the car and noticed "Liz" was under the car. Ms. Tackett stated "Liz was unresponsive so she looked for a pulse and felt a pulse. Ms. Tackett stated at this time Dustin got there and they all tried lifting the car off "Liz" but they could not. I advised Ms. Tackett if she remembers anything else to let me know. I then made contact with Khia De LaCruz and she advised the following:

Ms. De LaCruz stated she was seated in the middle center seat when the crash occurred. Ms. De LaCruz stated she remembers seeing a vehicle in the middle of the roadway, and Dustin swerved to miss it. Ms. De LaCruz stated the vehicle then went out of control and she does not remember anything until everything stopped. Ms. De LaCruz stated when the vehicle stopped everyone was freaking out, and asking where is

CRASH REPORT NUMBER
0 30046339
CASE NUMBER
12-225122
DIAGRAM DRAWN BY:
OFFICER JOSEPH CHAVEZ
MEASUREMENTS TAKEN BY:
OFFICER JOSEPH CHAVEZ



Crash Report Number 0 30046339
Case Number 12-225122

STATE OF NEW MEXICO UNIFORM CRASH REPORT
ISSUING AGENCY COPY

SHEET 3
OF 6 SHEETS

DIAGRAM/NARRATIVE

Use Additional Sheets As Necessary

"Liz". Ms. De LaCruz stated everyone got out of the vehicle and "Liz" was trapped under the car. Ms. De LaCruz stated they tried lifting the car off "Liz" but they could not. Ms. De LaCruz stated they then began trying to stop other traveling motorists for help. Ms. De LaCruz stated she heard "Liz" moan and attempted talking to "Liz" but did not get a response from "Liz". Ms. De LaCruz was very emotional during her statement and was told if she remembers anything else to let me know. I then made contact with Andrew Levine and he advised the following:

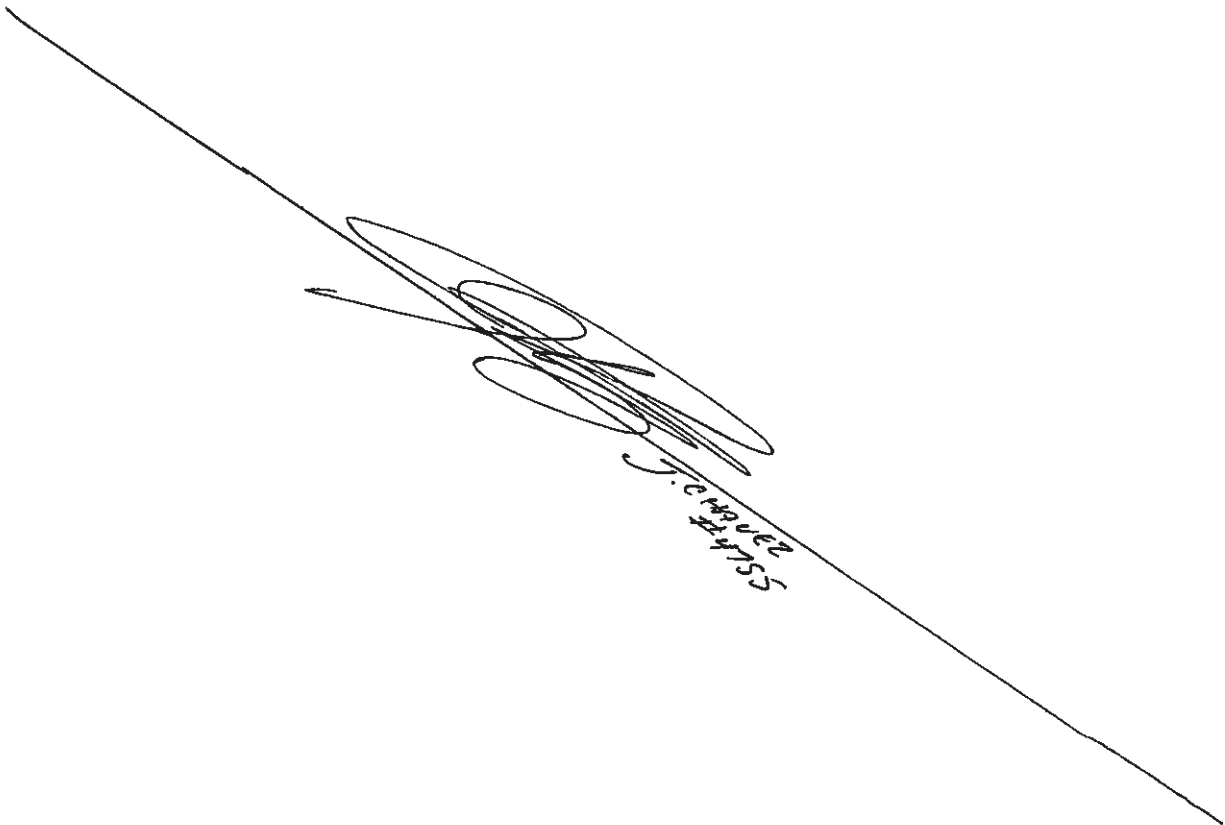
Mr. Levine stated he and his friends travel from state to state and city to city selling magazines to people. Mr. Levine stated they were on their way to Santa Fe, New Mexico to pick up Dustin's girlfriend and then travel to Austin, Texas to begin work. Mr. Levine stated he was seated in the front passenger seat of the vehicle when the crash took place. Mr. Levine stated he remembers looking at his tom-tom that was on the windshield and noticed a vehicle was in the middle of the roadway or could have been partially on the roadway. Mr. Levine stated he advised Dustin to slow down and watch out, Mr. Levine stated Dustin swerved to the fast lane in attempt to miss colliding with the vehicle in the middle of the roadway. Mr. Levine stated the vehicle then went out of control and rolled over. Mr. Levine stated it was all a blur, he really does not remember anything. Mr. Levine stated they noticed "Liz" under the car and all of them tried to lift the vehicle up but could not. Mr. Levine stated he kept trying to lift the car as the others were trying to stop vehicle's passing by for help, but just could not lift or move the vehicle. I asked Mr. Levine how fast Dustin was driving prior to the accident, and in return he stated he remembers on his tom-tom it stated 79mph. Mr. Levine stated he knew that for sure because he had just finished telling Dustin to keep it under 80mph.

