



Original

EL PASO POLICE DEPARTMENT
PRELIMINARY INFORMATION DOCUMENT

Administrative Case #: IA16-0568

Location of Incident MP 13 I-10E, El Paso, TX 79922		Date/Time of Incident 10/02/16 @0029 hrs		Allegation Code	
Complainant Chief's Office		Address 911 N. Raynor		Phone (915) 212-4000	
Noted on Supervisor's Log By/Date Lt. John Lanahan III #1032/ 10-03-16		PID Initiation Approved By/Date Office of the Chief/11-12-17			
Employee(s) Involved:	ID #	Division	On Probation?	Type of Probation / Date Probation Ends	
1. Ofc. Michelle Gonzalez	2298	Fusion	No		
Employee Witness(s):					
1.					
2.					
Brief Explanation of Events:					
This Preliminary Information Document is being generated to document that the involved employee violated Department Policy and Procedure, Rules and Regulations, and any other relevant City of El Paso policy, including Civil Service Rules and Regulations, Policy and/or Procedure.					
Signatures: KD					
Supervisor Initiating Report Mike Valles #1833 <i>M1833</i>		Rank/Position Sergeant		Date/Time 1-12-17 @ <i>1000 a.m.</i>	
Shift/Section Commander		Recommendation			
Division Commander		Recommendation			
Bureau Commander		Recommendation			
Final Disposition:					
1. <i>Chief Allen - Not Sustained - 3/21/2017</i>					
2.					
3.					
Signature of Employee			Date/Time		

Valles, Michael

From: Valles, Michael
Sent: Wednesday, March 22, 2017 11:05 AM
To: Gonzalez, Michelle T
Cc: Maloney, Patrick James; Talamantes, Humberto; Callan, Jennifer F
Subject: Notice of Disposition: IA16-0568

Importance: High

Officer Gonzalez,

This is your formal notice that the above referenced administrative case was reviewed by Chief Allen and a disposition was rendered in the same. Based on the evidence, the disposition is as follows:

Allegation 1. (Violation of Safety Practices – Accidents-Minor-Marked unit): **Not Sustained**

Should you have any questions or comments, please feel free to contact me at the number listed below.

*Sergeant Mike Valles #1833
Internal Affairs Division
211 N. Florence Ste 205
El Paso, Tx. 79901
915-212-4995*

FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT ACTIVE SCHOOL ZONE

Total Num. Units 1 Total Num. Prsns. 1 TxDOT Crash ID 15382898.1 /2016508548



Texas Peace Officer's Crash Report (Form CR-3 1/1/2015)

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.).

*Crash Date (MM/DD/YYYY) 10/02/2016		*Crash Time (24HRMM) 2258		Case ID 16-277001		Local Use WSRC/45		
*County Name EL PASO				*City Name EL PASO				<input type="checkbox"/> Outside City Limit
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)		Longitude (decimal degrees)		
ROAD ON WHICH CRASH OCCURRED								
*1 Rdwy. Sys. IH		*Hwy. Num. 13		2 Rdwy. Part 1		Block Num. I10 E/B		
				3 Street Prefix E		* Street Name I10 E/B		
4 Street Suffix		<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit 60		
				Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
						Street Desc. Interstate		
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER								
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. IH		Hwy. Num. 13		2 Rdwy. Part 1		
				Block Num. MM13		3 Street Prefix E		
						Street Name I10 E/B		
4 Street Suffix		Distance from Int. or Ref. Marker 5		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		
				Reference Marker		Street Desc. I10 E/B		
						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. 1267764		VIN 2G1WF55K029299328		
Veh. Year 2002		6. Veh. Color WHI		Veh. Make CHEVROLET		Veh. Model IMPALA		
7 Body Style P4						<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)		
8 DL/ID Type 1		DL/ID State TX		DL Num. [REDACTED]		9 DL Class C		
						10 CDL End. 96		
						11 DL Rest. 96		
Address (Street, City, State, ZIP) 911 N Raynor El Paso, TX 79932								
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Gonzalez, Michelle		
						Enter Driver or Primary Person for this Unit on first line		
						14 Injury Severity N		
						Age 43		
						15 Ethnicity W		
						16 Sex 2		
						17 Eject. 1		
						18 Restr. 1		
						19 Airbag 1		
						20 Helmet 97		
						21 Sol. N		
						22 Alc. Spec. 96		
						Alc. Result		
						23 Drug Spec. 96		
						24 Drug Result 97		
						25 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, City Of, 9600 Dyer El Paso, TX 79932						
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 7		Fin. Resp. TML Intergovernmental Risk Name Pool		
						Fin. Resp. Num. 889		
Fin. Resp. Phone Num. [REDACTED]		27 Vehicle Damage Rating 1 1 2 -		F D - 3		27 Vehicle Damage Rating 2 1 0 -		
						I B Q - 4		
						Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Towed By Driver		Towed To Traffic						
VEHICLE, DRIVER, & PERSONS								
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)								
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		
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)	

