



To: **Purchasing Logistics Fixed Asset Section**

From: **MEDICAL EXAMINER**

Point of Contact: **Irene Santiago**

Date: **7/29/22**

Re: Items for Surplus from the **MEDICAL EXAMINER** to The Purchasing Department

Approve and authorize the transfer of surplus assets from the respective department to the Purchasing Department for surplus in compliance with Texas Local Government Code Section 262.011 (j). These items are outdated and/or have been replaced. (Maximum 100 items)

	Description	Barcode	Serial number	Condition	Original Cost		
					Asset > \$5,000	Grants	
1.	chair steno fabric/me	0044025		Poor/ Damaged	No	No	
2.	scale electronic 400C	0059700		Poor/ Damaged	No	No	
3.	chair fabric tan	0073590		Poor/ Damaged	No	No	
4.	blue chair	0096064		Good/ Fair	No	No	
5.	motorola radio	121210		Poor/ Damaged	No	No	
6.	motorola radio	121217		Poor/ Damaged	No	No	
7.	motorola radio	121218		Poor/ Damaged	No	No	
8.	chair fabric tan	0073592		Poor/ Damaged	No	No	
9.				Excellent	Yes	Yes	
10.				Excellent	Yes	Yes	

Sincerely,

Authorized Signature Irene Santiago [Electronic Signature]

Submit Form



To: **Purchasing Logistics Fixed Asset Section**

From: COUNTY CRIMINAL COURT #1

Point of Contact: MARY CARAVEO

Date: 07-26-2022

Re: Assets to be removed from the COUNTY CRIMINAL COURT #1 inventory.

Approve and authorize the removal of assets from the respective departments/courts inventory. The department/ courts have exhausted their efforts in trying to find these assets from past inventories. The removed assets were either picked-up on a prior date, disposed in-house, obsolete, or lost. (Maximum 100 items)

	Description	Barcode	Serial Number	Reason	Original Cost Asset > \$5,000	Grant
1.	CHAIR/CONF ROOM	0107264	N/A	Lost	No	No
2.	CHAIR/CTRM	0107619	N/A	Lost	No	No
3.	TABLE/ROUND	0108534	N/A	Lost	No	No
4.	CONF TABLE/MET	0108540	N/A	Lost	No	No
5.	CHAIR-WORK	0108541	N/A	Lost	No	No
6.	CHAIR-WORK	0108547	N/A	Lost	No	No
7.	COMPUTER LAPTOP	110664	78-TMNAY	Lost	No	No
8.	EXEC CHAIR BRO	128983	N/A	Lost	No	No
9.	COMPUTER SCAN	134019	DW300009	Obsolete	No	No
10.	COMPUTER SCAN	134019A01	DW300009	Obsolete	No	No

Sincerely,

Authorized Signature

Submit Form



To: **Purchasing Logistics Fixed Asset Section**

From: COUNTY CRIMINAL COURT #1

Point of Contact: MARY CARAVEO

Date: 07-26-2022

Re: Assets to be removed from the COUNTY CRIMINAL COURT #1 inventory.

Approve and authorize the removal of assets from the respective departments/courts inventory. The department/ courts have exhausted their efforts in trying to find these assets from past inventories. The removed assets were either picked-up on a prior date, disposed in-house, obsolete, or lost. (Maximum 100 items)

	Description	Barcode	Serial Number	Reason	Original Cost Asset > \$5,000	Grant
1.	CHAIR-EXEC LEA	161508	N/A	Lost	No	No
2.	COMPUTER LAPTO	180292	79P9RQZ	Lost	No	No
3.				Pick-Up Prior Date	Yes	Yes
4.				Pick-Up Prior Date	Yes	Yes
5.				Pick-Up Prior Date	Yes	Yes
6.				Pick-Up Prior Date	Yes	Yes
7.				Pick-Up Prior Date	Yes	Yes
8.				Pick-Up Prior Date	Yes	Yes
9.				Pick-Up Prior Date	Yes	Yes
10.				Pick-Up Prior Date	Yes	Yes

Sincerely,

Authorized Signature

Submit Form



To: **Purchasing Logistics Fixed Asset Section**

From: COUNTY CRIMINAL COURT #1

Point of Contact: MARY CARAVEO

Date: 07-27-20232

Re: Assets to be removed from the COUNTY CRIMINAL COURT #1 inventory.

Approve and authorize the removal of assets from the respective departments/courts inventory. The department/ courts have exhausted their efforts in trying to find these assets from past inventories. The removed assets were either picked-up on a prior date, disposed in-house, obsolete, or lost. (Maximum 100 items)

	Description	Barcode	Serial Number	Reason	Original Cost Asset > \$5,000	Grant	
1.	LABELING SYSTE	135998	61504J	Lost	<input type="button" value="v"/> No	<input type="button" value="v"/> No	<input type="button" value="v"/>
2.	SHELFING BOLTL	145946		Lost	<input type="button" value="v"/> No	<input type="button" value="v"/> No	<input type="button" value="v"/>
3.				Pick-Up Prior Date	Yes	Yes	
4.				Pick-Up Prior Date	Yes	Yes	
5.				Pick-Up Prior Date	Yes	Yes	
6.				Pick-Up Prior Date	Yes	Yes	
7.				Pick-Up Prior Date	Yes	Yes	
8.				Pick-Up Prior Date	Yes	Yes	
9.				Pick-Up Prior Date	Yes	Yes	
10.				Pick-Up Prior Date	Yes	Yes	

Sincerely,

Authorized Signature

Submit Form



To: **Purchasing Logistics Fixed Asset Section**

From: **COUNTY CRIMINAL COURT #1**

Point of Contact: **MARY CARAVEO**

Date: **07-27-2022**

Re: Assets to be removed from the **COUNTY CRIMINAL COURT #1** inventory.

Approve and authorize the removal of assets from the respective departments/courts inventory. The department/ courts have exhausted their efforts in trying to find these assets from past inventories. The removed assets were either picked-up on a prior date, disposed in-house, obsolete, or lost. (Maximum 100 items)

	Description	Barcode	Serial Number	Reason	Original Cost Asset > \$5,000	Grant
1.	DESKTOP ORGAN	126270		Lost	No	No
2.				Pick-Up Prior Date	Yes	Yes
3.				Pick-Up Prior Date	Yes	Yes
4.				Pick-Up Prior Date	Yes	Yes
5.				Pick-Up Prior Date	Yes	Yes
6.				Pick-Up Prior Date	Yes	Yes
7.				Pick-Up Prior Date	Yes	Yes
8.				Pick-Up Prior Date	Yes	Yes
9.				Pick-Up Prior Date	Yes	Yes
10.				Pick-Up Prior Date	Yes	Yes

Sincerely,

Authorized Signature

Submit Form



To: **Purchasing Logistics Fixed Asset Section**

From: **JUVENILE PROBATION**

Point of Contact: **Daniela Rodriguez**

Date: **7/20/2022**

Re: Assets to be removed from the **JUVENILE PROBATION** inventory.

