

Event Number: LLV211000070942		STATE OF NEVADA TRAFFIC CRASH REPORT SCENE INFORMATION SHEET Revised 11/2020			Crash Number: LLV211000070942		Scene Information				
Code Revision: 11/2017								<input type="checkbox"/> 1) Property <input checked="" type="checkbox"/> 2) Injury <input type="checkbox"/> 3) Fatal			
<input checked="" type="checkbox"/> 1) Urban <input type="checkbox"/> 1) Emergency Use <input type="checkbox"/> 2) Rural <input type="checkbox"/> 2) Office Report		<input checked="" type="checkbox"/> 1) Preliminary Report <input type="checkbox"/> 3) Supplement Report <input type="checkbox"/> 2) Initial Report		<input type="checkbox"/> 1) Hit and Run <input type="checkbox"/> 2) Private Property		Agency Name: Las Vegas Metro PD					
Crash Date 10/17/2021		Time 1240	Day Sun	Beat / Sector P3	<input checked="" type="checkbox"/> 1) County CLARK		<input type="checkbox"/> 2) City				
Is this a Secondary Collision: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Roadway Clearance Time: 1710			Incident Clearance Time: 1800						
		# Vehicles 2	# Non Motorists 0	# Occupants 2	# Fatalities 0	# Injured 2	# Restrained 2				
Occurred On: (Highway # or Street Name) <input type="checkbox"/> 1) Parking Lot <input type="checkbox"/> 2) Active School Zone S RAINBOW BLVD					Latitude 36.08506		Longitude -115.242885				
<input checked="" type="checkbox"/> 1) At Intersection With: W RUSSELL RD Mile Marker _____ Of: _____ or _____ Cross Street: _____											
Roadway Character <input type="checkbox"/> 1) Curve & Grade <input type="checkbox"/> 2) Curve & Hillcrest <input type="checkbox"/> 3) Curve & Level <input type="checkbox"/> 4) Straight & Grade <input type="checkbox"/> 5) Straight & Hillcrest <input checked="" type="checkbox"/> 6) Straight & Level <input type="checkbox"/> 7) Unknown <input type="checkbox"/> 8) Other		Roadway Conditions <input checked="" type="checkbox"/> 1) Dry <input type="checkbox"/> 7) Slush <input type="checkbox"/> 2) Icy <input type="checkbox"/> 8) Standing Water <input type="checkbox"/> 3) Wet <input type="checkbox"/> 9) Moving Water <input type="checkbox"/> 4) Snow <input type="checkbox"/> 10) Unknown <input type="checkbox"/> 5) Sand / Mud/ Dirt / Gravel <input type="checkbox"/> 6) Other <input type="checkbox"/> 11) Oil		Surface <input checked="" type="checkbox"/> 1) Asphalt <input type="checkbox"/> 2) Concrete <input type="checkbox"/> 3) Gravel <input type="checkbox"/> 4) Dirt <input type="checkbox"/> 5) Other	Intersection <input checked="" type="checkbox"/> 1) Four Way <input type="checkbox"/> 4) Y <input type="checkbox"/> 2) > Four Way <input type="checkbox"/> 5) Roundabout <input type="checkbox"/> 3) T <input type="checkbox"/> 7) L <input type="checkbox"/> 6) Other		Total Thru Lanes Main Road <input type="checkbox"/> 1) One <input type="checkbox"/> 2) Two <input type="checkbox"/> 3) Three <input type="checkbox"/> 4) Four <input type="checkbox"/> 5) > 5 Total All Lanes: _____		Access Control <input checked="" type="checkbox"/> 1) None <input type="checkbox"/> 2) Full <input type="checkbox"/> 3) Partial		
Pavement Markings <input type="checkbox"/> 1) Centerline, Broken Yellow <input type="checkbox"/> 2) Centerline, Solid Yellow <input type="checkbox"/> 3) Centerline, Double Yellow <input checked="" type="checkbox"/> 4) Lane Line, Broken White <input type="checkbox"/> 5) Lane Line, Solid White <input type="checkbox"/> 6) No Passing, Either Direction <input checked="" type="checkbox"/> 7) Turn Arrow Symbols <input type="checkbox"/> 8) Center Turn Lane Line <input type="checkbox"/> 9) Edge Line, Left Yellow <input type="checkbox"/> 10) Edge Line, Right White <input type="checkbox"/> 11) Other <input type="checkbox"/> 12) None <input type="checkbox"/> 13) Unknown				Roadway Description <input type="checkbox"/> 1) Two-Way, Not Divided <input checked="" type="checkbox"/> 2) Two-Way, Divided, Unpro, Median <input type="checkbox"/> 3) Two-Way, Divided, Median Barrier <input type="checkbox"/> 4) One-Way, Not Divided <input type="checkbox"/> 5) Unknown <input type="checkbox"/> 6) Off Road		Weather Conditions <input checked="" type="checkbox"/> 1) Clear <input type="checkbox"/> 7) Fog, Smog, Smoke, Ash <input type="checkbox"/> 2) Cloudy <input type="checkbox"/> 8) Severe Crosswinds <input type="checkbox"/> 3) Snow <input type="checkbox"/> 9) Sleet / Hail <input type="checkbox"/> 4) Rain <input type="checkbox"/> 10) Unknown <input type="checkbox"/> 5) Blowing Sand, Dirt, Soil <input type="checkbox"/> 6) Other <input type="checkbox"/> 11) Blowing Snow					
Light Conditions <input type="checkbox"/> 1) Dusk <input type="checkbox"/> 6) Dark—No Roadway Lighting <input type="checkbox"/> 2) Dawn <input type="checkbox"/> 7) Dark—Spot Roadway Lighting <input checked="" type="checkbox"/> 3) Daylight <input type="checkbox"/> 8) Dark—Continuous Roadway Lighting <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 9) Dark—Unknown Roadway Lighting <input type="checkbox"/> 5) Other		Vehicle Collision Type <input type="checkbox"/> 1) Head On <input type="checkbox"/> 6) Sideswipe - Meeting <input type="checkbox"/> 2) Rear End <input type="checkbox"/> 7) Sideswipe - Overtaking <input type="checkbox"/> 3) Backing <input type="checkbox"/> 8) Non Collision <input checked="" type="checkbox"/> 4) Angle <input type="checkbox"/> 9) Unknown <input type="checkbox"/> 5) Rear to Rear <input type="checkbox"/> 10) Rear to Side		Location of First Event <input type="checkbox"/> 1) Travel Lane <input type="checkbox"/> 6) Outside Shoulder <input type="checkbox"/> 11) Ramp <input type="checkbox"/> 2) Turn Lane <input checked="" type="checkbox"/> 7) Intersection <input type="checkbox"/> 12) Unknown <input type="checkbox"/> 3) Gore <input type="checkbox"/> 8) Private Property <input type="checkbox"/> 13) Separator <input type="checkbox"/> 4) Median <input type="checkbox"/> 9) Roadside <input type="checkbox"/> 14) Parking Lane/Zone <input type="checkbox"/> 5) Inside Shoulder <input type="checkbox"/> 10) Other							
Roadway / Environment Factors <input checked="" type="checkbox"/> 1) None <input type="checkbox"/> 10) Wet, Icy, Snow, Slush <input type="checkbox"/> 19) Backup Regular Congestion <input type="checkbox"/> 2) Weather <input type="checkbox"/> 11) Ruts, Holes, Bumps <input type="checkbox"/> 20) Work Zone <input type="checkbox"/> 3) Debris <input type="checkbox"/> 14) Animal in Roadway <input type="checkbox"/> 21) Non Highway Work <input type="checkbox"/> 4) Glare <input type="checkbox"/> 15) Unknown <input type="checkbox"/> 22) Railway Grade Crossing # _____ <input type="checkbox"/> 5) Other Roadway _____ <input type="checkbox"/> 23) Shared User Path/Trail <input type="checkbox"/> 6) Other Environmental <input type="checkbox"/> 7) Shoulders <input type="checkbox"/> 16) Visual Obstruction <input type="checkbox"/> 8) Road Obstruction <input type="checkbox"/> 17) Backup Prior Crash <input type="checkbox"/> 9) Worn Traffic Surface <input type="checkbox"/> 18) Backup Non Recurring Incident				Type of Work Zone <input type="checkbox"/> 1) Lane Closure <input type="checkbox"/> 2) Lane Shift/Crossover <input type="checkbox"/> 3) Work on Shoulder or Median <input type="checkbox"/> 4) Intermittent/Moving Work <input type="checkbox"/> 5) Other		Work Area Zone <input type="checkbox"/> 1) Advanced Warning Area <input type="checkbox"/> 2) Transition Area <input type="checkbox"/> 3) Activity Area <input type="checkbox"/> 4) Termination Area					
				Workers Present <input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No		Law Enforcement Present <input type="checkbox"/> 1) No <input type="checkbox"/> 2) Officer Present <input type="checkbox"/> 3) LE Vehicle Only Present					
Property Damage To Other Than Vehicle											
Describe Property Damage: LANDSCAPE DAMAGE					Owner's Name: LOCO, EL POLLO <input checked="" type="checkbox"/> 1) Owner Notified Owner's Address: (Street Address City, State Zip) 5688 S RAINBOW LAS VEGAS NV 89118						
First Harmful Event	Code # 214	Description: MOTOR VEHICLE IN TRANSPORT									
Investigation Complete <input checked="" type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No		Photos Taken <input checked="" type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No		Scene Diagram <input checked="" type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No		Statements <input checked="" type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No # 1		Date Notified 10/17/2021	Time Notified 1316	Arrival Date 10/17/2021	Arrival Time 1342
Investigator(s) John Nelson			ID Number 14008	Date 10/17/2021	Reviewed By Justin Diebold			Date Reviewed 10/20/202	Page 1 of 8		

