



ROAD - WEATHER	LIGHTING (Check 1)	WEATHER (Check up to 2)	ROAD COND (Check 1 for each)		ROAD SURFACE (Check 1 for each)		TRAFFIC CONTROL (Check 1 for each)		ROAD CHARACTER (Check 1 for each)		RELATION TO JUNCTION	Work Zone Information																																
	<input checked="" 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"/> Dark -Unknown Lighting <input type="checkbox"/> Other <input type="checkbox"/> Unknown or Not Reported	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Blowing Sand, Soil, Dirt <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog, Smog, Smoke <input type="checkbox"/> Raining <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Sleet or Hail <input type="checkbox"/> Snowing <input type="checkbox"/> Freezing Rain or Freezing Drizzle <input type="checkbox"/> Wind <input type="checkbox"/> Other (Specify in narrative)	V1 <input checked="" type="checkbox"/> V2 <input checked="" type="checkbox"/> <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Ice <input type="checkbox"/> Loose <input type="checkbox"/> Oil <input type="checkbox"/> Material <input type="checkbox"/> Standing or Moving Water <input type="checkbox"/> Other	V1 <input type="checkbox"/> V2 <input type="checkbox"/> <input type="checkbox"/> Lane Markers <input type="checkbox"/> Paved Unstripped <input type="checkbox"/> Paved Center Stripe <input checked="" type="checkbox"/> Paved Center & Edgeline <input type="checkbox"/> Unpaved	V1 <input type="checkbox"/> V2 <input type="checkbox"/> <input type="checkbox"/> No-Passing Zone <input checked="" type="checkbox"/> Stop Sign <input type="checkbox"/> Traffic Signals <input type="checkbox"/> Yield Sign <input type="checkbox"/> R.R. Xing Device (sign, signal, gate, etc.) <input type="checkbox"/> All Way Stop <input type="checkbox"/> Flashers <input checked="" type="checkbox"/> No Controls <input type="checkbox"/> School Zone Sign/Device <input type="checkbox"/> Other (Specify in narrative) <input type="checkbox"/> Inoperative/ Missing	V1 <input checked="" type="checkbox"/> V2 <input type="checkbox"/> <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve Left <input type="checkbox"/> Curve Right  GRADE (Check 1 for each) V1 <input checked="" type="checkbox"/> V2 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Level <input type="checkbox"/> Hillcrest <input type="checkbox"/> Uphill <input type="checkbox"/> Downhill <input type="checkbox"/> Dip  Intersection Type (Check 1) <input type="checkbox"/> Not an Intersection <input type="checkbox"/> Five-Point or More <input type="checkbox"/> Four-Way <input type="checkbox"/> Roundabout <input type="checkbox"/> Traffic Circle	<input type="checkbox"/> Non-Junction <input type="checkbox"/> Acceleration/Deceleration Lane <input type="checkbox"/> Crossover <input type="checkbox"/> Crossover Related <input type="checkbox"/> Driveway <input type="checkbox"/> Driveway Access Related <input type="checkbox"/> Entrance/Exit Ramp <input type="checkbox"/> Entrance/Exit Ramp Related <input checked="" type="checkbox"/> Intersection <input type="checkbox"/> Intersection Related <input type="checkbox"/> Railway Grade Crossing <input type="checkbox"/> Shared-Use Path or Trail <input type="checkbox"/> Through Roadway	Location: Type of Work Zone: Workers Present: Law Enforcement Present:  ROAD DESIGN (Check 1 for each per section) <table><tr><td>V1 <input type="checkbox"/> V2 <input checked="" type="checkbox"/></td><td><input type="checkbox"/> 1 Lane</td><td><input type="checkbox"/> <input type="checkbox"/> Alley</td></tr><tr><td><input checked="" type="checkbox"/> <input type="checkbox"/></td><td><input type="checkbox"/> 2 Lanes</td><td><input type="checkbox"/> <input checked="" type="checkbox"/> Full Access Control</td></tr><tr><td><input