Approve and authorize the removal of assets from the respective departments/courts inventory. The department/ courts have exhausted their efforts in trying to find these assets from past inventories. The removed assets were either picked-up on a prior date, disposed in-house, obsolete, or lost. (Maximum 100 items)

	Description	Barcode	Serial Number	Reason	Original Cost Asset> \$5,000	Grant
1.	COMPUTER SOFT ⁺	103296	N/A	Pick-Up Prior Date	No	No
2.	COMPUTER SOFT ⁺	103297	N/A	Pick-Up Prior Date	No	No
3.	COMPUTER SOFT ⁺	103298	N/A	Pick-Up Prior Date	No	No
4.	BOOKSHELF	104558	N/A	Pick-Up Prior Date	No	No
5.	CHAIR FOLDING	119216	N/A	Pick-Up Prior Date	No	No
6.	CHAIR FOLDING	119229	N/A	Pick-Up Prior Date	No	No
7.	CHAIR FOLDING	119218	N/A	Pick-Up Prior Date	No	No
8.	CHAIR FOLDING	119219	N/A	Pick-Up Prior Date	No	No
9.	CHAIR FOLDING	119220	N/A	Pick-Up Prior Date	No	No
10.	CHAIR FOLDING	119221	N/A	Pick-Up Prior Date	No	No

Sincerely,

Authorized Signature

A handwritten signature in black ink, appearing to be "D. Rodriguez", is written over a horizontal line.

Submit Form



To: **Purchasing Logistics Fixed Asset Section**

From: **JUVENILE PROBATION**

Point of Contact: **Daniela Rodriguez**

Date: **7/20/2022**

Re: Assets to be removed from the **JUVENILE PROBATION** inventory.

Approve and authorize the removal of assets from the respective departments/courts inventory. The department/ courts have exhausted their efforts in trying to find these assets from past inventories. The removed assets were either picked-up on a prior date, disposed in-house, obsolete, or lost. (Maximum 100 items)

	Description	Barcode	Serial Number	Reason	Original Cost Asset> \$5,000	Grant
1.	CHAIR FOLDING	119222	N/A	Pick-Up Prior Date	No	No
2.	CHAIR FOLDING	119223	N/A	Pick-Up Prior Date	No	No
3.	CHAIR FOLDING	119224	N/A	Pick-Up Prior Date	No	No
4.	CHAIR FOLDING	119226	N/A	Pick-Up Prior Date	No	No
5.	CHAIR FOLDING	119227	N/A	Pick-Up Prior Date	No	No
6.	CHAIR FOLDING	119228	N/A	Pick-Up Prior Date	No	No
7.	CHAIR FOLDING	119231	N/A	Pick-Up Prior Date	No	No
8.	CHAIR FOLDING	119232	N/A	Pick-Up Prior Date	No	No
9.	CHAIR FOLDING	119234	N/A	Pick-Up Prior Date	No	No
10.	CHAIR FOLDING	119235	N/A	Pick-Up Prior Date	No	No

Sincerely,

Authorized Signature

Submit Form



To: **Purchasing Logistics Fixed Asset Section**

From: **JUVENILE PROBATION**

Point of Contact: **Daniela Rodriguez**

Date: **7/20/2022**

Re: Assets to be removed from the **JUVENILE PROBATION** inventory.

Approve and authorize the removal of assets from the respective departments/courts inventory. The department/ courts have exhausted their efforts in trying to find these assets from past inventories. The removed assets were either picked-up on a prior date, disposed in-house, obsolete, or lost. (Maximum 100 items)

	Description	Barcode	Serial Number	Reason	Original Cost Asset> \$5,000	Grant
1.	CHAIR FOLDING	119236	N/A	Pick-Up Prior Date	No	No
2.	CHAIR FOLDING	119238	N/A	Pick-Up Prior Date	No	No
3.	CHAIR FOLDING	119243	N/A	Pick-Up Prior Date	No	No
4.	TABLE	0026508	N/A	Pick-Up Prior Date	No	No
5.	COMPUTER SOFT ⁺	1032587	N/A	Pick-Up Prior Date	No	No
6.	SOFA	104502	N/A	Pick-Up Prior Date	No	No
7.	DESK	104510	N/A	Pick-Up Prior Date	No	No
8.	DESK	104517	N/A	Pick-Up Prior Date	No	No
9.	FACISIMILE MAC ⁺	104519	N/A	Pick-Up Prior Date	No	No
10.	DESK	1045457	N/A	Pick-Up Prior Date	No	No

Sincerely,

Authorized Signature 

Submit Form



To: **Purchasing Logistics Fixed Asset Section**

From: **JUVENILE PROBATION**

Point of Contact: **Daniela Rodriguez**

Date: **7/20/2022**

Re: Assets to be removed from the **JUVENILE PROBATION** inventory.

Approve and authorize the removal of assets from the respective departments/courts inventory. The department/ courts have exhausted their efforts in trying to find these assets from past inventories. The removed assets were either picked-up on a prior date, disposed in-house, obsolete, or lost. (Maximum 100 items)

	Description	Barcode	Serial Number	Reason	Original Cost Asset> \$5,000	Grant
1.	DESK	10482	N/A	Pick-Up Prior Date	No	No
2.	CHAIR MARROON	109080	N/A	Pick-Up Prior Date	No	No
3.	FILE CABINET 2 D	109081	N/A	Pick-Up Prior Date	No	No
4.	CART METAL	118908	N/A	Pick-Up Prior Date	No	No
5.	FILE CABINET ME	119280	MLX300	Pick-Up Prior Date	No	No
6.	COMPUTER MONI	121038	37GATPL	Pick-Up Prior Date	No	No
7.	COMPUTER MONI	121278	42324AU	Pick-Up Prior Date	No	No
8.	COMPUTER MONI	130648	627-OPPL	Pick-Up Prior Date	No	No
9.	COMPUTER MONI	130662	627-OPPL	Pick-Up Prior Date	No	No
10.	COMPUTER MONI	131145	5B2-AB9N	Pick-Up Prior Date	No	No

Sincerely,

Authorized Signature

Submit Form



To: **Purchasing Logistics Fixed Asset Section**

From: **JUVENILE PROBATION**

Point of Contact: **Daniela Rodriguez**

Date: **7/20/2022**

Re: Assets to be removed from the **JUVENILE PROBATION** inventory.

