

City of Albuquerque Automobile Accident Report

Timothy M. Keller
Mayor

APD Case # 190054237 CAD # P191640768 Report # _____

Date: June 12, 2019 Time: _____ am / pm Location 1 Civic Plaza NW (loading dock)

Dept.: Senior Affairs Vehicle No.: 081201 License No.: G72559

Driver: Sara Borunda-Armijo Age: 27 Sex: F

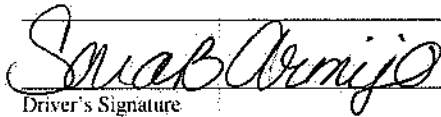
Driver's Address: 714 7th St SW Operator's License No. 506574579

Damage to Vehicle: Broken rear window

Names and addresses of all people in vehicle:

1.	2.	3.
_____	_____	_____
_____	_____	_____
4.	5.	6.
_____	_____	_____
_____	_____	_____

Driver's statement of what happened: Driver was backing out of parking space and hit the rear of a parked trailer.


Driver's Signature

36962
Employee ID

06/13/19
Date

Other vehicle involved in accident:

Year, make and model: 2015 CIMC Gen License No.: _____

Owner's name and address: Wagner Equipment Co. 4000 Osuna Rd NE Alb. NM 87109

Driver and address: N/A - Parked

Operator's License No.: _____ Age: _____ Sex: _____

Names and addresses of all passengers:

1.	2.	3.
_____	_____	_____
_____	_____	_____
4.	5.	6.
_____	_____	_____
_____	_____	_____

Damage to other car: No visible damage

Is car insured: Yes Name of insurance company: USI Insurance Services, LLC Insurance Policy No.: UNK

Was anyone injured: No, if so obtain name, address, age, and injuries

1. _____ 2. _____ 3. _____

If transported, what hospital? _____

Names of witnesses, not involved in accident:

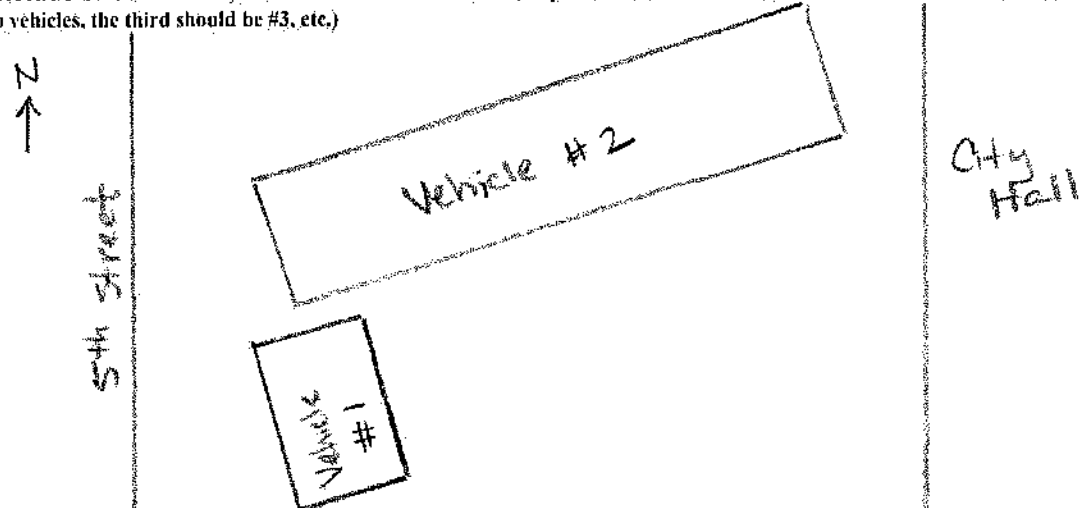
Name: _____ Day time phone # _____

Name: _____ Day time phone # _____

Name: _____ Day time phone # _____

Supervisor's description of accident: Driver was backing out of a parking space and hit the rear of a parked trailer.

Diagram of accident, include street names, and direction of travel. (City vehicle must be marked #1 and other vehicle should be marked #2. In the event of more than two vehicles, the third should be #3, etc.)



