MAIL TO: STATE OF COLORADO MOTOR VEHICLE TRAFFIC RECORDS DENVER, CO 80261-0016

## STATE OF COLORADO TRAFFIC ACCIDENT REPORT

Description	County   C	Case							☐ INTERSTATE HWY ☐ STATE HWY ☐ CITY ST/CNTY RD						HWY NUMBER DOR Code  MILEPOINT						18			
Supplementary   Color   Colo	State   Common Code   Common	Date 07/	of Acc 8/201	ident 6			-	DEN	VER								Agency DENVE	POLICE DI	EPARTMEN	п	County		County #	7
Supplementary   Color   Colo	State   Common Code   Common			r.) (			er					AN L						Signat P010	ure 54				Detail 3/T18	1
Date of Report	Description	Num		led		er Injur	ed I	Locati							_ Mi	les_5	50			₩ E		OF:	377.0	$\vdash$
Agency Code	Agency Code   Investigated   Total Vehicles   District Number   Public Property   Photos Taken   Railated   Related   Relate	Date	Date of Report 2200 BLOCK N QUEBEC ST													(527)2-2				NOS.	ROZER	05		
Second   S	Second   S			2571			Inve	estinat	led '	Total \					rP	ublic f		_				Actor and Association Control		4
NO.NYTAKEZ	Miles	_	reffshire								0111010	9/22	23			mploy	ee 🗆	₩.	Related		Related	Interch	Related □	_
Montane	Mort Alexandro   Marker   Marker   Model   State   State   Marker   Marke	1 or	1		/eh: [	Park	ed 🗖	Bicycle	<b>₫</b> ₽	edestria	n 🗆 N	on-Vehic	de [	Non-	Conta	ct Veh.	Traffic Unit 2 or 2	<sup>™</sup> Wen. (	Parked	Bicycle	Pedestrian N	lon-Vehicle	■ Non-Contact V	(ch. 01
District License Number	Display   Design   Display   Displ	Last	Name	NEZ						MELI	SSA				М	II.	Zois Nam	е			JOHN		MI	$\vdash$
Direct Losses Number	District Losses Number	Stre	et Add	ress.								Pers	sonal	Phone			Stroot Art	dress				Perso	nal Phone	
Direct License Number	Dispersionate Number	City	USTO	N.				St	ate	ZIP 77074		Bus	. Pho	ne			City	•		State	ZIP 80231-	Bus. F	Phone	30
Princery Volution   DUI   Total provided   Princery Volution   DUI   Total provided   Princery Volution   DUI   Total princery   DUI	Primary Violation DIJ Prohibited Crossing of Roadways DIJ Prohibited Crossing of Roadways State Code Note	0000		0.50	mber				200			Sex	DC	)B			-			100	A CONTRACTOR OF THE PARTY OF TH	Sex	DOB .	30
Vertical Code	Vehicle Owner Last Name   None   No Pirot   Exp. Date   Noner Damaged Prop. Last Name   State   Stat	Prin	ary Vic	plation	12 020			12.115			1.4	Te.	02	/01/19	91		Primary \	fiolation			1 00	M	02/01/1990	-Ľ
Vear	Year   Make				oited (	Cross							Too	mmon	Code		DUI				mhor	-	Common Code	-
Color   Colo	Color   Colo	-	-					_		0.01			100											-[
Vehicle Identification Number  Vehicle Owner Last Name Same First Mill Vehicle Owner Last Name City State ZIP  Towed Due to Damage Description of Tosteo York St Trailer VIN#  Trailer VIN#  1- Slight 2- Moderate 3- Severe Insurance Company None None No Proof Exp. Date PROGRESSIVE PROGRESSIVE PROGRESSIVE PROGRESSIVE PROGRESSIVE PROGRESSIVE Owner Damaged Prop. Last Name First Mill Address City State ZIP  TILL State ZIP  TILL Slight 2- Moderate 3- Severe Owner Damaged Prop. Last Name First Mill Address City State ZIP  TILL Slight 2- Moderate 3- Severe Owner Damaged Prop. Last Name First Mill Address City State ZIP  TILL Slight 2- Moderate 3- Severe Owner Damaged Prop. Last Name First Mill Address City State ZIP  TILL Slight 2- Moderate 3- Severe Owner Damaged Prop. Last Name First Mill Address City State ZIP  TILL Slight 2- Moderate 3- Severe Owner Damaged Prop. Last Name First Mill Address City State ZIP  TILL Slight 2- Moderate 3- Severe Owner Damaged Prop. Last Name First Mill Address City State ZIP  TILL Slight 2- Moderate 3- Severe Owner Damaged Prop. Last Name First Mill Address City State ZIP  TILL Slight 2- Moderate 3- Severe Owner Damaged Prop. Last Name