type="checkbox"/> <input type="checkbox"/></td><td><input type="checkbox"/> 3 Lanes</td><td><input type="checkbox"/> <input type="checkbox"/> One-Way</td></tr><tr><td><input type="checkbox"/> <input type="checkbox"/></td><td><input type="checkbox"/> 4 + Lanes</td><td><input type="checkbox"/> <input type="checkbox"/> Ramp</td></tr><tr><td><input type="checkbox"/> <input checked="" type="checkbox"/></td><td><input type="checkbox"/> Undivided</td><td><input type="checkbox"/> <input type="checkbox"/> Two-way, Divided</td></tr><tr><td><input type="checkbox"/> <input type="checkbox"/></td><td><input type="checkbox"/> Physical Divider</td><td><input type="checkbox"/> <input type="checkbox"/> Two-way, Not Divided</td></tr><tr><td><input checked="" type="checkbox"/> <input type="checkbox"/></td><td><input type="checkbox"/> Painted Divider(&gt;4ft)</td><td><input checked="" type="checkbox"/> <input type="checkbox"/> Two-way, Not Divided Continuous Left Turn Lane</td></tr><tr><td><input type="checkbox"/> <input type="checkbox"/></td><td><input type="checkbox"/> Physical Barrier</td><td><input type="checkbox"/> <input type="checkbox"/> Undeveloped</td></tr><tr><td><input type="checkbox"/> <input type="checkbox"/></td><td><input type="checkbox"/> No Shoulder</td><td><input type="checkbox"/> <input type="checkbox"/> Other</td></tr></table>										V1 <input type="checkbox"/> V2 <input checked="" type="checkbox"/>	<input type="checkbox"/> 1 Lane	<input type="checkbox"/> <input type="checkbox"/> Alley	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 2 Lanes	<input type="checkbox"/> <input checked="" type="checkbox"/> Full Access Control	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 3 Lanes	<input type="checkbox"/> <input type="checkbox"/> One-Way	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 4 + Lanes	<input type="checkbox"/> <input type="checkbox"/> Ramp	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> Undivided	<input type="checkbox"/> <input type="checkbox"/> Two-way, Divided	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Physical Divider	<input type="checkbox"/> <input type="checkbox"/> Two-way, Not Divided	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Painted Divider(>4ft)	<input checked="" type="checkbox"/> <input type="checkbox"/> Two-way, Not Divided Continuous Left Turn Lane	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Physical Barrier	<input type="checkbox"/> <input type="checkbox"/> Undeveloped	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> No Shoulder	<input type="checkbox"/> <input type="checkbox"/> Other
	V1 <input type="checkbox"/> V2 <input checked="" type="checkbox"/>	<input type="checkbox"/> 1 Lane	<input type="checkbox"/> <input type="checkbox"/> Alley																																									
	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 2 Lanes	<input type="checkbox"/> <input checked="" type="checkbox"/> Full Access Control																																									
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 3 Lanes	<input type="checkbox"/> <input type="checkbox"/> One-Way																																									
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 4 + Lanes	<input type="checkbox"/> <input type="checkbox"/> Ramp																																									
	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> Undivided	<input type="checkbox"/> <input type="checkbox"/> Two-way, Divided																																									
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Physical Divider	<input type="checkbox"/> <input type="checkbox"/> Two-way, Not Divided																																									
	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Painted Divider(>4ft)	<input checked="" type="checkbox"/> <input type="checkbox"/> Two-way, Not Divided Continuous Left Turn Lane																																									