Approve and authorize the removal of assets from the respective departments/courts inventory. The department/ courts have exhausted their efforts in trying to find these assets from past inventories. The removed assets were either picked-up on a prior date, disposed in-house, obsolete, or lost. (Maximum 100 items)

	Description	Barcode	Serial Number	Reason	Original Cost Asset > \$5,000	Grant
1.	CHAIR-STACKING+	0103514	N/A	Pick-Up Prior Date	No	No
2.	WORKSTATION-2+	0103539	N/A	Pick-Up Prior Date	No	No
3.	CHAIR-STACKING+	0103544	N/A	Pick-Up Prior Date	No	No
4.	WORKSTATION-2+	0103242	N/A	Pick-Up Prior Date	No	No
5.	WORKSTATION-2+	0103550	N/A	Pick-Up Prior Date	No	No
6.	WORKSTATION-1+	0103581	N/A	Pick-Up Prior Date	No	No
7.	FILING CABINET+	0103588	N/A	Pick-Up Prior Date	No	No
8.	WORKSTATION-2+	0103589	N/A	Pick-Up Prior Date	No	No
9.	WORKSTATION-4+	0103609	N/A	Pick-Up Prior Date	No	No
10.	PICNICK TABLES	119202	N/A	Pick-Up Prior Date	No	No

Sincerely,

Authorized Signature 

Submit Form



To: **Purchasing Logistics Fixed Asset Section**

From: **JUVENILE PROBATION**

Point of Contact: **Daniela Rodriguez**

Date: **7/20/2022**

Re: Assets to be removed from the **JUVENILE PROBATION** inventory.

Approve and authorize the removal of assets from the respective departments/courts inventory. The department/ courts have exhausted their efforts in trying to find these assets from past inventories. The removed assets were either picked-up on a prior date, disposed in-house, obsolete, or lost. (Maximum 100 items)

	Description	Barcode	Serial Number	Reason	Original Cost Asset > \$5,000	Grant
1.	PICNIC TABLE	119206	N/A	Pick-Up Prior Date	No	No
2.	PICNIC TABLE	119207	N/A	Pick-Up Prior Date	No	No
3.	WHEELBARROW	119195	N/A	Pick-Up Prior Date	No	No
4.	SCAFFOLD ALUM	119201	32PN3QP	Pick-Up Prior Date	No	No
5.	PICNIC TABLE	119204	N/A	Pick-Up Prior Date	No	No
6.	PICNIC TABLE	119205	N/A	Pick-Up Prior Date	No	No
7.	COMPUTER SOFT	103271	N/A	Pick-Up Prior Date	No	No
8.	COMPUTER SOFT	103272	N/A	Pick-Up Prior Date	No	No
9.	COMPUTER SOFT	103273	N/A	Pick-Up Prior Date	No	No
10.	COMPUTER SOFT	103274	N/A	Pick-Up Prior Date	No	No

Sincerely,

Authorized Signature

A handwritten signature, likely of Daniela Rodriguez, is written over a horizontal line.

Submit Form



To: **Purchasing Logistics Fixed Asset Section**

From: **JUVENILE PROBATION**

Point of Contact: **Daniela Rodriguez**

Date: **7/20/2022**

Re: Assets to be removed from the **JUVENILE PROBATION** inventory.

Approve and authorize the removal of assets from the respective departments/courts inventory. The department/ courts have exhausted their efforts in trying to find these assets from past inventories. The removed assets were either picked-up on a prior date, disposed in-house, obsolete, or lost. (Maximum 100 items)

	Description	Barcode	Serial Number	Reason	Original Cost Asset> \$5,000	Grant
1.	COMPUTER SOFT+	103275	N/A	Pick-Up Prior Date	No	No
2.	COMPUTER SOFT+	103276	N/A	Pick-Up Prior Date	No	No
3.	COMPUTER SOFT+	103277	N/A	Pick-Up Prior Date	No	No
4.	COMPUTER SOFT+	103278	N/A	Pick-Up Prior Date	No	No
5.	COMPUTER SOFT+	103279	N/A	Pick-Up Prior Date	No	No
6.	COMPUTER SOFT+	103280	N/A	Pick-Up Prior Date	No	No
7.	COMPUTER SOFT+	103281	N/A	Pick-Up Prior Date	No	No
8.	COMPUTER SOFT+	103282	N/A	Pick-Up Prior Date	No	No
9.	COMPUTER SOFT+	103283	N/A	Pick-Up Prior Date	No	No
10.	COMPUTER SOFT+	103284	N/A	Pick-Up Prior Date	No	No

Sincerely,

Authorized Signature

A handwritten signature in black ink, appearing to be "DJ", is written over a horizontal line.

Submit Form



To: **Purchasing Logistics Fixed Asset Section**

From: **JUVENILE PROBATION**

Point of Contact: **Daniela Rodriguez**

Date: **7/20/2022**

Re: Assets to be removed from the **JUVENILE PROBATION** inventory.

Approve and authorize the removal of assets from the respective departments/courts inventory. The department/ courts have exhausted their efforts in trying to find these assets from past inventories. The removed assets were either picked-up on a prior date, disposed in-house, obsolete, or lost. (Maximum 100 items)

	Description	Barcode	Serial Number	Reason	Original Cost Asset > \$5,000	Grant
1.	MEDIA CART	152158	N/A	Pick-Up Prior Date	No	No
2.				Pick-Up Prior Date	No	No
3.				Pick-Up Prior Date	No	No
4.				Pick-Up Prior Date	No	No
5.				Pick-Up Prior Date	No	No
6.				Pick-Up Prior Date	No	No
7.				Pick-Up Prior Date	No	No
8.				Pick-Up Prior Date	No	No
9.				Pick-Up Prior Date	No	No
10.				Pick-Up Prior Date	No	No

Sincerely,

Authorized Signature

A handwritten signature, likely of Daniela Rodriguez, is written over a horizontal line.

Submit Form



EL PASO COUNTY SHERIFF'S OFFICE

Richard D. Wiles, Sheriff

3850 Justice Drive
El Paso, Texas 79938
915 538-2310

Email: epsheriff@epcounty.com



We Serve with Pride

Executive Chief Deputy
Sylvia Aguilar

Chief Deputy
Tom Whitten

Executive Administrative
Officer
Lucille Samuel

Assistant Chief Jail Annex
Division Robert Flores

Assistant Chief Detention
Division Kevin Lanahan

Commander Patrol
Division Ryan Urrutia

Commander Criminal
Investigations Division
Robert C. Rojas

Commander of Planning,
Accreditation and
Inspections Division
Jose Chairez

DATE: **July 26, 2022**

TO: Executive Administrative Officer, Lucille Samuels

THRU: Cmdr, Robert Rojas: Lt. Juan Favela, Evid Supervisor Kimberly Johnson

FROM: Evidence Clerk, Mike Primero

SUBJECT: Abandoned/Unclaimed property ready for release to El Paso County Sheriff's Office

We are respectfully requesting the following property inventoried on the below list be placed on the agenda of Commissioners Court for approval on releasing these items for use by the El Paso County Sheriff's Office.