Did Police investigate: No Name and Badge Number of Officer: _____

Were any citations given: No, if so give name: _____

Supervisor's Signature: Charlotte Lopez Name: Charlotte Lopez Phone #: 764-6469 Date: 06/13/19
(Printed)

Program Manager: _____ Name: Andrew Quintana Phone #: 764-6419 Date: 06/14/19
(Printed)



STATION REPORT

STATE OF NEW MEXICO
UNIFORM CRASH REPORT

23480327

REPORTING DEPARTMENT

ON PRIVATE PROPERTY FATAL INJURY PROPERTY DAMAGE ONLY UNDER \$500 \$500 OR MORE HIT AND RUN

Case Number: **AP190054237**
 NMDOT: _____ CAD Num: **P191640208**

CRASH DATE (MM/DD/YY): **6/12/2019** MILITARY TIME: **1615** CITY OCCURRED IN: **Chilquiterque** COUNTY: **Bern**

OCCURRED ON: (Route No. or Name) **1 CIVIC PLAZA** AT INTERSECTION WITH: _____ TRIBAL LAND? No

OTHER LOCATION: _____ PERMANENT LANDMARK - COUNTY LINE - INTERSECTION - MILEPOST: **City HALL** LAT: _____ LONG: _____

CRASH OCCURRED: On Roadway Off Roadway CRASH CLASSIFICATION: Overturned Other N-Col Pedestrian Other Vehicle Vehicle on Other Rdwy Parked Vehicle Rollover R. R. Train Pedalcyclist Animal Fixed Object Other Object ANALYSIS CODE: _____

VEHICLE NO. HEADED: **1** On: **1 Civic Plaza** Left Scene of Crash: Yes No Posted Speed: _____ Safe Speed: _____

Drivers Full Name (Last, First, Middle): **Borunda-Armijo Sara G** Address: **3500 ROSS AVE SE Unit C**

Driver's License Number: **500574579 NM** State: **NM** Type: _____ Status: _____ Restrictions: _____ Endorsements: _____ Expires: **2/21** Interlock: City/State: **ALB, NM** Zip Code: **87106** Phone: **764-4032**

Date of Birth - M/D/YR: **01/21/1992** Occupation: _____ Seat: _____ Age: _____ Sex (M/F): _____ Race: _____ Injury Code: _____ OP Code: _____ OP Used Property: _____ Airbag Deploy: _____ Ejected: _____ EMS #: _____ Med Trans: _____

Seat Pos.: _____ Occupant's Name (Last, First, Middle): _____ Occupant's Address (City, State, Zip): _____

Vehicle Yr.: **2008** Vehicle Make: **CIVIC** Color: **GRY** Body Style: **WHT** Cargo Body Type: _____ Vehicle Use (1): _____ Vehicle Use (2): _____ Towed? Yes No Damage Severity: Heavy Moderate Slight None Extent: Disabled Functional Appearance Property Fire None

License Yr.: _____ State: _____ License Plate Number: **G72559** VIN: **JHMFA36247S032285**

DOT #: _____ Interstate Carrier Code: _____ Towed By: _____ Towed To: _____ Towed due to disabling damage? Yes No All Areas: Yes No

Number of Axles: _____ Vehicle Weight Rating/Gross: 10,000 lbs. or less 10,001 lbs. to 26,000 lbs. Greater than 26,000 lbs. Combination Weight Rating: _____ HazMat Placard: 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 Company Name: _____ Owner's Address: **1 Civic Plaza NW** Owner's Zip: **87102** Owner's Telephone: _____

Insured By: (Name of Company) **City of Alb** Policy Number: _____ Trailer or Towed Vehicles (1): _____ Type: _____ Year: _____ Make: _____ License Yr.: _____ License State: _____ License Number: _____

Trailer or Towed Vehicles (2): _____ Type: _____ Year: _____ Make: _____ License Yr.: _____ License State: _____ License Number: _____

Vehicle No. HEADED: **2** On: _____ Left Scene of Crash: Yes No Posted Speed: _____ Safe Speed: _____

Drivers Full Name (Last, First, Middle): _____ Address: _____

Driver's License Number: _____ State: _____ Type: _____ Status: _____ Restrictions: _____ Endorsements: _____ Expires: _____ Interlock: City/State: _____ Zip Code: _____ Phone: _____

Date of Birth - M/D/YR: _____ Occupation: _____ Seat Pos.: _____ Age: _____ Sex (M/F): _____ Race: _____ Injury Code: _____ OP Code: _____ OP Used Property: _____ Airbag Deploy: _____ Ejected: _____ EMS #: _____ Med Trans: _____