Event Number: LLV211000070942

STATE OF NEVADA
TRAFFIC CRASH REPORT
SCENE INFORMATION SHEET
Revised 11/2020

Crash Number:
LVM211000070942

Scene Information

Code Revision: 11/2017

Agency Name:
Las Vegas Metro PD

Description of Crash / Narrative

BWC VIDEO (SCENE ONLY)

THIS REPORT IS FOR A TWO-VEHICLE COLLISION INVOLVING PROPERTY DAMAGE AND SUSPECTED MINOR INJURIES. THIS COLLISION OCCURRED IN THE INTERSECTION OF RAINBOW AND RUSSELL IN CLARK COUNTY NV. THIS INTERSECTION IS CONTROLLED BY TRAFFIC SIGNALS IN ALL DIRECTIONS WHICH WERE FUNCTIONING AT THE TIME OF THE COLLISION. THIS IS A PARALLEL INVESTIGATION WITH NEVADA HIGHWAY PATROL. NHP TROOPERS RESPONDED AND ARE ASSISTING IN THE INVESTIGATION. SURVEILLANCE VIDEO WAS OBTAINED FORM THE BUSINESS ON THE SOUTHEAST CORNER OF THE INTERSECTION.

V1 WAS SOUTHBOUND ON RAINBOW IN L1. THIS LANE IS THE ONLY DESIGNATED LEFT TURN LANE FOR SOUTHBOUND RAINBOW. IT HAS A DESIGNATED LEFT TURN SIGNAL WITH A POSTED SIGN STATING, "YIELD ON FLASHING YELLOW ARROW". V2 WAS NORTHBOUND ON RAINBOW IN T2, OF THREE THROUGH TRAVEL LANES. NORTH AND SOUTHBOUND TRAVEL HAVE A POSTED 45 MPH SPEED LIMIT.