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

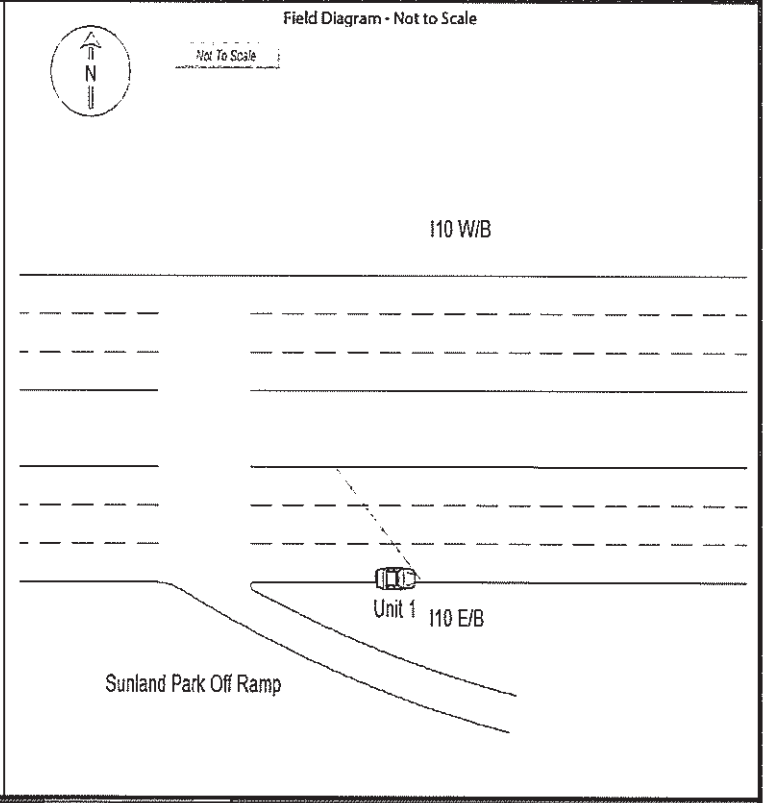
Damaged Property Other Than Vehicles	Owner's Name	Owner's Address
TxDOT wire safety lines	TxDOT	

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"/> RGWW <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 Style
Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4			

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	20							1	3	97	3	1	1	96

Investigator's Narrative Opinion of What Happened
(Attach Additional Sheets if Necessary)

I10 is a six lane roadway with three lanes heading E/B and three lanes heading W/B divided by a raised protected median. Sunland Park off ramp (MM13) is a off ramp from I10 E/B. Driver of unit #1 stated that she was working a TxDOT operation and was approaching I10 E/B at MM13 (30MPH) and was unable to see the TxDOT safety wires causing unit #1 to collide in the wires. No injuries or witness reported at the scene. No citation issued. ***Vehicle Damage***1.) Wind shield 2.) LFQ Damage3.) Hood Damage4.) Driver side mirror Damage5.) Push Bumper Damage ***TxDOT Property Damage (Safety Lines) ***\$14500***El Paso unit***N02166



Time Notified (24HR:MM)	0 0 2 0	How Notified	Walk-In	Time Arrived (24HRMM)	0 0 2 0	Report Date (MM/DD/YYYY)	10/03/2016
Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	Jones, James	ID Num.	2941		
ORI Num.	T X 0 7 1 0 2 0 0	*Agency	EL PASO POLICE DEPARTMENT	Service/Region/DA	W C		