Investigation: My investigation revealed that Vehicle #1 was traveling southbound on Interstate 25 at milepost 372.2. It was stated Vehicle #1 encountered another vehicle parked or stalled in the middle of the roadway but is unknown. Driver of Vehicle #1 maneuvered Vehicle #1 abruptly from the slow lane of travel to the fast lane of travel by steering Vehicle #1 to the left. Driver of Vehicle #1 then maneuvered Vehicle #1 to the right and abruptly steered Vehicle #1 to the left immediately. Vehicle #1 then began to rotate in a clockwise position critical speed yaw. Vehicle #1 exited the fast lane of travel and traveled onto the center dirt median. Vehicle #1's tires embedded into the soft dirt, causing Vehicle #1 to rollover. Vehicle #1 came to rest upright in the center dirt median, facing in a southwest direction. Ms. Elizabeth York who was pronounced deceased at the scene was fully ejected when Vehicle #1 rolled over and landed on top of her. The cause of death is unknown and per OMI Investigator Lloyd Ellis, Ms. York will undergo an autopsy in Albuquerque, New Mexico. Driver of Vehicle #1 gave consent for a blood draw at Alta Vista Regional Hospital. Results are pending.

Disposition: No enforcement action was taken. Enforcement action is pending.

Vehicle Disposition: Vehicle #1 was removed from the scene by Moberg Towing and taken to Watrous, New Mexico

