

MONTANA VEHICLE CRASH REPORT

Montana Highway Patrol
2550 PROSPECT AVE
HELENA, MT 59620

Crash Number 50142878-01	Reporting Agency MONTANA HIGHWAY PATROL	Reporting Agency Case Number	Reporting Agency CAD Number MHP22CAD013777	ORI MTMHP0000
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CRASH IDENTIFIERS

County of Crash MINERAL (54)	City NOT IN CITY LIMITS ()	Crash Date/Time 02/01/2022 08:23 AM	Reported Date/Time 02/01/2022 08:28 AM	Dispatched Date/Time 02/01/2022 08:46 AM
On Scene Date/Time 02/01/2022 09:00 AM	Cleared Scene Date/Time 02/01/2022 10:28 AM	Complete Date/Time 02/01/2022 09:49 AM	Reason (if Investigation Not Complete)	Source of Information MONTANA HIGHWAY PATROL

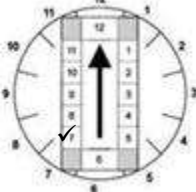
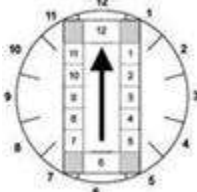
ROADWAY INFORMATION

Roadway Description for Location of Occurrence MM28.4 WB I90	<input checked="" type="checkbox"/> Notify MDOT	Latitude 47.30190907	Longitude -115.19907686
Intersecting Roadway Description for Location of Occurrence	Distance / Direction to Crash Location	<input type="checkbox"/> Roadway Blocked	Roadway Cleared Date/Time
Part of National Highway System YES	Roadway Functional Class Type RURAL	Roadway Functional Class Detail PRINCIPAL ARTERIAL-INTERSTATE	
Roadway Access Control FULL ACCESS CONTROL	Type of Shoulder PAVED	Roadway Lighting	Roadway Bikeway Facility NONE
Traffic Control Type at Intersection	Mainline Number of Lanes at Intersection	Side Road Number of Lanes at Intersection	Signed Bicycle Route NOT APPLICABLE

CRASH INFORMATION

Light Condition DAYLIGHT	Weather Condition CLOUDY	Roadway Surface Condition ICE/FROST	Roadway Surface Composition CHIP SEALED BLACKTOP	Manner of Crash Collision / Impact SINGLE VEHICLE CRASH FHE	<input checked="" type="checkbox"/> Crash Pictures Taken
First Harmful Event Type COLLISION WITH FIXED OBJECT	First Harmful Event Detail GUARDRAIL FACE	Location Of First Harmful Event Relative To The Trafficway MEDIAN			
First Harmful Event's Relation to Junction NON-JUNCTION	Is First Harmful Event within Interchange Area NO	Type of Intersection NOT AT INTERSECTION			
Contributing Circumstances: Environment NONE	Contributing Circumstances: Environment NONE	Contributing Circumstances: Environment NONE			
Contributing Circumstances: Road SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	Contributing Circumstances: Road NONE	Contributing Circumstances: Road NONE			
School Bus Related NO	Work Zone Related NO	Crash Location in Work Zone			