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Physical Barrier	<input type="checkbox"/> <input type="checkbox"/> Undeveloped																																									
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> No Shoulder	<input type="checkbox"/> <input type="checkbox"/> Other																																										
APPARENT CONTRIBUTING FACTORS (Check 1 or more for each)												DRIVERS' ACTIONS (Check 1 or more for each)				SEQUENCE OF EVENTS (See event codes)																												
V1 <input checked="" type="checkbox"/> V2 <input type="checkbox"/> <b>DRIVER</b> Avoid no contact - other Avoid no contact - vehicle Cell phone Disregarded traffic signal Driver distracted by texting Driver distracted by talking on cell phone Driver distracted by talking on hand free device Driver distracted by passenger Driver distracted by other activity Driver Inattention Drove left of center Excessive Speed Failed to yield - Emrgcy Veh(s) Failed to yield - Police Veh(s) Failed to yield right-of-way Following too closely High speed pursuit Improper backing												V1 <input type="checkbox"/> V2 <input type="checkbox"/> Improper lane change Improper overtaking Made improper turn No driver error Other improper driving Passed stop sign Pedestrian error Speed too fast for conditions Under influence of alcohol Under influence of drugs or medication <b>ENVIRONMENT</b> Animal(s) in roadway Low visibility due to glare Low visibility due to smoke Other visual obstruction(s) Weather conditions <b>MOTOR VEHICLE</b> Coupling device (hitch, chains) Defective Steering				V1 <input type="checkbox"/> V2 <input type="checkbox"/> Defective Tires Exhaust System Inadequate brakes Lights (head, signal, tail) Mirrors Other mech. Defect Suspension Wheels Windows/Windshield Wipers <b>ROADWAY</b> Backup - prior crash Backup - prior incident Debris Obstruction in road Road defect Road surface conditions Traffic Congestion Traffic control not functioning				V1 <input checked="" type="checkbox"/> V2 <input type="checkbox"/> <input type="checkbox"/> Going Straight <input type="checkbox"/> Overtaking/Passing <input type="checkbox"/> Right Turn <input checked="" type="checkbox"/> Left Turn <input type="checkbox"/> U Turn <input type="checkbox"/> Slowing <input type="checkbox"/> Backing <input type="checkbox"/> Negotiating a Curve <input type="checkbox"/> Changing Lanes <input type="checkbox"/> Leaving Traffic Lane <input type="checkbox"/> Entering Traffic Lane <input type="checkbox"/> Parked <input type="checkbox"/> Stopped in Traffic <input type="checkbox"/> Other (Specify in narrative)				V1 <input type="checkbox"/> V2 <input type="checkbox"/> <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"/> Operated MV in Reckless or Aggressive Manner <input type="checkbox"/> Over-correcting/Over-steering <input type="checkbox"/> Ran Red Light <input type="checkbox"/> Wrong Way				V1 <input type="checkbox"/> V2 <input type="checkbox"/> FIRST EVENT SECOND EVENT THIRD EVENT FOURTH EVENT MHE																
DRIVER	DRIVER/PED/PEDALCYCLIST SOBRIETY (Check 1 or more for each)				DRIVER/PED/PEDALCYCLIST PHYSICAL COND. (Mark 1 or more for each)				PEDESTRIAN/PEDALCYCLIST ACTION																																			