As in previous cases this property is abandoned or unclaimed and every effort has been made to locate the owner. The property listed has been held for more than 30 days as per Code of Criminal Procedures ART.18.17 (a).

As no owner could be located, the cases were presented to the Criminal Investigations Bureau for review. It was determined that the property was not needed in a pending investigation as per Crime Records Evidence Forensic Section, Policy # 33 (f).

2012-07269 (Property ID# 5245148)—MF#32 Spark Plugs
2013-07832 (Property ID# 5378803)—Steel wrench with blue handle
2013-05716 (Property ID# 5356798)—Maxell 4GB Flash drive

Mike Primero
915-538-2283
m.primero@epcounty.com



First Nationally Accredited Sheriff's Office in Texas
First Two Nationally Accredited County Jails in Texas





To: **Purchasing Logistics Fixed Asset Section**

From: **CONSTABLE PRECINCT 3**

Point of Contact: **Raymundo Rocha**

Date: **07/27/2022**

Re: Items for Surplus from the **CONSTABLE PRECINCT 3** to The Purchasing Department

Approve and authorize the transfer of surplus assets from the respective department to the Purchasing Department for surplus in compliance with Texas Local Government Code Section 262.011 (j). These items are outdated and/or have been replaced. (Maximum 100 items)

	Description	Barcode	Serial number	Condition	Original Cost	
					Asset > \$5,000	Grants
1.	Camera Digital Kodak	143981		Good/ Fair	No	No
2.	Camera Digital Kodak	143982		Good/ Fair	No	No
3.	Camera Digital Kodak	143984		Good/ Fair	No	No
4.	Thumb Print Scanner	150626		Good/ Fair	No	No
5.	Garmin GPS	152755		Good/ Fair	No	No
6.	Camcorder JVC	152773		Good/ Fair	No	No
7.	Camcorder JVC	152774 152774	RL	Good/ Fair	No	No
8.				Good/ Fair	No	No
9.				Good/ Fair	No	No
10.				Good/ Fair	No	No

Sincerely,

Authorized Signature

Submit Form



To: **Purchasing Logistics Fixed Asset Section**

From: **CONSTABLE PRECINCT 3**

Point of Contact: **Raymundo Rocha**

Date: **07/27/2022**

Re: Items for Surplus from the **CONSTABLE PRECINCT 3** to The Purchasing Department

Approve and authorize the transfer of surplus assets from the respective department to the Purchasing Department for surplus in compliance with Texas Local Government Code Section 262.011 (j). These items are outdated and/or have been replaced. (Maximum 100 items)

	Description	Barcode	Serial number	Condition	Original Cost	
					Asset> \$5,000	Grants
1.	Camera Digital Kodak	136495		Good Fair	No	No
2.	Camera Digital Kodak	136496		Good Fair	No	No
3.	E-Citation Dock	137914		Good Fair	No	No
4.	E-Citation Computer	137915		Good Fair	No	No
5.	E-Citation Printer	137916		Good Fair	No	No
6.	E-Citation Computer	140378		Good Fair	No	No
7.	E-Citation Dock	140423		Good Fair	No	No
8.	E-Citation Printer	140428		Good Fair	No	No
9.	Camcorder JVC	143979		Good Fair	No	No
10.	Camcorder JVC	143980		Good Fair	No	No

Sincerely,

Authorized Signature

Submit Form



To: **Purchasing Logistics Fixed Asset Section**

From: **CONSTABLE PRECINCT 3**

Point of Contact: **Raymundo Rocha**

Date: **07/27/2022**

Re: Assets to be removed from the **CONSTABLE PRECINCT 3** inventory.

Approve and authorize the removal of assets from the respective departments/courts inventory. The department/ courts have exhausted their efforts in trying to find these assets from past inventories. The removed assets were either picked-up on a prior date, disposed in-house, obsolete, or lost. (Maximum 100 items)

	Description	Barcode	Serial Number	Reason	Original Cost Asset> \$5,000	Grant
1.	Ford Explorer 2017	176768		Disposed In-House	Yes	No
2.	Police Package Slick	176768A01		Disposed In-House	Yes	No
3.	Cabinet For SUV	176768A02		Disposed In-House	Yes	No
4.	Vehicle Radios	176768A03		Disposed In-House	Yes	No
5.	GPS	168303		Lost	No	No
6.				Pick-Up Prior Date	Yes	Yes
7.				Pick-Up Prior Date	Yes	Yes
8.				Pick-Up Prior Date	Yes	Yes
9.				Pick-Up Prior Date	Yes	Yes
10.				Pick-Up Prior Date	Yes	Yes

Sincerely,

Authorized Signature

Submit Form

PROGRESSIVE
PO BOX 2930
CLINTON, IA 52733-2930

PROGRESSIVE

COUNTY OF EL PASO
ATTN: HUMAN RESOURCE DEPARTMENT ADAM SALGADO
500 E OVERLAND AVE
EL PASO, TX 79901-2414

DRAFT NUMBER: 2044607493

AMOUNT

\$*****14,973.41

ISSUE DATE: July 14, 2022

Form 2721 (06/15)

KEEP THIS TOP PORTION FOR YOUR RECORDS

PROGRESSIVE

PAYABLE THROUGH
PNC BANK, N.A. 070
ASHLAND, OH
1-877-448-9544

VOID IF NOT PRESENTED WITHIN 90 DAYS

CLAIM NUMBER 22 9576334
NAME COUNTY OF EL PASO

DRAFT NUMBER

2044607493

56 429

412

July 14, 2022

PAY EXACTLY

\$*****14,973.41

FOURTEEN THOUSAND, NINE HUNDRED SEVENTY-THREE AND 41/100 *****

PAY TO COUNTY OF EL PASO
THE ORDER
OF

Progressive County Mutual Insurance Company

BY



AUTHORIZED SIGNATURE

⑈ 2044607493 ⑈ ⑆041203895⑆ 4239694516⑈

☐ FATAL ☐ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num Units 3 Total Num Prns 5 TxDOT Crash ID 18846469 1 /2022161607



Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P. O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457
Refer to Attached Code Sheet for Numbered Fields

*=These fields are required on all additional sheets submitted for this crash (ex: additional vehicles, occupants, injured, etc.).