W1 **PRVCY** STATES THEY WERE SOUTHBOUND ON RAINBOW BEHIND V1. W1 SAID V1 ATTEMPTED A LEFT HAND TURN AND V2 ENTERED THE INTERSECTION. W1 CLAIMED TO HAVE WITNESSED THE COLLISION BUT FAILED TO INCLUDE THE COLOR OF THE SIGNALS IN THEIR WRITTEN STATEMENT.

D2 STATES SHE WAS NORTHBOUND APPROACHING THE INTERSECTION ON A GREEN BALL TRAFFIC SIGNAL. D2 SAID THE SIGNAL CHANGED YELLOW AS SHE ENTERED THE INTERSECTION. D2 STATES V1 PULLED INTO HER PATH OF TRAVEL. D2 SAID SHE BELIEVED SHE WAS TRAVELING AT 45 MPH AT THE TIME OF THE COLLISION.

D1 STATES HE WAS SOUTHBOUND ON RAINBOW IN L1. D1 SAID HE CAME TO A COMPLETE STOP AT THE INTERSECTION. D1 STATES THE LEFT TURN ARROW WAS FLASHING YELLOW. D1 SAID HE PULLED FORWARD, SLIGHTLY, INTO THE INTERSECTION TO SEE IF IT WAS CLEAR. D1 STATES THERE WAS A NORTHBOUND VEHICLE ON RAINBOW IN L1 BLOCKING HIS VIEW. D1 SAID THE VEHICLE BEHIND HIM BEEPED THE HORN TO PROCEED. D1 STATES HE PULLED FORWARD SLIGHTLY MORE AND WAS STRUCK BY V2. D1 SAID HE SPUN AROUND AND ENDED UP IN THE PROPERTY ON THE NORTHEAST CORNER OF THE INTERSECTION.

THE AREA OF INITIAL CONTACT WAS DETERMINED BY TIRE MARKS IN THE INTERSECTION WHICH ALIGNED WITH THE DRIVER'S STATEMENTS AND SURVEILLANCE VIDEO. THE RIGHT FRONT BUMPER OF V1 COLLIDED WITH THE FRONT OF V2. V1 IMMEDIATELY ROTATED COUNTERCLOCKWISE OVER 180 DEGREES. V1 ROLLED IN REVERSE IN A NORTHEAST DIRECTION OF TRAVEL, RUNNING OFF THE ROAD RIGHT. V1 CONTINUED, ROLLING IN REVERSE, INTO THE LANDSCAPE OF THE BUSINESS ON THE NORTHEAST CORNER OF THE INTERSECTION. V1 CAME TO REST, ON THE WHEELS, FACING SOUTHWEST. FOLLOWING THE INITIAL



Indicate North

A.I.C.: 24 ft s/n, 48 ft w/e

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Scene Information

Code Revision: 11/2017

Agency Name:
Las Vegas Metro PD

Description of Crash / Narrative

IMPACT, V2 IMMEDIATELY VEERED TO THE RIGHT. V2 CONTINUED TO THE NORTHEAST. V2 DROVE OFF THE ROAD RIGHT, ON THE NORTHEAST CORNER OF THE INTERSECTION. V2 COLLIDED WITH THE TRAFFIC SIGNAL ON THE CORNER, KNOCKING IT OVER. THE COLLISION WITH THE TRAFFIC SIGNAL CAUSED A SHORT IN THE WIRING RESULTING IN FLASHING RED SIGNALS FOR ALL DIRECTIONS OF TRAVEL AT THE INTERSECTION. V1 DROVE INTO THE LANDSCAPE OF THE BUSINESS ON THE NORTHEAST CORNER OF THE INTERSECTION AS WELL. V2 CAME TO REST, ON THE WHEELS, FACING NORTHWEST.

NHP TROOPERS COMPLETED A DIAGRAM OF THE SCENE AND COMPLETED STANDARDIZED FIELD SOBRIETY TESTS ON D2. UPON LVMPD CONTACT WITH BOTH DRIVERS NO SIGNS OF IMPAIRMENT WERE OBSERVED. LVMPD CSA'S RESPONDED TO THE SCENE AND PHOTOGRAPHED THE VEHICLES. SCENE PHOTOS WILL BE UPLOADED IN THE ONBASE SYSTEM.

DUE TO THE AMOUNT OF DAMAGE TO BOTH VEHICLES, THEY REQUIRED A TOW FROM THE SCENE. BOTH VEHICLES WERE TOWED TO THE LVMPD TRAFFIC BUREAU FOR A PENDING SEARCH WARRANT TO POSSIBLY RECOVER THE INFORMATION FROM THE ON-BOARD COMPUTERS.

DET D. MCCUITION P# 9020 COMPLETED AN ANALYSIS OF THE DATA OBTAINED FROM THE VEHICLE'S ONBOARD COMPUTERS. IT WAS DETERMINED V2 WAS TRAVELING AT 62 MPH 1.5 SECONDS PRIOR TO THE COLLISION AND DECELERATED TO 43 MPH AT THE MOMENT OF IMPACT. V1 REACHED A SPEED OF 15 MPH AT THE MOMENT OF IMPACT.

D1 AND D2 WERE THE ONLY OCCUPANTS OF EACH VEHICLE. THEY WERE BOTH TAKEN TO THE UMC TRAUMA CENTER FOR MEDICAL TREATMENT. AS OF THE TIME OF THIS REPORT, INJURIES ARE SUSPECTED TO BE MINOR.