	D1 <input type="checkbox"/> D2 <input type="checkbox"/> <input type="checkbox"/> Consumed Alcohol <input type="checkbox"/> Consumed a Controlled Substance <input checked="" type="checkbox"/> Had Not Consumed Alcohol <input type="checkbox"/> <input checked="" type="checkbox"/> Sobriety Unknown <input type="checkbox"/> Consumed Medication <input type="checkbox"/> Tested by Instrument for: <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both <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"/> Test not Given <input type="checkbox"/> Suspected Drug Use				D1 <input type="checkbox"/> D2 <input type="checkbox"/> <input type="checkbox"/> Fatigue-Asleep <input type="checkbox"/> Eyesight <input type="checkbox"/> Hearing <input type="checkbox"/> Imp. <input type="checkbox"/> Illness, <input type="checkbox"/> Fainted <input type="checkbox"/> *Other  *Specify in narrative				D1 <input type="checkbox"/> D2 <input type="checkbox"/> <input type="checkbox"/> Under the influence of Medication/Drugs/Alcohol <input type="checkbox"/> Amputee <input checked="" type="checkbox"/> No App. Defects <input type="checkbox"/> *Other Physical Impairment <input type="checkbox"/> Emotional (depressed, angry, disturbed, etc.) <input type="checkbox"/> Unknown				P1 <input type="checkbox"/> P2 <input type="checkbox"/> <input type="checkbox"/> At Intersection <input type="checkbox"/> Not at Intersection  ACTIONS PRIOR TO CRASH Crossing Roadway Moving Against Traffic Moving With Traffic Waiting to Cross Roadway Walking/Cycling on Sidewalk In Roadway - Other Adjacent to Roadway (shoulder, median) Working in Trafficway (Incident Response) ACTIONS AT TIME OF CRASH No Improper Action Dart/Dash Failure to yield right-of-way Failure to Obey Traffic Signs, Signals From behind obstruction In roadway improperly (standing, lying, working, playing) Pushing or working on vehicle Entering/Exiting Parked/Standing Vehicle Not Visible (dark clothing, no lighting, etc.) Improper Turn/Merge Improper Passing Wrong-way Riding or Walking																															
	P1 <input type="checkbox"/> P2 <input type="checkbox"/> LOCATION AT TIME OF CRASH Intersection - Marked Crosswalk Intersection - Unmarked Crosswalk Intersection - Other Median/Crossing Island Midblock - Marked Crosswalk Travel Lane - Other Location Bicycle Lane Shoulder/Roadside Sidewalk Median/Crossing Island Driveway Access Shared-use Path or Trail Non-trafficway Area				P1 <input type="checkbox"/> P2 <input type="checkbox"/> Other (specify in narrative)																																							
	ADDITIONAL OCCUPANTS																																											
	V1 <input type="checkbox"/> V2 <input type="checkbox"/> Occupant's Name (Last, First, Middle) Occupant's Address (City, State, ZIP) Seat Pos. Age Sex (M/F) Race Injury Code OP Code OP Used Property Airbag Deploy Ejected EMS # Med Trans																																											
	OTHER PROPERTY INVOLVED																																											
	Property Type Description of Property and Damage Owner's Name Owner's Address Owner's ZIP Code Owner's Telephone																																											
	WITNESSES																																											
	NAME AGE ADDRESS TELEPHONE																																											
	ENFORCEMENT ACTION																																											
VEH. NO. 2 NAME Timothy Johnson VIOLATION (COMMON NAME) Failed to yield ACTION (Check one) <input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Warning <input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending <input type="checkbox"/> Warning <input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending <input type="checkbox"/> Warning																																												
Time Notified 1508 Time Arrived 1514 Time Roadway Cleared 1625 Time Incident Cleared 1625 Notified By Dispatch Supervisor at Scene Checked By																																												
Officer's Signature Frank Sandlot Printed Officer's Name Frank Sandlot Rank Ofc. ID No. 4522 District Date of Report 8/21/2019																																												
Crash Report Number 98465784 Case Number #01249835 STATE OF NEW MEXICO UNIFORM CRASH REPORT NM Statute 66-7-209 SHEET 2 OF 4 SHEETS																																												