First Mill Address City State ZIP  TILL Slight 2- Moderate 3- Severe Owner Damaged Prop. Last Name First Mill Address City State ZIP  TILL Slight 2- Moderate 3- Severe Owner Damaged Prop. Last Name First Mill Address City State ZIP  TILL Slight 2- Moderate 3- Severe Owner Damaged Prop. Last Name First Mill Address City State ZIP  TILL Slight 2- Moderate 3- Severe Owner Damaged Prop. Last Name First Mill Address City State ZIP  TILL Slight 2- Moderate 3- Severe Owner Damaged Prop. Last Name First Mill Address City State ZIP  TILL Slight 2- Moderate 3- Severe Owner Damaged Prop. Last Name First Mill Address City State ZIP  TILL Slight 2- Moderate 3- Severe Owner Damaged Prop. Last Name First Moderate 3- Severe Owner Damaged Prop. Last Name	Vehicle Identification Number  Vehicle Owner Last Name Same First MI Vehicle Owner Last Name City State ZIP  Towed Due to Damage Same City State ZIP  Trailer VIN#  1 - Slight 2 - Moderate 3 - Severe Insurance Company None No Proof Same Trailer VIN#  Policy Number PROGRESSIVE PROGRESSIVE PROGRESSIVE PROGRESSIVE PROGRESSIVE PROGRESSIVE PROGRESSIVE PROGRESSIVE State ZIP  T. J. POS. RESTENDO SAFETY STATE MI Address City State ZIP  T. J. POS. RESTENDO SAFETY A RAGE ELECT SUSPECTED INJ. AGE SEX NAME / ADDRESS  1 1 15 00 00 A 00 A 00 A 00 00 00 04 19 F MONTANEZ, MELISSA  2 01 00 00 B 01 A 01 B 00 00 00 00 26 M ZOIS, JOHN													1000	e .								TESTS.	35
Vehicle Owner Last Name Same   Same	Vehicle Owner Last Name Same   First   MI   Vehicle Owner Last Name Same   First   MI   Address   Same   City   State   ZIP    Towed Due to Damage   By: Trailer VIN#   Trailer VIN#   Trailer VIN#    Trailer VIN#   Trailer VIN#   1. Slight   2. Moderate   3. Severe   Undercarriage   Underca	Lice	nse Pla	ate Nu	mber			St	tate or	Count	У		0	color			CO GRN/				Color GRN/	-		
Address   Same   City   State   ZiP   Address   Same   City   State   ZiP	Address   Same   City   State   ZIP   Address   Same   City   State   ZIP	Veh	cle Ide	ntificat	ion Nu	mber											Mahiela Ir	lontification M	mbor					
Towed Due to Damage	Towed Due to Damage	Veh	cle Ov	mer La	st Nan	ne 🗆	Same			First					М	11	Vehicle C	wner Last Nar	ne 🗹 Same		First		MI	
Trailer VIN#	Trailer VIN#	Add	ress [	Sam	6					City	State ZIP						Address  Same			City		State ZIP	╁	
Trailer VIN#	Trailer VIN#		ed Due	to Da	mage	Ву			_														+	
1- Slight   2- Moderate   3- Severe   Undercarriage   Undercarriage   Undercarriage   2- Moderate   3- Severe   Undercarriage   Undercarriage   Undercarriage   3- Severe   Undercarriage   3- Severe   Undercarriage   Undercarriage   3- Severe   Undercarriage   Undercarriage   3- Severe   Undercarriage   Undercarriage   Severe   Undercarriage   Undercarriage   Undercarriage   Severe   Undercarriage   Undercarriage   Undercarriage   Severe   Undercarriage   Undercarriage   Severe   Severe   Undercarriage   Undercarriage   Severe	1- Slight   2- Moderate   3- Severe   Undercarriage   Severe   Undercarriage   Undercarriage   Undercarriage   Undercarriage   Severe   Undercarriage   Undercarriage   Undercarriage   Undercarriage   Undercarriage   Severe   Undercarriage   Undercarriage   Undercarriage   Undercarriage   Undercarriage   Severe   Undercarriage   Undercarriage   Undercarriage   Undercarriage   Severe   Undercarriage   Undercarriage   Undercarriage   Undercarriage   Undercarriage   Severe   Undercarriage   Undercarriage   Undercarriage   Undercarriage   Severe   Undercarriage   Underca	-															105160	0.0000						- 00