Page 1 of 4

*Crash Date (MM/DD/YYYY) 04 / 07 / 2022		*Crash Time (24HRMM) 08 : 15		Case ID 2022-000112		Local Use																																																							
*County Name EL PASO				*City Name EL PASO																																																									
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 31.76465		Longitude (decimal degrees) 106.30691																																																							
ROAD ON WHICH CRASH OCCURRED																																																													
*1 Rdw. Sys. LR		*Hwy Num.		2 Rdw. Part 1		Block 2900																																																							
3 Street Prefix		*Street Name TRAWOOD		4 Street Suffix DR																																																									
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit 35		Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																							
Works Present <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Street Desc STRAIGHT LEVEL																																																											
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																													
At Int <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdw. Sys. LR		Hwy Num.		2 Rdw. Part 1																																																							
Block 1700		3 Street Prefix		Street Name ROBERT WYNN		4 Street Suffix ST																																																							
Distance from Int or Ref. Marker		<input type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int or Ref. Marker		Reference Marker																																																							
Street Desc STRAIGHT LEVEL		RRX Num.																																																											
Unit Num 1		5 Unit Desc 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num MDG7149		VIN K M B S R 4 H F S F U 1 1 3 4 7 1																																																											
Veh. Year 2015		6 Veh. Color WHI		Veh. Make HYUNDAI		Veh. Model SANTA FE																																																							
7 Body Style SV		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/D Type 1		DL/D State TX		DL/D Num 46406495		9 DL Class C																																																							
10 CDL End 96		11 DL Rest A, B, F		DOB (MM/DD/YYYY) 02 / 21 / 2000																																																									
Address (Street, City, State, ZIP) 11227 DICK LOTZ LN EL PASO, TX 79936																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>MARTINEZ, DANIEL ISAIAH</td> <td>B</td> <td>18</td> <td>H</td> <td>1</td> <td>97</td> <td>1</td> <td>2</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td>2</td> <td>2</td> <td>3</td> <td>MRTINEZ, DESIREE</td> <td>B</td> <td>16</td> <td>H</td> <td>2</td> <td>97</td> <td>1</td> <td>2</td> <td>97</td> <td>N</td> <td colspan="5">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	MARTINEZ, DANIEL ISAIAH	B	18	H	1	97	1	2	97	N	96		96	97	97	2	2	3	MRTINEZ, DESIREE	B	16	H	2	97	1	2	97	N	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.				
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
1	1	1	MARTINEZ, DANIEL ISAIAH	B	18	H	1	97	1	2	97	N	96		96	97	97																																												
2	2	3	MRTINEZ, DESIREE	B	16	H	2	97	1	2	97	N	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																
<table border="1"> <thead> <tr> <th>Owner/Lessee</th> <th>Name & Address</th> <th>26 Fin. Resp. Type 1</th> <th>Fin. Resp. Name</th> <th>Fin. Resp. Num</th> <th>27 Vehicle Damage Rating 1</th> <th>27 Vehicle Damage Rating 2</th> <th>Vehicle Inventoried</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Owner</td> <td>ARAUJO, EDWARD, 11227 DICK LOTZ LN EL PASO, TX 79936</td> <td><input type="checkbox"/> Expired <input type="checkbox"/> Exempt</td> <td>PROGRESSIVE COUNTY</td> <td>929090969</td> <td>1 2 - F D - 7</td> <td>-</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> </tbody> </table>								Owner/Lessee	Name & Address	26 Fin. Resp. Type 1	Fin. Resp. Name	Fin. Resp. Num	27 Vehicle Damage Rating 1	27 Vehicle Damage Rating 2	Vehicle Inventoried	<input checked="" type="checkbox"/> Owner	ARAUJO, EDWARD, 11227 DICK LOTZ LN EL PASO, TX 79936	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	PROGRESSIVE COUNTY	929090969	1 2 - F D - 7	-	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																						
Owner/Lessee	Name & Address	26 Fin. Resp. Type 1	Fin. Resp. Name	Fin. Resp. Num	27 Vehicle Damage Rating 1	27 Vehicle Damage Rating 2	Vehicle Inventoried																																																						
<input checked="" type="checkbox"/> Owner	ARAUJO, EDWARD, 11227 DICK LOTZ LN EL PASO, TX 79936	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	PROGRESSIVE COUNTY	929090969	1 2 - F D - 7	-	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																						
<table border="1"> <thead> <tr> <th>Unit Num</th> <th>5 Unit Desc</th> <th><input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run</th> <th>LP State TX</th> <th>LP Num</th> <th>VIN</th> <th>7 Body Style</th> <th><input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)</th> </tr> </thead> <tbody> <tr> <td>2</td> <td>1</td> <td></td> <td></td> <td>PFY9407</td> <td>1 F M E U 7 5 8 6 6 Z A 0 3 5 3 5</td> <td>SV</td> <td></td> </tr> </tbody> </table>								Unit Num	5 Unit Desc	<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run	LP State TX	LP Num	VIN	7 Body Style	<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)	2	1			PFY9407	1 F M E U 7 5 8 6 6 Z A 0 3 5 3 5	SV																																							
Unit Num	5 Unit Desc	<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run	LP State TX	LP Num	VIN	7 Body Style	<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)																																																						
2	1			PFY9407	1 F M E U 7 5 8 6 6 Z A 0 3 5 3 5	SV																																																							
<table border="1"> <thead> <tr> <th>8 DL/D Type</th> <th>DL/D State TX</th> <th>DL/D Num</th> <th>9 DL Class C</th> <th>10 CDL End</th> <th>11 DL Rest</th> <th>DOB (MM/DD/YYYY)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td>41492087</td> <td></td> <td>96</td> <td>96</td> <td>02 / 20 / 1990</td> </tr> </tbody> </table>								8 DL/D Type	DL/D State TX	DL/D Num	9 DL Class C	10 CDL End	11 DL Rest	DOB (MM/DD/YYYY)	1		41492087		96	96	02 / 20 / 1990																																								
8 DL/D Type	DL/D State TX	DL/D Num	9 DL Class C	10 CDL End	11 DL Rest	DOB (MM/DD/YYYY)																																																							
1		41492087		96	96	02 / 20 / 1990																																																							
Address (Street, City, State, ZIP) 2921 Royal Knoll DR EL PASO, TX 79936																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>VAIFALE, PJ MATAVAI</td> <td>B</td> <td>32</td> <td>H</td> <td>1</td> <td>97</td> <td>1</td> <td>2</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td>2</td> <td>2</td> <td>3</td> <td>MELENDEZ, AMBER</td> <td>N</td> <td>30</td> <td>H</td> <td>2</td> <td>97</td> <td>1</td> <td>2</td> <td>97</td> <td>N</td> <td colspan="5">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	VAIFALE, PJ MATAVAI	B	32	H	1	97	1	2	97	N	96		96	97	97	2	2	3	MELENDEZ, AMBER	N	30	H	2	97	1	2	97	N	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.				
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
1	1	1	VAIFALE, PJ MATAVAI	B	32	H	1	97	1	2	97	N	96		96	97	97																																												
2	2	3	MELENDEZ, AMBER	N	30	H	2	97	1	2	97	N	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																
<table border="1"> <thead> <tr> <th>Owner/Lessee</th> <th>Name & Address</th> <th>26 Fin. Resp. Type 1</th> <th>Fin. Resp. Name</th> <th>Fin. Resp. Num</th> <th>27 Vehicle Damage Rating 1</th> <th>27 Vehicle Damage Rating 2</th> <th>Vehicle Inventoried</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Owner</td> <td>VAIFALE, PJ MATAVAI, 2921 ROYAL KNOLL DR EL PASO, TX 79936</td> <td><input type="checkbox"/> Expired <input type="checkbox"/> Exempt</td> <td>ROOT INSURANCE COMPANY</td> <td>L9K7BC</td> <td>1 0 - L F Q - 6</td> <td>-</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> </tbody> </table>								Owner/Lessee	Name & Address	26 Fin. Resp. Type 1	Fin. Resp. Name	Fin. Resp. Num	27 Vehicle Damage Rating 1	27 Vehicle Damage Rating 2	Vehicle Inventoried	<input checked="" type="checkbox"/> Owner	VAIFALE, PJ MATAVAI, 2921 ROYAL KNOLL DR EL PASO, TX 79936	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	ROOT INSURANCE COMPANY	L9K7BC	1 0 - L F Q - 6	-	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																						
Owner/Lessee	Name & Address	26 Fin. Resp. Type 1	Fin. Resp. Name	Fin. Resp. Num	27 Vehicle Damage Rating 1	27 Vehicle Damage Rating 2	Vehicle Inventoried																																																						
<input checked="" type="checkbox"/> Owner	VAIFALE, PJ MATAVAI, 2921 ROYAL KNOLL DR EL PASO, TX 79936	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	ROOT INSURANCE COMPANY	L9K7BC	1 0 - L F Q - 6	-	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																						
<table border="1"> <thead> <tr> <th>Fin. Resp. Phone Num</th> <th>27 Vehicle Damage Rating 1</th> <th>27 Vehicle Damage Rating 2</th> <th>Towed By</th> <th>Towed To</th> </tr> </thead> <tbody> <tr> <td>866-980-9431</td> <td>1 0 - L F Q - 6</td> <td>-</td> <td>AD WRECKER</td> <td>2921 ROYAL KNOLL</td> </tr> </tbody> </table>								Fin. Resp. Phone Num	27 Vehicle Damage Rating 1	27 Vehicle Damage Rating 2	Towed By	Towed To	866-980-9431	1 0 - L F Q - 6	-	AD WRECKER	2921 ROYAL KNOLL																																												
Fin. Resp. Phone Num	27 Vehicle Damage Rating 1	27 Vehicle Damage Rating 2	Towed By	Towed To																																																									
866-980-9431	1 0 - L F Q - 6	-	AD WRECKER	2921 ROYAL KNOLL																																																									