## DIAGRAM/NARRATIVE

Use Additional Sheets As Necessary

On Thursday, August 15, 2019, at 1508 hours I was called to a crash at East Main and North Cochiti. Upon my arrival I observed a Blue Dodge Charger with minor front end damage. I also found a White Tractor with Trailer with minor front end damage.

Driver #1 Stated, "I was driving down Main and the truck just pulled out in front of me. I had no way to avoid this".

Driver #2 Stated, "I looked both ways and never saw that guy, he had to have been going fast. I tried to stop and honk but he swerved and hit the front of my truck".

Witness #1 Stated, "I was coming east on Main when the truck driver came out in front of the Charger. The guy driving the charger looked to be going pretty fast".

### Investigation

Vehicle #1 was eastbound on East Main street and traveling in the right lane of two lanes. Vehicle #2 was south going to make a left turn to travel east on Main street. Driver #2 failed to yield the right of way to Vehicle #1. Vehicle #1 swerved but still struck the front of Vehicle #2 in the driver side front with his passenger side front. Both vehicles came to rest in the intersection.

### Enforcement

Driver #2 was cited for failing to yield the right of way.

CRASH REPORT NUMBER:  
**98465784**

CASE NUMBER:  
**#01249835**

DIAGRAM DRAWING BY:  
**Officer Sandlot**

MEASUREMENTS TAKEN BY:  
**Officer Sandlot**

Crash Report Number **98465784**

Case Number **#01249835**

**STATE OF NEW MEXICO UNIFORM CRASH REPORT**  
**NM Statute 66-7-209**

SHEET **3**

OF **4** SHEETS

DIAGRAM/NARRATIVE

Use Additional Sheets As Necessary

		CRASH REPORT NUMBER: 98465784	CASE NUMBER: #01249835	DIAGRAM DRAWING BY: Officer Sandlot	MEASUREMENTS TAKEN BY: Officer Sandlot
Crash Report Number	98465784	STATE OF NEW MEXICO UNIFORM CRASH REPORT NM Statute 66-7-209		SHEET	4
Case Number	#01249835			OF	4 SHEETS