1. Slight   2. Moderate   3. Severe   Undercarriage   Underc	1- Slight   2- Moderate   2- Moderate   2- Moderate   2- Moderate   2- Moderate   2- Moderate   3- Severe	4			raile	r VIN	#		01 0			7/0	_					Traile	r VIN#	9	(6) Y	17/25/N	-	
Insurance Company	Insurance Company	Insu		Unde	arcarr	jage		(	Ur	derc	arriagi			2- Mo	dera		2 /	1	riage		Indercarriage		2- Moderate	
Policy Number	Policy Number	Insu	rance (	17-77-7			□ N	o Proo									Insurance	Company [			g		Exp. Date	+
Owner Damaged Prop. Last Name   First   MI   Address   City   State   ZIP    Owner Damaged Prop. Last Name   First   MI   Address   City   State   ZIP    T.U.   POS   REST.   ENDO   SAFETY   EQUIP.   AIR BAG   EJECT   ALCO   DRUG   SEV.   AGE   SEX   NAME / ADDRESS    1   15   00   00   A   00   A   00   A   00   00   00   04   19   F   MONTANEZ, MELISSA    2   01   00   00   B   01   A   01   B   00   00   00   26   M   ZOIS, JOHN	Owner Damaged Prop.         Last Name         First         MI         Address         City         State         ZIP           Owner Damaged Prop.         Last Name         First         MI         Address         City         State         ZIP           T.U. #         POS. REST. ENDO         SAFETY EQUIP. AIR BAG EJECT ALCO DRUG SEV.         AGE SEX NAME / ADDRESS         NAME / ADDRESS           1         15         00         00         A         00         00         00         04         19         F MONTANEZ, MELISSA           2         01         00         00         B         01         A         01         B         00         00         00         26         M         ZOIS, JOHN	Poli	y Num	ber											_			W. 200 S. W. 199	100000000000000000000000000000000000000				07/28/2016	-
Digital Content   Digital Co	Downer Darmaged Prop. Last Name	Owr	er Dar	naged	Prop	Last	Name				First		IMI					- E-		City		Stat	a 7IP	00
T.U. # POS. REST.ENDO SAFETY EQUIP. AIR BAG EJECT SUSPECTED INJ. AGE SEX NAME / ADDRESS  1 15 00 00 A 00 A 00 A 00 00 00 04 19 F MONTANEZ, MELISSA  2 01 00 00 B 01 A 01 B 00 00 00 02 6 M ZOIS, JOHN	T.U. # POS. REST.ENDO SAFETY EQUIP. AIR BAG EJECT SUSPECTED INJ. AGE SEX NAME / ADDRESS  1 15 00 00 A 00 A 00 A 00 00 00 04 19 F MONTANEZ, MELISSA  2 01 00 00 B 01 A 01 B 00 00 00 02 6 M ZOIS, JOHN															est est						-	2000	4
# FOS. REST, ENDO EQUIP. AIR BAS EJECT ALCO DRUG SEV. AGE SEX INVINE FABRICAS  1 15 00 00 A 00 A 00 A 00 00 00 04 19 F MONTANEZ, MELISSA  2 01 00 00 B 01 A 01 B 00 00 00 02 6 M ZOIS, JOHN	# POS. REST, ENDO EQUIP. AIR BAG ELECT ALCO DRUG SEV. AGE SEX TABLE JABORESS  1 15 00 00 A 00 A 00 A 00 00 00 04 19 F MONTANEZ, MELISSA  2 01 00 00 B 01 A 01 B 00 00 00 02 6 M ZOIS, JOHN	Own	er Dar	nageo	Prop.	Last	vame				First					MI	Address			City		Stat	e ZIP	
1 15 00 00 A 00 A 00 A 00 00 00 04 19 F MONTANEZ, MELISSA 2 01 00 00 B 01 A 01 B 00 00 00 00 26 M ZOIS, JOHN	1 15 00 00 A 00 A 00 A 00 00 00 00 04 19 F MONTANEZ, MELISSA 2 01 00 00 B 01 A 01 B 00 00 00 00 26 M ZOIS, JOHN	T.U.	POS	REST	ENDO				AIR	BAG	EJECT	SUSPE	CTED	INJ. SEV.	AGE	SEX	NAME	ADDRESS						03
		1	15	00	00	Α	00	Α	00	A				and the local division in the local division	19	F	MONT	ANEZ, MELI	SSA					
		2	01	00	00	В	01	A	01	В	00	00	00	00	26	M	zois,	OHN						$\vdash$
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Г						PAGE	2 OF 3 PA	GES							
AA	Case # 16-455306	DOR CODE	Accident Date 07/18/2016	Age:	ncy VER POLICE DEPAR	ГМЕНТ		нн							
AA	Describe Accident Traffic Unit #1/Pedestrian (Montanez) was crossing southwest midblock in the														
	·			ne				НН							
ВВ	2200 block of N. Quebec St. a			••											
$\sqsubseteq$	Traffic Unit #2 (Zois) which was traveling southbound on N. Quebec St. in lane #2 at an estimated speed of 35 mph.														