BASED ON THE PRELIMINARY SCENE INVESTIGATION AND STATEMENTS FROM THE DRIVERS, BECAUSE D1 ATTEMPTED A LEFT TURN ON A FLASHING YELLOW ARROW, FAILING TO YIELD THE RIGHT OF WAY TO NORTHBOUND TRAFFIC; D1 WAS DETERMINED TO BE AT FAULT FOR THE COLLISION.



Indicate North

A.I.C.: 24 ft s/n, 48 ft w/e

Event Number: LLV211000070942		STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 11/2020			Crash Number: LVM211000070942	Vehicle Information
Vehicle # 1	# Occupants 1	<input checked="" type="checkbox"/> 1) At Fault <input type="checkbox"/> 2) Non Contact Vehicle		Agency Name: Las Vegas Metro PD		
Direction of Travel: <input checked="" type="checkbox"/> 1) North <input checked="" type="checkbox"/> 2) South <input type="checkbox"/> 3) East <input type="checkbox"/> 4) West <input type="checkbox"/> 5) Unknown	Roadway / Street Name: S RAINBOW BLVD			Travel Lane #: L1		
Vehicle Action: <input type="checkbox"/> 1) Straight <input checked="" type="checkbox"/> 2) Backing <input checked="" 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 <input type="checkbox"/> 9) Passing <input type="checkbox"/> 10) Racing <input type="checkbox"/> 11) Leaving Parked <input type="checkbox"/> 12) Entering Lane <input type="checkbox"/> 13) Leaving Lane <input type="checkbox"/> 14) Enter Parked <input type="checkbox"/> 15) Driverless Vehicle <input type="checkbox"/> 16) Lane Change <input type="checkbox"/> 17) Negotiating a Curve <input type="checkbox"/> 18) Unknown <input type="checkbox"/> 19) Unknown <input type="checkbox"/> 20) Unknown <input type="checkbox"/> 21) Unknown <input type="checkbox"/> 22) Unknown						
Driver: (Last Name, First Name, Middle Name Suffix) SISOLAK, STEPHEN FRANK				Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input checked="" type="checkbox"/> 5) Other PERSONAL		
Street Address: PRVCY				Transported To: UMC TRAUMA CENTER		
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 2) Female <input type="checkbox"/> 3) Unknown or Non-Binary		DOB: PII 1953	Phone Number:		Person Type:	Seating Position: 1
Injury Severity: B		Injury Location: 7		Helmet Use:		Occupant Restraints: 7
PLN: PII State: NV <input checked="" type="checkbox"/> 1) NV Class: C		License Status: 0		Airbags: 8	Airbag Switch: 4	Ejected: 0 Trapped: 0
Compliance: <input type="checkbox"/> 1) Restrict <input type="checkbox"/> 2) Endorse		Endorsements:		Restrictions: 0		
Alcohol / Drug Involvement: <input checked="" type="checkbox"/> 1) Not Involved <input type="checkbox"/> 2) Suspected Impairment <input type="checkbox"/> 3) Alcohol <input type="checkbox"/> 4) Drugs <input type="checkbox"/> 5) Unknown <input type="checkbox"/> 6) Marijuana		Method of Determination (check up to 2): <input type="checkbox"/> 1) Field Sobriety Test <input type="checkbox"/> 2) Urine Test <input type="checkbox"/> 3) Evidentiary Breath <input type="checkbox"/> 4) Blood Test <input type="checkbox"/> 5) Driver Admission <input type="checkbox"/> 6) Preliminary Breath Test		Test Results:		
Vehicle Year: 2016 Vehicle Make: LEXUS Vehicle Model: RX 350 Vehicle Type: SUV/CARRY-		Driver Factors: <input checked="" 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 type="checkbox"/> 10) Unknown				
Plate / Permit No.: 530TEL State: NV <input checked="" type="checkbox"/> 1) NV	Expiration Date: 02/27/2022	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) Driverless Vehicle <input type="checkbox"/> 16) Unsafe Backing <input type="checkbox"/> 17) Ran Off Road <input type="checkbox"/> 18) Hit and Run <input type="checkbox"/> 19) Road Defect <input type="checkbox"/> 20) Object Avoidance <input type="checkbox"/> 21) Unknown <input type="checkbox"/> 22) Aggressive <input type="checkbox"/> 23) Reckless / Careless				
Vehicle Identification Number: 2T2ZZMCA9GC007212		Registered Owner Name: SISOLAK, STEPHEN <input type="checkbox"/> 1) Same As Driver				
Registered Owner Address: PRVCY		Insurance Company Name: STATE FARM <input checked="" type="checkbox"/> 1) Insured				
Policy number: PRVCY	Effective: 02/15/2016	To: 02/27/2022				
Insurance Company Address or Phone Number: 800-782-8332						
<input checked="" type="checkbox"/> 1) Vehicle Towed <input type="checkbox"/> 2) Towed Due to Disabling Damage	Towed By: SNAP TOWING Removed To: IMPOUND					
Traffic Control: <input type="checkbox"/> 2) Traffic Control Signal <input type="checkbox"/> 3) Flashing Traffic Control Signal <input type="checkbox"/> 4) School Zone Sign / Device <input type="checkbox"/> 5) Pedestrian Signal / Sign Device <input type="checkbox"/> 6) No Passing <input type="checkbox"/> 7) No Controls <input type="checkbox"/> 8) Warning Sign <input type="checkbox"/> 10) Other		11) Stop Sign <input type="checkbox"/> 12) Yield Sign <input type="checkbox"/> 13) Railway Crossing Sign / Device <input type="checkbox"/> 17) Chain / Snow Tire Req. <input type="checkbox"/> 20) Officer / Flagger <input type="checkbox"/> 19) Unknown		Extent of Damage: <input type="checkbox"/> 1) Minor <input type="checkbox"/> 2) Moderate <input checked="" type="checkbox"/> 3) Major <input type="checkbox"/> 4) Total <input type="checkbox"/> 5) None <input type="checkbox"/> 6) Unknown		
Distance Traveled After Impact: Feet: 100 Inches: _____		Speed Estimate: From: 15 To: 45 Limit: _____		Automated Vehicle: Presence: _____ Level: _____ Engaged: _____		
Sequence of Events						
Code #	Description			Collision With Fixed Object	Most Harmful Event	
1st 214	MOTOR VEHICLE IN TRANSPORT			<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2nd 108	RAN OFF ROAD RIGHT			<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) NRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) CC/MC <input type="checkbox"/> 4) Pending		Violation: FAIL TO YIELD ROW ON		NOC: 58775	Citation Number: LVM0715067	
<input type="checkbox"/> 1) NRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) CC/MC		Violation:		NOC:	Citation Number:	
Investigator(s) John Nelson		ID Number 14008	Date 10/17/2021	Reviewed By Justin Diebold	Date Reviewed 10/20/2021	
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Event Number: LLV211000070942	STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 11/2020	Crash Number: LVM211000070942 Agency Name: Las Vegas Metro PD
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Vehicle Information