Seat Pos.: _____ Occupant's Name (Last, First, Middle): _____ Occupant's Address (City, State, Zip): _____

Vehicle Yr.: **2015** Vehicle Make: **CIVIC** Color: **TAN** Body Style: **GEN** Cargo Body Type: _____ Vehicle Use (1): _____ Vehicle Use (2): _____ Towed? Yes No Damage Severity: Heavy Moderate Slight None Extent: Disabled Functional Appearance Property Fire None

License Yr.: _____ State: _____ License Plate Number: **LIRCA1265F100013G** VIN: _____

DOT #: _____ Interstate Carrier Code: _____ Towed By: _____ Towed To: _____ Towed due to disabling damage? Yes No All Areas: Yes No

Number of Axles: _____ Vehicle Weight Rating/Gross: 10,000 lbs. or less 10,001 lbs. to 26,000 lbs. Greater than 26,000 lbs. Combination Weight Rating: _____ HazMat Placard: 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: **Wagner Equipment Co.** Owner's Company Name: _____ Owner's Address: _____ Owner's Zip: _____ Owner's Telephone: _____

Insured By: (Name of Company) **WST Insurance Services LLC** Policy Number: _____ Trailer or Towed Vehicles (1): _____ Type: _____ Year: _____ Make: _____ License Yr.: _____ License State: _____ License Number: _____

Trailer or Towed Vehicles (2): _____ Type: _____ Year: _____ Make: _____ License Yr.: _____ License State: _____ License Number: _____

Vehicle No. 1

Vehicle No. 2 or PEDESTRIAN - OTHER

CRASH P191640208

ROAD - WEATHER	LIGHTING (Check 1)	WEATHER (Check 1)	ROAD COND. (Check 1 for each)	ROAD SURFACE (Check 1 for each)	TRAFFIC CONTROL (Check 1 for each)	ROAD CHARACTER (Check 1)	Crash Report Number 23480327
	<input type="checkbox"/> Daylight <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark - Lighted <input type="checkbox"/> Dark - Not Lighted <input type="checkbox"/> Other and not stated	<input 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	V1 V2 <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice <input type="checkbox"/> Loose Material <input type="checkbox"/> Other <input type="checkbox"/> Standing or Moving Water <input type="checkbox"/> Slush	V1 V2 <input type="checkbox"/> Paved <input type="checkbox"/> Unstriated <input type="checkbox"/> Paved Center Stripe <input type="checkbox"/> Paved Center & Edgeline <input type="checkbox"/> Unpaved	V1 V2 <input type="checkbox"/> No Passing Zone <input type="checkbox"/> Stop Sign <input type="checkbox"/> Traffic Signals <input type="checkbox"/> Yield Sign <input type="checkbox"/> R.R. Gate <input type="checkbox"/> 4 Way Stop <input type="checkbox"/> Flashers <input type="checkbox"/> No Controls <input type="checkbox"/> Other	<input type="checkbox"/> Straight <input type="checkbox"/> Curve GRADE (Check 1) <input type="checkbox"/> Level <input type="checkbox"/> Hillcrest <input type="checkbox"/> On Grade <input type="checkbox"/> Dip	Case Number ROAD DESIGN (Check 1 OR more for each) V1 V2 <input type="checkbox"/> 1 Lane <input type="checkbox"/> 2 Lanes <input type="checkbox"/> 3 Lanes <input type="checkbox"/> 4 + Lanes <input type="checkbox"/> Undivided <input type="checkbox"/> Physical Divider <input type="checkbox"/> Painted Divider