STATE OF NEW MEXICO UNIFORM CRASH REPORT  
CODE SHEET

FIRST HARMFUL EVENT AND ANALYSIS				
<b>COLLISION W/ANIMAL</b>		<b>COLLISION W/FIXED OBJECT</b>		<b>MANNER OF IMPACT</b>
8210 Antelope 8215 Bear 8220 Bird - Buzzard (turkey, vulture, etc.) 8225 Bird - Eagle, Hawk, Owl 8230 Bird - Other 8235 Cattle/Cow 8240 Cougar 8245 Deer 8250 Elk 8255 Horse 8260 Sheep/Goat 8265 Small Domestic Animal (cat, dog, etc.) 8270 Small Game Animal (badger, bobcat, coyote, fox, raccoon, skunk, etc.) 8290 Other Large Domestic Animal (pig, etc.) 8295 Other Large Game Animal (Barbary sheep, ibex, javelina, oryx, etc.) 8297 Other Animal (type unknown)		8604 Bridge Overhead Structure 8608 Bridge Pier or Support 8612 Bridge Rail 8616 Cattle Guard 8620 Culvert 8624 Curb 8628 Ditch 8632 Embankment 8636 Fence 8640 Fire Hydrant 8644 Guardrail End 8648 Guardrail Face 8652 Impact Attenuator/Crash Cushion 8656 Mailbox 8660 Median 8664 Traffic Barrier, Cable 8668 Traffic Barrier, Concrete 8672 Traffic Barrier, Other 8676 Traffic Sign Support 8680 Traffic Signal Support 8682 Tree (standing) 8684 Utility Box 8686 Utility Pole/Light Support 8688 Wall or Building 8690 Other Post, Pole or Support 8693 Other Vegetation 8695 Other Fixed Object 8699 Unknown		10 Front-to-Side (ex. T-bone, Angle) 15 Front-to-Front (ex. Head-on) 20 Front-to-Rear 25 Rear-to-Rear 30 Rear-to-Side 35 Sideswipe 40 Other 90 Unknown
<b>COLLISION W/OTHER NON-FIXED OBJECT</b>				<b>MANNER OF CRASH</b>
8410 Railway Vehicle (train, engine) 8415 Struck by Falling, Shifting Cargo or Anything Set in Motion by MV 8420 Work Zone / Maintenance Equipment 8425 Other Non-fixed Object (rock, tire, trash, fallen tree, branch, etc.)				50 From Same Direction 60 From Opposite Direction 70 Intersecting Path (T-bone)
<b>COLLISION W/PERSON</b>		<b>NON-COLLISION</b>		<b>LOCATION OF FHE</b>
8110 Pedalcycle 8115 Pedestrian 8190 Other Non-motorist (wheelchair, skateboard, scooter, Segway, etc.)		8510 Cargo/Equipment Loss or Shift 8515 Fell/Jumped from MV 8520 Fire/Explosion 8525 Immersion, Full or Partial 8530 Jackknife 8535 Overturn/Rollover 8540 Thrown or Falling Object 8590 Other Non-Collision		1 On Roadway 2 On Shoulder 3 On Median 4 On Roadside-Right 5 On Roadside-Left 6 Outside Trafficway 7 Off Roadway-Location Unknown 8 In Parking Lane/Zone 9 Gore 10 Separator 11 Continuous Left-Turn Lane
<b>COLLISION W/MOTOR VEHICLE</b>				
8310 Parked MV 8315 MV in Transport				
OCCUPANT INFORMATION				
<b>OCCUPANT SEAT POSITION</b>		<b>RACE</b>	<b>OCCUPANT PROTECTION</b>	<b>AIRBAG DEPLOYMENT</b>
LF Left Front CF Center Front RF Right Front LR Left Rear CR Center Rear RR Right Rear LT Left Third Seat CT Center Third Seat RT Right Third Seat FL Left Fourth Seat FC Center Fourth Seat FR Right Fourth Seat MP Motorcycle Passenger PP Pedalcyclist Passenger BA Baby in Arms BP Bus Passengers	CM Camper or Truck EX Riding on Motor Vehicle Exterior FV Fell from Vehicle JP Jumped from Vehicle LS Lap Sitter MH Motor Home SS Semi Sleeper TB Truck Bed TD On Towed Device TO Trailer Occupants VR Rear of Van UN Unknown Seat Position NA Not Applicable	A Asian B Black C Caucasian - Non-Hispanic H Hispanic I American Indian O Other <b>INJURY</b> K Killed A Suspected Serious Injury - Severe laceration resulting in exposure of underlying tissues/muscle/organs or resulting in significant loss of blood - Broken or distorted extremity (arm or leg) - Crush injuries - Suspected skull, chest or abdominal injury other than bruises or minor lacerations - Significant burns (second and third degree burns over 10% or more of the body) - Unconsciousness when taken from the crash scene - Paralysis B Minor Injury C Complaint of Injury -- but not visible O No Apparent Injury	0 Not Stated 1 Restraints - Not Installed 2 Restraints Installed but Not Used 3 Lap Belt - Used 5 Shoulder Harness - Used 6 Belt and Harness Used 10 Restraint Used, Type Unknown 8A Rear-facing Seat Used 8B Forward Facing Seat Used w/Harness 8C Booster Seat Used 8D Child Restraint Not Used 8E Child Restraint Used, Type Unknown 9 Helmet Used 9A Helmet Not Used NA Not Applicable <b>Non-motorist Safety Equipment</b> NP No Protection PR Protective/Reflective Gear (Specify in narrative) OT Other (Specify in narrative)	F Deployed - front of person S Deployed - side of person B Deployed - front and side or other combination C Deployed Curtain O Other Deployment N Not Deployed NA Not Applicable <b>EJECTION</b> N Not ejected P Partially ejected T Totally ejected O Not applicable (motor or bicycle, etc.)
<b>DRIVER SEAT POSITION</b>				
LF Left Front RF Right Front CF Center Front MD Motorcycle Driver	PD Pedestrian PC Pedalcyclist PO Pedestrian Other UN Unknown Seat Position NA Not Applicable			
OTHER CODES				
<b>CARRIER TYPE</b>	<b>MEDICAL TRANSPORT</b>			
0 Intrastate 1 Interstate 2 Not in Commerce -- Other 3 Not in Commerce -- Government	NT Not Transported EA EMS Air EG EMS Ground LE Law Enforcement OT Other UK Unknown			

STATE OF NEW MEXICO UNIFORM CRASH REPORT  
 CODE SHEET