Name: (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 <input type="checkbox"/> 1) NV	Zip Code:	Person Type: Code	Seating Position: Code	Helmet Use: Code
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female or Non-Binary	DOB:	Phone Number:	Injury Severity: Code	Injury Location: Code	Occupant Restraints: Code
		Airbags: Code	Airbag Switch: Code	Ejected: Code	Trapped: Code

Name: (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 <input type="checkbox"/> 1) NV	Zip Code:	Person Type: Code	Seating Position: Code	Helmet Use: Code
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female or Non-Binary	DOB:	Phone Number:	Injury Severity: Code	Injury Location: Code	Occupant Restraints: Code
		Airbags: Code	Airbag Switch: Code	Ejected: Code	Trapped: Code

Name: (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 <input type="checkbox"/> 1) NV	Zip Code:	Person Type: Code	Seating Position: Code	Helmet Use: Code
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female or Non-Binary	DOB:	Phone Number:	Injury Severity: Code	Injury Location: Code	Occupant Restraints: Code
		Airbags: Code	Airbag Switch: Code	Ejected: Code	Trapped: Code

<input type="checkbox"/> 1) Trailing Unit 1 VIN :	Plate:	State: NV	<input checked="" type="checkbox"/> 1) NV	Type:
<input type="checkbox"/> 1) Trailing Unit 1 VIN :	Plate:	NV	<input checked="" type="checkbox"/> 1) NV	Type:
<input type="checkbox"/> 1) Trailing Unit 1 VIN :	Plate:	NV	<input checked="" type="checkbox"/> 1) NV	Type:

Commercial Vehicle Configuration 1) Commercial Vehicle

<input type="checkbox"/> 1) Passenger Car (Only if vehicle displays HM Placard) <input type="checkbox"/> 2) Light Truck (Only if vehicle displays HM Placard) <input type="checkbox"/> 3) Bus (Seats for 9-15 people, including driver) <input type="checkbox"/> 4) Bus (Seats >15 people, including driver) <input type="checkbox"/> 5) Single-Unit Truck (2-Axle, 6-Tire) <input type="checkbox"/> 6) Single-Unit Truck (3 or more axles) <input type="checkbox"/> 7) Truck/Trailer <input type="checkbox"/> 8) Truck Tractor (Bobtail) <input type="checkbox"/> 9) Tractor/Semitrailer <input type="checkbox"/> 10) Tractor/Double <input type="checkbox"/> 11) Tractor/Triple <input type="checkbox"/> 99) Unknown Heavy Truck >10,000 lbs. Cannot Classify	<p style="text-align: center;">Hazmat</p> <input type="checkbox"/> 1) Hazmat Placard Displayed <input type="checkbox"/> 2) Hazmat Released <input type="checkbox"/> 3) Was release ≥ 25 gal. or 3 cubic yds. <p style="text-align: center;">Location of Hazmat Release, Regardless of Amount</p> <input type="checkbox"/> 1) Tractor Only <input type="checkbox"/> 2) Cargo Only <input type="checkbox"/> 3) Combination Tractor & Cargo
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Carrier Name:	Power Unit GCWR/GVWR <input type="checkbox"/> 1) ≤ 10,000 Lbs. <input type="checkbox"/> 2) 10,001 - 25,000 Lbs. <input type="checkbox"/> 3) ≥ 26,001 Lbs.
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Carrier Street Address:	City:	State: NV	<input checked="" type="checkbox"/> 1) NV	Zip Code:
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<p style="text-align: center;">Cargo Body Type</p> <input type="checkbox"/> 1) Bus (Seats for 9-15 people, including driver) <input type="checkbox"/> 2) Bus (Seats for >15 people, including driver) <input type="checkbox"/> 3) Van/Enclosed Box <input type="checkbox"/> 4) Cargo Tank <input type="checkbox"/> 5) Flatbed <input type="checkbox"/> 6) Dump <input type="checkbox"/> 7) Concrete Mixer <input type="checkbox"/> 8) Auto Transporter <input type="checkbox"/> 9) Garbage/Refuse <input type="checkbox"/> 10) Grain, chips, gravel <input type="checkbox"/> 11) Pole <input type="checkbox"/> 12) Not Applicable <input type="checkbox"/> 13) Intermodal <input type="checkbox"/> 14) Logging <input type="checkbox"/> 15) Vehicle towing another vehicle <input type="checkbox"/> 98) Other	Haz-Mat ID #: Hazard Classification #:	<p style="text-align: center;">Type of Carrier</p> <input type="checkbox"/> 1) Intrastate <input type="checkbox"/> 2) Interstate <input type="checkbox"/> 3) Not in Commerce—Other Trucks <input type="checkbox"/> 4) Not in Commerce—Government <input type="checkbox"/> 5) Other Operation/Not Specified	NAS Safety Report #: Carrier/UDSOT #: <div style="text-align: right;">Page 5 of 8</div>
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Event Number: LLV211000070942