EVENT	APPARENT CONTRIBUTING FACTORS (Check 1 or more for each)				DRIVERS' ACTIONS (Check 1 or more for each)				SEQUENCE OF EVENTS (See event codes)	
	V1 V2	V1 V2	V1 V2	V1 V2	V1 V2	V1 V2	V1 V2	V1 V2	V1 V2	V1 V2
	<input type="checkbox"/> Excessive Speed <input type="checkbox"/> Speed too fast for conditions <input type="checkbox"/> Failed to yield right of way <input type="checkbox"/> Passed stop sign <input type="checkbox"/> Disregarded traffic signal <input type="checkbox"/> Drove left of center <input type="checkbox"/> Improper overtaking <input type="checkbox"/> Avoid no contact vehicle <input type="checkbox"/> Avoid no contact other <input type="checkbox"/> Cell phone <input type="checkbox"/> Texting <input type="checkbox"/> Low Visibility due to smoke	<input type="checkbox"/> Following too closely <input type="checkbox"/> Made improper turn <input type="checkbox"/> Driver inattention <input type="checkbox"/> Under influence of alcohol <input type="checkbox"/> Other improper driving <input type="checkbox"/> Pedestrian error <input type="checkbox"/> Inadequate brakes <input type="checkbox"/> Driverless moving vehicle <input type="checkbox"/> Failed to yield - Police Veh(s) <input type="checkbox"/> Failed to yield - Emrgncy Veh(s) <input type="checkbox"/> Under the influence of Drugs or Medication <input type="checkbox"/> High speed pursuit	<input type="checkbox"/> Defective steering <input type="checkbox"/> Defective tires <input type="checkbox"/> Other mech. defect <input type="checkbox"/> Road defect <input type="checkbox"/> Other No driver error <input type="checkbox"/> Traffic control not functioning <input type="checkbox"/> Improper lane change <input type="checkbox"/> Improper backing <input type="checkbox"/> None <input type="checkbox"/> Vehicle Skidded Before Brake	<input type="checkbox"/> Going Straight <input type="checkbox"/> Overtaking /Passing <input type="checkbox"/> Right Turn <input type="checkbox"/> Left Turn <input type="checkbox"/> U Turn <input type="checkbox"/> Slowing <input type="checkbox"/> Backing	<input type="checkbox"/> Stopped for traffic <input type="checkbox"/> Stopped for sign/signal <input type="checkbox"/> Start in traffic lane <input type="checkbox"/> Start from park. <input type="checkbox"/> Parked <input type="checkbox"/> Other					

DRIVER	DRIVER/PED/PEDALCYCLIST SOBRIETY (Check 1 or more for each with X)		DRIVER/PED/PEDALCYCLIST PHYSICAL COND. (Mark 1 or more for each with X)		PEDESTRIAN/PEDALCYCLIST ACTION			
	D1 D2	D1 D2	D1 D2	D1 D2	At Intersection		Not at Intersection	
	<input type="checkbox"/> Consumed Alcohol <input type="checkbox"/> Consumed a Controlled Substance <input type="checkbox"/> Had Not Consumed Alcohol <input type="checkbox"/> Sobriety Unknown <input type="checkbox"/> Consumed Medication <input type="checkbox"/> Tested by Instrument <input type="checkbox"/> Breath Test Administered gms/210 L: _____ gms/210L <input type="checkbox"/> Blood Test Administered <input type="checkbox"/> Standard Field Sobriety Test Administered <input type="checkbox"/> Refused Test	<input type="checkbox"/> Fatigue-Asleep <input type="checkbox"/> Eyesight Imp. <input type="checkbox"/> Hearing Imp. <input type="checkbox"/> Illness	<input type="checkbox"/> Medication <input type="checkbox"/> Amputee <input type="checkbox"/> No App. Defects <input type="checkbox"/> Other Physical Impairment <input type="checkbox"/> Unknown		<input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Crossing Diagonally	<input type="checkbox"/> From Behind <input type="checkbox"/> No Crosswalk <input type="checkbox"/> Crosswalk <input type="checkbox"/> Walking W/Traffic <input type="checkbox"/> *Other	<input type="checkbox"/> Walking Against Traffic <input type="checkbox"/> Standing <input type="checkbox"/> Pushing or Working on Vehicle <input type="checkbox"/> Playing in Road	

NARRATIVE
 Describe what happened - refer to vehicles by number:
 I was delivering mail to cityhall. As I proceeded to leave my parking spot on 5th near marquette I was reversing and turned my head to look into my blindspot. At that point I heard impact to my rear windshield and the Glass shattered. I drove forward to find I collided with a corner bumper of the stationary diesel that was park horizontally to my vehicle. No damage was seen on the other vehicle.