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR MM)								
	1	1	RELEASED	MOTHER										
	1	2	RELEASED	MOTHER										
	2	1	Released	Wife										
CHARGES	Unit Num.	Prsn. Num.	Charge			Citation/Reference Num								
	1	1	NO/ EXP DRIVER'S LICENSE			C4027167								
	1	1	FAILED TO YIELD THE RIGHT OF WAY STOP SIGN			C4027167								
DAMAGE	Damaged Property Other Than Vehicles			Owner's Name		Owner's Address								
	PERIMETER ROCK WALL DAMAGE. NW AREA.			WOOTON, LARRY WILLIAM		1744 ROBERT WYNN ST EL PASO, TX 79936								
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh Oper								
	Carrier's Corp. Name		Carrier's Primary Addr.		29 Carrier ID Type	Carrier ID Num.								
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type								
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	34 Trlr. Type								
	Sequence Of Events	35 Seq 1	35 Seq 2	35 Seq 3	35 Seq 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No								
						Actual Gross Weight	Total Num. Axles							
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions							
	Unit #	Contributing		May Have Contrib	Contributing		May Have Contrib	38 Weather Cond	39 Light Cond	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
	1	35	20					1	1	4	2	1	1	8
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)							Field Diagram - Not to Scale (Use 8 1/2" x 11" Paper)						
	<p>The 2900 block of Trawood Dr. is a 4 lane, 2 way roadway with a dedicated left turn lane. The 2900 block of Trawood Dr. travels east and west. The 1700 block of Robert Wynn St. is a 2 lane, 2 way roadway, and travels north and south. Unit #1 was traveling southbound at the 1700 block of Robert Wynn St. and came to a stop at the intersection of 1700 Robert Wynn St. and 2900 Trawood Dr. Unit 2 was traveling east at the 2900 block of Trawood Dr. in the inside lane. Unit 3 was also traveling east at the 2900 block of Trawood Dr. in the outside lane. Unit 1 failed to yield the right of way at the stop sign, and made an attempt to cross the intersection and continue south at the 1700 block of Robert Wynn St. In the attempt to cross Trawood Dr. Unit 1's front end collided with Unit 2's drivers side front quarter panel. The collision from Unit 1 caused Unit 2 to then collide with Unit 3's driver side rear quarter panel, causing Unit 3 to collide into the rock wall structure around the property located at 1744 Robert Wynn St. Contact was made with all witnesses, drivers and passengers involved in the motor vehicle crash. The investigation determined the Driver of Unit 1 was at fault due to his Failure to Yield the Right of Way at a Stop Sign and was cited for said offense as well as No/Expired Drivers License. The mother of Unit 1's driver, was also cited for Permitting an Unlicensed Driver to Drive.</p>													
INVESTIGATOR	Time Notified (24HR MM)			How Notified			Time Arrived (24HRMM)			Report Date (MM/DD/YYYY)				
	0 8 1 5			DISPATCHED			0 8 2 2			0 4 / 0 7 / 2 0 2 2				
	Invest Comp <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) CASAS, CEASAR ANGEL						ID Num. 3430						
ORI Num. T X 0 7 1 0 8 0 0										Agency EL PASO COUNTY CONSTABLE PRECINCT 4				
										Service/Region/DA 0 1				

☐ FATAL ☐ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num Units 3 Total Num Prsns 5 TxDOT Crash ID 18846469.1 /2022161607



Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

*These fields are required on all additional sheets submitted for this crash (ex: additional vehicles, occupants, injured, etc.).