Submitted by:
Officer Joseph Chavez
NMSP/PTLM
I.D. #4755
10/25/2012



○
Indicate
North
By
Arrow

CRASH REPORT NUMBER
0 30046339

CASE NUMBER
12-225122

DIAGRAM DRAWN BY:
OFFICER JOSEPH CHAVEZ

MEASUREMENTS TAKEN BY:
OFFICER JOSEPH CHAVEZ

Crash Report Number 0 30046339
Case Number 12-225122

STATE OF NEW MEXICO UNIFORM CRASH REPORT
ISSUING AGENCY COPY

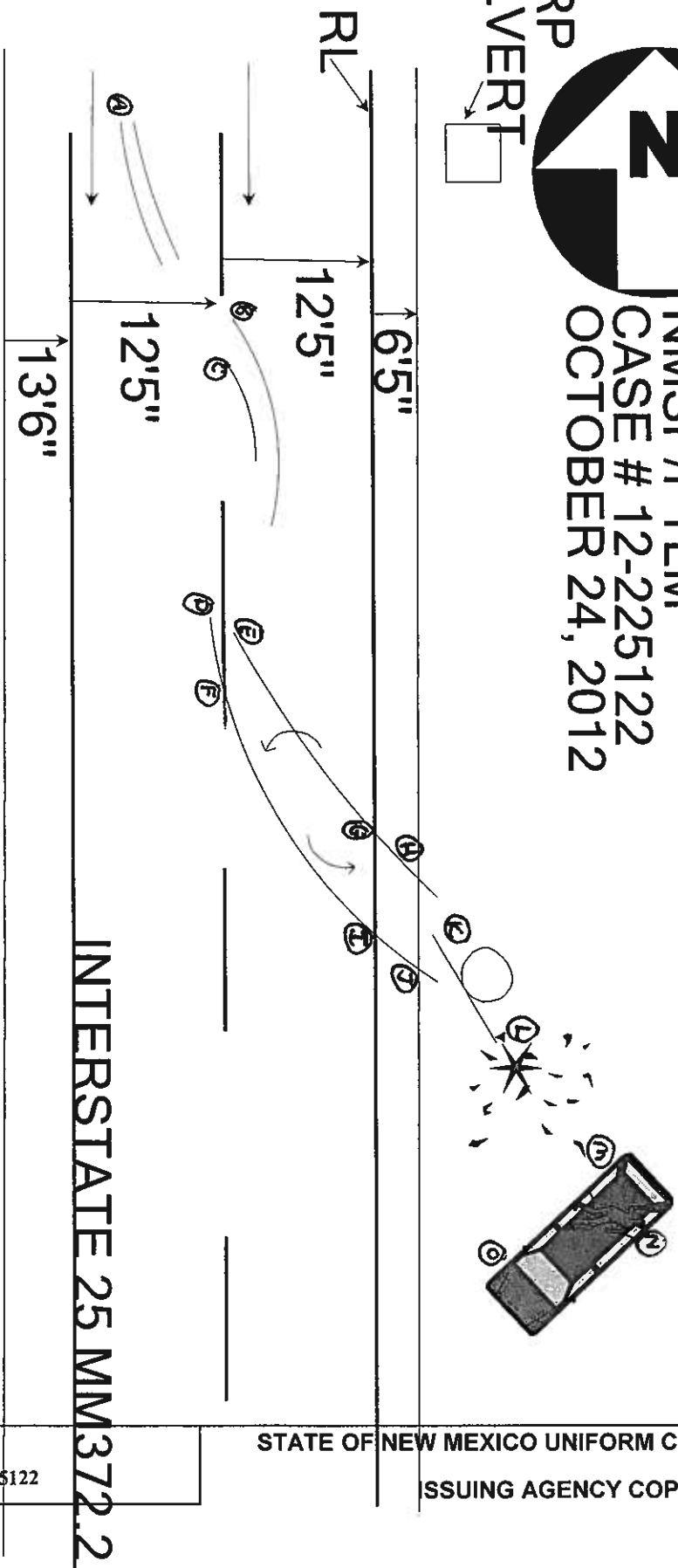
SHEET 4
OF 6 SHEETS

CRASH REPORT NUMBER 0 30046339	CASE NUMBER 12-225122	DIAGRAM DRAWN BY: OFFICER JOSEPH CHAVEZ	MEASUREMENTS TAKEN BY: OFFICER JOSEPH CHAVEZ
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DIAGRAM NOT TO SCALE
 OFFICER JOSEPH CHAVEZ
 NMSP/PTLM
 CASE # 12-225122
 OCTOBER 24, 2012

RP
 CULVERT



Indicate North By Arrow

Crash Report Number 0	Case Number 12-225122
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STATE OF NEW MEXICO UNIFORM CRASH REPORT
 ISSUING AGENCY COPY


SHEET 5 OF 6 SHEETS

DIAGRAM/NARRATIVE

Use Additional Sheets As Necessary

LEGEND

Point	North	South	East	West	Description
RP					CULVERT IN CENTER DIRT MEDIAN INTERSTATE 25 MILE POST 372.2
RL					PAINTED YELLOW EDGE LINE ON INTERSTATE 25 SOUTHBOUND LANE OF TRAVEL
A	8'	0	0	21'5"	START OF RF TIRE MARKING
B	0	90'9"	0	6'6"	START OF LF TIRE MARKING
C	0	97'6"	0	6'9"	START OF RR TIRE MARKING
D	0	214'	0	13'5"	START OF LF TIRE CRITICAL SPEED YAW
E	0	216'1"	0	12'5"	START OF LR TIRE CRITICAL SPEED YAW
F	0	248'9"	0	12'5"	LF TIRE CROSSES INTO PASSING LANE TRAVEL
G	0	271'1"	0	0	LR TIRE EXITS ROADWAY AND ENTERS ONTO PAVED EAST SHOULDER OF ROADWAY
H	0	290'1"	6'5"	0	LR TIRE EXITS OFF ROADWAY AND ENTERS ONTO DIRT CENTER MEDIAN
I	0	304'9"	0	0	LF TIRE EXITS ROADWAY AND ENTERS ONTO PAVED EAST SHOULDER OF ROADWAY
J	0	323'5"	6'5"	0	LF TIRE OFF ROADWAY AND ENTERS ONTO DIRT CENTER MEDIAN
K	0	365'9"	19'1"	0	LR TIRE EMBEDDS INTO SOFT DIRT
L	0	376'4"	28'10"	0	P.O.I
M	0	386'8"	37'7"	0	RR TIRE AT REST
N	0	391'4"	40'6"	0	MS. YORK FINAL BODY PLACEMENT
O	0	392'9"	28'10"	0	RF TIRE AT REST



 J. CHAVEZ # 9755

CRASH REPORT NUMBER
0 30046339

CASE NUMBER
12-225122

DIAGRAM DRAWN BY:
OFFICER JOSEPH CHAVEZ

MEASUREMENTS TAKEN BY:
OFFICER JOSEPH CHAVEZ

Crash Report Number **0 30046339**
 Case Number **12-225122**

STATE OF NEW MEXICO UNIFORM CRASH REPORT

SHEET **6**
 OF **6** SHEETS