OTHER PROPERTY INVOLVED	Property Type	DESCRIPTION OF PROPERTY AND DAMAGE		
	Owner's Name	Owner's Address		Owner's Zip Code
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	Time Arrived	Notified By	Supervisor at Scene	Checked By

Signature: Sara Armijo Printed Name: Sara Corinda - Armijo Rank: _____ ID No.: _____ District: _____ Date of Report: 6/13/19

Crash Report Number: 23480327 STATE OF NEW MEXICO UNIFORM CRASH REPORT SHEET

Case Number: AP190054237 NM Statute 66-7-209 NMDOT COPY OF SHEETS



081201

RESERVED
FOR
CITY BLDG
MAINT

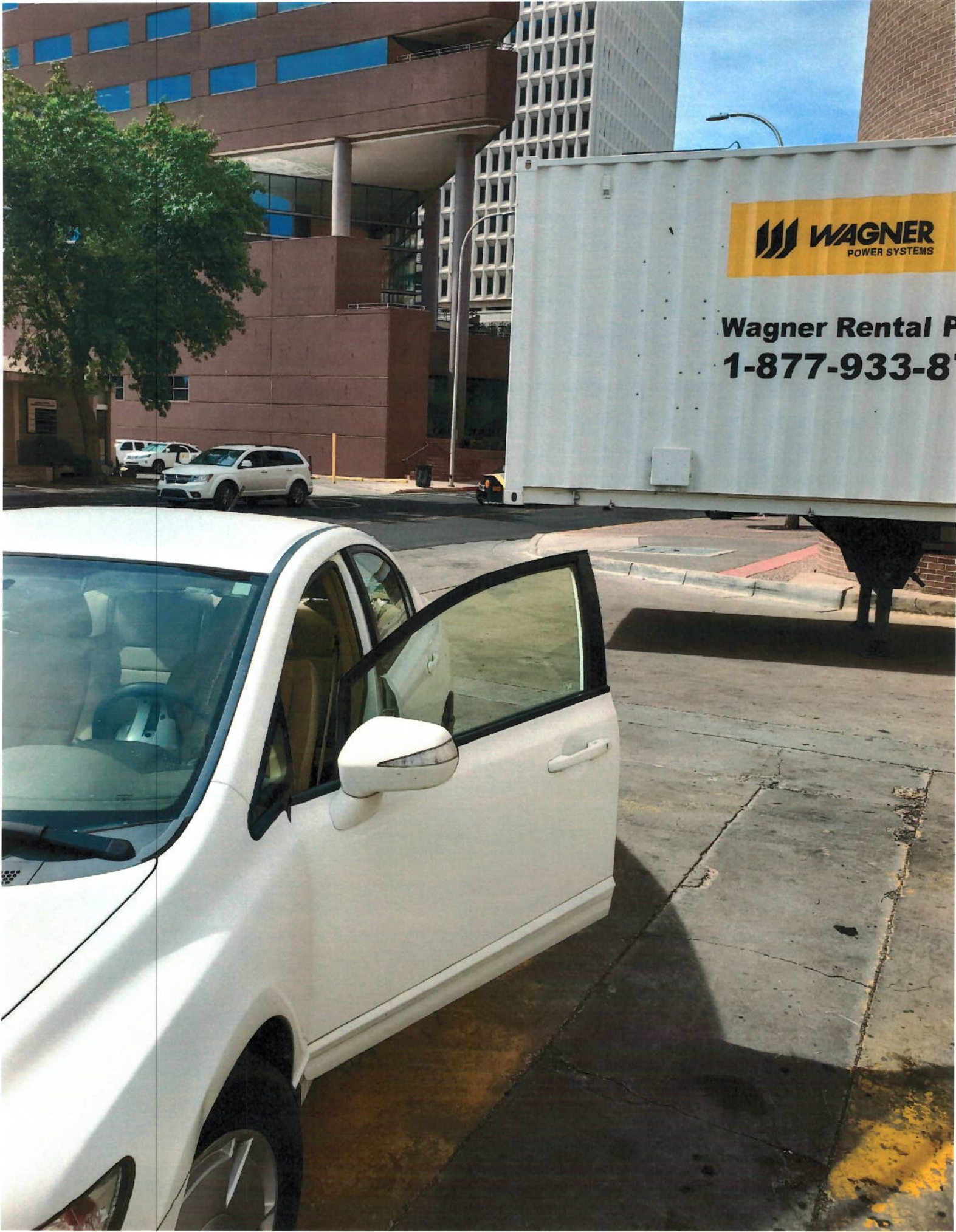
Perfection
Honda
CIVIC



081201

ALBUQUERQUE GREEN

EXCEL



Wagner Rental P
1-877-933-8