**STATE OF NEVADA
TRAFFIC CRASH REPORT
VEHICLE INFORMATION SHEET
Revised 11/2020**

Crash Number: LVM211000070942

Vehicle Information

Vehicle # 2 # Occupants 1

1) At Fault
 2) Non Contact Vehicle

Agency Name: Las Vegas Metro PD

Direction of Travel: 1) North 2) South 3) East 4) West 5) Unknown

Roadway / Street Name: S RAINBOW BLVD

Travel Lane #: 2

Vehicle Action: 1) Straight 2) Backing 3) Left Turn 4) Right Turn 5) U-Turn 6) Parked 7) Wrong Way 8) Stopped 9) Passing 10) Racing 11) Leaving Parked 12) Entering Lane 13) Leaving Lane 14) Enter Parked 15) Driverless Vehicle 16) Entering Lane 17) Lane Change 18) Negotiating a Curve 19) Unknown 20) Negotiating a Curve 21) Negotiating a Curve 22) Negotiating a Curve

Driver: (Last Name, First Name, Middle Name Suffix) **PRVCY**

Transported By: 1) Not Transported 2) EMS 3) Police 4) Unknown 5) Other **AMR 215**

Street Address: **PRVCY**

Transported To: **UMC TRAUMA CENTER**

Person Type: Code Seating Position: **1** Code Helmet Use: Code Occupant Restraints: **7**

1) Male 2) Female or Non-Binary 3) Unknown

DOB: **PII** 1991

Phone Number: **PRVCY**

Injury Severity: **B** Code Injury Location: **4** Code **1** Code **7** Code

PLN: **PII** State **CA** 1) NV Class: **C** 1) CDL 2) DL License Status: **0** Code

Airbags: **8** Code Airbag Switch: **2** Code Ejected: **0** Code Trapped: **0** Code

Compliance: 1) Restrict 2) Endorse

Endorsements: Code Code Code Code

Restrictions: **0** Code

Alcohol / Drug Involvement: 1) Not Involved 2) Suspected Impairment 3) Alcohol 4) Drugs 5) Unknown 6) Marijuana

Method of Determination (check up to 2): 1) Field Sobriety Test 2) Evidentiary Breath 3) Driver Admission 4) Urine Test 5) Blood Test 6) Preliminary Breath Test

Test Results: **PASS**

Driver Factors: 1) Apparently Normal 2) Had Been Drinking 3) Drug Involvement 4) Apparently Fatigued / Asleep 5) Obstructed View 6) Driver Ill / Injured 7) Other Improper Driving 8) Driver Inattention / Distracted 9) Physical Impairment 10) Unknown

Vehicle Year: **2019** Vehicle Make: **NISSAN** Vehicle Model: **SENTRA** Vehicle Type: **SEDAN 4-**

Plate / Permit No.: **PRVCY** State **CA** 1) NV Expiration Date: **06/12/2012** Vehicle Color: **RED**

Vehicle Identification Number: **PRVCY**

Registered Owner Name: **PRVCY** 1) Same As Driver

Registered Owner Address: **PRVCY**

Insurance Company Name: **AMERICAN FAMILY** 1) Insured

Policy number: **PRVCY** Effective: **07/12/2020** To: **01/12/2021**

Insurance Company Address or Phone Number: **800-692-6326**

1) Vehicle Towed Towed By: **SNAP TOWING** 2) Towed Due to Disabling Damage Removed To: **IMPOUND**

Traffic Control: 2) Traffic Control Signal 3) Flashing Traffic Control Signal 4) School Zone Sign / Device 5) Pedestrian Signal / Sign Device 6) No Passing 7) No Controls 8) Warning Sign 9) Other 10) Other 11) Stop Sign 12) Yield Sign 13) Railway Crossing Sign / Device 14) Chain / Snow Tire Req. 15) Officer / Flagger 16) Unknown

Distance Traveled After Impact: Feet **75** Inches **62** Speed Estimate: To **45** Limit **45** Automated Vehicle: Presence Level Engaged

Extent of Damage: 1) Minor 2) Moderate 3) Major 4) Total 5) None 6) Unknown

Code #	Description	Collision With Fixed Object	Most Harmful Event
1st 214 Code	MOTOR VEHICLE IN TRANSPORT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2nd 108 Code	RAN OFF ROAD RIGHT	<input type="checkbox"/>	<input type="checkbox"/>
3rd 313 Code	OTHER POST, POLE OR SUPPORT	<input type="checkbox"/>	<input type="checkbox"/>
4th Code		<input type="checkbox"/>	<input type="checkbox"/>
5th Code		<input type="checkbox"/>	<input type="checkbox"/>

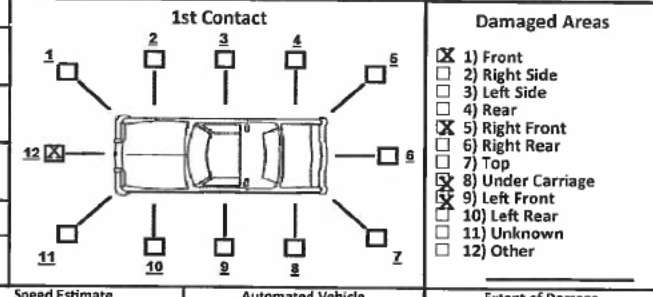
1) NRS 2) CFR 3) CC/MC 4) Pending

(1) **484B.600C** Violation: **SPEED FASTER THAN POSTED 11** NOC: **53853** Citation Number: **PRVCY**