BB															
СС															
_	Driver #2 stated "I didn't see her until she was in front of me".														
CC															
DD															
	Drawn by Det. C. Kuroda 01062  Case #16-455306_07-18-16														
DD	Drawn by Det. C. Kuroda 01062 Case #16-455306 07-18-16 Clear, Dry, Aspahlt														
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	Carrier Name				US DOT	ICC 🗆	State DOT	$\Box$							
GG	# Address				Carrier Identification	13-51		NN							
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COLORADO INVESTIGATOR'S FATAL TRAFFIC ACCIDENT SUPPLEMENTAL REPORT PAGE 3 OF 3 PAGES Case # DOR CODE Accident Date Agency 16-455306 07/18/2016 DENVER POLICE DEPARTMENT **EMERGENCY MEDICAL SERVICES** (Record all time using 24 Hr. time) ACCIDENT AVOIDANCE MANEUVER Traffic Traffic Traffic Traffic Time Notified Time Arrived @ Scene |Time Arrived @ Hospital 00. No Avoidance Maneuver Unit #1 Unit #2 Unit #3 Unit #4 01. Braking (Skid marks evident) or 1 or 2 or\_ or\_ 2202 2210 N/A 02. Braking (Per driver, no skid marks evident) If times are unknown provide name of responding services 03. Braking (Per witness, no skid marks evident) 00 04 04. Steering (Evidence or stated) 05. Steering & Braking (Evidence or stated) 06. Other Avoidance Maneuver FIRE/HAZARDOUS MATERIALS INVOLVEMENT TRAFFICWAY FLOW 01 Traffic Traffic Traffic Traffic 00. No Fire/No Haz-Mat Cargo 01. Not Divided (Two Way) 01. No Fire/Haz-Mat Cargo Not Involved Unit #1 Unit #2 Unit #3 Unit #4 02. Divided, Median W/O Barrier or 1 or 2 02. No Fire/Haz-Mat Incident 03. Divided, Median W/Barrier or or 04. One Way 03. Vehicle Fire/No Haz-Mat Cargo 04. Vehicle Fire/Haz-Mat Cargo Not Involved 00 00 NUMBER OF TRAVEL LANES 05. Vehicle Fire/Haz-Mat Incident 04 If the accident is totally contained on half of a divided highway (physical barrier not painted median), only count the number of travel lanes on that half. TRAFFIC CONTROL DEVICE 01. No Controls List the Most Significant Types of Traffic Control Devices 04 02. Not Functioning FUNCTIONING 03. Functioning Improperly 04. Functioning Properly 05. Unknown MUST BE COMPLETED FOR ALL PERSONS INVOLVED EXCEPT UNINJURED BUS/RAILWAY PASSENGERS. (A) Traffic Unit Number (list Traffic Unit Number as on DR 2447) (B) Position in Vehicle 14 Driver 01. 02-09. Passengers 06 09 03 Other ENCLOSED passenger/cargo area 10. 11. Other UN-ENCLOSED passenger/cargo area Sleeper Section of Truck 12 10/11 02 05 08 13 . 12 14 Riding/Hanging on to Exterior of Vehicle or Trailer 15. Pedestrian 01 04 07 (C) Ejection Path 00. Not Ejected/ Not applicable 04. Through Back Window 08. Other Path (e.g. back of pickup truck) Through Back Door/Tailgate Opening
 Through Roof Opening (sun roof/convertible top down) 01. Through Side Door Opening 09. Unknown Through Side Window 03. Through Windshield 07. Through Roof (convertible top up) (D) Alcohol Suspected Yes > 01. Preliminary Breath Test 04. Passive Alcohol Sensor 06. Preliminary Breath Test 09. Passive Alcohol Sensor 07. SFST 02. SFST 05. Other method 10. Other method (Officer Opinion Only) 08. Observed 03. Observed 00. Not Tested 01. Blood 03. Urine 06. By Coroner (E) Tested for Alcohol 04. Other 05. Refusal Yes > 01. Drug Recognition Expert 02. SFST No > 05. Drug Recognition Expert (F) Other Drug/Impairment Suspected 06. SFST (Officer Opinion Only) 03. Observed 07. Observed 04. Other 08. Other Method 00. Not Tested 02. Breath 04. Other 06. By Coroner (G) Tested for Other Drugs 01. Blood 03. Urine (H) Dead at Scene 00. No Expired Time Name Taken to Date 00 00 06 01 15 MONTANEZ, MELISSA Not Transported 07/18/16 2210 00 00 იი 00 ZOIS, JOHN 01 Not Deceased