VEHICLE V01

<input checked="" type="checkbox"/> V01	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State OR	License Number YAJH753	Registration Expires 12/31/2022	<input type="checkbox"/> Permanent Registration	VIN 3AKJHHR8MSMH832
Year 2021	Make FRGH	Model TR	Style TRACTOR TRK - DIESEL	Color TAN	Body Type Category MEDIUM / HEAVY TRUCKS (MORE THAN 10000 LBS (4536	
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NO		Type of Bus Use NOT A BUS		
Owner First Name MAY TRUCKING COMPANY	Owner Middle Name	Owner Last Name	Owner Suffix	Owner Business (if not Person)		
Address PO BOX 9039		Address Other		City SALEM	State OR	Zip Code 97305
Owner Phone Number	Owner Phone Number (other)	Insurance Company UNKNOWN - UTL	Insurance Policy Number UNKNOWN	Insurance Broker or Agent		
Vehicle Removal TOWED DUE TO DISABLING DAMAGE		Vehicle Towed By EXTREME COUNTRY TOWING		Wrecker Selection Method ROTATION		
Trailer One	State OR	License Number HV24270	Registration Expires <input checked="" type="checkbox"/> Permanent Registration	VIN 1UYVS2538K2550618	Year 2018	Make TRLR
Direction of Travel Before Crash WESTBOUND	Speed: Estimated 70	Posted 70	Roadway Type DIVIDED HIGHWAY	Total Lanes 2	Roadway Horizontal Alignment CURVE RIGHT	Roadway Grade LEVEL
Trafficway Description TWO-WAY DIVIDED POSITIVE MEDIAN BARRIER			Traffic Control Device Type TRAFFIC SIGNS & PAVEMENT MARKINGS			Working Properly YES
Roadway Description for Vehicle Travel MM 28.4 WB I90						
Vehicle Maneuver Action (by this vehicle) NEGOTIATING A CURVE		Hit & Run (by this vehicle) NO		Damage Extent (for this vehicle) DISABLING DAMAGE		Damage Estimate
1st Sequence of Events Type (this vehicle) NON-COLLISION			1st Sequence of Events Detail (this vehicle) RAN OFF ROADWAY LEFT			
2nd Sequence of Events Type (this vehicle) COLLISION WITH FIXED OBJECT			2nd Sequence of Events Detail (this vehicle) GUARDRAIL FACE			
3rd Sequence of Events Type (this vehicle) NON-COLLISION			3rd Sequence of Events Detail (this vehicle) RAN OFF ROADWAY RIGHT			
4th Sequence of Events Type (this vehicle) NON-COLLISION			4th Sequence of Events Detail (this vehicle) JACKKNIFE			
Most Harmful Event Type (this vehicle) NON-COLLISION			Most Harmful Event Detail (this vehicle) JACKKNIFE			
Contributing Circumstances 1 (this vehicle) NONE			Contributing Circumstances 2 (this vehicle) NONE			
<div>Area of Initial Impact <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown</div> 			<div>Most Damaged Area <input checked="" type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown</div> 			
<input checked="" type="checkbox"/> CMV	Gross Vehicle Weight Rating MORE THAN 26000 LBS (11793 KG)		Commercial Motor Vehicle Configuration TRUCK PULLING TRAILER(S)			
Commercial Cargo Body Type VAN/ENCLOSED BOX		Hazardous Materials Released From Cargo NO	Hazardous Materials Placard NO		Placard Hazardous Material Number	Placard Hazard Class Number
Motor Carrier Name MAY TRUCKING COMPANY			US DOT Number 0094081		Motor Carrier State	Motor Carrier State Number
Address PO BOX 9037		Address Other		City SALEM	State OR	Zip Code 97305
Phone Number	Source of Information		Motor Carrier Commercial / Non-Commercial INTERSTATE CARRIER			

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Occupant Type DRIVER PASSENGER	Person Name (First Middle Last Suffix) ALBERTO OROZCO SR PATRICIA MARIE OROZCO	Injury Status SUSPECTED MINOR INJURY POSSIBLE INJURY
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DRIVER V01