Page 3 of 4

*Crash Date (MM/DD/YYYY) 04 / 07 / 2022		*Crash Time (24HRMM) 08 : 15		Case ID 2022-000112		Local Use	
*County Name EL PASO				*City Name EL PASO			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 31.76465 Longitude (decimal degrees) 106.30691	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys LR		*Hwy. Num.		2 Rdwy. Part 1		Block Num. 2900	
3 Street Prefix		*Street Name TRAWOOD		4 Street Suffix DR			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit 35		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Desc. STRAIGHT		LEVEL					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 1700		3 Street Prefix		Street Name ROBERT WYNN		4 Street Suffix ST	
Distance from Int. or Ref. Marker		<input type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker		Reference Marker	
Street Desc. STRAIGHT		LEVEL		RRX Num.			
Unit Num 3 5 Unit Desc 1 <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run LP State TX LP Num. 1344869 VIN 1F M 5 K 8 A R 0 H G D 2 2 5 5 2							
Veh. Year 2017		6 Veh. Color BLK		Veh. Make FORD		Veh. Model EXPLORER	
7 Body Style SV		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 13099280		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 07 / 09 / 1968			
Address (Street, City, State, ZIP) 800 E OVERLAND AVE EL PASO, TX 79901							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: CARRASCO, FERNANDO	
14 Injury Severity B		Age 53		15 Ethnicity H		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 1		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Alc. Result		24 Drug Spec. 96	
25 Drug Result 97		26 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address EL PASO COUNTY, 800 E OVERLAND AVE EL PASO, TX 79901							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1		Fin. Resp. Name TEXAS POLITICAL SUBDIVISIONS JOINT SIF		Fin. Resp. Num. 21F0574	
Fin. Resp. Phone Num. 915-544-3111		27 Vehicle Damage Rating 1 8 - I B Q - 4		27 Vehicle Damage Rating 2 - V X - 0		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By AD WRECKER		Towed To 7676 ALAMEDA AVE.					
Unit Num 5 Unit Desc <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run LP State LP Num. VIN							
Veh. Year		6 Veh. Color		Veh. Make		Veh. Model	
7 Body Style		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num.		12 Prsn. Type		13 Seat Position		Name:	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		23 Alc. Result		24 Drug Spec.	
25 Drug Result		26 Drug Category					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit							
<input type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address							
Proof of Fin. Resp. <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt 26 Fin. Resp. Type		Fin. Resp. Name		Fin. Resp. Num.	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		27 Vehicle Damage Rating 2		Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No	
Towed By		Towed To					

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR MM)
	3	1	RELEASED	CONSTABLE BERNAL		

CHARGES	Unit Num.	Prsn Num.	Charge	Citation/Reference Num

Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

Unit Num.	<input type="checkbox"/> 10,001+ LBS	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name		Carrier's Primary Addr.						30 Veh Type
31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr Type		CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr Type
Sequence Of Events	35 Seq 1	35 Seq 2	35 Seq 3	35 Seq 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num Axles

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib	Contributing	May Have Contrib	Unit #	Contributing	May Have Contrib	Unit #	Contributing	May Have Contrib	Unit #	Contributing	May Have Contrib		

INVESTIGATOR	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale									

Time Notified (24HR MM)	0	8	1	5	How Notified	DISPATCHED					Time Arrived (24HRMM)	0	8	2	2	Report Date (MM/DD/YYYY)	04/07/2022							
Invest. Comp	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) CASAS, CEASAR ANGEL										ID Num 3430												
ORI Num.	T	X	0	7	1	0	8	0	0	*Agency EL PASO COUNTY CONSTABLE PRECINCT 4										Service/Region/DA	0	1		

ADVANCED AUTO COLLISION REPAIR INC.

7676 ALAMEDA AVE, EL PASO, TX 79915

Phone: (915) 772-2690, Fax: (915) 772-6055

Image Report

Owner:	EL PASO COUNTY	Insurance:	UNIT#3171	Estimator:	Johnny Hinojos	Vehicle Out:
RO Number:		Claim Number:	UNIT#3171			
Year:	2017	Color:	UNIT#3171	License Plate:		Production Date:
Make:	FORD	Body Style:	4D UTV	State:	TX	Mileage In: 46,905
Model:	Police Interceptor ...	Engine:	6-3.7L Gasoline S...	VIN:	1FM5K8AR0HGD22552	Condition:



2/10/2022
Comments:



2/10/2022
Comments:



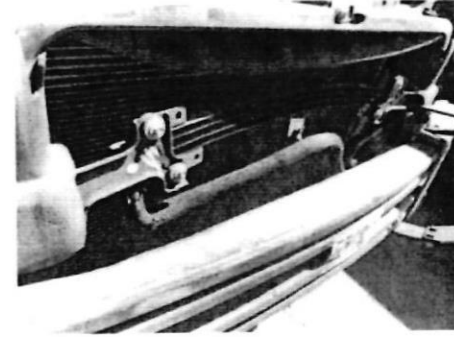
4/18/2022 E01
Comments:



4/18/2022 E01
Comments:



4/18/2022 E01
Comments:



4/18/2022 E01
Comments:

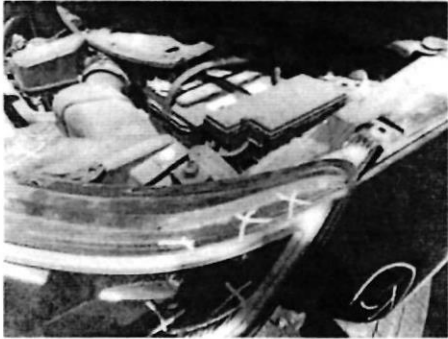
ADVANCED AUTO COLLISION REPAIR INC.

7676 ALAMEDA AVE, EL PASO, TX 79915

Phone: (915) 772-2690, Fax: (915) 772-6055

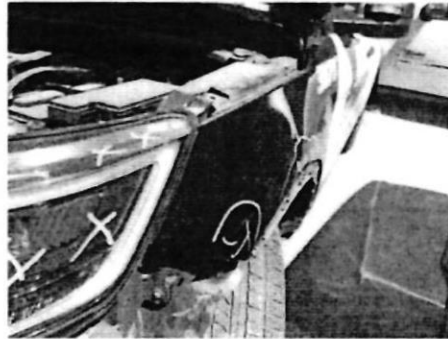
Image Report

Owner:	EL PASO COUNTY	Insurance:	UNIT#3171	Estimator:	Johnny Hinojos	Vehicle Out:
RO Number:		Claim Number:	UNIT#3171			
Year:	2017	Color:	UNIT#3171	License Plate:		Production Date:
Make:	FORD	Body Style:	4D UTV	State:	TX	Mileage In: 46,905
Model:	Police Interceptor ...	Engine:	6-3.7L Gasoline S...	VIN:	1FM5K8AR0HGD22552	Condition:



4/18/2022 E01

Comments:



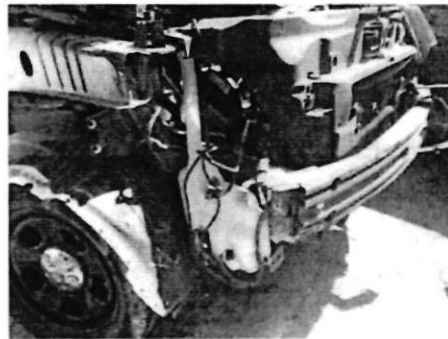
4/18/2022 E01

Comments:



4/18/2022 E01

Comments:



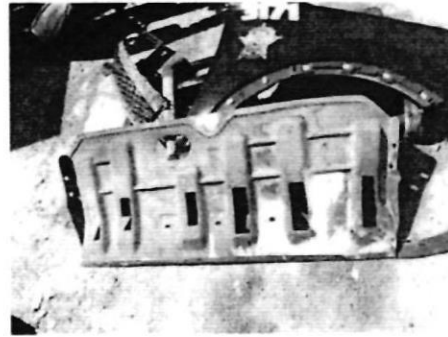
4/18/2022 E01

Comments:



4/18/2022 E01

Comments:



4/18/2022 E01

Comments:

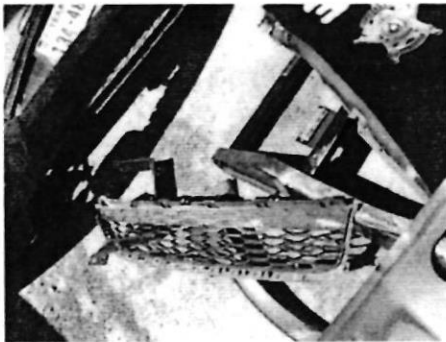
ADVANCED AUTO COLLISION REPAIR INC.

7676 ALAMEDA AVE, EL PASO, TX 79915

Phone: (915) 772-2690, Fax: (915) 772-6055

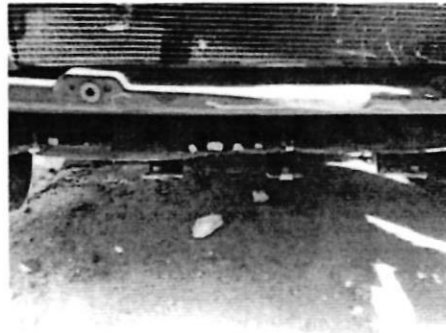
Image Report

Owner:	EL PASO COUNTY	Insurance:	UNIT#3171	Estimator:	Johnny Hinojos	Vehicle Out:
RO Number:		Claim Number:	UNIT#3171			
Year:	2017	Color:	UNIT#3171	License Plate:		Production Date:
Make:	FORD	Body Style:	4D UTV	State:	TX	Mileage In: 46,905
Model:	Police Interceptor ...	Engine:	6-3.7L Gasoline S...	VIN:	1FM5K8AR0HGD22552	Condition:



4/18/2022 E01

Comments:



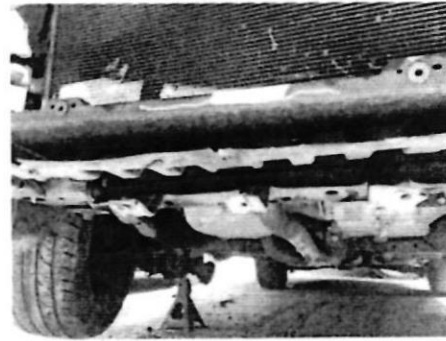
4/18/2022 E01

Comments:



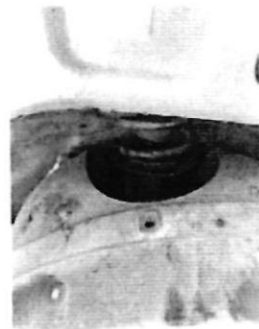
4/18/2022 E01

Comments:



4/18/2022 E01

Comments:



4/18/2022 E01

Comments:



4/18/2022 E01

Comments:

ADVANCED AUTO COLLISION REPAIR INC.

7676 ALAMEDA AVE, EL PASO, TX 79915

Phone: (915) 772-2690, Fax: (915) 772-6055

Image Report

Owner:	EL PASO COUNTY	Insurance:	UNIT#3171	Estimator:	Johnny Hinojos	Vehicle Out:
RO Number:		Claim Number:	UNIT#3171			
Year:	2017	Color:	UNIT#3171	License Plate:		Production Date:
Make:	FORD	Body Style:	4D UTV	State:	TX	Mileage In: 46,905
Model:	Police Interceptor ...	Engine:	6-3.7L Gasoline S...	VIN:	1FM5K8AR0HGD22552	Condition:



4/18/2022 E01

Comments:



4/18/2022 E01

Comments:



4/18/2022 E01

Comments:



4/18/2022 E01

Comments:



4/18/2022 E01

Comments:



4/18/2022 E01

Comments:

ADVANCED AUTO COLLISION REPAIR INC.

7676 ALAMEDA AVE, EL PASO, TX 79915

Phone: (915) 772-2690, Fax: (915) 772-6055

Image Report

Owner:	EL PASO COUNTY	Insurance:	UNIT#3171	Estimator:	Johnny Hinojos	Vehicle Out:
RO Number:		Claim Number:	UNIT#3171			
Year:	2017	Color:	UNIT#3171	License Plate:		Production Date:
Make:	FORD	Body Style:	4D UTV	State:	TX	Mileage In: 46,905
Model:	Police Interceptor ...	Engine:	6-3.7L Gasoline S...	VIN:	1FM5K8AR0HGD22552	Condition:



4/18/2022 E01

Comments:



4/18/2022 E01

Comments:



4/18/2022 E01

Comments:



4/18/2022 E01

Comments:



4/18/2022 E01

Comments:



4/18/2022 E01

Comments:

ADVANCED AUTO COLLISION REPAIR INC.

7676 ALAMEDA AVE, EL PASO, TX 79915

Phone: (915) 772-2690, Fax: (915) 772-6055

Image Report

Owner:	EL PASO COUNTY	Insurance:	UNIT#3171	Estimator:	Johnny Hinojos	Vehicle Out:
RO Number:		Claim Number:	UNIT#3171			
Year:	2017	Color:	UNIT#3171	License Plate:		Production Date:
Make:	FORD	Body Style:	4D UTV	State:	TX	Mileage In: 46,905
Model:	Police Interceptor ...	Engine:	6-3.7L Gasoline S...	VIN:	1FM5K8AR0HGD22552	Condition:



4/18/2022 E01
Comments:



4/18/2022 E01
Comments:



4/18/2022 E01
Comments:



4/18/2022 E01
Comments:



4/18/2022 E01
Comments:



4/18/2022 E01
Comments:

ADVANCED AUTO COLLISION REPAIR INC.

7676 ALAMEDA AVE, EL PASO, TX 79915

Phone: (915) 772-2690, Fax: (915) 772-6055

Image Report

Owner:	EL PASO COUNTY	Insurance:	UNIT #3171	Estimator:	Johnny Hinojos	Vehicle Out:
RO Number:		Claim Number:	UNIT #3171			
Year:	2017	Color:	UNIT #3171	License Plate:		Production Date:
Make:	FORD	Body Style:	4D UTV	State:	TX	Mileage In: 46,905
Model:	Police Interceptor ...	Engine:	6-3.7L Gasoline S...	VIN:	1FM5K8AR0HGD22552	Condition:



4/18/2022 E01

Comments: