

THE PEOPLE OF THE STATE OF COLORADO VS
 Defendant (Last Name) **DIALLO** (First) **BABAYEL** (Middle) Age **43** Date of Birth Mo. **02** Day **15** Yr. **68** Approx. Time of Violation **1:30AM** Violation on or about Mo. **02** Day **05** Yr. **2011**

Defendant's Address **2215 S. JASPER WAY A AURORA CO 80013** City **AURORA** State **CO** Zip Code **80013** Home Telephone **[REDACTED]** Traffic Accident Yes No Injuries Involved Yes No Fatal Defendant Insured Yes No

Employer's Name **COLORADO CAB CO. 7500 E. 41ST AVE** Employer Address **7500 E. 41ST AVE DENVER CO 80216** Occupation **CAB DRIVER** Business Telephone **303.316.3863** Property Damage Involved Yes No

Driver's License No. **[REDACTED]** Commercial Yes No Driver's Lic. Presented Yes No State **CO** Race **BLK** Sex **M** Weight **208** Height **6'2** Hair **BRN** Eyes **BRN** The offense occurred in the State of Colorado, in **ADAMS** County at this approximate location: **16099 E. 16TH AVE.**

Vehicle License No. **095-OKO** State **CO** VIN **2FAPP71W61X185262** Vehicle Color (Top/Bottom) **YELLOW** Commercial Yes No Vehicle Year **2001** Make **FORD** Type or Body Style **SD**

Registered Owner (Name and Address) **COLORADO CAB CO. 7500 E. 41ST AVE DENVER CO 80216** Placarded Nuclear Material Yes No Hazardous Material Yes No List the violation address, street intersecting, or Highway mile marker locations with distance and direction from marker. **16099 E. 16TH AVE.**

BASIC FACTS IF PROVEN COULD CONSTITUTE: DOMESTIC VIOLENCE A SEXUAL OFFENSE Defendant Arrested Yes No Defendant Photographed Yes No Defendant Fingerprinted Yes No Agency Case Number: **2011 790714**

GANG AFFILIATION? YES NO UNKNOWN ARREST NO. **790714**

RIGHT THUMB

WITNESS NAME, ADDRESS, PHONE NUMBERS (Home & Work), DATE OF BIRTH IN ADDITION TO OFFICER LISTED BELOW

1 Name WILLIS MITCHELL D.O.B. 061275 Phone (H) 404.573. [REDACTED] Address 16097 E. 16TH AVE AURORA CO 80011	2 Name ARNOLD POPPENBERG D.O.B. 303.741.5466 Phone (H) 303.741.5466 Address 4950 S. YOSEMITE #2216 GREENWOOD VILLAGE CO 80111
3 Name D.O.B. Phone (H) Address 	4 Name D.O.B. Phone (H) Address

ADDITIONAL WITNESSES LISTED ON REVERSE SIDE OF YELLOW COPY OF SUMMONS

CHARGE No.	SECTION	CRS	COM. CODE	POINTS	FINE	SURCHARGE
1	42.4.1211(1)(2)	UNSAFE BACKING	153	2	\$	\$
2	42.4.1402(1)(2)	CARELESS DRIVING	141	4	\$	\$
3	42.4.1604	LEFT SCENE AFTER STRIKING AN UNATTENDED VEHICLE. HIT AND RUN	123	12	\$	\$
4						

ADDITIONAL CHARGES LISTED ON SUBSEQUENT SUMMONS

CO-DEFENDANT(S) Yes No MAILED NRVC TOTAL POINTS **\$** TOTAL FINES **\$** TOTAL SURCHARGE **\$**

YOU ARE SUMMONED AND ORDERED TO APPEAR TO ANSWER CHARGES AS STATED ABOVE IN **ADAMS** COUNTY COURT

LOCATED AT **1100 JUDICIAL CENTER DRIVE, BRIGHTEN** COLORADO ON **APRIL 29, 2011** TIME **2:00 AM**

IF THIS DATE IS A SATURDAY, SUNDAY OR HOLIDAY, OR IF FOR ANY REASON THE COURTHOUSE IS CLOSED YOUR MANDATORY APPEARANCE DATE IS THE NEXT COURT BUSINESS DAY.

SUMMONS: TRAFFIC INFRACTION MISD. TRAFFIC MISD./PETTY

WITHOUT ADMITTING GUILT, I HEREBY PROMISE TO APPEAR AT THE TIME AND PLACE INDICATED ABOVE. FAILURE TO APPEAR MAY CONSTITUTE A SEPARATE OFFENSE AND WILL RESULT IN A WARRANT BEING ISSUED FOR MY ARREST. SEE INSTRUCTIONS ON REVERSE SIDE. (REQUIRED COURT APPEARANCE - DO NOT MAIL.)

DEFENDANT **[Signature]**

PENALTY ASSESSMENT: TRAFFIC INFRACTION MISD. TRAFFIC MISD./PETTY

PENALTY ASSESSMENT ONLY. UPON PAYMENT OF THIS PENALTY ASSESSMENT, I ACKNOWLEDGE GUILT OF ALL CHARGES CONTAINED HEREON. I UNDERSTAND THAT THE POINTS INDICATED ABOVE (OR A REDUCED NUMBER OF POINTS AS DESCRIBED ON REVERSE SIDE) WILL BE ASSESSED AGAINST MY DRIVER'S PRIVILEGES. IF I DO NOT PAY, MY SIGNATURE IS A PROMISE TO APPEAR IN COURT. SEE INSTRUCTIONS ON REVERSE SIDE FOR POINT REDUCTIONS AND PAYMENT OF PENALTY ASSESSMENT.

DEFENDANT **[Signature]**

THE UNDERSIGNED SWEARS OR AFFIRMS THAT THERE IS PROBABLE CAUSE TO BELIEVE THE DEFENDANT COMMITTED THE ABOVE OFFENSE(S) AGAINST THE PEACE AND DIGNITY OF THE PEOPLE OF THE STATE OF COLORADO AND THAT A COPY OF THIS SUMMONS & COMPLAINT OR PENALTY ASSESSMENT WAS DULY SERVED UPON THE DEFENDANT.

DATE SERVED **02-17-2011** OFFICER **[Signature]**

OFFICER'S DEPT. **AURORA POLICE DEPARTMENT** OFFICER - PRINT LAST NAME **ALLEN**

OFFICER'S NO. **10600/62-53**

DISTRICT TROOP PATROL

DISP/D.A. - 4

ATTITUDE: GOOD FAIR POOR VERY POOR

SPECIAL CONDITIONS:

SLIPPERY PAVEMENT

OTHER TRAFFIC PRESENT AND JEOPARDIZED

PHOTOS TAKEN

POOR VISIBILITY

JUST MISSED VEHICLE

PASSENGERS

OTHER

ACCIDENT WITH PEDESTRIAN

LASER RADAR VASCAR SERIAL NO. _____ TUNING FORK SERIAL NO. _____

BLOOD BREATH URINE B.A. RESULTS _____

DEPOSIT CERTIFICATION NO. _____ INTOX NO. _____

OFFICER NOTES AND OBSERVATIONS: (Who, What, Where, How, When, Prior Contact, Officer's Recommendations)

Lined area for officer notes and observations.

ADDITIONAL WITNESSES (NAME - ADDRESS - PHONE)

- 1. _____
2. _____
3. _____
4. _____
5. _____

OFFICER VACATION DAYS OR DAYS OFF SCHEDULE FOR NEXT SIX MONTHS

NAME

DAYS OFF

- 1. T. AMEN F.S.S.
2. _____

2011-790714

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COLORADO INSURANCE IDENTIFICATION CARD

COMPANY CODE 24147	COMPANY Old Republic Insurance Company	<input checked="" type="checkbox"/> COMMERCIAL	<input type="checkbox"/> PERSONAL
POLICY NUMBER MRT20392	YEAR 2001	EFFECTIVE DATE 07/01/2010	EXPIRATION DATE 07/01/2011
AGENCY/COMPANY ISSUING CARD MILLS of New York, Inc.	MAKE/MODEL Ford Crown Victoria	VEHICLE IDENTIFICATION NUMBER 2FAP71W71K18268	
INSURED Colorado Cab Company DBA Denver/Boulder Yellow Cab 7500 E. 14th Avenue Denver, CO 80216	Cab # 7248		

TO REPORT A CLAIM, CALL: 303-316-3820
 IF AND PD COVERAGE PROVIDED
 SEE IMPORTANT NOTICE ON REVERSE SIDE

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THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT:
Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

THE FRONT OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

ACORD 94 (09/7/03)

CALL: 303-316-3820

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