Person Type DRIVER	NM#	Vehicle# V01	Person Type Detail				
First Name ALBERTO	Middle Name	Last Name OROZCO		Suffix SR	Date of Birth 06/25/1969	Age 52	Sex M
Address PO BOX 99		Address Other		City GONZALES	State FL	Zip Code 32560	
Phone Number 407-791-0478	Phone Number (other)		Condition at Time of Crash EMOTIONAL (DEPRESSION ANGRY DISTURBED ETC)				
Driver License Number O620000692250	Class A	Expires 06/25/2028	State FL	Jurisdiction 02	Type COMMERCIAL DRIVER LICENSE (CDL)	Status VALID LICENSE	
Commercial Motor Vehicle Endorsements NONE						<input type="checkbox"/> Recommend Driver ReExam	
Drivers License Restrictions 1 NONE		Drivers License Restrictions 2 NONE			Drivers License Restrictions 3 NONE		
Driver Distracted By NOT DISTRACTED				Driver Vision Obstructions VISION NOT OBSCURED			
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) DROVE TOO FAST FOR CONDITIONS				Driver Actions at Time of Crash 2 (based on judgement of investigation officer) NO CONTRIBUTING ACTION			
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION				Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION			
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE			<input type="checkbox"/> Seating Position Unknown	
Restraint Systems SHOULDER AND LAP BELT USED				Helmet Use			
Air Bag Deployed NOT DEPLOYED				Ejection NOT EJECTED			
Trapped Extrication NOT TRAPPED							
Injury Severity Level Type SUSPECTED MINOR INJURY		Injury Severity Level Detail			Primary or Most Obvious of Body Area Injured During Crash ABDOMEN AND PELVIS		
Source of Transport to Medical Facility EMS GROUND	EMS Agency Name or ID SUPERIOR AMBULANCE		EMS Run Number 9	Medical Facility Transported To MINERAL COMMUNITY HOSPITAL			
Injury Description (Type of injury inflicted to Primary or Most Obvious Body Area Injured during Crash. Can come from EMS / Hospital records). D1 stated his injuries were to his left leg and knee area, lower back and right side							
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Results		
Law Enforcement Suspected Drug Use NO	Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Results		
Violation Type Issued NOTICE TO APPEAR AND COMPLAINT TRAFFIC WARNING / FAULTY EQUIP	Number 510 B085438 E W1006979	Violation Description 61-8-303(3) [1ST] BASIC RULE - REASONABLE AND PRUDENT - 1ST OFFENSE (WARNINGNOPROOFOFINsurance)					

PASSENGER V01

Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail				
First Name PATRICIA	Middle Name MARIE	Last Name OROZCO		Suffix	Date of Birth 07/01/1965	Age 56	Sex F
Address PO BOX 99		Address Other		City GONZALES	State FL	Zip Code 32560	
Phone Number 407-791-0478	Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL				
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seating Position: Seat RIGHT		Motor Vehicle Seating Position: Other NOT APPLICABLE			<input type="checkbox"/> Seating Position Unknown	
Restraint Systems SHOULDER AND LAP BELT USED				Helmet Use			
Air Bag Deployed NOT DEPLOYED				Ejection NOT EJECTED			
Trapped Extrication NOT TRAPPED							
Injury Severity Level Type POSSIBLE INJURY		Injury Severity Level Detail			Primary or Most Obvious of Body Area Injured During Crash SPINE		
Source of Transport to Medical Facility EMS GROUND	EMS Agency Name or ID SUPERIOR AMBULANCE		EMS Run Number 9	Medical Facility Transported To MINERAL COMMUNITY HOSPITAL			
Injury Description (Type of injury inflicted to Primary or Most Obvious Body Area Injured during Crash. Can come from EMS / Hospital records). Passenger reported injuries to neck and spine to on-scene EMS personnel.							
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Results		
Law Enforcement Suspected Drug Use NO	Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Results		

BUSINESS RECORD

Business Name DOT - MISSOULA	Phone Number 4065235800	Phone Number (other)
Address 2100 BROADWAY	Address Other	City MISSOULA
		State MT
		Zip Code 59807

NON VEHICLE PROPERTY DAMAGE

Description of Damaged Property MM 28 WB I90 - GUARDRAIL FACE IN MEDIAN	Estimated Damage
Property Linked to Person / Business DOT - MISSOULA	



NARRATIVE: 50142878

V1 was wb on I90 driving in the right lane negotiating a right curve. V1 slid on ice through then left lane, impacting a guardrail face in the median with it's driver' side. V1 and it's trailer then slid back through the right lane, off of the right shoulder and into the ditch. As V1's cab impacted a deep snow embankment in the ditch, the trailer continued sliding past, causing it to partially jack knife.

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Per DOT Minor damage was sustained to the guardrail in the median approximate 100 feet east of crash's location in the ditch. On 2/2/22, after speaking with a DOT, MHP245 returned to the scene in an attempt to document the damage but was unable to find it's exact location. There for the initial impact with the guardrail face is approximate.

REPORTING OFFICER / SUPERVISOR APPROVAL

Reporting Officer			Approving Supervisor			Case Identifier
ID Number 2228	Rank TROOPER	Name LIBBY ZINKE	ID Number 1715	Rank SGT	Name SHAWN SMALLEY	50142878-01
Signature 			Signature 			

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DIAGRAM OF ACCIDENT