1) NRS 2) CFR 3) CC/MC

(2) Violation: NOC: Citation Number:

Investigator(s): **John Nelson** ID Number: **14008** Date: **10/17/2021** Reviewed By: **Justin Diebold** Date Reviewed: **10/20/2021** Page **6** of **8**



Event Number: LV211000070942	STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 11/2020	Crash Number: LV211000070942
		Vehicle Information
		Agency Name: Las Vegas Metro PD

Name: (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 _____ <small>Indicate Transporting Agency</small>			
Street Address:				Transported To:			
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type: <small>Code</small>	Seating Position: <small>Code</small>	Helmet Use: <small>Code</small>	Occupant Restraints: <small>Code</small>	
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown	DOB:	Phone Number:	Injury Severity: <small>Code</small>	Injury Location: <small>Code</small>	<small>Code</small>	<small>Code</small>	<small>Code</small>
<input type="checkbox"/> 2) Female or Non-Binary			Airbags: <small>Code</small>	Airbag Switch: <small>Code</small>	Ejected: <small>Code</small>	Trapped: <small>Code</small>	

Name: (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 _____ <small>Indicate Transporting Agency</small>			
Street Address:				Transported To:			
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type: <small>Code</small>	Seating Position: <small>Code</small>	Helmet Use: <small>Code</small>	Occupant Restraints: <small>Code</small>	
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown	DOB:	Phone Number:	Injury Severity: <small>Code</small>	Injury Location: <small>Code</small>	<small>Code</small>	<small>Code</small>	<small>Code</small>
<input type="checkbox"/> 2) Female or Non-Binary			Airbags: <small>Code</small>	Airbag Switch: <small>Code</small>	Ejected: <small>Code</small>	Trapped: <small>Code</small>	

Name: (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 _____ <small>Indicate Transporting Agency</small>			
Street Address:				Transported To:			
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type: <small>Code</small>	Seating Position: <small>Code</small>	Helmet Use: <small>Code</small>	Occupant Restraints: <small>Code</small>	
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown	DOB:	Phone Number:	Injury Severity: <small>Code</small>	Injury Location: <small>Code</small>	<small>Code</small>	<small>Code</small>	<small>Code</small>
<input type="checkbox"/> 2) Female or Non-Binary			Airbags: <small>Code</small>	Airbag Switch: <small>Code</small>	Ejected: <small>Code</small>	Trapped: <small>Code</small>	

<input type="checkbox"/> 1) Trailing Unit 1 VIN :	Plate:	State: NV	<input checked="" type="checkbox"/> 1) NV	Type:
<input type="checkbox"/> 1) Trailing Unit 1 VIN :	Plate:	NV	<input checked="" type="checkbox"/> 1) NV	Type:
<input type="checkbox"/> 1) Trailing Unit 1 VIN :	Plate:	NV	<input checked="" type="checkbox"/> 1) NV	Type:

Commercial Vehicle Configuration			<input type="checkbox"/> 1) Commercial Vehicle			
<input type="checkbox"/> 1) Passenger Car (Only if vehicle displays HM Placard) <input type="checkbox"/> 2) Light Truck (Only if vehicle displays HM Placard) <input type="checkbox"/> 3) Bus (Seats for 9-15 people, including driver) <input type="checkbox"/> 4) Bus (Seats >15 people, including driver)	<input type="checkbox"/> 5) Single-Unit Truck (2-Axle, 6-Tire) <input type="checkbox"/> 6) Single-Unit Truck (3 or more axles) <input type="checkbox"/> 7) Truck/Trailer <input type="checkbox"/> 8) Truck Tractor (Bobtail) <input type="checkbox"/> 9) Tractor/Semitrailer	<input type="checkbox"/> 10) Tractor/Double <input type="checkbox"/> 11) Tractor/Triple <input type="checkbox"/> 99) Unknown Heavy Truck >10,000 lbs. Cannot Classify	Hazmat <input type="checkbox"/> 1) Hazmat Placard Displayed <input type="checkbox"/> 2) Hazmat Released <input type="checkbox"/> 3) Was release ≥ 25 gal. or 3 cubic yds. Location of Hazmat Release, Regardless of Amount <input type="checkbox"/> 1) Tractor Only <input type="checkbox"/> 2) Cargo Only <input type="checkbox"/> 3) Combination Tractor & Cargo			
Carrier Name:			Power Unit GCWR/GVWR <input type="checkbox"/> 1) ≤ 10,000 Lbs. <input type="checkbox"/> 2) 10,001 - 26,000 Lbs. <input type="checkbox"/> 3) ≥ 26,001 Lbs.			
Carrier Street Address:			City:	State: NV	<input checked="" type="checkbox"/> 1) NV	Zip Code:

Cargo Body Type <input type="checkbox"/> 1) Bus (Seats for 9-15 people, including driver) <input type="checkbox"/> 2) Bus (Seats for >15 people, including driver) <input type="checkbox"/> 3) Van/Enclosed Box <input type="checkbox"/> 4) Cargo Tank <input type="checkbox"/> 5) Flatbed <input type="checkbox"/> 6) Dump <input type="checkbox"/> 7) Concrete Mixer <input type="checkbox"/> 8) Auto Transporter <input type="checkbox"/> 9) Garbage/Refuse <input type="checkbox"/> 10) Grain, chips, gravel <input type="checkbox"/> 11) Pole <input type="checkbox"/> 12) Not Applicable <input type="checkbox"/> 13) Intermodal <input type="checkbox"/> 14) Logging <input type="checkbox"/> 15) Vehicle towing another vehicle <input type="checkbox"/> 98) Other	Haz-Mat ID #: Hazard Classification #:	Type of Carrier <input type="checkbox"/> 1) Intrastate <input type="checkbox"/> 2) Interstate <input type="checkbox"/> 3) Not in Commerce—Other Trucks <input type="checkbox"/> 4) Not in Commerce—Government <input type="checkbox"/> 5) Other Operation/Not Specified	NAS Safety Report #: Carrier/UDSOT #: <div style="text-align: right;">Page 7 of 8</div>
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Event Number: LLV211000070942	STATE OF NEVADA TRAFFIC CRASH REPORT Occupant / Witness Supplement Revised 11/2020	Crash Number: LVM211000070942	Occupant / Witness Supplement
		Agency Name: Las Vegas Metro	

V#	Name: (Last Name, First Name, Middle Name Suffix) PRVCY	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: PRVCY		Transported To:			
		Person Type: 3	Seating Position:	Helmet Use:	Occupant Restraints:
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown or Non-Binary	DOB: PII /1980	Phone Number: PRVCY	Injury Severity:	Injury Location:	
<input checked="" type="checkbox"/> 2) Female					
		Airbags:	Airbag Switch:	Ejected:	Trapped:

V#	Name: (Last Name, First Name, Middle Name Suffix) PRVCY	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: PRVCY		Transported To:			
		Person Type: 3	Seating Position:	Helmet Use:	Occupant Restraints:
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown or Non-Binary	DOB: PII 1966	Phone Number: PRVCY	Injury Severity:	Injury Location:	
<input checked="" type="checkbox"/> 2) Female					
		Airbags:	Airbag Switch:	Ejected:	Trapped:

V#	Name: (Last Name, First Name, Middle Name Suffix) PRVCY	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: PRVCY		Transported To:			
		Person Type: 3	Seating Position:	Helmet Use:	Occupant Restraints:
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown or Non-Binary	DOB: PII /1987	Phone Number: PRVCY	Injury Severity:	Injury Location:	
<input checked="" type="checkbox"/> 2) Female					
		Airbags:	Airbag Switch:	Ejected:	Trapped:

V#	Name: (Last Name, First Name, Middle Name Suffix) PRVCY	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: PRVCY		Transported To:			
		Person Type: 3	Seating Position:	Helmet Use:	Occupant Restraints:
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown or Non-Binary	DOB: PII /1987	Phone Number: PRVCY	Injury Severity:	Injury Location:	
<input checked="" type="checkbox"/> 2) Female					
		Airbags:	Airbag Switch:	Ejected:	Trapped:

V#	Name: (Last Name, First Name, Middle Name Suffix) PRVCY	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: PRVCY		Transported To:			
		Person Type: 3	Seating Position:	Helmet Use:	Occupant Restraints:
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown or Non-Binary	DOB: PII /1987	Phone Number: PRVCY	Injury Severity:	Injury Location:	
<input checked="" type="checkbox"/> 2) Female					
		Airbags:	Airbag Switch:	Ejected:	Trapped:

V#	Name: (Last Name, First Name, Middle Name Suffix) PRVCY	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: PRVCY		Transported To:			
		Person Type: 3	Seating Position:	Helmet Use:	Occupant Restraints:
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown or Non-Binary	DOB: PII /1987	Phone Number: PRVCY	Injury Severity:	Injury Location:	
<input checked="" type="checkbox"/> 2) Female					
		Airbags:	Airbag Switch:	Ejected:	Trapped:

Investigator(s) John Nelson	ID Number 14008	Date 10/17/2021	Reviewed By Justin Diebold	Date Reviewed 10/20/2021	Page 8 of 8
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PRVCY

Privacy Interests

The record(s) you seek contain information the disclosure of which would constitute an unwarranted invasion of a person's privacy interests.

In *Reno Newspapers v. Sheriff*, 126 Nev. 211, 218, 234 P.3d 922, 927 (2010), the Nevada Supreme Court recognized that an individual's privacy must be balanced with the public's general right to open government, "especially because private and personal information may be recorded in government files"). Later, in *Clark County Sch. Dist. v. Las Vegas Review-Journal*, -- Nev. --, 429 P.3d 313, 319-20 (2018), the Court adopted a balancing test in which the burden shifts to the requester of a record if the public agency demonstrates a "nontrivial personal privacy interest" including "intrusion[s] into a person's reasonable expectation of privacy, seclusion, or solitude." Privacy interests include information that may cause "embarrassment, shame, stigma, [or] harassment" or "endangerment, or similar harm." *Las Vegas Metro. Police Dep't v. Las Vegas Review-Journal*, 136 Nev. Ad. Op 86, -- P.3d -- (2020). Medical information, personnel files, details about sexual orientation, and other information about a person's life give rise to privacy interests. *Clark County Office of the Coroner/Medical Examiner v. Las Vegas Review-Journal*, 136 Nev. Adv. Op. 5, -- P.3d -- (2020).

Here, the record(s) you seek contain information the disclosure of which would constitute an unwarranted invasion of a person's privacy interests. Therefore, they are confidential and must be withheld or redacted.

PII

Personal Identifying Information

The record(s) you seek contain personal identifying information.

NRS 239.001 provides that public records are open to inspection. However, NRS 239.010(1) expressly creates exemptions to the disclosure of records falling under various statutes, including NRS 239B.030. NRS 239B.030 makes “personal information” confidential. NRS 603A.040 defines “personal information” to include social security numbers, driver’s license numbers, account numbers, and the like.

Here, because the record(s) you seek contain confidential personal identifying information, they have been redacted.